

CENTRE FOR EXCELLENCE IN HOMŒOPATHY

CONTINUING HOMŒOPATHIC MEDICAL EDUCATION
SERVICES

QUARTERLY HOMŒOPATHIC DIGEST

VOL. XXI, 2004



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

Adyaya I Brahmana 3 Mantra 28
Bṛhadāranyaka Upaniṣad

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

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1. QHD, VOL. XXI, 1, 2004

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. Anmerkungen zu Hahnemanns reiner Symptomenlehre (Observations on Hahnemann's teaching of purity of symptoms) HOLZAPFEL, Klaus (ZKH. 47, 1/2003)

With copious references to the source material – Hahnemann's Introduction to his **Fragmenta, Organon, Chronic Diseases**, Boenninghausen's articles as well as Kent's and Heidegger's Philosophy – two aspects of Hahnemann's evaluation of the purity of symptoms of Provings vis-a-vis as of disease are examined. It is pointed out that HAHNEMANN dwelt for a short while beyond the scope of science. The possibility of Homœopathy as a science is discussed. Through examination of BOENNINGHAUSEN and KENT it is demonstrated that not each of Hahnemann's followers were able to comprehend and preserve the novelty of Homœopathy.

2. Defining a different tradition for Homœopathy WICHMANN, Jörg (HL. 15, 1/2002)

We are trying to make "Homœopathy" appear as a 'Science' in public. Being 'Scientific' seems to be regarded as a sign of quality.

The point, the author wants to make in this article is that though there are some characteristics of Homœopathy that look scientific at first, Homœopathy really rests on a totally different tradition, which can only be explained as our Art of Healing. Only in this context does it makes sense. This tradition is hermetic, which puts Homœopathy on the same line as Shamanism and Alchemy.

The author discusses the various advantages of this approach. The article is quite relevant.

II. MATERIA MEDICA

1. Differential diagnose der Gemüts Symptome von *Magnesia carbonica* und *Sepia* (Differential diagnosis of the mental symptoms of *Magnesia carbonica* and *Sepia*) HEE, Hansjörg (ZKH. 47, 1/2003)

The many similarities between states of *Magnesia carbonica* and *Sepia* – the anxiety and irritability, fear and trembling, the bad moods and excitability as also the extreme tiredness – make it difficult to differentiate. An actual case is discussed. The emotional symptoms of both remedies are listed; however, these two remedies are not given as related in the **Therapeutic Pocket Book**. [If it is difficult to differentiate the 'mental state', we should apply the other symptom which should be helpful. GROSS has given very good differentials in the **'Comparative Materia Medica'** edited by HERING = KSS]

2. Arzneimittelprüfung *Carcinosinum* (Drug Proving *Carcinosinum*). FRIEDRICH, Uwe & VIERECK, Bianca (ZKH. 47, 1/2003)

Carcinosinum was not taken into Kent's Repertory although the remedy was known by then. KENT mentions the remedy in his **'Lectures on Materia Medica'** and also **'Lesser Writing's'**. CLARKE, BOERICKE, NEBEL and BURNETT have written about this remedy. FOUBISTER worked with the clinical symptoms, TEMPLETON made two small provings with two Provers, SOLVEY proved upon himself the 30, 200 and 1000. MATTISCH and HASLINGER made a proving published in the **Documenta Homœopathica**, (Vol. 14/1999).

In the present Proving 10 Provers (6 women and 4 men) took part. It was in 200 potency. 99 symptoms have been recorded and presented here.

[A Proving by Rosario Sánchez LABALLERO et al from Mexico, was presented in the LIGA Conference in 1995 in Oaxaca, Mexico. This

Proving collected many symptoms. A complete Proving data as also a list of 'peculiar', 'striking' symptoms were detailed in the **Documenta Homœopathica**, Band 20/2000. See QHD 3 & 4/2002 = KSS.]

3. Erschöpfungszustand – **Selenium** (Exhausted state – **Selenium**)
WEGENER, Andreas (ZKH. 47, 1/2003)

A 42 year-old man consulted on 24 April 2002. He suffered from a protracted infection from the beginning of the year and since then found it difficult to go to work and ill. He felt very weakened and powerless. Suffered with an irritable cough without expectoration.

Carbo vegetabilis 200, then M improved the cough. The severe exhaustion still remained, and *Selenium* M and he improved rapidly from the very next day.

4. **Urtica urens**
FULLER, Diane (HT. 22, 4/2002)

The use of this remedy in Burns, Rheumatism, Gout and Spleen disease are discussed and also its use as a salad in the Spring cleaning to remove Winter's accumulation of toxins.

5. Stimulants – Their homœopathic uses and their Worthy Rivals
OLSEN, Steven (AJHM. 96, 1/2003)

Stimulants – *Ginseng*, *Carboneum sulphuratum*, *Ferrum*, *Lac equinum*, *Chocolate*, *Kola*, *Coffea*, *Saccharum* – are discussed.

6. **Meningococcinum**
Its protective effect against meningococcal disease
MRONINSKI C.R.L.; ADRIANO E.J. and MATTOS G. (HL. 15, 1/2002)

Homœopathy, through the use of Nosodes, presents a proposal to control some infectious/contagious diseases. This study demonstrates the power of this therapy by the Meningococcal Disease Control. The use of *Meningococcinum* 30 in people under twenty in the city of Blumenau-SC, Brazil, during a period where there were concerns because of the increase of the number of cases, demonstrated a protective effect, highly significant in helping those who received the Nosode. This effect lasted at least one year.

7. **Virionum**, the Nosode of HIV

As a remedy and as a Vaccine
ZAHEER, Rozina A. (HL. 15, 1/2002)

Details about the proving and the symptoms of the remedy are presented and illustrated with 8 cases.

The author also recommends the remedy as prophylactic against AIDS.

8. The Aurum Group.
LOUKAS, George (HL. 15, 2/2002)

The author has presented the characteristic features of various salts of *Aurum*, based on the scientific work of Dr. Rajan SANKARAN.

The **Materia Medica** of some of the different 'Natronatums' are also presented.

9. **Cadmium metallicum** - Proving
HATHERLY, Patricia A. (HL. 15, 2/2002)

The Proving was conducted in 1998 in the 7, 8 and 30 potencies. There were 5 Provers and supervisors. Each Prover was instructed to take the remedy morning and evening for 3 consecutive days or until symptoms began to arise.

Mind

Impatient; agitated; restless, frustrated, *irritable, quick to anger*, worse nightfall; worse 3-8 PM; worse noise. Tendency to swear; wants to argue; revengeful; confused, *angry, wants to be left alone; indisposed to talk*; content with own company; concentration difficult; mental torpor. *Indifferent; apathetic; detached*; unmotivated; bored; lacks purpose; lazy; indolent; desires rest; flat; sense of euphoria on waking; centred, calm; experiencing inner strength, *Clear mind; mental concentration good*; organized. *Thoughts run through the head, evening, in bed, prevent sleep*. Anxious; apprehensive (s/if: 'like butterflies in the stomach'). Delusion: 'that there will be something on the road around the next bend'). *Oversensitive to impressions*; senses acute; sensation that there are no boundaries; that boundaries have been defined; that boundaries have been invaded; *sensation of anticipatory excitement about the future; desire to throw out old belongings to make way for the new. Others seem violent; feels like time has lengthened*, that there are more hours in the day. *Happy*, excited, cheerful; feels sorry for self; feels rejected; desires sympathy; desires company; cries easily.

Vertigo

Sensation as if intoxicated.

Head

Congestive headache 'feels like cotton wool', (pain: 'pressing': 'like brain is enlarged'; 'outward pressure like a balloon'; 'vibrating sensation'). From *temple to temple*, with exhaustion, nausea; worse *light*, warmth facing into the sun, rising, motion, laughing, mental exertion, being rushed or hurried, cloudy weather, afternoon. Worse *lying down, rest, eyes closed*; dull headache, better mental and physical activity. Tension headache; better leaning head back. Occipital headache, with a sensation that the top of the head feels 'open'. Sensation as if goose bumps were on the scalp. Sensation of tugging around external head. Dull pain in crown of head becoming 'booming' on coughing. Burning pain in occiput travelling in eyes. Ache in eyes worse motion, light (glare) and pressure. Better from *sleep*, rest and cold. Head *heavy* (delusion: 'cannot lift off pillow'; 'neck not strong enough'; 'head feels heavy, need a stick to hold it up');

Symptom as if: 'feels like my head is going to drop off' worse from thinking. Scalp feels tight.

Eyes

Eyes heavy, tired, hot; eye sockets ache (sensation of pain shooting towards back) better on shutting eyes, cold compress. Feeling of pressure behind eyes extending to ears *with a sensation of being pushed out of the sockets* (symptom as if: 'feel like they're going to fall/pop out'. 'Feel pushed out of sockets by the pressure in the head'). Worse from *sun, glare* better on closing eyes, cold compress; photophobia; eyes water; *sensation of grit when closing eyes* (symptom as if 'eyes feel like they have sand in them'); eyes red, sore, stinging, burning, *agglutinated* (inner canthi) on waking in the morning; discharge: lime green both hard and soft; eyes blurry (difficulty reading fine print) worse from reading, rain; sensation that eyesight has improved with *desire not to wear glasses*; bright, silver sparks in field of vision.

Ears

Sensitive to noise (loud, high-pitched); sensation of pressure inside, as if blocked with mucous; pulse rushing in ears, voice re-echoes in head worse blowing nose. Sensation of 'white noise' being played in ears; humming noise; loss of hearing; *impaired hearing*; buzzing in ears worse background noise. *Increased wax*: gluey, sticky, slimy wet; yellow; orange. Sensation of inner ear feeling wet and cold (symptom as if: 'feels like I've got water in my ears like running wax; a wet, cold feeling'); *external ear feels hot to touch* (red); left then right. (Symptom as if: 'right ear feels hot and cold, on and off all day').

Nose

Coryza worse warm room; bland, watery discharge, worse right nostril. Sneezing worse air-conditioning. Dry, hot feeling on waking worse left nostril; right nostril blocked when lying on left side; left nostril blocked when lying on right side. In the morning, yellow discharge, becoming green and thin then becoming clear. Sensation as if nose is blocked; feels like hawking mucous from nose; when nose is blown all is clear; loss of smell; heightened sense of smell. *Thick, green discharge early morning*; crusts, scabs followed by thick, sticky mucous; congestion worse left side. Blood clots left nostril on waking; small spots of blood in mucous; greenish-yellow mucous with brownish lump blown out of nose; ropy; catarrh; whitish mucous, but feels dry; dry posterior nares.

Face

Face feels dry; lips feel dry (desire to lick).

Mouth

Breathing through mouth, very conscious of it and it feels uncomfortable. Stale, musty, offensive breath. Breath like rotten onions during the night. Saliva has strong, disagreeable smell; slimy; diminished sense of taste. Mouth feels gummed shut when wakes in the morning; palate and tongue feel scalded. Pimple on tip of tongue (left side of centre). Gums sore and inflamed left lower jaw around last molar; gums bleed when cleaning teeth; rough, sore patch on inside of right cheek.

Teeth

Teeth feel loose; experiences difficulty with chewing things.

Throat

Throat sore, *dry*; feels like tonsils are shrivelling up worse drinking water. Throat parched, not better by drinking water; tonsils swollen worse right side worse empty swallowing. Choking sensation at base of throat; a sensation as if could vomit; sensation of a mobile piece of wood in back of throat; yellow-green expectoration; loss of voice on talking, must cough and clear throat to retrieve it.

Stomach

Bloated, (after evening meal). Stomach feels full; *sick feeling*; burping, *dyspepsia*; nausea after coffee; slight burning sensation travelling up oesophagus into back of throat. *Appetite diminished; appetite increased*; desires meat to fill

stomach. Contractive pain in abdomen when eating worse swallowing; great thirst alternating with little thirst; desires milky products after eating; worse milk; averse to cheese; desires: water and salt; coffee and sweets; jasmine tea; spicy food; raw fish; fruit.

Abdomen

Full, upset feeling, better stool; bloated; flatus while lying in bed on waking; can feel wind moving through the colon; rumbling in right hypogastrium. *Offensive* flatus, worse at night and after onions. Noisy, copious, uncontrollable flatus, painful if not expelled. Pain: sudden, darting.

Rectum

Constipation; evacuation: insufficient, incomplete, unsatisfactory. Small, pale stools after much straining; waiting a long time to pass stool; urge disappears half-way through movement; stools like sheep pellets; small lumps clumped together. Stool dark, dry; *strong urge* (with pain) with small, greasy, clay-like stool; sticky; loose stool; *small amount passed*, sinks to bottom of bowl. *Long, thin*, greenish stool; floating; ‘fast transit time’; sudden call to evacuate preceded by sharp pain in abdomen; frequent motions; three by 10 am; thrice daily; motion expelled with flatus. *Loose stool* sprays out (after dinner; after apple juice); golden-brown stool.

Urinary

Increased frequency; clear, copious; strong-smelling, greenish urine; yellow urine passed with a burning, hot sensation; stings afterwards so dreads having to urinate; kidneys sore to touch.

Male

Increased desire; or *no desire*, indifferent. Almost no sensation with ejaculation; pleasant, buzzing sensation in genitals without erection.

Female

Vagina sensitive, external genitals feel swollen during menses worse touch (heavy or light), walking around, pressure of sanitary napkin; during menses. Sensation of ‘something falling out’. *Sexual desire increased;* sexual desire decreased; menses: sudden onset (early) painless; flow profuse, dark, clots; cramping in back and abdomen.

Respiratory

Occasional unproductive cough; dry with tightness across chest and lungs; sensation of pressure on chest with a need to take a deep breath;

shortness of breath worse walking upstairs, or up a hill, after sex (symptom as if: ‘someone was sitting on chest’); sensation of chest opening up.

Back/Neck

Pain at nape of neck. Neck feels stiff while lying in bed. Tense in neck to occiput. Sharp pain extending from neck to shoulder and from neck to occiput. Left side of neck feels stiff; desire to stretch and bend backwards to relieve tension in upper back. Shoulder and right deltoid feel bruised; burning, sore pain; pain in left and *right* deltoid (aching). Sharp pain extending from neck to shoulder. Low-grade ache in middle to lower back, worse *sitting*. *Ache in lumbar region;* (dull to sharp). Symptom as if: ‘feels as if backbone is bent the wrong way; twisted’ worse lifting, walking, motion; worse sitting, walking around, bending backwards.

Sleep

Deep, heavy; wakes *unrefreshed, feeling exhausted;* no desire to get out of bed. Sleep difficult from thoughts; sleep light; disturbed by headache; restless sleep from pains in limbs; difficulty finding a comfortable position (wanting to draw legs up in bed; tendency to clasp hands between knees in bed), generally sleepy. Dreams of success in business, of robbers, *of someone in the house*, of someone knocking on front door. (Cannot sleep until house is checked). Of violence, (someone wants to kill him with a crowbar. Woman tied down with bricks and drowned in a yacht. Of future happiness (new house, *successful career*, kids happy). Amorous; of haemorrhoids; *animals:* (multi-coloured elephant; birdseed; dogs walking on hind legs; a ginger rat; red crabs with large nippers); water; sewage; toxic cereal; groups of people; people speaking in pictures; men neglecting housework; flying/skimming over the ground in a wok; inside of the Left breast.

Extremities

Muscles of upper arms and neck sore. Sore from middle of scapula to neck, worse movement of shoulders, better pressure. Elbows sore with headache. Hands cold; pain left wrist, worse grasping. Hands and feet puffy (morning) with a sensation of tingling after urination; hands and feet swollen, hot, worse hot weather, warmth in general. ‘Pads of feet feel like balloons’; tightness right side, from ribs to above hips. Red, itchy spots erupt over limbs. Legs feel wobbly; sensation of heaviness, muscles stiff, painful; tension in hamstrings and *calves*. *Sudden twitching of legs;* sensation of

'jumpy legs' when at rest; wandering pain in lower limbs from knees to ankles; tearing pain left heel; desire to draw legs up in bed and clasp hands between; ankle swollen; ankles give way on going upstairs.

Skin

Dry on face and hands. Red patch beside nose, flaking off. Large pimple below right ear lobe. Face oily; large red pustules ('like boils') on sides of face near hairline better squeezing. (Contains firm, formed plugs of pus). Blind, red eruptions worse touch, pressure. Skin on hands and feet feel 'tight'. Itchy better scratching; skin on hands and feet hot to touch; *skin itchy*; back, shoulders, groin worse morning; better scratching, bathing in warm water.

Temperature

Chilly when out of bed; *desire to wrap up*; *sensitive to cold, drafts*; night sweats; fever with nausea; body temperature alternates between hot and cold according to the weather; odour during the night from skin; offensive perspiration worse heat, afternoon.

Generalities

High energy; whole body aches; body feels sensitive (touch, temperature); *physical exertion worse*. *Tired on waking*; sensation of heaviness; awkward, clumsy. Symptoms move from left to right. *Symptoms alternate*.

Modalities

Worse: left side. Warm room, air-conditioning and inside. Blowing nose, 3-8 p.m. after nightfall. Cloudy weather, rain, breakfast, motion, light pressure, covering, lying, sleeping, laughing, milk, (empty) swallowing, lying on side of ailment, on waking, sunlight. Glare, standing, *physical exertion*, ascending steps, mental exertion, noise.

Better: Stool, food, hot drink, outside, fresh air, *sleep*; *rest*, lying down; pressure; cold applications, warm weather, not smoking.

Conclusion

It was ascertained that the action of the remedy lasted approximately 21 days.

According to a Government Public Health statement, nausea, vomiting and diarrhoea are the most likely symptoms following acute exposure to Cadmium. However, long term exposure through the air or diet may result in kidney damage. This kidney disease is usually not life threatening, but it can lead to the formation of kidney stones. Effects on the skeleton are equally painful and debilitating.

Respiratory effects may include Bronchiolitis and Alveolitis. Lung damage, such as Emphysema, has been observed in workers in factories where levels of Cadmium concentration in the air are high. Lung Cancer has been shown to occur in animals exposed for long periods to Cadmium in the air. Studies in humans also suggest that long-term inhalation of Cadmium can result in an increased risk of lung Cancer. High blood pressure has been observed in animals exposed to Cadmium. Further research is needed to ascertain whether Cadmium exposure is implicated in human Hypertension.

Other tissues reported to be injured by Cadmium exposure in animals or humans include the liver, the testes, the immune system, the nervous system and the blood. Reproductive and developmental effects have been observed in animals treated with Cadmium, but these have not been reported in humans. However, pregnant women exposed to high concentrations of Cadmium in the workplace gave birth to infants with below normal birth weights.

These observations are I believe, a reliable foundation for possible organ and system affinities. [Compare these data with earlier Provings by STEPHENSON J., Mc FARLAND, PAHUD, GUTMAN, MEZGER, BURDACH. = KSS.]

III. THERAPEUTICS

1. A case of recurrent abdominal pain
ELMORE, Durr (SIM. XVI, 1/2003)

15 year-old female suffering from constant pain in abdomen for 18 months. In March 1999, Scabies, treated and within a week Shingles, on left side and abdomen. The present pain originates from the location where the Shingles were. The pain is severe, which compels her to lie on back with knees bent, holding the abdomen and press it hard during the attack. The pain shoots to both breasts.

She was angry with her father because of his divorce from her mother and she avoided him for a long time. Her expression of indifference is the denial or suppression of her feelings of grief and anger. She has been on allopathic drugs.

The ailment from anger with silent grief and the neuralgic pains with amelioration from pressure clearly indicated *Colocynthis* which was given in 1M potency one dose.

5 weeks later, mild constant pain. Energy is better. There was a bad rash under the arms. Got a big lump. Mild rash on chest.

3 months later – attacks came back, not quite as bad. A month ago boy-friend broke up. Was sad and then angry and had the attack back. The rash on abdomen, near the umbilicus, is where the Scabies was. The Scabies preceded the Herpes, which preceded the attack. Sac lac. and *Colocynthis* 1M to hold.

11 months later, she is doing well. Never needed the second dose of *Colocynthis*.

2. An old twist on Post-partum Anxiety and Depression

Mc CLINTOCK, Liam (SIM. XVI, 1/2003)

The author feels his job is merely to observe and understand the patient and their symptoms as an expression of their state. Once he comes to a reasonable understanding of the state of the patient and a remedy to match, he stops asking.

He presents two cases of Post-partum Anxiety and Depression, where the patients' sense of self is completely disrupted by having a baby. They feel totally inadequate in the interior, hiding it with a rigid exterior. When reality contrasts with this rigid sense of what 'should be', they feel shattered. They felt lonely and isolated.

With this understanding *Thuja occidentalis* cured both cases. Several possibilities in terms of rubrics are presented at the end.

3. Seven case reports of *Alumina* including BOENNINGHAUSEN, WESSELHOEFT, COOPER, from the Journal of Homœopathic Practice II, 1/1979 compiled by Randall NEUSTAEDTER, are given. (SIM. XVI, 1/2003)

1. BOENNINGHAUSEN describes a cured case of Tabes dorsalis which gives a good picture of *Alumina*. [*Aluminium metallicum* not *Alumina* – See **Lesser Writings of Boenninghausen** translated by Prof. L.H. TAFEL=KSS] A nineteen year old girl had been under his care for ten years. She had a long history of "various symptoms" which he attributes to Psora. From 1848-1858 he prescribed for a recurrent skin eruption and several acute illnesses which led him to believe that her miasmatic tendency had not been cured. Then while she was away at school he received reports of new symptoms in the girl. These were unsuccessfully treated with several different remedies. The symptoms described in letters to him were "violent pains in back, which were increased by every motion, disappeared at night and had once produced regular Tetanus." She

complained of pains in the pit of the throat and was unable to swallow. She had "loss of voice which appeared most frequently in the morning and evening, and speaking aloud was impossible speech had become more difficult and more affected from day to day, as from paralysis of the tongue, obliging the patient to draw a breath at every word, even speaking a little fatigued her considerably." One month later the girl came to his office and he made a diagnosis of Tabes dorsalis.

"When I saw the patient the loss of voice and the indistinctness of speech were certainly so great that I had to bend my head close to her mouth to understand her whisperings. But all the other symptoms speak of the true character of the disease too distinctly to be misunderstood, and the symptoms just mentioned could only lead to the supposition that the affection of the spinal cord had progressed considerably."

"But I found out at this visit and marked down carefully and more minutely than usual, the following: For a long time the patient had experienced constantly weakness in the lower extremities, with more or less pain in the back."

A sensation of burning in the back, as if a hot rod were pushed from the small of the back up the spine. At first this had been only a disagreeable crawling moving upward.

"At the same time her soles felt soft or stuffed, or as if the feet were resting on a soft woollen coverlid or bolster. The sensation in the soles had passed away gradually, so that she no longer felt the floor under her feet, and would not have known that she was standing upon them if she had not convinced herself."

"As long as she was able to walk, which she had not done for several weeks, she could do it only in the day, in the bright light and with her eyes open. With her eyes closed, or in the dark, she staggered so much that she was obliged at times to hold firmly to something to prevent falling. Now she could not stand even in the dark, and was obliged even in a clear day to lean against something."

"When lying in bed she had no feeling whatever as regards the position of her legs and feet, which, unknown to her, were frequently put into all kinds of positions. When, at the beginning of her disease, she attempted to walk a few steps in a dark room known to her, she always unknown to herself and involuntarily turned to the left and thus missed her end."

"Very frequently she has a sensation of constriction in the abdomen, as if tied together by a band; this sensation, as well as the pain in the back, has been worse on beginning motion after long rest.

The loss of voice, which is painless, still exists as mentioned above. But this is combined with a remarkable and excessive fatigue caused by speaking, so that she is obligated to rest repeatedly.”

“For the rest, I found the patient well nourished, of blooming complexion, complaining little, and not the least anxious about her condition. She was greatly inclined even to consider her disease far from dangerous or any consequence. Appetite and digestion good. Stool somewhat hard and sluggish. Menses return at the usual time, but rather profusely. Condition less favorable in the evening than in the morning.”

Feb. 24th: *Aluminium met.* 200 was given diluted in water three times a day for two days.

Feb. 26th: Marked improvement.

March 1st: *Aluminium met.* 200 for two days.

March 5th: Same again. “The improvement continued its regular progress. The patient is certainly about all day and goes about the whole house in the clear daylight. Even ascending the steps was not particularly difficult. Only with closed eyes she cannot yet walk straight, but still turns to the left; nor can she walk in the dark without leaning on something.”

March 10th: Again *Aluminium met.* 200 as before. “The lower extremities are getting on well, but there is still loss of voice in the evening with difficulty and very fatiguing speech.”

During the next month *Natrum mur.* 200 and *Causticum* 200 were given with minimal reaction.

April 11th: *Aluminium met.* 200. “The last remaining symptoms of the disease now disappeared almost entirely, and even the voice again became clear and unimpeded, as in former days. Only on account of a rarely occurring crawling, especially towards evening, together with a kind of transient loss of sensation in the soles...”

“April 20th gave a dose of *Aluminium met.* 200, 28th April dose of *Pulsatilla* 200, and on the 7th May a dose of *Sulphur* 200 whereupon the last trace of the disease disappeared entirely, and nothing of the kind occurred again.”

(BOENNINGHAUSEN, C.F. **Allgemeine Homöopathie Zeitung**, Vol.57, translated by T.F. ALLEN, **North American Journal of Homeopathy** Vol.8, 1882 p.295. [See **Lesser Writings of Boenninghausen** translated by Prof. L.H. TAFEL.]

2. “G., aged forty, has had catarrh many years. After getting awake in the morning, he has to hawk for some time before he can dislodge a quantity of thick, tenacious mucus. Feels better when he gets out in the open air. Bowels rather constipated most

of the time. *Alumina* 200 cured in a short time” (HOYNE).

3. “Spasmodic constriction of the throat, which interferes with swallowing; feels the food the whole length of the esophagus. She was obliged to have the food liquid or semi-solid. *Alumina* 200 cured” (Dr.H.L.CHASE).

4. “Sept. 22nd, Mary E. age 10. Had Measles six years ago, followed by lung fever, through which she passed without treatment. Since then, has rattling, asthmatic breathing, always aggravated by coughing, and every morning a long attack of dry cough, which ends at last with difficult raising of a little white mucous. *Arsenicum* did no good. On Sept. 25th prescribed *Alumina* 200, two doses.

Sept. 27. Much improvement which continued, and months afterwards there have been no return of asthmatic breathing, no paroxysms or morning cough.” (C. WESSELHOEFT)

5. “Sept. 26. Mr.S.W. age 37, of very spare habit, dark complexion, very active, animated but amiable disposition, teacher of singing, and has to exert his voice much every day, has “constitutional cough” for more than three years. Had lung fever three years ago, and another attack a year ago; had to work while he was sick. Since three weeks his cough afflicts him exceedingly: sudden, violent, irresistible, paroxysm while sitting in the evening; talking and singing makes him cough, but coughs particularly and habitually about six in the morning. After severe dry coughing there is a little expectoration; coughs some in the night; shortness of breath while walking; tension and pain across upper part of chest; hoarseness. Appetite, stool and sleep good. Raised blood several years ago. Physical exploration of chest, showed great resonance on percussion; respiratory murmurs well marked, but mixed with considerable fine cracking sound; vibration of walls of chest on talking; respiration not easy; chest was fully inflated with some difficulty. *Alumina* 200 two doses.”

“Oct. 8. Patient had to walk about; could not sing much last week in hot weather; voice hollow, and more cough in the evening than hitherto. *Alumina* one dose.

Oct. 15. Evening paroxysms came later each evening and now are absent altogether; no more cough at night. *Alumina* one dose.”

Oct. 29. There only remains some cough in the morning, with difficult white expectoration; has been much exposed to the bad weather, and worked hard. *Bryonia*, *Drosera* and other remedies were used subsequently, though the violence of the

disease had abated; he has not had another severe attack since, though not perfectly well, owing to his great exertions in a profession which taxes his delicate respiratory organs too much. *Stannum* might seem in many respects to have been better indicated. *Alumina*, though indicated by the morning cough, which was an old symptom, first removed the more recent one of evening paroxysms, and night cough.” (C.WESSELHOEFT)

6. “A lady, aged 40, of very dark complexion, whom I first saw in September, 1927 sought relief from constipation. This took the form of such complete atony of the lower bowel that the morning attempt at relief occupied half to three-quarters of an hour. Often nothing would come away but mucus, in lumps like cotton-wood, the size of a hazel nut, and sometimes in shreds; at other times ‘terribly hard’ pieces ‘like stones,’ possibly followed by a soft action. When straining it would feel as though there was something there which could not be expelled, and “as though she could not use the muscles.” These more or less ineffective efforts would be followed by considerable rectal prolapse, which had to be replaced subsequently in a sitz bath, there being always a feeling of something having been left behind. The passage of flatus downwards was described as a practical impossibility, as there ‘seemed no room for it to pass, though it ascended freely.’ ”

“Additional symptoms were: Attacks of apparently causeless nausea and vomiting, great exhaustion and weakness of the lower limbs, and waking headaches, spreading from the occiput and nape of the neck over the head, and associated with dizziness and loss of memory. Burning abdominal pains, described ‘as though the whole abdomen were an open wound,’ with great pressure on the epigastrium. I found marked tenderness over the pyloric area and caecum, palpation in these areas inducing eructations of gas. She ‘felt she had to lie back in order to produce some expulsive force.’ One day, when examining the lower pelvis, I asked her to bear down. As nothing happened, and thinking she had not heard me. I repeated my request, with no better result. It was as though the whole pelvic floor was bereft of life and completely inert. Here then was an explanation of her trouble; there was complete paralysis of this part of the body.”

She received intermittent doses of varying potencies of *Alumina*.

“Being a highly sensitive subject, these caused aggravation at times, some of them of sufficient severity to cause irascible opposition in the patient,

and one was under extreme difficulties in judging the times of repetition and potency, but in as short a time as two months after commencing this treatment I was able to record in my notes the fact that she was able to exert a very downward movement to the pelvic floor. From this time onwards this power steadily increased till the last time I saw her, in January this year, it was practically normal. At that time there was still considerable difficulty with regard to the daily functions, but nothing comparable in severity to that which she formerly suffered, and her whole health had greatly improved with no return of her headaches and vomiting, etc.” (COOPER)

7. Boy, 2½ months old. For the first two weeks of life had normal stools until he was given a bottle of goat milk while his mother was gone for several hours. After that he had no spontaneous stools although he continued to breastfeed as before. His parents gave him an enema every three days to relieve his grunting and straining for stool. Sometimes his stools have a hard plug but otherwise are soft and unremarkable. X-rays were negative and his pediatrician suggested an intestinal biopsy. He is healthy in all other respects. His head perspires, he has cold hands and feet, and he stiffens up in the cold.

At two months old he received his first DPT injection and developed transient fever and green watery diarrhea. That is the only spontaneous stool he has had in two months. 11/23/77 given *Silicea* 1M two doses. No effect.

12.12.77 given *Alumina* 30 daily for 7 days.

He had one normal stool since the remedy and then developed upper respiratory symptoms of clear nasal discharge with sneezing, and collection of mucus in throat. No treatment. 12.29.77 Normal stools every 3 days until one week ago. Two enemas given in the past week resulting in hard stool. Given *Alumina* 200, 3 doses. Follow-up: stools every 3 days since last dose of *Alumina*. (R.NEUSTAEDTER)

4. **Bracken** – Into the dark room
RUMBLE, Bill (HOM. 86/2002)

43 year old woman, diagnosed with chronic fatigue syndrome, since contracting Pneumonia 5 years earlier. Has terror of violence especially in the dark. *Stramonium* 1M was given and over the next 12 months, she improved steadily.

8 years later, she presented with abdominal pain. Her father died of Cancer five months earlier. A primary tumour in left fallopian tube and secondaries in liver, bowel, bladder and uterus were

found. 16 pints of fluid was drained from abdomen.

She had a total Hysterectomy and was due to start Chemotherapy.

She felt her metastasis like a dark, kind of growth-cloak. "It is as if my abdomen is being shaded by a dark growth which is going to engulf it".

This is the exact signature of the remedy *Bracken (Pteridium aquilinum)* which was prescribed in 12, 4 times daily, for about 3 months. *Arsenicum album* 200 for 3 days after each session of Chemotherapy helped her, to overcome its side effects.

2 months later *Bracken* 30 was repeated at infrequent intervals. At the end of a year of treatment her blood tests were completely normal and the scan showed no trace of the metastasis.

The emotions and dreams of the patient indicated that cure was going on according to **Hering's Rule**.

5. It's in the smell; a case report.
OWEN, Joni (HOM. 86/2002)

A woman consulted over telephone for her 7 year-old son, who was having itching Eczema of scalp, since 4 months. It looked like a cradle cap, being dry and flaky, and she strongly emphasized the bad odor from that area only. After almost 10 hours of sleep, he wakes up irritable. He had a thick yellow green discharge from his nose, which then turned to a clear running discharge. Since 2 years he is using inhaler daily for the asthmatic attacks.

The rubrics: Mind, irritability, morning and Respiration, asthmatic in children, brought out *Chamomilla*, *Natrum sulphuricum*, *Nux vomica*, *Psorinum*, *Stramonium* and *Sulphur*.

Head, eruption, eczema, lead only to *Psorinum* and *Sulphur*.

Psorinum 200 was prescribed as it is capable of producing a foetid odour in the actual area of skin eruption.

A month later, his scalp was completely clear. Four days after the medicine, all the dry stuff came off like a cradle cap and has not returned. The smell was gone. Remains healthy.

6. Questioning the innocence of Homœopathy: A case of serious aggravation.
ZARFATY, Joseph (HOM. 86/2002)

Serious life-threatening situations can occur in few cases after homœopathic medicine. It is of great importance to be aware of this possible

outcome, to discuss it freely, and to be prepared when it happens.

He presents a case to illustrate this.

A case of 42 year-old mentally retarded man with severe abdominal pain since 4 years. The pain comes 2-3 times a day, twice a week, lasts for about 10 minutes.

His mother experienced severe fright when she was seven months pregnant with him. He was born with cord around neck, had convulsions at 6 months, and was constantly terrorized by communist soldiers for about 6 months.

Based on this *Morphinum* LM 1, two drops daily was advised.

He developed an itchy rash all over body five minutes after taking the remedy. He was advised to stop the remedy.

One month later, pain was lesser and appeared only twice.

3 drops of LM1 under tongue was given. 2-3 minutes later, he complained strong itching in his body, and the pain became very severe. Terrible headache in vertex. For 45 minutes complaints were severe and then he was better.

2 hrs later, similar severe problems along with strong chest pains and difficulty in breathing and swelling of left hand. By the time he was admitted in emergency ward, he was better and then gradually improved in the subsequent months. [What was this agg.? Would an LM3 one dose produce such severe agg. within few minutes?=KSS]

7. Reflections upon the Ramakrishnan Method.
LONG, Clare (HOM. 86/2002)

The author ponders over the method and finds it difficult to discriminate, whether the results are due to the prescription of organ-specific remedy or because of the Nosode, though impressed with his results.

The author worries that it may provide excuse for sloppy thinking, leading to the practice of a great deal of jiggery pokery and ultimately one may find that one is not practicing Homœopathy at all. [We agree entirely. Fixed remedies for all Cancers fixed doses, alternations, etc.! = KSS]

8. Virale Kopfschmerzen - *Ipecacuanha*
(Viral Headaches – *Ipecacuanha*)
MUTSCHLER, Claudia & WEGENER,
Andreas (ZKH. 47, 1/2003)

Ipecacuanha was identified as the epidemic remedy in an episode of very strong attacks of headaches with fever in a family. While the first

case was treated with *Belladonna* and *Arsenicum album* and showed delayed healing process, *Ipecacuanha* was identified in the second case as the remedy due to the noticeable symptom of “spasm in the thigh during the night”. A characteristic of the remedy was the accompanying nausea with vomiting, whereas the heavy, meningial headache is less common for *Ipecacuanha*.

9. Homöopathie bei verzweifeltsten Fällen – Eine klinische Studie (Homœopathy in desperate cases – a Clinical study)
SCHMIDT, Pierre (ZKH. 47, S1/2003)

[In this ‘Special Jubilee Issue the publisher **Haug Verlag** have published few selected articles from past masters – Pierre SCHMIDT, Elizabeth WRIGHT-HUBBARD, Jost KÜNZLI, Jacques BAUR, Will KLUNKER. The last named four were all pupils of Pierre SCHMIDT. None of these great homœopaths are in our midst now. The last among these, Dr. Jacques BAUR passed away last year. Our gratitude to these stalwarts for leaving a great legacy = KSS.]

It is loosely spoken by some that Homœopathy is a “harmless” medicine and that it could help only “harmless” conditions and therefore it is not for most serious, life-threatening situations. This is not true. Pierre SCHMIDT describes successful cures of two patients who were hovering between life and death.

10. Die Homöopathische Anamnese in der Pädiatrie (The Homœopathic Anamnesis in Paediatrics)
LUCAE, Christian (AHZ. 248, 1/2003)

The principles of homœopathic case taking in Paediatrics are restated. Case taking charts for use in hospitals and the practitioners’ offices are presented to make homœopathic treatment of children more effective.

It will be of great interest to know that the first Homœopathic Hospital for children was opened in Vienna in 1879 under the management of the ‘Compassionate Sisters’. Treatment was free of charges, allowing even the poor children of the city to be admitted. This hospital was in operation until World War I when it was converted into a Military Hospital.

11. Cerebrales Anfallsleiden – Abscenen: *Ignatia* – *Sulfur* (Cerebral Convulsions – Abscences: *Ignatia* – *Sulphur*)

HADULLA, Michael (AHZ. 248, 1/2003)

A 3 year-old suffering from convulsive disorders since 18 months age, after the birth of his brother. Valproic acid did not give sufficient effect. He was therefore given *Ignatia* and then *Sulphur*. He was also taking Ergomyl solution which was not stopped. No further convulsions. His EEG also became normal.

12. Kleinkind mit ausgeprägtem Kariesbefall und rezidivierenden Infekten unter kontinuierlicher Antibiotika-Cortison-Behandlung (Small child with marked caries attacks and recurring Infections and continued treatment with Antibiotics-Cortisone)
DOME, Ludmila (AHZ. 248, 1/2003)

4 year-old girl, recurring infections of the upper respiratory tract, since two years. Has been on Antibiotics, Cortisone.

Cough < walking; laboratory tests revealed no pathology. An year ago adenoids found swollen and adenoidectomy planned.

Sweaty occiput and back, < nights. Bites nails. She needed antibiotics and cortisone inhalation for every cold.

Loveable girl; sings, dances, cannot bear to be laughed at, easily weepy. When playing with other children, she communicated easily, commandiared. Poor sleep; wakes up and weeps, saying that she was being devoured by a lion.

Examination revealed discolored, black incisors (§153).

Calcium carbonicum 200 given on 29 Jan. 2000. The examination on 29.3.2000, by the ENT Surgeon revealed that the adenoids were normal and there was no need for operation; no sweat; no cough; no nail-biting. The dentist was now confident that the teeth could be saved.

Although the child was not a *Calcium*-type, the repertorisation (§ 7, §18) helped choose the remedy suitable to the patient.

13. Schwere acute Gastroenteritis mit Exsikkose (Severe acute Gastro-enteritis with Exsiccosis)
BÜNDNER, Martin (AHZ. 248, 1/2003)

The homœopathic treatment of an 8 year-old girl hospitalized with serious acute Gastro-enteritis and Exsiccosis is described. Because of earlier chemical therapy the symptomatology was blurred. However, careful interrogation helped and the repertorization brought up three remedies – *Conium*, *Lachesis muta* and *Sulphur*. Careful study

of the **Materia Medica** clinched *Sulphur*. Immediate improvement set in after *Sulphur* 30.

14. Homœopathic help for mental exhaustion
DOOLEY, Timothy R. (HT. 22, 4/2002)

Weakness and fatigue of the brain is caused by mental overwork. It usually means, that it was time to take a break, get some rest, and engage in some restful activity for a while.

Indications of *Phosphoric acid*, *Picric acid*, *Zincum metallicum*, *Anacardium*, *Silica*, *Arnica*, *Cuprum metallicum*, *Cocculus indicus*, *Graphites*, *Kali phosphoricum* and *Aethusa cynapium* are given.

Sometimes a patient's characteristics when they are well are related to a remedy that will help them while ill. e.g. A person who is intolerant of milk on a regular basis and then develops brain fog will often respond to *Aethusa*.

15. Homœopathy for Hay fever and Allergies
FLEISHER, Mitchell A. (HT. 22, 4/2002)

Indications of twenty remedies are given to treat the Allergies that occur primarily in Spring, Summer and Fall.

16. Acute and Chronic prescribing: What's the difference?
REICHENBERG-ULLMAN, Judyth and ULLMAN, Robert (HT. 22, 4/2002)

We have to assess whether the acute symptoms are truly an independent or a rather sharp worsening of the chronic state.

Either cases will respond to acute remedies that matches the specific symptoms of the attack.

Repeating constitutional remedies in acute attacks will not help in all cases.

If there is no change in the mental/emotional state and other symptoms fall within the scope of the constitutional remedy, it can be given in an acute state with confidence.

Sometimes an acute state can be the doorway to a better constitutional prescription.

When you do prescribe, whether for an acute or chronic condition, it is important to have your intention firmly in mind. What is to be cured, and what does the remedy you have chosen really address? Do you expect the medicine to cure the chicken pox or the patient's chronic eczema? Do you want to address any mental and emotional aspects in the case, either chronically or acutely, and does your chosen remedy match these well? Have you taken into account the strange, rare, and

peculiar symptoms of the acute case and whether these are also covered by the constitutional remedy or are totally new? Answering questions such as these can help you focus on what you expect from the medicine as compared with the results that occur after it is given. When you give a medicine for an acute condition, know what it is you are treating, the time frame in which you expect the response, and what response you expect. In this way, you can make sense of what happens from giving the remedy and make the right choices for resolving the acute illness quickly while preserving and even enhancing the effects of the constitutional treatment.

17. Homœopathy helps Pneumonia and more
MESSER, Stephen (HT. 22, 4/2002)

Charlie, 28 years, feverish, sweaty and coughing since a week. He was chilly, felt tight in his chest. Feels heavy and weak during fever and a sensation of ball behind sternum. Spontaneously he started talking about his chronic problem. Sick from chronic stress, mental exhaustion, poor memory, feels emotionally depleted and great physical weakness.

Phosphoric acid 1M once a day.

Next day evening his fever was considerably higher and X-ray confirmed Pneumonia and he was given antibiotic in a local emergency room.

Three days later, fever remained high, but fluctuating. He said he had been crying uncontrollably at times and felt like he was cleaning out old emotional baggage. His mind was amazingly clear. He felt better than he had in a long time, even though he was physically worse.

Three days later, he was nauseous, had been theorizing about his illness. He felt heat rising off his chest. Foul and disgusting odor of sweat; woke up at 4-5 a.m.

Sulphur 10M twice a day until fever normalized for 12 hrs.

Three days later, better in all aspects. To continue *Sulphur* 10M until his symptoms completely resolve. Improvement consistent with §253 of **Organon**.

Few days later, he presented with return of gastrointestinal problems which plagued him since childhood.

Aloe socotrina (complementary to *Sulphur*) improved him.

18. Sinusitis
DOOLEY, Timothy R. (HT. 22, 5/2002)

Indications of *Kali bichromicum*, *Nux vomica*, *Pulsatilla*, *Mercurius*, *Bryonia*, *Arsenicum album*, *Hepar sulphuris*, in the treatment of Sinusitis.

19. Dealing with depression
CASTRO, Miranda (HT. 22, 5/2002)

Tim, 15, suffered a mild Concussion of head and a lot of bruising, but no fractures. Since then he was plagued with headaches and depression. He had lost his motivation for school work. After few doses of *Natrum sulphuricum*, he rapidly returned to his former cheerful, active self.

The various causes of Depression and practical steps to cope with it are discussed. Indications of 11 homœopathic medicines are given.

20. A drastic personality change follows a fall
SACHETI, Dor (HT. 22, 5/2002)

Rae, fell about 20 feet while climbing and landed on back. She thought she had hit her tail bone and back of head. Unlike her usual self, she became dull and expressed none of her symptoms strongly. *Hypericum* 30 was given for the tail bone injury and 15 minutes later another dose was repeated.

Within a short time, her dullness disappeared.

The author was surprised to see the rubric, "Mind, dullness, after injuries of head" in **Kent Repertory** – with *Arnica*, *Cicuta*, *Hypericum*, *Mercurius* and *Rhus tox* listed.

Hypericum worked on Rae's physical trauma as well as her mental symptoms.

21. Depression after laser surgery
LUI, Therasa (HT. 22, 5/2002)

77 year-old male, had a second laser surgery, for basal cell Carcinoma on the nose. In the months after his surgery, he lost all interest in his busy activities. His voice was in monotone.

Homœopathy: A step by step guide by Cassandra MARKS mentioned severe depression following injury to nerves under *Hypericum*.

Hypericum 200 was given and the next day vitality returned to his voice and his depression was gone. COWPERTHWAITTE mentions *Hypericum* for "great nervous depression following wounds." LIPPE adds "or after surgical operations". KENT mentions "dullness after injuries of head". SCHROYENS lists in rubrics, "Mind, sadness from injury" and "Mind, sadness from injuries of head".

22. A girl with Chicken Pox
TAYLOR, Will (HT. 22, 5/2002)

10 year-old girl, with mild eruption, but notably pustules on her eye lids. Agglutination of lids in the mornings. Highly and uncharacteristically out of sorts, wanting nothing to do with anybody. Deep rattling cough and heavily white coated tongue.

Antimonium crudum 30 in 4 Ounce water, half-teaspoon after 6 succussions, upto every 3 hours as needed. After 3 doses, all her complaints reduced markedly.

23. A case of child with learning difficulties
EVANS, Gwyneth (HT. 22, 5/2002)

8 year-old boy was brought as he could neither focus nor concentrate. Very slow in eating. He was easily distracted and needed practice with basic facts in mathematics.

Early in the pregnancy, the mother lost two cats who were very precious to her. She felt great shock about this.

On her due date she had fallen down the stairs and badly sprained her ankle. She was very afraid that she had hurt the baby, but it was not so. Two weeks later, while she went to have a bath felt the baby coming.

The boy had series of ear infections, diaper rash with teething. Asthma till the age of 5 and had a couple of bouts of tonsillitis and had a high pain threshold.

Phosphoric acid 30, one dose given.

Five weeks later, no change. *Arnica* 200. Three weeks later not much of a change.

The child had that slowness in catching on to things; the difficulties at school. The rubric "Mind, Slowness" with the sub rubric "Slowness while eating" has only one remedy listed – *Aconite*.

Aconite 30, one dose. Three weeks later, the boy had become so quiet, interested in home work. The verbal anger was gone.

Two years later, he is finding math easier. He has lost a lot of anger [A great lesson on the **Materia Medica** of *Aconitum*. In the EN of T.F. ALLEN are many symptoms of mental slowness, mental confusion; see Symptom Nos. 84 to 100. Although we find 'Acon.' in most of the rubrics in the Repertory we rarely use it. = KSS]

24. The exciting cause: A case of nervous tics and twitching
KEIZER, Willa (HT. 22, 5/2002)

5 year-old JULIE, was healthy, sympathetic and wanted everything to be fair. One day, was given five vaccinations. Four days later, bad rash at

the vaccination site. She became restless and uncomfortable. She then began having a nervous tic of constantly clearing her throat and sniffing. Fear of dark and ghosts, and a sensation of bugs crawling on the skin. *Thuja* given earlier helped somewhat and not enough.

Causticum LM2, daily dose. Within a week, muscle twitching and throat clearing disappeared.

Three months later, as the symptoms began to return, although milder, *Causticum* 1M. Symptom-free since then.

25. A case of *Ferrum metallicum*

ROBINSON, Karl (HT. 22, 5/2002)

Nowhere are symptoms more unknowable than those of the mind. Unless the patient is acting out one of the mental/emotional states, we really cannot pretend to know what he or she is feeling.

In a man 52 year-old with urinary incontinence, it was his individual modalities of aversion to eggs, even the smell of it flushing face, morbid urging to urinate, lack of erections – the peculiar physical symptoms which led to the remedy; the mentals were confirmation only.

26. Differential Diagnosis: Finding the Trophy in your Net

HOOVER, Todd A. (AJHM. 96, 1/2003)

Dr. HOOVER presents a powerful methodology developed by Paul HERSCU, that can give the average homœopath a significant advantage in prescribing for difficult case. A relatively straightforward case is presented for this example, with a detailed differential diagnosis. Totality case analysis is contrasted with typical keynote prescribing.

27. Fear of pain and its effect on childbirth

LEVANON, Dafna (HL. 15, 1/2002)

There are situations where the fear is deeply entrenched in the soul of a woman and during pregnancy, they come to the surface.

Past events associated with pain also may awaken the fear during pregnancy.

A third possibility is an acute state wherein the fear is generated by the labour itself.

The root of the fear must be found to solve a case of fear of labour and of labour pains.

Three cases are presented:

Case 1: Fear of suffering.

22 year-old woman, in the ninth month of first pregnancy, with fear of pain and suffering from the

approaching birth. Also fear of fire and dreams of fire.

Piper methysticum 30. Felt better for 3 weeks and then worse. Another dose repeated. She delivered normally a week later.

After her 3rd pregnancy, she was not producing adequate milk and relapsed back into the fear state.

Reference works gives *Piper methysticum* for lactation; milk; too profuse in **Boericke Repertory**.

Based on the assumption that it would produce another pole, *Piper methysticum* 1M given and in 3 hrs milk started flowing.

Case 2: Fear of labour.

36 year-old woman at the beginning of her 3rd pregnancy presented with history of difficult labours.

Disappearance of the labour contractions arose from such a great fear it paralysed the labour mechanism and this stemmed from a past memory of insufferable pain and feeling of helplessness.

Cimicifuga which has an aspect that influences past painful memory was prescribed in 200.

12 days later, normal delivery.

Case 3: Labour arrested by fear and panic.

A woman in her first pregnancy, approached a hospital when the labour pains commenced. As she prepared for the birth her cramps stopped abruptly.

The woman went into a state of fear, closure and dryness. Flow of contractions stopped. A dose of *Pulsatilla* 200 and within a short time began regular contractions and gave birth.

28. A case of *Carcinosinum*

VAN DER ZEE, Harry (HL. 15, 1/2002)

16 year-old girl with extreme weakness due to post-viral syndrome. More than an year before, she sustained a Brain Concussion and Whiplash after running into a door. This was only diagnosed after months of complaints. In that same period Mononeucleosis infections started. For an year now, the weakness has not improved, and the Mononeucleosis markers remain increased.

Carcinosinum 200 restored “within a few weeks”. The author discusses the ‘anamnesis’ when the patient was in the womb and during her birth. ‘Miasms in Labour’ – a Theory of the author is justified in this case.

[A simple straight case is made tortuous. I am reminded of FN to §1, **Organon** = KSS]

29. Homœopathy in the New born ICU

STORM, Wolfgang (HL. 15, 1/2002)

In the St. Vincenz Hospital, Germany, Homœopathy is used as an additional and supplementary in their Neonatal Intensive Care Unit.

Their experience in six cases is presented.

Case 1: Five-day-old, mature, newborn baby, birth weight 3420g.

Clinical findings: Cardiac arrest with group B Streptococcal Septicaemia. Cardiac massage, Ventilation and Epinephrine without any result.

Homœopathic remedy: *Camphora* 30. Within ten seconds (!!) there was pink skin colour, sinus function in the ECG, beginning of spontaneous breathing and spontaneous movements.

Rubrics:

- Skin; coldness
- Skin; bluish.
- Generals; pulse slow.

Materia Medica: For a state of collapse, subnormal temperature, and low blood pressure, one of the main remedies for shock.

Case 2: Premature baby: 26 weeks of gestation, birth weight 890g.

Clinical problem after one week: Strangulated inguinal hernia on the right side. Unsuccessful measures to reduce the hernia (manual, bathing in warm water, Phenobarbital).

Homœopathic remedy: *Nux vomica* 30. Spontaneous reduction within ten seconds!!

Rubrics:

- Abdomen; hernia, inguinal, strangulated, right side.

Case 3: Twin premature baby: 27 weeks of gestation, birth weight 1050g.

Clinical findings five days after birth: Tympanic distension of the abdomen, apnoea attacks with oxygen desaturation. Environmental circumstances: Twin brother had to be transferred for surgery to another hospital which led to less maternal visits. Since this time the above mentioned deterioration started.

Homœopathic remedy: Unsuccessful trials with *Carbo vegetabilis* 30 and *Lycopodium* 30. After *Stramonium* 30 (forsaken feeling?) immediate lack of apnoea attacks with oxygen desaturation, improvement of the abdominal symptoms.

Rubrics:

- Abdomen; distension, tympanic
- Respiration; arrested
- Mind; forsaken feeling (by intuition!)

Case 4: Twin premature baby: 26 weeks of gestation, birth weight 1000g.

Clinical findings (second day of life): Cold skin, Respiratory Distress Syndrome, artificial ventilation (FiO₂ 1,0), and urine retention, low blood pressure.

Homœopathic remedy: *Camphora* 30. Within 10 minutes the FiO₂ dropped to 0, 4, urine flow increased, skin colour became pink, blood pressure increased (without any further allopathic measures).
Rubrics:

- Skin; coldness
- Respiration; difficult
- Bladder; retention.

Materia Medica: low blood pressure.

Case 5: Mature newborn baby, birth weight 3210g.

Caesarean section, with Abruption placenta and pathological cardiotocogram. Apgar 5/6/6; umbilical artery pH 7,09.

Clinical problem eight hours after birth: Focal tonic-clonic Convulsions with Cyanosis, no improvement after Phenobarbital and Phenytoin.

Homœopathic remedy: *Cuprum metallicum* 200. Immediate inhibition of the convulsions and no further ones.

Rubrics:

- Generals; convulsions clonic
- Generals; convulsions tonic
- Generals; convulsions infants
- Generals; convulsions cyanosis

Case 6: Mature newborn baby, birth weight 3630g.

Clinical problems on the first day of life: Vomiting, moaning respiration, distended abdomen, with large amounts of Ascites (sonographic finding).

Homœopathic remedy: *Apocynum* 30 (3 x 3 globules/day). About twenty hours later there was almost no Ascites detectable any more (without abdominal paracentesis or any other medication), no vomiting, stable respiration.

Rubrics:

- Abdomen; distension
- Abdomen; dropsy, ascites
- Respiration; sighing

Materia Medica: One of our most efficient remedies in Dropsy, Ascites and excessive vomiting.

[I am sure these six cases should be sufficient to shut the doubters and debunkers. The author of the article has sought contact with like-minded colleagues all over the world. Please respond = KSS]

30. The Post-Vaccination Syndrome (PVS) Evaluation of a method and results of a prospective study
SMITS, Tinus (HL. 15, 1/2002)

The efficiency of the treatment of Post Vaccination Syndrome (PVS) with potentised vaccines in homœopathic doses are discussed and illustrated with 8 cases. The author stresses that when a generally well child develops symptoms, one should rule out vaccination as a cause. If it is due to or after vaccinations potentised vaccines have to be given.

The research study conducted is also presented, with eight cases.

31. Migraine since MMR vaccination
VAN DER ZEE, Harry (HL. 15, 1/2002)

11 year-old boy, presented with recurrent Migraine which started after MMR vaccination.

Intense headache, with a feeling as if eyes are knocked out with a hammer. It can be triggered when he does not eat much.

In the past Mumps twice, Scarlet fever five times.

MMR 200 one dose. A week after the remedy had high fever and headache was worse than ever before and lasted 3 days. After that Migraine never returned.

32. The treatment of Vaccinosis
GAUBLomme, Kris (HL. 15, 1/2002)

The constitution determines whether or not that particular person will be prone to vaccine damage, and if so, what system will be affected, in which way and to what degree.

This necessitates an individual approach, based upon patient's reaction.

The author condemns the routine use of potentised vaccines either as a prophylactic or as a treatment, as this is a basic violation of the laws and principles of Homœopathy. He adopts a logical, effective, three layer approach.

The acute symptomatology, after vaccination will lead to the primary remedy. In chronic cases of vaccine damage, the constitutional remedy brings about the best results. Ultimately when no remedy can be figured out based upon the present symptoms, vaccinal Nosodes may be used.

[Tinus SMITS says that "it is a big mistake "to give" constitutional treatment right away without considering the cause of the problem. In my case I saw so many children treated for years with

constitutional remedies without any success that could have been easily cured with this causal therapy of potentised vaccines." While Dr. Kris GAUBLomme argues to stick to the logics of Homœopathy. He presents two cases to drive home his point! Whom should we follow? = KSS]

33. Homœopathic approach to vaccination in Israel
ROSENTHAL, Chaim (HL. 15, 1/2002)

Introduction

As a result of many efforts during the last fifteen years, the awareness in Israeli society of the possibility of vaccine damage has increased a lot. Therefore we have instituted alternative clinics to the conservative clinics – that monitor and vaccinate infants.

We call them 'A Drop of Nature' in contrast to 'A Drop of Milk' which is the name of the conservative one.

Purposes and organization

The purposes of 'A Drop of Nature' are:

- Guidance and explanation concerning vaccination.
- Guidance and explanation of how to raise children in a homœopathic and natural way.
- Treatment for vaccine damage.
- General homœopathic treatment when necessary.

The team in each clinic consists of a paediatrician (who has also been trained as a Homœopath) and a homœopathic practitioner.

Instructions and guidance are given by the paediatrician. Homœopathic treatment, if necessary, is given by the homœopath.

Infants are invited for monitoring seven times during the first year of life (which is similar to the conservative clinic).

In general we recommend no vaccination during the first year of life.

We have learned that compliance is much better if we recommend postponing the vaccines, than if we tell the parents not to vaccinate at all.

If the parents insist on administering specific vaccines, the child receives them but only under certain conditions.

Principles and recommendations

Here are our general principles and recommendations regarding the vaccination of children in 'A Drop of Nature'.

- One should consider not vaccinating the child indiscriminately.
- For most children we recommend avoiding vaccination during the first year of life. We see the child again at the age of one year and

then decide upon whether to give him any vaccines or not. It depends on the general health of the child, his hereditary state, environmental conditions, etc.

- We consider the possible harm that may be caused by the vaccines vs. their benefits.
- Every case should be considered individually.
- If the parents express extreme anxiety regarding Meningitis caused by Hemophilus Influenza B, we are willing to administer the vaccine during the first year of life.
- Vaccines that should be delayed until an older age (5-6 years old), and may even not be necessary (every case individually) are: Hepatitis-B, Hepatitis-A, Tetanus, Pertussis, Measles, Mumps, Rubella (M.M.R.), Chicken pox. [Here in India almost all these are given to all children be the child puny, chronically sick, retarded physically/mentally etc. Parents 'well-indicated' are the most ignorant=KSS]
- Vaccination should only be carried out when the child is in perfect health. The child should be healthy for at least three months prior to any vaccination. Vaccination in the summer months (May to September) is to be preferred.
- Vaccination should not be carried out close to the time of weaning, or learning to walk or leaving the home for the first time (nursery or kindergarten), dentition, etc.
- The child should not receive several vaccines at a time (they should be split up).
- If there is a reason to suspect that the child suffered from vaccine damage in the past, or reacted strongly to a vaccine, the next vaccine scheduled should be postponed to an older age. Many cases of vaccine damage could have been prevented if the vaccine had been avoided after a bad reaction to the previous one. In many severe cases we could detect a bad reaction to the previous vaccine.
- In children with any suspected neurological damage (hypotonia, slow development, difficult delivery, etc.), postponing vaccination is important. The possibility of forgoing them completely should also be considered.
- When one child in the family has suffered some vaccine damage, greater care must be taken with the other children. We try to postpone vaccinating them as long as possible.
- If the child seems to be suffering from vaccine damage, homœopathic help should be sought immediately.
- In any case of disease developing during the first year of life, especially if the child is still

nursing, the possibility of vaccine damage should be checked carefully.

- We do not recommend new vaccines like Hepatitis-A and Vermicelli.
- If there is an outbreak of a local epidemic and the child has not been vaccinated, the child should be taken to the attending homœopath and given a homœopathic vaccine.

34. I have to be empty – A case of *Vanadium*
COLLINS, Deborah (HL. 15, 2/2002)

This is a case where a new remedy of SCHOLTEN helped where different well known remedies according to the author failed.

Mrs. D, 37, consulted for Anorexia. She stopped working with handicapped children, which she loved, after her marriage. Restless, if not busy, very sensitive, gets lump in throat from any tension, and can't swallow at all. Can't stand anything in belly, so likes to be empty. No real menstruation for seventeen years, so adopted children. Indecisive and nervous.

Ignatia, Anacardium did not help. At this point **the author gave a remedy of which she almost knew nothing – Vanadium**, - simply because it had been written by Jan SCHOLTEN in some instances of Anorexia.

3 months later, she gained 2 kilos and her menses started again.

Ten weeks later, no problem. 7 weeks later, nauseated by smells of food. *Colchicum* 200.

2 weeks later, no periods, losing weight. Pregnancy Test – Positive. *Vanadium* 200. Started putting on weight and had a healthy child.

[It is distressing to read Deborah COLLINS say, "I gave a remedy of which I knew almost nothing .. simply because it had been written up by Jan SCHOLTEN in some instances of Anorexia." Can one prescribe *Vanadium* in most cases of Anorexia because SCHOLTEN has succeeded and Deborah COLLINS has a case of success? Is this 'teaching'? Don't we din into the mind of the young homœopaths that merely because someone gave a particular remedy successfully, we are not to follow it blindly? = KSS]

35. A cured case of Anorexia Nervosa
A case of *Vanadium*
HARDY, Jonathan (HL. 15,2/2002)

31 year-old woman, with post natal depression and Anorexia Nervosa for about 15 years. Low self esteem. Dreams of falling, of teeth falling out and her father dying. Everything has got to be just right

and in its place. Very critical of everything. Self-loathing; has Raynaud's disease since her teens.

Niccolum. Slight improvement. Medicine continued for nine months, and then stopped acting. Several other remedies without effect. Finally *Vanadium* 1M, based on SCHOLTEN's description of Anorexia, Raynaud's disease, strong feelings of self-loathing, low self-esteem.

Five weeks later, much happier and had put on 4 kilos. Sleep much better. Depression has lifted and able to relax.

A year later, regained weight, depression is completely better. Only slight problem of Raynaud's.

36. Honouring HAHNEMANN

LM Potencies
CAMPUZANO PIÑA, Gabriel
(HL. 15, 2/2002)

In HL. 14, 4/2001 Andre SAINÉ has stated that he stayed away from LM potencies, citing some reasons.

The author felt that if the readers hear these ideas from a teacher (who had not used it), they would never try them and proceed to judge LMs for themselves.

So the author discusses his 15 years' experience with the LM potencies in detail. He concludes that LMs are not to replace other potencies but LMs have a unique place in handling patients in the manner HAHNEMANN desired—rapidly and gently.

37. It is not safe to stand on your own feet

A case of *Onosmodium*
AVEDISSIAN, Keith (HL. 15, 2/2002)

Mrs. R., 46, presenting with headache since 15 years. Neuralgic left sided headache, shooting into eye socket. Tiredness with headache. Hysterectomy because of Endometriosis. Recurrent benign lumps in breast removed. Ruptured discs in low back and Sciatica especially left sided since then.

Very scared while walking, as though she will fall. Feeling as though hearing footsteps behind. Mental confusion and difficulty in thinking. Fear of being alone and depressed.

Onosmodium 200 once per day for upto 3 days.

2 year follow-up: Improved gradually. Medicine was repeated during relapse, in 200 and later 1M.

IV. REPERTORY

1. Kindliche Entwicklungsverzögerung (Retarded development in children)
BLEUL, Gerhard (AHZ. 248, 1/2003)

The seventh section of this series lists all rubrics of the repertory dealing with arrested development in children. The main remedies – *Bar-c.*, *Calc.*, *Calc-p.*, *Nat-m.*, *Sil.*, *Tub.*, -are briefly described.

V. PHARMACOLOGY

1. *Iris germanica*
RAJ J.; TIWARI A.K. & SINGH K.P.
(CCRH. 22, 3 &4/2000)

The botanical, chemical and pharmacological properties are given briefly. Nice color pictures are given.

VI. VETERINARY

1. Homœopathic treatment for an anxious cat
HYDE, Rosemary C. (HT. 22, 4/2002)

The cat, Shaman, often would stop doing what she had been involved in and stare upwards into space, seeing some apparition we could not perceive. She was ferocious, growling loudly when taken to the Vet. To get shots or to be examined, she had to receive general anaesthesia. She became ill after an 8-month-long noisy demolition project. She was panic stricken. She either hid constantly or desperately tried to run away and biting. Sedatives did not help. She had not eaten virtually anything since the demolition had begun.

Belladonna 6 in aqueous solution was put into Shaman's water. Each time I changed the water 10 succussions were given and 5 drops added.

Shaman calmed down noticeably. In about 6 weeks, potency was changed to 12. *Stramonium* 6 in aqueous solution was given after observation of eye, pupils dilated at reproaches.

Now she is calm.

2. A big homœopathic practice
BORNEMAN J.P. (HT. 22, 5/2002)

Carol BUCKLEY has opened an Elephant Sanctuary in 1995. The objective is to create as natural an environment as possible. Dr. Lori TAPP homœopathic veterinarian treats the elephants there.

Dr. TAPP notes that the elephants all have specific personalities, routines and habits that they exhibit when they are well and happy. She observes deviations from these as symptoms.

Typical cases among the herd include colics that have been treated with *Colchicum* and *Chamomilla*, as well as emotional traumas that have responded to *Pulsatilla*, *Ignatia*, *Aconite* and *Stramonium*. Elephants prone to abscesses have been successfully treated with *Silicea*.

Behaviour changes were observed after administration of properly prescribed homœopathic medicines.

The “strangest organism she has ever treated?” “A Spider! Have you ever tried to take a spider’s case?” [Homœopathy - be it a Spider or Elephant! Wah!! = KSS]

3. Veterinary Homœopathy experiences resurgence – Academy of Veterinary Homœopathy
BOCHENSKI, Diana & EPSTEIN, Shelly
(HT. 22, 5/2002)

Academy of Veterinary Homœopathy (AVH) began as the brainchild of Richard PITCAIRN in 1990.

In spite of unique challenges faced by the Veterinary Homœopath, Dr. PITCAIRN sought to set strict standards, according to Hahnemann’s teachings in the **Organon** and other writings.

The AVH has 170 members. It holds an annual conference in locations throughout the U.S. and Canada. The AVH oversees the specifications for post-doctoral education and training for veterinarians who wish to achieve certification status.

VII. RESEARCH

1. Influence of the diluent on the effect of highly diluted histamine on basophil activation
LORENZ I.; SCHNEIDER E.M.; STOLZ P.; BRACK A. & STRUBE J.
(HOMEOPATHY, 92, 1/2003)

Background: In modern pharmaceutical practice, it is common to use purified ethanol and purified water for the preparation of homœopathic

dilutions. HAHNEMANN in 1827 recommended good brandy as a diluent. Brandy contains a lot of accompanying substances in addition to ethanol.

Purpose of the study: The research question was whether different diluents influence the effectiveness of high dilutions, especially above Avogadro’s number. We compared two dilution media to investigate the diluent’s influence. Within the limitations of the test-system, the dilution media were as similar to good brandy as possible and like purified ethanol. Dilutions of histamine were prepared with both media. As test-system, we used modified basophil activation in an *in vitro* cell system. Basophils are activated by anti-immunoglobulin E (anti-IgE). The activation of basophils is inhibited by prior incubation with histamine. The reduction in activation was measured with different dilutions of histamine. The test system used a 3-colour flow cytometric method. The interleukin-3 (IL-3) receptor CD123 was used to identify basophils in the leukocyte mixture. The CD63 surface marker was used for quantification of activated basophils.

Results: With higher concentrations of histamine, we observed inhibition on optimally anti-IgE-stimulated basophil activation with a clear concentration dependency. With low concentrations of histamine (up to 10⁻³¹), we also observed inhibition of IgE-mediated basophil activation. Differences were observed between the dilution media.

Conclusion: The preliminary results support the hypothesis that the dilution medium may influence the effects of high dilutions. This could be of importance for homœopathic pharmaceutical practice as well as for ultra-high dilution experiments. The refined basophil test system proved to be highly sensitive and reliable. Further studies are needed.

2. A kinetic approach to Caffeine–*Coffea cruda* interaction
RUIZ-VEGA G.; PÉREZ-ORDAZ L.; CORTÉS-GALVÁN L. & JUÁREZ-G F.M.
(HOMEOPATHY, 92, 1/2003)

The biological effect of *Coffea cruda* 30 was investigated in rats pre and post treated with Caffeine. The experimental subjects were male Wistar rats. Caffeine was administered intraperitoneally at the beginning of a sleep period. *Coffea cruda* 30 (0.1 ml) was administered orally, a contemporaneous control group was tested. The Electroencephalogram (EEG) was recorded in the parietal region during the following sleep cycle. The effect was evaluated by three EEG parameters:

the spectral power in delta (0.5-2.5 Hz) and slow 0.32-0.48Hz bands and the slow/delta power ratio. These markers were analyzed vs time for control and homœopathic groups, blind. In the pretreated set, a similar pattern was identified for control and Verum groups up to the 4th hour. From the 5th hour on, power in the delta band was statistically higher in the Verum. Spectral power in the slow band and power ratio for the Verum group was smaller than the control group from the 6th hour on. In the post-treated set, two Verum sub-groups were identified: Post v-A: did not exhibit significant differences from control; Post v-B: displayed an opposite tendency than pre-treatment Verum. We conclude that *Coffea cruda* 30 modifies sleep pattern increasing sleep intensity with pre-treatment. In a subset of the post-treated animals *Coffea* 30 appeared to reinforce the effects of Caffeine.

3. Mutual information and the homœopathic effect

WALDO R. and TORRES J-L.
(HOMEOPATHY, 92, 1/2003)

The characterization of the homœopathic effect through physico-chemical concepts and methods is a fundamental requirement in the quest to bring this therapy into the scientific mainstream. The authors explore the feasibility of using mutual information to characterize the homœopathic effect. This quantity measures the information gained about a signal at time $(t + \tau)$, from its value at an earlier time t , it quantifies the predictability of data.

The method is illustrated with an analysis of the homœopathic effect of *Strophanthus hispidus* on the cardiac rhythm of healthy human subjects, using data from a previous experiment.

The results allow an intuitively clear rendering and agree with the similitude principle applied to the case. They also show that the solvent has a significant effect on the signal; hence it does not act as an ideal placebo and some therapeutic corollaries to this observation are discussed.

4. Patient-Practitioner-Remedy (PPR)

entanglement. Part 2: extending the metaphor for Homœopathy using molecular quantum theory

MILGROM L.R.
(HOMEOPATHY, 92, 1/2003)

A quantum metaphor developed previously for Homœopathy, involving triadic patient-practitioner-remedy (PPR) entanglement, is extended by importing concepts used in chemistry to describe the electronic structures of molecules. In particular, the electronic energy states of triangular tri-atomic

molecules are used metaphorically to predict that (a) the more a homœopathic medicine is potentised, the deeper the level of cure is likely to be, and (b) the practitioner can be included as a beneficiary of the therapeutic process. The model also predicts that remedy attenuation and degree of PPR interaction could (in the quantum theoretical sense) represent a pair of complementary conjugate variables.

Part 1 of this was published in **Homeopathy**, 91, 4/2002.

5. Homœopathic treatment in emergency medicine: a case series.

OBERBAUM M.; SCHREIBER R.; ROSENTHAL C. & ITZCHAKI M.
(HOMEOPATHY, 92, 1/2003)

Following a multiple-casualty construction disaster in Israel, members of **The Center of Integrated Complementary Medicine** joined in the emergency activity of the **Shaare Zedek Medical Center**. They administered homœopathic treatment to injured patients to supplement conventional orthopaedic treatment. This was to our knowledge the first time that complementary medicine had been used officially in conjunction with conventional medicine in an emergency situation. Our objective is to report and summarize the rationale, procedures and outcome of the complementary medicine intervention.

Fifteen orthopaedic patients were included. They were treated by Homœopathy in two phases starting 24 h post-trauma. All patients initially received *Arnica Montana* 200 in a single dose. Anxiety was treated with *Aconite* 200 in nine patients, *Opium* 200 in three, *Ignatia* 200 in two and *Arsenicum album* 200 in one according to type of anxiety. One day later, most patients reported a lessening of pain, 58% felt improvement, 89% had reduced anxiety, and overall 61% felt that homœopathic treatment was helpful. In the second phase, 48h post-trauma, specific complaints were addressed with Classical Homœopathy. At discharge patients rated the homœopathic treatment successful in 67% of the specific complaints.

Several issues relating to the use of Homœopathy in emergency medicine and its relation to conventional treatment are discussed. These include compliance, the conduct of rounds, shortage of time and staff, and the procurement of medicines.

We could not find any literature to direct our treatment, or on combined homœopathic and conventional treatment in the hospital. Therefore,

we list some issues and problems that we encountered, with the hope of improving homœopathic treatment for similar indications in the future. These are:

1. The lack of clinical guidelines for homœopathic emergency medicine and lack of experience in treating multi-trauma patients with Homœopathy.
2. Classical homœopathic theory prohibits administering two or more medicines simultaneously, and requires medicines that encompass the 'totality of the symptoms'. But it is often difficult to find a medicine, which covers the 'totality of the symptoms' in multi-trauma cases. This difficulty forced us to administer more than one medicine at a time.
3. Noncompliance of patients and the conventional staff. The negative or confused reaction of either group fuelled that of the other.
4. Underestimation of the time required for treatment and insufficient time to find the correct medicines.
5. Difficulties in finding and mobilizing good homœopaths in emergencies.
6. Arranging for the supply of medicines in emergency cases is problematic, especially since the repertoire of applicable homœopathic medicines is much more extensive than that of conventional medicine.

6. Clinical outcomes research: Contributions to the evidence base for Homœopathy
MATHIE, Robert T.
(HOMEOPATHY, 92, 1/2003)

The design of clinical outcomes studies (like that of RCTs) involves prospective rather than retrospective data collection, and typically characterizes the responses of a single group of patients to a therapy over a defined period of time.

Five recently published clinical outcome studies in Homœopathy focus on diverse medical conditions: Headache, Acute Otitis Media, Attention-Deficit Hyper-activity Disorder (ADHD) in children, respiratory tract and ear complaints, including Allergies, and male Infertility. An account of the individually prescribed homœopathic remedies was offered in all five papers. Outcome measures were patient-centred in three studies and investigator-assessed in three. The relative effectiveness or consumption or costs of conventional medication was also reported in three of the articles.

The five studies each conclude in favour of the clinical effectiveness of Homœopathy. They illustrate:

- Post-treatment improvement in quality of life scores in patients with headache;
 - Better clinical improvement from Acute Otitis Media after Homœopathy compared with subsequent conventional medicine;
 - Swifter resolution of hyperactivity in children compared with historical placebo controls;
 - Homœopathy at least as clinically effective as conventional medication in a primary care setting;
 - Improved sperm count in men with infertility problems.
7. A vacinação Na prática Homœopática – Uma Revisão Bibliográfica (Vaccination in Homœopathic Practice – A Bibliographic Review)
MOTTA, Tania T.P. and SCHOENMAKER, Nicholas G.M. (RH. 68, 1-2/2003)

This is a study of the 'theme' Vaccination through a bibliographical review on allopathic and homœopathic outlook and to present the understanding of several authors to obtain data so that the homœopath and his patient can consider carefully the risks/benefits, costs of each vaccine and make choice for or against the vaccination.

The study is detailed. BCG, Triple vaccination, Poliomyelitis, Rubella, Hepatitis-B, Influenza, are all covered – each with its advantages/disadvantages, costs, etc. 56 bibliographical references are cited.

8. Fundamentação imunológica da teoria homœopática das vacinose (The Homœopathic Vaccinosis Theory: Immunological Basis)
TEIXEIRA, Marcus Zulian (RH. 68, 1-2/2003)

Seeking to understand the individual in his symptomatic totality has been the aim of Homœopathy since its very beginning and even then there were warnings that inadequate treatment of acute diseases in childhood may lead to future chronic diseases. Since this conduct upsets the organism's vital reaction, HAHNEMANN cautioned that by treating acute diseases with allopathic medicine, with strong doses of heroic drugs, or suppressing local symptoms of those diseases, there would be risk of developing future chronic diseases. At the end of the XIX century, BURNETT came up with the theory of vaccinosis

and warned of chronic manifestations subsequent to small pox vaccinations. In the middle of last Century, French homœopaths, seeking the physio-pathological origin of chronic diseases, correlated it to the abnormal reaction of the reticuloendothelial system (RES). Through the study of experimental pathology, MAFFEI attributed every symptomatic manifestation to the imbalance between the immunological phenomena of allergy and immunity. This broadened the view of illness as an altered reaction of the RES. He placed the sensitizing and pathogenic effects of medications and vaccines in the phenomena of metalergy and paralogy, respectively. With the modern hygiene hypothesis, there is extensive evidence that the imbalance of immunological response in childhood, more 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 prevalence of future allergic response (Th2) is in the impediment of natural manifestations of infectious diseases (Th1 response) in pre-school children. As homœopathic treatment induces an equilibrated vital reaction, corresponding to an integrative physiological response (neuro-immuno-endocrino-metabolic), we believe it acts to regulate Th1/Th2 imbalance, as is proven by the cure of innumerable allergic and chronic diseases. However, clinical trials to support this hypothesis are lacking.

9. Avaliação de Resultados Terapêuticos da Homœopatia: Uma proposta para Realidade Brasileira
(Evaluation of Effectiveness of Homœopathy and outcomes Research: A programme for Brazilian Health Settings)
DANTAS, Flávio (RH. 68, 1-2/2003)

In Brazil Homœopathy is officially recognized as medical speciality since 1980 but is still poorly used in public health services. Homœopathic treatments can be prescribed in scarce public outpatients health departments although federal rules were established in 1988 for using it on the national health service. There is a strong need to assess efficacy, effectiveness, safety and efficiency of Homœopathy in common and relevant health problems to know if it is really, as it seems to be, a medical therapeutics socially appropriate to Brazilian context. Human beings have to be considered as a whole, in all their complexity and individuality, to evaluate effectiveness of Homœopathy, together with practitioner's interpersonal and technical competence.

Randomized controlled trial, quasi-experimental and observational studies can be used to investigate Homœopathy in different settings of medical care, particularly in outpatient units. Valid and useful knowledge is urgently required to clearly define clinical indications and limitations of Homœopathy, in order to get a better and more competent use of the therapeutics and help to improve health status of the Brazilian people.

10. Pesquisa Homœopática Na Agricultura: Premissas Básicas (Homœopathic Research in Agriculture: Basic Premises)
DETOLEDO, Solange Monteiro; CARNEIRO, Piza Gomes & TEIXEIRA, Marcus Zulian (RH. 68, 1-2/2003)

Taking advantage of the global proposal, that looks for to contemplate on “the degradation of the environment and their consequences about the health and the quality of life of the population”, we are proposing a model of homœopathic research in the agriculture, in order to systematize a methodology of homœopathic treatment of the agricultural diseases, to the curses and the nutritional lacks of the plants. This project is the beginning of a study about the viability of the use of Homœopathy in the control of diseases of plants. Using the basic premises of the homœopathic method, we elaborated the research project that includes from the experimentation in healthy plants, pre-requisite for the future elaboration of a “Compendium of Homœopathic Symptoms Vegetable” (“Homœopathic Materia Medica Vegetable”), to the prevention and treatment of disease. In this work in development in the **Agronomic Institute of Paraná** (IAPAR) we are studying critically the countless variables of the homœopathic application in plants (time of pre and post-treatment, homœopathic potencies, etc.), in order to escape from empiricism and to create safe parameters so that we can indicate the utilization of Homœopathy in agriculture.

11. Evidence-based Homœopathy: Empirical Questions and Methodological considerations for Homœopathic Clinical Research
BELL, Iris R. (AJHM. 96, 1/2003)

This paper presents an argument for interdisciplinary, evidence-based Homœopathy that embraces scientific research in its broadest sense. Methodological issues for improving the quality of clinical trial studies to evaluate Homœopathy in the treatment of chronic diseases include: the need for

more formal qualitative and observational data from real-world homœopathic practice to guide optimal study design, greater emphasis on homœopathic considerations rather than allopathic pharmaceutical research concepts to construct intervention protocols and select outcome measures; evaluation of possible individual difference traits in modifying treatment response, and awareness of possible involvement of anomalous phenomena requiring modifications of conventional placebo-controlled research designs for Homœopathy. Homœopathic researchers also need to perform appropriate statistical power analysis, use multivariate and/or nonlinear statistics, and explore novel methodological approaches such as grade-of-membership analysis or controlled time series designs from conventional research that accommodate individualized patterns of change over time. It is important to address the identified methodological challenges to set standards for reporting homœopathic clinical studies, as was done previously in Acupuncture and Allopathic clinical research. High quality research that honors the nature of Homœopathy will advance the field and benefit patients.

There is a long list of 94 references at the end of the article.

12. An Investigation into the Utility of Placebo in Provings
SHALTS, Edward; HOOVER, Todd A. and HERSCU, Paul (AJHM. 96, 1/2003)

A Pilot study follows seeking to answer the question of whether trained observers can accurately assess which individuals in the study group received an actual homœopathic remedy and which a placebo. In this double-blind study *Belladonna* was given to some study participants and placebo to a control group. Using some of the principal known symptoms of *Belladonna* the study's supervisors were able to fairly accurately determine who received Verum versus Placebo. When a more broadly defined thematic representation of *Belladonna's* symptoms (via Herscu's cycles and Segments analysis strategy) was employed, selection accuracy increased to 100%. [Please see E. CHAPMAN's "**Placebo Reaction versus Homœopathic Effect: How to distinguish the Two**" – AJHM. 95, 2002 pp. 157-163. QHD. XX, 3 & 4/2003, Chapter III, No.71 = KSS].

13. Testing a Novel Experimental Approach to Proving Studies – A Prequel to 'An Investigation into the Utility of Placebo in Provings'
HERSCU, Paul and SHALTS, Edward
(AJHM. 96, 1/2003)

This article describes step-by-step a process of creating a new methodological approach to studies of provings. Emphasis is given to the method of selection of the remedy, target symptoms and the time-frame of the study. The article contains a detailed account of the first two pre-pilot studies conducted at Amherst, MA. The discussion contains important points about the design of the research protocol that was later used in the pilot study conducted by this research group in Alonissos, Greece.

14. The role of Homœopathic Medicines in the treatment of Schizophrenia – an Analytic report
SHAW R. (CCRH. 22, 3&4/2000)

50 cases of Schizophrenia (37 males, 13 females) spread into 4 sub groups which were treated in C.R.I. (H), Kottayam during the year 1988-90 have been analysed for their improvement index. The overall improvement noted in these cases are (i) Excellent 6 cases, (ii) Moderate 20 cases, (iii) Mild 6 cases. Group-wise improvement is as (a) simple Schizophrenia (2/3), (b) Heberphrenic Schizophrenia (8/16), (c) Catatonic Schizophrenia (13/19) and (d) Paranoid Schizophrenia (9/12). The improvement is highly encouraging and it is suggested that further study including follow-up for a large number of cases treated in this hospital for so many years may be analysed.

VIII. HISTORY

1. Hands Across the Border
ELIZABETH SIKORSKI, Kim
(HT. 22, 5/2002)

Mexico's culture has incorporated alternative medicines throughout its history. In 1849, Homœopathy came from Cuba, and was readily accepted. Dr. Jaoquin SEGURA Y PESADO founded the first homœopathic school in the Mexican Republic, **the Politechnic Institute**, as well as **Homœopathic Hospital**, both in Mexico city, supported by the government. The Institute

awards degrees in Medicine and Homœopathy. Two other private institutions also award degrees.

Apart from **Dr. Proceso Sanchez ORTEGA's School**, none have a standardized curriculum and teaching.

Mexican Homœopathic Pharmacopoeia was issued a few years ago to standardize manufacturing.

2. A chapter in the history of therapeutics
The affinity principle
WAIZEL-UCAY, José (HL. 15, 1/2002)

Some possible paths followed by man in his quest for remedies against malady and pain, as well as a method and therapeutic resources used from ancient until present times are presented. These are based on the doctrine of similarity or the affinity principle. Additionally, various examples are mentioned of the traditional usage of some plants and animals, according to their colour, exudates, shape and/or flavour in correspondence with the form of animal organs to which they are presumed to restore to health or heal.

[These are nowhere related to Homœopathy founded by Samuel HAHNEMANN. That in the centuries before him and until his days genuine 'cures' had taken place only by 'homœopathic' application of the medicinal things albeit they did not realize or recognize the 'homœopathic' Law, has been thoroughly discussed by Samuel HAHNEMANN himself in his Essay '**Fingezeige auf den homöopathischen Gebrauch der Arzneien in der bishierigen Praxis**' in 1807 in '**Hufelands Journal**'. HAHNEMANN cites, as was his scholarly nature, a lot of evidence, and concludes rightly that it was he who for the first time in History established Healing on **Law of Similars** as a therapeutic method complete in itself = KSS]

IX. GENERAL

1. Users of homœopaths in Norway in 1998, compared to previous users and GP Patients – STEINSBEKK A. and FØNNBØ V. (HOMEOPATHY, 92, 1/2003)

This study aims at the characteristics and complaints of patients who visited Norwegian homœopaths in 1998, comparing with those who visited homœopaths in 1985 and GP patients, as Homœopathy is the most frequently used complementary medicine in Norway.

A survey of 1097 patients visiting 80 Norwegian homœopaths in 1998 was conducted and compared them with a similar survey in 1985 (1072 consultations) and a 1989 survey of GP patients (90, 458 consultations).

Results: One in four of patients visiting homœopaths in 1998 were children between 0 and 9 years of age, compared to one in ten in 1985 and in General Practice. Almost half of the patients in 1998 had used prescription drugs provided by a medical doctor the previous month for the same complaints they presented to the homœopath. In 1998 patients sought Homœopathy most often because of respiratory and skin complaints. In 1985 the most common reasons were musculo-skeletal and digestive problems. Four of the five commonest reasons for encounter in homœopathic practice in 1998 were also found among the five commonest reasons for General Practice consultations.

Conclusion: Patients currently visiting homœopaths differ in age and to some extent in complaints compared to previous users of Homœopathy and General Practice patients.

Similar studies are recommended every 5 to 10 years, as there is increase in both the number of homœopaths and patients using Homœopathy.

2. HAHNEMANN on Infections
MORRELL, Peter (HOM. 86/2002)

Though HAHNEMANN had come close to approaching modern views on Bacteriology in many of his writings, the author advocates cautiousness about assuming that HAHNEMANN was an early – and thus far unacknowledged prophet of Bacteriology. [It is however, a fact that HAHNEMANN did acknowledge 'fixed' diseases from micro-organisms. Heinz HENNE writes (Hippokrates Verlag, 1977): "The conviction of FLENCIZ that diseases are produced by lower organisms remained with him all his life." = KSS]

3. New light on childhood infections
WITTWER, Heinz (HL. 15, 1/2002)

Due to increasing evidence, it is generally accepted in scientific circles today that too hygienic conditions and the absence of infections in early childhood plays an important role in the development of atopic diseases.

A matched control study done by Swiss anthroposophic General Practitioner ALBONICO H.U. consistently showed that there was a lower overall Cancer risk in adulthood for patients with a history of Febrile Infectious Childhood Diseases.

4. Establishment of Homœopathic information and documentation centre (HIDOC)
VERMA O.P. (CCRH. 22, 3&4/2000)

The growing popularity of Homœopathy all over the world has created a global interest for development of a Homœopathic Information System. The paper highlights the state of development of Homœopathy with particular reference to India and South East Asia, statistically reflecting possible information seekers/users and non-existence of any well equipped Information Centre catering to such professional informational needs of Homœopathy in Asia. Attempts have been made to study and analyse the impact of Information Technology in the field of Indian Systems of Medicine and Homœopathy in India and need for establishment of a Homœopathic Information and Documentation Centre preferably by some existing homœopathic organization like **Central Council for Research in Homœopathy (CCRH)** to strengthen bibliographical control of the country's own technological output, to develop and promote the technical and organizational structure for exchange of data at international level with particular emphasis on South East Asia Region and also to create Online Information Services in Homœopathy. It also describes the contours of areas to be covered by the proposed Information Centre. Its success depends much on the active efforts of the Librarians and Information Scientists not only in India but also in other countries engaged in the field of Homœopathy. The existing Information System created at CCRH which is a premier organization in India to conduct and assist research is playing a key role mainly in India. Suggestions and methods are discussed in this paper as to how it can be strengthened further to play a role at global level. The paper also highlights the realistic financial and administrative constraints in developing countries like India in implementing such major schemes and explore and suggest the possibility of developing HIDOC in phased manner seeking collaboration from International agencies involved in Health care and Human welfare.

X. BOOKS

1. **Prozac-free Homœopathic Alternatives to Conventional Drug Therapies** Judyth REICHENBERG-ULLMAN and Robert ULLMAN. North Atlantic Books; Berkeley, USA,

2002. Price: £14.99, ISBN:1556433921 (pbk). Review by Jonathan DAVIDSON. (HOMEOPATHY, 92, 1/2003).

“‘Prozac Free’ is organized into five sections, the first of which discusses depression as a health problem. Part II offers helpful guidelines about Homœopathy and its potential role in management of depression. This is followed by a series of case descriptions, many of whom must have surely presented difficult therapeutic challenges. Part IV takes the case beyond depression and provides illustrative examples of how homœopathic treatment has helped individuals with Psychosis, Trauma, Hormone imbalance and Dissociation. Finally, the authors offer a brief section on commonly asked questions about Homœopathy and its future in Healthcare.”

2. **Homœopathic Remedies for the Stages of Life: Infancy, Childhood, and Beyond.** Didier GRANDGEORGE. North Atlantic Books; Berkeley, USA. Price: £14.99, ISBN: 155643409X (pbk). Review by Marysia KRATIMENOS (HOMEOPATHY, 92, 1/2003).

“He traces the evolution of Man from an incarnating spirit to beyond the grave. As such, this book is thought provoking at the least, and will induce a love or hate reaction from its readers, depending on one's view of the world.

GRANDGEORGE equates the Freudian developmental phases (Oral, Genital and Oedipal) with the **three Hahnemannian miasms**, and then elaborates on this model. Using the Jungian concepts of archetypes and the shadow, he illustrates his philosophy with Greek mythology and Kabbalistic principles.

GRANDGEORGE shows how normal development allows for Man to fully comprehend all these dimensions of love, with the ultimate achievement of being able and willing to give and receive pure unconditional love. He also demonstrates how so many of us fail and get stuck in one aspect, miasm or developmental stage.

Despite the gravity of the subject matter, GRANDGEORGE writes in a light and entertaining fashion. The book is exceptionally easy to read, and full of puns, entertainment and laughter. At the same time, there is great wisdom and knowledge. Suddenly one's understanding of certain remedy patterns is more complete and profound. It whets the appetite to discover more about certain remedies that are not well understood.

Many of his ideas and concepts are challenging. He flies in the face of orthodox medical opinion regarding vaccination. He condemns the timing of vaccination schedules,

denies the efficacy of the BCG vaccine, disputes the wisdom of mixing three live viruses together in the MMR and is vitriolic about the genetically engineered Hepatitis B vaccine. This is enough to make many physicians apoplectic! Yet there is evidence that his views are sound. In 1979, the **World Health Organization** study of 260,000 individuals in Southern India, with a seven and a half-year follow-up, demonstrated that there was 'no evidence of a protective effect of the BCG vaccine'. Dr. Tinus SMITS in the Netherlands also supports his view and publishes his well-researched findings on the Internet. KENT revolutionized the profession with his constitutional models, based on his faith in Swedenborg's teachings. This is a book for Post-Kentian homœopaths and those who strive to understand the journey of life."

3. Prisma – the Arcana of Materia Medica Illuminated by VERMEULEN, Frans. Emryss by Publishers, Haarlem, The Netherlands 2002; pp 1422, hardback. £47. ISBN 90-76189-07-2. Review by Nick HEWES. (HOM. 86/2002).

".... This is the third in the series of **Materia Medica** in 10 years by the author."

"Prisma simply returns to those same remedies that were so expertly summarized in the first volume, in order to add extra information, the most obvious of which relates to their Signatures." Vermeulen has condensed information from so many sources, and at the end of day, it could even help you find the correct remedy.

4. Remedy Relationships by Thomas BLASIG and Peter VINT (Translated by Phil EDMONDS & Hanna WALDBAUM). HAHNEMANN Institut, Germany, 2001; pp 121. Paperback, £12.00. ISBN 3-929271-26-5. Review by Andrew OVENDEN (HOM. 86/2002)

".... This volume is clearly laid out in alphabetical order, with categories for antidotes, complementary remedies, remedy cycles, and inimical remedies. The Bowel Nosodes are also included. Information concerning two related remedies is given under both remedy headings. this book is a useful advance over previous texts in this area"

5. Little Miracles: - a Comprehensive Guide to LM Potencies by Carole COOK. Self published, 2001; pp 53. Softback, £4.99. Review by Penny EDWARDS. (HOM. 86/2002)

"...The history of LMs is dealt with in the first chapter, comparison of development of potency use in different parts of the world in the absence of 6th edition of **Organon** in second chapter. The chapter "Technicalities" gives a concise précis of

each of the aphorisms of the **Organon** which are related to the prescribing the LMs detailing the use and recommendations by HAHNEMANN.there is a guidance on how often to give the remedy, what to look out for in terms of aggravation, what response is appropriate, and when to stop, all reinforced by the experiences of practitioners with years of experience. ... this is an invaluable booklet for any one who is interested in using LM remedies....."

6. Miasms in labour: A revision of the homœopathic theory of the miasms, a process towards health by Harry VAN DER ZEE. 2000. Stichting Alonnisos: Utrecht, Netherlands, Soft bound, 176 pages. ISBN 90-74817-09-2. Review by COLLINS, Deborah (HT. 22, 5/2002)

".... In this book Harry VAN DER ZEE endeavours to bring new insights to the unwieldy theory of miasms"

7. Broken Glass and All by Al D. Squitieri Sr. Authors Choice Press/iUniverse.com: Lincoln, NE 2001, Soft cover, 152 pages. \$15.95 ISBN. 0-595-17206-7. Review by Abigail MOORE. (HT. 22, 5/2002)

"... Al Squitieri, a patient cured of the degenerating effects of Dermatomyositis, an auto immune disease of the connective tissue, wrote the book, to shout from the mountain tops that Homœopathy had cured him with God's blessing."

8. Minerals in plants by Jan SCHOLTEN, ISDN 90-74817-06-8. 160 pages. Published by Alonnisos, Utrecht, the Netherlands. Review by Jan BOL (HL. 15,1/2002)

One of the thoughts that came to his mind was to compare the plant's mineral spectrum with its homœopathic picture. A study on this theme is now published by SCHOLTEN, showing the results of an analysis done some years ago on the mineral contents in plants.

It's an experimental study with only 22 minerals analysed in 100 mostly not well-known plants (like for instance *Marrubium*, *Lespedeza*, *Eugenia*, *Carica papaya* and *Ballota foetida*). To be honest, in 150 pages of lists and charts full of test results, you'll find more questions than answers.

XI. NEWS & NOTES

I. EDITORIAL. TESSLER, Neil (SIM. XVI, 1/2003). Great and ancient tales teach us that

imperfection and error are part of human condition and when rightly apprehended become valuable aids in our positive development. In our attempts to achieve the very high ideal of cure, under one circumstance or another, mistakes are made, which sometimes become habits and eventually systems. Conscientious practitioners will reflect on errors in order to understand where and why they occurred and learn to avoid them in future. In this issue the author has offered his mistake to the examination of his colleagues, mainly for broader discussion. It is a nice beginning.

II. Incurable cases. DRAIMAN M. Review by BLASS, Gabriel. Briefly discusses the concept of incurability in relation to terminal illness. Three terminal cases are discussed. Adeno carcinoma of bladder treated with *Conium*, Carcinoma colon with *Arsenicum album* and *Alumina*. A 70 year-old man with advanced Arteriosclerosis with marked Cerebral Atrophy, Pyelonephritis with Renal failure, Cardiac failure, Diabetes, Dehydration and Paralytic ileus and was constantly pulling at the sheets. Starting with *Hyoscyamus* 30 he made an amazing recovery and lived active life for 14 more years.

The author's conclusions are:

- even if a condition itself appears not to be reversible, much can be done for the well-being of the person by administering the **simillimum**, or palliation by prescribing a remedy which covers the most troublesome symptoms;
- the effects of homœopathic treatment are unpredictable and therefore incurability can only be concluded in retrospect. Do not write off a case because it appears difficult or incurable;
- use Homœopathy alongside suppressive treatments such as chemotherapy, radiotherapy or surgery if they are unavoidable, it helps decrease side effects, and may improve prognosis;
- surgery is acceptable in cases of Cancer in situ or Cancers which are localized (without metastasis, except to resolve mechanical problems) but should be accompanied by homœopathic treatment;
- excising a Cancer in situ only removes the lesion, the underlying state remains;
- prescribe the constitutional remedy, alternating with the current remedy and the miasmatic remedy if necessary.

(**Homeopatia 2001; 66:** in HOMEOPATHY, 92, 1/2003)

III. Acute treatment of Haemorrhoids. CASALE J.A. Review by Gabriel BLASS. He deals with emergency treatment of Haemorrhoids and suggests the following classification.

1. Congestion
 - a. Portal: (plethora in the lower half of the body) *Aesc., Aloe, Sep.*
 - b. Pelvic: (congestion related to menses and pregnancy) *Am-c, Am-m, Coll*
 - c. General: (tubercular miasm) *Coll, Puls, Paeon*
2. Venous tone
 - a. Atony: *Aloe, Calc, Caust, Mur-ac, Sil*
 - b. Spasm: *Rat, Caps, Nit-ac*
3. Alterations to anal wall: *Ham, Nit-ac, Paen, Phos, Rat, Sil*
4. Digestive problems and autointoxication: *Caps, Nux-v, Sulph*

The leading remedies in each category are described in greater detail. (**Homeopatia 2002; 67:** in HOMEOPATHY, 92, 1/2003)

IV. Mother and child. FAINGOLD R. Review by Gabriel BLASS. 15 day-old girl with generalized rash, annular and vesicles on the margins, with ravenous appetite. Mother had gestational Pruritus, followed by Asthma after treatment. These symptoms then began to alternate.

The mother-baby dynamic was considered as single entity and *Psorinum* 30 in repeated doses was given with significant improvement after 10 days. (**Homeopatia 2002; 67:** in HOMEOPATHY, 92, 1/2003)

V. Chronic veterinary case. FROMENT P. A herd of goats had suffered recurrent abortions between 4 and 5 months of pregnancy for 10 years. *Kalium iodatum* 10M cured the tendency to abortion throughout the flock. Some symptoms of *Kali iodatum* were found in the herd's owner. (**Les Echos du centre Liégeois d'Homéopathie 2002; 90:** in HOMEOPATHY, 92, 1/2003)

VI. Psychology of the allergic child: what consequences for homœopathic treatment.

Review by COLIN P. The allergic child suffers from two main psychic troubles: it cannot distinguish between its self and others and has problems either with mother or father (or both).

Problems between child and mother: *Pulsatilla, Lycopodium, Natrum muriaticum* or *Magnesia muriatica*.

Problems between child and father: *Magnesia carbonica*, *Ammonium carbonicum*, *Arsenicum album*, *Sepia*, *Ferrum metallicum* or *Lycopodium*.

Children with too demanding parents may correspond to *Alumina*, *Argentum metallicum*, *Calcarea silicata* or *Silicea*.

L'Homéopathie Européenne 2002; 4: in HOMEOPATHY, 92, 1/2003.)

VII. Translating a nonlinear systems theory model for Homœopathy into empirical tests.

Review by BELL; BALDWIN and SCHWARTZ G. In this lengthy and complex paper the authors apply nonlinear systems theory (Chaos and Complexity theory) to classical Homœopathy and outline an empirical approach for testing their resultant hypotheses. Nonlinearity means that the output (patient response) is disproportionate to the input (remedy ingested). It also refers to the patient as being a nonlinear complex system.

The authors discuss Hering's Law, propose three empirical approaches, offer methodological considerations, nonlinear analyses, and discuss patterning of change, citing 103 references.

'In conclusion, examining nonlinear analyses of concomitant behavioral patterns, mood, and physiological signals from specific subsystems of the body (brain, heart, muscles, skin) over repeated daily or monthly measurements may accurately track the process and the sequence of healing that homœopathic patients reportedly exhibit in the course of treatment. Such research will require multidisciplinary collaborations among homœopathic clinicians, psychophysicists, and nonlinear complex systems researchers. This type of research is now feasible and promises to open valuable new directions for the scientific study of Homœopathy and other energy medicine systems.' (Alternatives Therapies in Health and Medicine 2002; 8(3) in HOMEOPATHY, 92, 1/2003).

VIII. *Cypripedium* by PRAT J. Besides the well-known symptoms, the main characteristics of *Cypripedium* are: Hysteria in women suffering from genito-urinary disorders or from drinking too much coffee or tea, mild delirium tremens, chorea and epilepsy, headaches of elderly people and during the menopause climacteric, gout, the skin symptoms resemble those of *Rhus toxicodendron*. (Cahiers du Groupement Hahnemannien 2002; 3 in HOMEOPATHY, 92, 1/2003).

IX. *Nitricum acidum* – by BROUSSALIAN E. An interesting comparative **Materia Medica** is set

out by the author. Like *Hepar sulph*, *Nitricum acidum* is violent, sensitive to cold and has pains as from splinters; *Nitricum acidum* has more warts and cracks and less suppuration than *Hepar sulph*. *Nitricum acidum* also has a lot of psychic features in common with *Natrum muriaticum*: both are irritable, sad, aggravated by consolation, constantly think about the past. But *Nitricum acidum* is not sensitive to music and is not ameliorated by physical effort like *Natrum muriaticum*. Like *Lachesis*, *Kalium carbonicum*, *Arsenicum album* or *Kalium arsenicosum*, *Nitricum acidum* comes with a very long and detailed list of his symptoms; but *Lachesis* is more talkative, *Kalium carbonicum* is more intellectual and wants above all to be precise; *Kalium arsenicosum* is afraid of disease and *Arsenicum album* is afraid of death.

In a last part, the well-known physical symptoms of this medicine are recapitulated. (Cahiers du Groupement Hahnemannien 2002; 2 in HOMEOPATHY, 92, 1/2003)

X. *Lilium tigrinum* – by COQUILLARD G. In the first section, a clinical case of a young man is described: he had cephalalgias with palpitation and lipothymia and felt very guilty about his sexual life.

After a description of the flower which is the source of the medicine, there is a complete **Materia Medica**. The main psychic symptoms are: hurry, desire to do several things at once, undertakes many things but perseveres in nothing; aversion to company; foolish delusions about religion and health; numerous fears; depression; religious melancholia; aggravation by consolation. The pains are characterized by their radiation (from heart to back and right arm for example) and by their alternations (alternation between mental and physical symptoms, alternation between heart pains and uterine and ovarian pains). Also the feeling of bearing-down and the feeling as if heart were grasped in a vice.

This medicine should be compared with *Staphysagria*, which is less religious, and *Sepia*, which has less sexual excitement. (Revue Belge d'Homœopathie 2002; 3 in HOMEOPATHY, 92, 1/2003).

XI. Seminar Review: Using Homœopathy in cases of Homelessness and Addiction; Seminar of Maggie WHITTLE. Report by MANOGUE, Annie (HOM. 86/2002). The two day course in Manchester focussed especially on the treatment and care of people who are addicted to drugs and/or alcohol, many of whom are homeless.

The possible root causes of these addictions such as pain and trauma at earlier stages in lives of people were explored.

The overall sense of powerlessness is often compensated for by exhibitions of obsessive/compulsive behaviour and also by anger.

Emphasis was made on treating the top layer first and dealing the cause at a later stage when the relationship has been built.

The remedies used successfully for drug/alcohol withdrawal are:

Arsenicum 1M repeated nightly, if the fear and anxiety experienced is very strong.

Nux vomica and *Sulphur* to assist in the early stage of withdrawal.

Alteration of *Morphinum* and *Sulphur* in Heroin withdrawal.

Avena sativa can reduce the cravings for drugs and alcohol and also help ease nervousness, exhaustion and sleeplessness.

Quercus tends to create a distaste for alcohol and reduces cravings.

Gelsemium is a useful remedy in the tired, floppy phase of withdrawal.

Better results when homœopaths and counsellors work together in certain cases.

XII. A meeting with Eileen NAUMAN— by David WITKO (HOM. 86/2002) “NAUMAN explains the concept of Metaphysics and its involvement with Homœopathy. According to her, provings are often incomplete and inaccurate.” [Which provings? Hahnemann’s? Hering’s? Swan’s? This is a rash statement =KSS]. “Observing the natural world helps you gain a deeper understanding of the full picture of a flower or plant.” [Would William Wordsworth’s and my own, observations agree? = KSS]

She pointed out the potential for difficulty if the remedy we are prescribing (based on proving symptoms) is not actually the remedy our pharmacies are supplying to us.

Eileen NAUMAN was raised as an Eastern Cherokee American Indian, exposed to ‘Metaphysical thinking’ as a normal way of life. The use of herbs, gems, flowers and the laying-on-of hands in order to heal is natural for her. [But these are not Homœopathy=KSS]

XIII. Oncology – Role of Oestrogen and Insulin. Breast Cancer risk – size does matter. (THE HINDU, 15 April 2004). Correlation of Obesity and Breast Cancer is found only in Post-menopause women.

Obese women experience an extended life long exposure to Oestrogen’s effects as the fat tissue continues to produce low levels of hormone.

The latest study of this positive link is published in the **Journal of the National Cancer Institute**. Confirmation comes from Hormone Replacement studies where, Oestrogen given to post menopausal women increased the incidence of Breast Cancer.

Insulin and Cancer: Obese people tend to release higher levels of Insulin and other hormones into the bloodstream. This encourage cells to divide more rapidly, which increases the chances of random mutation and hence the risk of Cancer.

XIV. The President, National Center for Homœopathy, USA. Todd ROWE writes: (HT. 22, 4/2002) How do I find a good homœopath? is one of the most frequently asked questions at homœopathic introductory talks. The time-honored method is word of mouth. The recommendation should be from someone you trust. If you are seeking a practitioner, it is important to ask questions. Important issues to consider include fees, style of practice, years in practice, background and training. The quality of relationship between you and your homœopathic practitioner is essential. Take the time to find the right homœopathic practitioner for you.

XV. Julian WINSTON Editor of Homœopathy Today refers to HL. 15, 1/2002 - the articles of Jorg WICHMAN and José WAIZEL-BUCAY where they discuss Hermetics and Signatures and assigning Homœopathy to these. Much has been written already that these are not Homœopathy. It would do well for homœopaths to become well-acquainted with the principles of Homœopathy first, and then if they wish to explore the edges of the homœopathic envelope, they do so with care, understanding and caution and with recognition that they were stepping outside the bounds of the system. We should not take these new ideas as the “whole” which displaces almost 200 years of historical use of a great system of cure. (HT. 22, 4/2002)

XVI. A possible warning. ZKH Jan. 2002, documents a case with supposed lethal consequences following an uncontrolled repeated ingestion of *Arsenicum* 6.

A 32 year-old female patient had taken *Arsenicum* 6 tds for 2½ months till her death. Post-mortem examination found high levels of arsenic in

blood and urine, although Liver and Kidney levels were normal.

The article poses as many questions as it answers. Those interested may see 'lightforce Homœopathy' email list (Editorial, HT. 22, 5/2002).

XVII Dr. Jeniffer JACOBS President, American Institute of Homœopathy writes (AJHM. 96, 1/2003): '**Reflections after Twentyfive Years of Practice**' –Dr. Jennifer studied with Dr. Frederic SCHMIDT. The San Francisco Bay Area was alive with Homœopathy. George VITHOULKAS also taught a core group in the mid eighties, which helped Jennifer to develop as a homœopath. "Since that time Homœopathy has grown but not flourished". ... inspite of the many dedicated people working hard for more than twenty years, it seems at times that there has been little progress. While other modalities of CAM (Complementary and Alternative Medicine) have become increasingly popular, Homœopathy seems in danger of falling off the radar screen. ... In spite of a growing body of evidence of Homœopathy's effectiveness, including the 1997 **Lancet** article that definitively showed a positive treatment effect of Homœopathy over placebo, the scientific mainstream continues to see Homœopathy as "biologically implausible". ... I consider that Homœopathy is so revolutionary in its concept that it cannot fit into the commercial and popular notion of "Complementary and Alternative" or even worse "integrative" medicine. Its time has not yet come. Homœopathy is not something to be used as an adjunct to conventional medicine,.... It cannot be marketed as a panacea for a particular illness. It cannot be easily integrated into the Conventional Health Care to be used alongwith antibiotics, anti-hypertensives, etc. Homœopathy by definition is diametrically opposed to the concept of Allopathy. Modern medicine is spiralling out of control and soon the system will collapse upon itself.

Public awareness that the body and mind are inseparable and that the body is not just a sum of its parts, is increasing. Perhaps it will take much longer time for Homœopathy to come fully on its own. We, the homœopaths must be fully equipped and ready when the call comes.

[One reason at the bottom of all the opposition to Homœopathy is that it is not 'industry promoting' and not promote 'consumerism', not a 'money spinner'. We need not work for Homœopathy's domination. We should, every one of us, learn and practise better and better pure, genuine Homœopathy and be vigilant that in the

garb of 'innovations', 'insights', etc. ideas which are opposed to the basic principles do not take hold, as they seem to have. "Success at all costs" is not our motto. When it is said that the physician's high and only calling is to 'cure', HAHNEMANN did not mean, as will be evident by the succeeding aphorisms, "cure somehow, by any or all means", but **only** in the manner elucidated in the **Organon**. = KSS]

XVIII. The Editor of **Homœopathic Heritage**, Dr. Farokh J. MASTER writes (HH. 28, 1/2003) lamenting the corrupt state of homœopathic teaching in our Colleges, the conduct of the faculty members, etc. [The Aegean stables must be cleaned = KSS]

XIX. Interview with Jeremy SHERR by Homœopathic Heritage. (HH. 28, 1-5/2003). This is a lengthy Interview and covers all aspects of Homœopathy. Some Extracts: Jeremy Sherr's father was a doctor. He went to England in 1980 to study Homœopathy – week end courses. He also studied Acupuncture. He made hard determination to study thoroughly. Although he completed his Acupuncture course, he never practiced it. He began his Practice in 1981, then studied with George VITHOULKAS; Vassilis GHEGAS and Roger MORRISON. He worked in VITHOULKAS's clinic for four days in a week. Then went to Alonissos (Greece) a 'Couple of times'. In 1985 another teacher Joseph REEVES from Israel taught him. "It took me to a new level of understanding"

JEREMY then took to teaching. His **Dynamic School** came in 1986. "What I'm trying to do is take the Philosophy, go deeper, take the remedies, go deeper, take the cases, go deeper – rather than go broader and acquire lots of knowledge on lot of subjects." Dynamis means Vital Force, but the broader meaning is flexibility, the ability to change [for the better = KSS]. There are much cross-over points between **Taoism** and Homœopathy. When you read **Tao te Ching** or **Chuang Tsu**, it's like a practical manual of Homœopathy [I agree. I too have found it so. Repeated readings of Zen masters enables deeper understanding of Homœopathy = KSS.]

Basing prescriptions on the mind is not right especially for the inexperienced. While 'Mind' is the most fascinating it is also the 'trickiest'. KENT started his **Materia Medica** lectures mostly with the 'generals' when you start with the 'generals' you are on firm footing. BOENNINGHAUSEN, KENT – methodologies were firm. KNERR, for

instance is good if the symptom exactly matches in combination i.e. with the time and other modalities, action, etc.

In case taking you have to get the big picture. The totality must be full size. It also depends whether you have a chronic case before you or an urgent, acute one.

The basic books that are most often consulted are the **Organon, Chronic Diseases** and all the writings of KENT, and as for **Materia Medica** it is ALLEN, BOERICKE, PHATAK. There are other books too of course, CLARKE, TYLER etc. each book has to be used for what it is good for.

There is lot of toxicological information rather than 'provings' and we should know the difference between 'toxicological' and 'provings'. The way additions are made – rubrics, remedies needs to be discussed. It is a mess. There are six, seven different repertories and they've all been added to. Everybody adds in a different way, everybody adds with a different philosophy, with a different scoring of what is black type, italics, low type; all mish-mash. The perfect addition is of a symptom that aggravated, ameliorated and then vanished for a long time. We are adding too easily and loosely. The rubrics are not thought about deeply enough; remedies get added in 'sense of isolation' when they may be they should be added in 'estranged from family'. Clinical information should be added in low type. There is a big confusion whether we are adding by frequency or intensity.

Remedy provings in a Seminar is worth only to the extent that everybody get to experience the remedy. But it is incomplete because it is disregarding the stage of treatment the people are in, the stage of their health, the proving management. Refer §141: you should do a proving "with all caution and care here enjoined". One thorough proving is worth 10 shallow provings.

Jeremy SHERR hopes to put on the Website soon all his and other provings.

Jeremy SHERR discusses his provings of *Chocolate, Scorpion, Hydrogen*, etc. However, he feels that his main efforts were in post-graduate education in Homœopathy. Homœopathy is a lifelong study.

While the whole concept of Homœopathy is based on provings it is strange that some 'Homœopaths' contest it. The 'proof' of the 'Provings' is in the application of it at the 'bedside'. By for the best way of studying **Materia Medica** is by study of the Provings which contain the exact symptoms. 'Provings are a gateway to wisdom' says HAHNEMANN.

Hahnemann's discovery of treating epidemics is totally radical and a stroke of pure genius. In this

both the individual and the collective, both are brought into account; whether epidemic, endemic or sporadic it becomes a whole entity. In this way Homœopathy can take a whole company and prescribe to the management and the individual.

XX. Hahnemann College of Homœopathy Video Series. (HL. 15, 1/2002). Hahnemann College Phone: 510-232-2079 fax: 510-339-7870. email: hahnemann@igc.org website: www.hahnemanncollege.com

'Foundations of Homœopathic Theory Vol. I' \$395.00 US\$ - 8 tapes. **'Foundations of Acute Prescribing'** \$395.00 US\$ - 8 tapes, including Dr. Morrison's book. **'The Desktop Companion to Physical Pathology'** **'Foundations of Homœopathic Materia Medica Vol.I'** \$595.00 US\$ -12 tapes, including Dr. Morrison's book **'Desktop Guide to Keynotes and Confirmatory Symptoms'**. Review by David RILEY.

The HCH has become the gold standard for Homœopathic education in the United States, if not the world.

Under the editorial leadership of Jonathan SHORE and with support from Roger MORRISON; Nancy HERRICK; Deborah GORDON; Todd ROWE; Ana D'SHORE and Robert and Judith REICHENBERG-ULLMAN, they have put together a video training program divided into three sections. The first section consists of eight video tapes covering the theory of Homœopathy.

The second section builds on the first with an overview of acute conditions, in eight videotapes ranging from injuries to pneumonia to disorders of the gastrointestinal system.

The third section covers the **Materia Medica** in twelve video tapes covering the major polycrystals, in the elegant and precise manner that has become the trademark of the HCH.

This program is ideally suited for those with a serious interest in understanding the practice of Homœopathy.

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.

3. **AJHM:** American Journal of Homœopathic Medicine formerly Journal of the American Institute of Homœopathy (JAIH)
4. **HH:** The Homœopathic Heritage, B.Jain Publishers, 1921 Chuna Mandi, Paharganj, NEW DELHI – 110 055.
5. **HL:** Homœopathic Links, Homœopathic Research and Charities, “Dinar”, 20 Station Road, Santa Cruz(W), MUMBAI – 400 054.
6. **HOM:** The Homœopath, Journal of the Society of Homœopaths, 2, Artizan Road, BORTHAMPTON,N, 4HU, U.
7. **HOMEOPATHY:** 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. **RH:** Revista De Homœopatia, Rua Estado de Israel, 639 Cep 04022-001 – SÃO Paulo Brazil
10. **SIM:** Simillimum, The Journal of the Homœopathic Academy of Naturopathic Physicians, 11231 SE Market Street, PORTLAND, OR 97216, USA.
11. **THE HINDU:** Newspaper , Chennai-600 002
12. **ZKH:** Zeitschrift für Klassische Homöopathie, Karl F. Haug Verlag, HEIDELBERG, GERMANY.

means of continuing in a good working knowledge. To learn the **Materia Medica**, one must master Hahnemann’s **Organon**, after which the symptomatology and the **Organon** go “hand in hand.” The **Organon**, the symptomatology, and a full repertory must be the constant reference books, if careful homœopathic prescribing is to be attained and maintained.

All who wish to make a more extensive examination of the reason for the methods used in the work are referred to the chapter on VALUE OF SYMPTOMS in the Lectures on HOMŒOPATHIC PHILOSOPHY.”

Oct. 29, 1904

JAMES TYLER KENT

(From the ‘Preface to the First Edition’ of ‘LECTURES ON HOMŒOPATHIC MATERIA MEDICA’)

“ There is no royal road to a perfect understanding of the **Materia Medica**. It is tedious and drudgery at best, but no more so than any great science. Because of its greatness, many will fail to undertake it even when it is for the saving of life and lessening of suffering, yet many will not decline to offer their services to the people knowing full well and confessing ignorance openly that the methods they offer are inadequate, useless, and often destructive. Some profess not to believe in this careful way of analyzing the symptomatology, but if some easy method is offered for a pretended mastery of it they wildly embrace it only to return to their primitive repulsive mental aversion crying out “sour grapes.”

The **Materia Medica** can be learned by careful study and by using it. It can be understood but not memorized. All who would memorize the **Materia Medica** must ignominiously fail. To be constantly at hand, it must be constantly and correctly used. The continuous study of the **Materia Medica** by the aid of a full repertory for comparison is the only

PART II

(This section contains abstracts/extracts from selected articles; even the entire article in some cases)

1. Hering's Law: Law, Rule or Dogma?
SAINE, Andre (SIM. VI, 4/1993)

Presented at the Second Annual Session of the Homœopathic Academy of Naturopathic Physicians in Seattle, Washington, April 16-17, 1988.

INTRODUCTION

In Homeopathy today, Hering's Law is widely recognized as the second Law of Cure, the first Law of Cure being *similia similibus curantur*, or like cures like. Hering's Law pertains to the direction in which the symptoms of the patient will disappear during a cure under homœopathic treatment.

In his second lecture on homœopathic philosophy given in 1900 to the Post-Graduate School of Homœopathics, KENT said:

The cure must proceed from centre to circumference. From centre to circumference is from above downward, from within outwards, from more important to less important organs, from the head to the hands and feet.

Every homœopathic practitioner who understands the art of healing, knows that the symptoms which go off in these directions remain away permanently. Moreover, he knows that symptoms which disappear in the reverse order of their coming are removed permanently. It is thus he knows that the patient did not merely get well in spite of the treatment, but that he was cured by the action of the remedy. If a homœopathic physician goes to the bedside of a patient and, upon observing the onset of the symptoms and the course of the disease, sees that the symptoms do not follow this order after his remedy, he knows that he has had but little to do with the course of things¹.

Here KENT does not differentiate between acute and chronic disease in the application of the law. It is reasonable to assume that, because of the lack of precision, he meant that all diseases, acute and chronic, of venereal and non-venereal origin, would disappear in the direction described above.

When first studying Homœopathy, I listened to the teachers and read the "classic" modern works, and assumed, like my fellow colleagues, that Hering's Law had been an irrefutable fact recognized by HERING and the many succeeding generations of homœopaths, and that *all patients*, acute and chronic, without an exception, would, *at all times*, be cured in the afore-mentioned directions under careful homœopathic treatment.

Later, as a practitioner, I carefully applied myself to putting the general homœopathic training I had received to the test. Since then, I have been able to substantiate most but not all of the rules, principles and laws contained in the homœopathic theory promulgated by several generations of homœopaths. [To the extent one is able to substantiate the 'Law of direction of Cure' to that extent only one has mastered homœopathic therapeutics. If one has been able to substantiate only in 30-40% of the cases, then one is only 30-40% homœopath=KSS]

So far, however, I have been unable to substantiate Hering's Law. Indeed, very rarely do I see, for instance, in a patient with chronic Polyarthritis, the symptoms disappearing from the head first and then to the hands and feet. More often, the pain and other joint symptoms disappear in the reverse order of their appearance, even if it is from below upwards. In other words, if the arthritis manifested itself, as may happen at times, first in the knees and then in the ankles, the ankles would get better before the knees.

Or in a patient affected by a complex of essentially functional complaints such as fatigue, anxiety, irritability, difficult digestion, joint pain and acne, rarely would I see the disappearance of the emotional disturbance first, then the poor digestion, followed by the joint pain and, lastly, the acne. With the *simillimum* most symptoms begin to improve simultaneously and disappear in the reverse order of their appearance, and not necessarily from above downwards and from inside outwards. In fact it is not uncommon that in such cases the acne, the last to have appeared will disappear readily and the emotional state (the oldest symptom) will be the last to completely disappear.

While treating a patient with an acute febrile disease that had progressed in the first stage from chills to fever, then to perspiration and lastly to weakness, I would observe a rapid and gentle recovery *but* without the patient re-experiencing the perspiration, then the fever and lastly the chills. While recovering from

acute diseases under homœopathic treatment, the patient does not re-experience the original symptoms one by one in the reverse order of their appearance. Many more troublesome exceptions, similar to the above, could be cited.

What was wrong with Hering's Law as quoted above from Kent's **Lectures on Homœopathic philosophy**? Had I misunderstood the law? According to Webster's dictionary, a law is defined as a sequence of events that occurs with *unvarying* uniformity, whereas a rule permits exceptions, and a dogma rests on opinion. Was this lack of confirmation of the said law due to "suppressive" Homœopathic treatment as suggested by a number of theoretical, and perhaps dogmatic, Homœopaths? If so, why had these so called "purists" not stood up and proven that all their cured cases followed the said law? To my knowledge this proof had not been forthcoming. Was I the only practitioner in this position?

I questioned teachers and colleagues, some with many years of experience. Few could answer my questions and none were able to substantiate from their own experience that, without the shadow of a doubt, Hering's Law was a true law of nature. It seemed as if most were in the same situation as me; even the supposed "purists" would, in private, discuss the matter. It seemed that we had all experienced classic cases of cure from above downwards, from within outwards, from more to less important organs and in the reverse order of appearance of symptoms, but that these absolutely "perfect" cases were only occasional. The majority of cured cases did not fulfill all four criteria cited. [which means these were not 'cures'=KSS]

I decided to go back to the sources.

On the one hand, neither KENT, in his **Lectures on Homœopathic Philosophy** of 1900, nor STUART CLOSE in **The Genius of Homœopathy** of 1924, nor HERBERT ROBERTS in **The Principles and Art of Cure by Homœopathy** of 1936, refer to it, while discussing the above law, as Hering's Law¹⁻³. None of these three authors makes any reference to HERING in their lectures on the Law of Direction of Cure. On the other hand, GARTH BOERICKE, in **A Compend of the Principles of Homœopathy** of 1929, refers to it as Hering's rule but not as a law⁴.

Confusing, isn't it? Did HERING ever formulate a law on the direction of cure? If he did so, was it a law or a rule, and why was his name not clearly associated with it? Why was the literature so ambiguous?

At this point, I realized that the sources had to be explored further. The answers would all have to be within the literature of the nineteenth century. After a thorough examination of this literature I have so far been unable to find any of Hering's famous contemporaries and close colleagues discussing or making any reference to a law of direction of cure. Writings of BOENNINGHAUSEN, JAHR, JOSLIN, P.P. WELLS, LIPPE, H.N. GUERNSEY, DUNHAM, E.A.FARRINGTON, H.C.ALLEN, NASH, etc., were all silent.

When HERING died in 1880, colleagues all over the world assembled to pay tribute to the great Homœopath. His many accomplishments were recalled. Strangely, none made any mention of a law of direction of cure promulgated by HERING⁵. ARTHUR EASTMAN, a student who was close to HERING during the venerable Homœopath's last three years, published in 1917 a **Life and Reminiscences of Dr. Constantine Hering** also without mention of a law pertaining to direction of cure⁶. CALVIN KNERR, Hering's son-in-law, published in 1940, sixty years after Hering's death, the **Life of Hering**, a compilation of biographical notes⁷. Again no mention is made of the famous law.

Not only confusing, but also puzzling. Obviously, the sources had to be explored further. Here are the fruits of this exploration.

THE HISTORY RELATING TO THE FORMULATION OF HERING'S LAW

A:HAHNEMANN – 1811

With the first publication of his **Materia Medica** in 1811, HAHNEMANN inaugurated a new arrangement of the symptoms: from above downwards, from inside outwards, but also from the parts to the generals.

B:HAHNEMANN – 1828

In 1828, HAHNEMANN published his first observations and theories on chronic diseases⁸. I summarize here the points most pertinent to the present discussion:

All diseases, acute and chronic of non-venereal origin, come from the original malady, called Psora. (page 7)

A skin eruption is the first manifestation of Psora. (page 38)

The skin eruption acts as a substitute for the internal Psora (page 11) and prevents the breaking out of the internal disease. (page13)

The more the skin eruption spreads the more it keeps the internal manifestations of Psora latent. (page 40)

But when the skin eruption is suppressed with an external application or by other influences the latent Psora goes unnoticed and its internal manifestation increases. Then (page 12) “it originates a legion of chronic diseases.” Incidentally, for HAHNEMANN, a suppressed skin eruption is not driven into the body, as it was popularly thought in his time, and even today by most homœopaths; it is rather that the Vital Force is compelled “to effect a transference of a worse form of morbid action to other and more important parts.” (Introduction to the **Organon of Medicine**, p. 62)⁹

Latent Psora, an abnormal susceptibility to disease, will manifest itself as severe diseases after exposure to stress (or, as he calls it, unfavorable conditions of life), acute infections, trauma and injuries, exhaustion from overworking, lack of fresh air or exercise, frustration, grief, poor nutrition, etc., and by “incorrect and weakening allopathic treatment.” (page 48)

During the treatment of *chronic diseases of non-venereal origin* with *antipsoric remedies*, the last symptoms are always the first to disappear, “but the oldest ailments and those which have been most constant and unchanged, among which are the *local* ailments, are the last to give way.” (page 135)

If old symptoms return during an antipsoric treatment, it means that the remedy is affecting Psora at its roots and will do much for its thorough cure. If a skin eruption appears during the treatment while all other symptoms have so far improved, the end of the treatment is close (page 135).

C: HAHNEMANN – 1833 - 43

In paragraphs 161 and 248 of the fifth and sixth edition of the **Organon of Medicine**, of 1833 and 1842 respectively, HAHNEMANN says that in the treatment of old and very old chronic disease, aggravation of the original disease does not appear if the remedy is accurately chosen and given in the appropriate small doses, which are only gradually increased. “When this is done, these exacerbations of the original symptoms of the chronic disease can appear only at the end of the treatment, when the cure is complete or nearly complete.” The original symptoms of a chronic disease should be the last to aggravate or become more prominent before disappearing¹⁰.

In paragraph 253 of the same work, the author states that in all diseases, especially in quickly arising (acute) ones, of *all the signs* that indicate a small beginning of improvement (or aggravation) that are not visible to everyone, the psychic condition of the patient and his general demeanor are the *most certain* and revealing.

In paragraph 225, HAHNEMANN states that some psychic diseases are not the extension of physical disease but, “instead, with only slight physical illness, they arise and proceed from the psyche, from persistent grief, resentment, anger, humiliation and repeated exposure to fear and fright. In time such psychic diseases often greatly harm the physical health.” In other words, HAHNEMANN had recognized the existence of psychosomatic diseases, those diseases which progress from within outwards and from above downwards.

This is the background that now leads us to HERING, who, among all Hahnemann’s students, was most similar to him. Like HAHNEMANN, HERING was a true scientist who rigorously adopted the inductive method in his scientific pursuits.

D: Hering – 1845

In 1845, HERING published, in the preface to the first American edition of Hahnemann’s **Chronic Diseases**, an extract of an essay *which was never subsequently published elsewhere*, entitled “Guide to the Progressive Development of Homœopathy.” In this essay, HERING writes:

Every homœopathic physician must have observed that the improvement in *pain* takes place from *above downward*; and in *diseases*, from *within outward*. This is the reason why chronic diseases, if they are thoroughly cured, *always* terminate in some cutaneous eruption, which differs according to the different constitutions of the patients.

The thorough cure of a widely ramified chronic disease in the organism is indicated by the most important organs being first relieved; *the affection passes off in the order in which the organs had been affected*, the more important being relieved first, the less important next, and the skin last. (page 7)

Even the superficial observer will not fail in recognizing this *law of order*.

This law of order which we have pointed out above, accounts for numerous cutaneous eruptions consequent upon homœopathic treatment, even where they never had been seen before; it accounts for the obstinacy with which many kinds of Herpes and Ulcers remain upon the skin, whereas others are dissipated

like snow. Those which remain, do remain because the internal disease is yet existing. ...It lastly accounts for one cutaneous affection being substituted for another¹¹. (page 8)

Here HERING assumes that all chronic diseases (it is likely that he is referring here to diseases of psoric origin, i.e., non-venereal) progress from less to more important organs and disappear in the reverse order. This is compatible with Hahnemann's *theory* that all chronic diseases of non-venereal origin manifest themselves first on the skin then internally.

E: Hering – 1865

It seems that HERING did not further elaborate on this subject, at least in the American literature, until twenty years later. In 1865, he published an article in the first volume of **The Hahnemannian Monthly** entitled "*Hahnemann's three rules* concerning the rank of symptoms." HERING states in this article that:

The quintessence of Hahnemann's doctrine is, to give in all chronic diseases, i.e., such as progress from without inwardly, from the less essential parts of our body to the more essential, from the periphery to the central organs, *generally* from below upwards – to give in all such cases, by preference, such drugs as are opposite in their direction, or way of action, such as act from within outward, from up downward, from the most essential organs to the less essential, from the brain and the nerves outward and down to the most outward and the lowest of all organs, to the skin. ...All the antipsoric drugs of HAHNEMANN have this peculiarity as the most characteristic; the evolution of their effects from within towards without. (page 6-7)

HAHNEMANN states, in his treatise on **Chronic Diseases**, American translation p.171: Symptoms recently developed are the first to yield. Older symptoms disappear last. Here we have one of Hahnemann's *general observations*, which like all of them, is of endless value, a *plain, practical rule* and of immense importance.

The above *rule* might also be expressed in the following words: In diseases of long standing, where the symptoms or groups of symptoms have befallen the sick in a certain order, succeeding each other, more and more being added from time to time to those already existing, in such cases this order *should* be reversed during the cure; the last *ought* to disappear first and the first last. (page 7-8)¹³

It is very clear here that HERING makes no mention of a law but rather of *a rule*, that the symptoms *ought* to disappear in the reverse order of their appearance during the homœopathic treatment of patients with **chronic disease of psoric origin**, the ones that progress from without inwardly, from less important to more important organs and *generally* from below upwards.

F: Hering – 1875

In 1875, HERING published the first volume of **Analytical Therapeutics of the Mind** in which he stated that (page 24) "*only* such patients remain well and are really cured, who have been rid of their symptoms in the reverse order of their development."¹⁴ Here HERING makes no mention of the three other propositions regarding the direction of cure: from above downwards, from within outwards and from the more important to the less important organs. Why? Were they considered now not to be just as important in evaluating the direction of cure, as had been stated in previous years? [No. Diseases travel without within, less important to more important.... Reverse order means, within without, etc. These need not be repeated in full every time=KSS]

In the same work, HERING also explains that he adopted Hahnemann's arrangement of the **Materia Medica** (p.21): "First inner symptoms, then outer ones. This order we have now uniformly preserved throughout the whole work." In explaining *why* he adopted this arrangement he says: "The arrangement as well as the style of printing, has the one object especially in view, viz.: to make it as easy as possible for the eye, and through the eye, for the mind to find what is looked for." He makes no mention of this arrangement corresponding to a direction of cure, as has been suggested by some homœopaths. [Should he keep repeating the 'direction of Cure again and again ad nauseum?]

G: The origin of the term "Hering's law"

As it seems never to have been mentioned in the literature during Hering's time, where does the term "Hering's Law" come from? The earliest mention I have been able to find in the homœopathic literature dates from 1911, in an article published by KENT in the first volume of the **Transactions of the Society of Homœopaths** called "Correspondence of Organs, and the Direction of Cure." KENT writes:

HERING first introduced the *law* of direction of symptoms: from within out, from above downward, in reverse order of their appearance. It does not occur in Hahnemann's writings. *It is spoken of as Hering's Law*. There is scarcely anything of this law in the literature of Homœopathy, except the observation of

symptoms going from above to the extremities, eruptions appearing on the skin and discharges from the mucous membranes or ulcers appearing upon the legs as internal symptoms disappear.

There is *non-specific assertion* in the literature except as given in the lectures on philosophy at the Post-Graduate School.¹⁵

It is reasonable to assume that KENT was the one that officialized the term “Hering’s Law” and so inadvertently popularized the concept of an already existing, clear and precise law of direction of cure. By using the name of HERING it is reasonable to say that KENT thus created false and misleading historical assumptions. Since H.C. ALLEN had died two years previously (1909), the profession, at least in North America, had no other leaders able to refute KENT and defend the classic Hahnemannian tradition.

In this same article, KENT says that in the course of treatment of a patient suffering with a psychic disease of the Will (problems of affections, grief, anger, jealousy, etc.), the heart or liver will be affected as the treatment progresses. While in a patient suffering from a mental disease (problems of the intellect), the stomach or the kidney will be affected during appropriate homœopathic treatment. Were these comments on the direction of cure and correspondence of organs based on Kent’s impeccable and meticulous observations or, rather, was he formulating hypotheses? He does not explain further; however he does mention, later in the same paper, that “through familiarity with SWEDENBORG, I have found the correspondences wrought out from the Word of God harmonious with all I have learned in the past thirty years. Familiarity with them aids in determining the effect of prescriptions.”¹⁵

Nowhere was I able to find in the writings of KENT, including a collection of not yet republished lesser writings, any other mention of Hering’s Law as to the direction of cure.

Discussion and Conclusion

First let us briefly review the highlights of what has so far been demonstrated:

- Between 1828 and 1843, HAHNEMANN enunciated his theories of chronic diseases and described his observations and rules about the progression and resolution of these chronic diseases. One key point of his theory is that a skin eruption is the first manifestation of Psora, which is the source of all chronic diseases of non-venereal origin. In chronic disease the *presenting* symptoms of the patient (“those ailments which have been most constant and unchanged”) *may* aggravate and *will* disappear in the reverse order of their appearance with the correct antipsoric remedies in the correct posology. *Possibly*, old symptoms *may* return during an antipsoric treatment. In all diseases, if after a homœopathic remedy the psychic symptoms are the first to improve or aggravate, it is a *most certain sign* of curative change. For HAHNEMANN this improvement from the inside to the outside was not a law but rather a *most certain sign* of curative change. Finally, not all diseases progress from outside in, and certain diseases (psychosomatic diseases) can progress from inside out.

- In 1845, in a work never to be published, HERING enunciated the original observations of HAHNEMANN as a law of order. In this law he mentions essentially four points, - that “the improvement in *pain* takes place from *above downward*; and in *diseases*, from *within outward*. ...Chronic diseases if thoroughly cured, *always* terminate in some cutaneous eruption ,” and, lastly, that “the thorough cure of a widely ramified chronic disease in the organism is *indicated* by the most important organs being first relieved; the affection passes off in the order in which the organs had been affected, the most important being relieved first, the less important next, and the skin last.” As a reader I do not clearly sense that HERING is officially proclaiming the original observations of HAHNEMANN as an absolute law but rather is stating that there is a “law of order” during a curative process. I was unable, also, to find HERING or any of his contemporaries make any further reference to Hering’s unpublished work or to a law of direction of cure.

- In 1865, HERING described these observations not as a law but as Hahnemann’s *general observations* or as *plain practical rules*. Essentially he emphasizes the proposition that the symptoms *should* disappear in the reverse order of their appearance during the treatment of patients with chronic psoric diseases.

- In 1875, HERING now discussed only one proposition - that the symptoms will disappear in the reverse order of their appearance. The three other propositions are now not mentioned at all.

- All the illustrious contemporaries of HERING seem to remain silent on this point, at least according to my review of the literature.

- In 1911, KENT, almost arbitrarily, calls the original observations of HAHNEMANN, “Hering’s Law.”

- Subsequently, with Kent's powerful influence, most modern works and presentations on Homœopathy begin to declare Hering's Law as an established fact and seem to assume that it has been thoroughly verified, although no author from then until now, to my knowledge, has so far been able to substantiate what each is repeating from the other. Here is one clear sign which indicates how profoundly the Homœopathic profession of today has been cut off from its original and most essential sources. During the years of its decline in the U.S.A., the profession gradually slid into discontinuity with its original foundations and started to rely more and more on a neo-foundation dating back to the turn of the present century. Each new generation of homœopaths has readily accepted Hering's Law as a perfect law of cure and so unintentionally perpetuated a misleading assumption. For students it is an attractive concept but we clinicians must stand up and report our observations even if they are contrary to the teachings we have received.

From a review of the literature, it seems unlikely that the law formulated by KENT in 1911 is a fair representation of Hering's overall understanding of the direction of cure, and that neither KENT nor anyone else has been able thus far to demonstrate clinically that the original observations of HAHNEMANN in fact constituted a perfect law of nature. But if we assume, for a moment, that the law formulated by KENT is true, *would* all symptoms then have to disappear, not only in the reverse order of their appearance, but also from above downwards, from within outwards and from more important to less important organs?

Compliance with this law would require that all diseases, to be curable, must proceed from outside inwards, from below upwards and from less important to more important organs. Many acute diseases and a whole list of chronic diseases, such as psychosomatic diseases and others that develop from within outwards (for example, cases of Arthritis followed by Psoriasis), or diseases that develop from above downwards (as in certain cases of Polyarthritis), would then theoretically be incurable. Or (since we know this not to be the case) they *are* curable, but represent notable exceptions to Kent's formulation of a law of direction of cure.

In many cases of chronic disease the direction of disappearance of symptoms will contradict at least one of the four propositions. I assume we are all agreed that the enunciation of a law must be based on impeccable observations. A law, if it is to be called a law, must explain *all* observable phenomena with regard to the direction of cure. The use of limited, or even selected, clinical phenomena to confirm a supposed law is unacceptable. This, however, appears to be the approach taken by certain homœopaths who, in their attempts to defend "pure" Homœopathy, subscribe to the position that if what is observed is contrary to Hering's law, as formulated by KENT, then this can only be due to poor prescribing, and that such courses of treatment are suppressive at times, palliative at best, and surely never curative. For them what is wrong is not the law but, rather, the prescription: "the *simillimum* was not given." [It is not a sine-qua-non that in every disease all the four 'directions' must be gone through. That there are many disease processes which develop from above downwards is well known. The direction of cure is from within to without first healing the more important or vital organs. This understanding would settle the issue=KSS]

Personally, I use, and can daily confirm, the original observations of HAHNEMANN concerning the direction of cure and have found them extremely helpful in evaluating the evolution both of diseases and of cure, but I have not been able to substantiate the status of these observations as law, and have not yet found a colleague with such substantiation. I use them as plain, practical rules. I would resent it if, at the end of my career, probably at a time when Homœopathy had achieved a broad degree of acceptance, a group of objective scientists clinically investigated the validity of Hering's Law and later reported to the homœopathic community that there were numerous exceptions not abiding to our idealistic conception or dogma. The supposed law would then become only "*a plain, practical rule.*" Similarly, I would resent having a group of scientists say that, for the last hundred or more years, the Homœopathic profession had been blindly erring in assuming that Hering's law was an irrefutable fact.

Three of the plagues that have hindered the growth of Homœopathy are dogmatism, idolatry and diversion from the inductive method. In his last address to the profession, in an article published in the August 1880 issue of the *North American Journal of Homeopathy*, HERING warned us that "if our school ever gives up the *strict inductive* method of HAHNEMANN we are lost, and deserve to be mentioned only as a caricature in the history of medicine."¹⁹ The tendency within medicine to rationalize medical practice has also constantly threatened Homœopathy. HAHNEMANN, who had a thorough understanding of the history of medicine, knew that the only sure way was based upon the experimental method. HERING demonstrated the same rigor. Unfortunately, we cannot say the same of KENT.

Let us then begin carefully observing and reporting any facts that would help to perfect Hahnemann's original observations. If a direction of cure can be expressed in that most rigorous of forms, a law, then so be it. In the absence of any such demonstration, it should remain "a plain, practical rule." The law, that we suspect, still needs to be correctly formulated.

At present, it seems appropriate to refer to these observations as *rules* for the direction of cure. [HERING called it 'Rule'. In a subsequent essay he wrote the Rule of the sides=KSS] To refer to these as Hahnemann's or Hering's rules may further prolong the confusion. From my personal experience, it appears that the four rules are not applicable to all cases and also that there is a hierarchy among them, i.e., that they do not have equal value. The first indication that a disease is being cured under homœopathic treatment is that the *presenting* and *reversible* symptoms of the disease will disappear in the reverse order of their appearance.

This confirms the observations pointed out originally and plainly by HAHNEMANN in **The Chronic Diseases**, and later by HERING in 1865 and 1875. This means that during the treatment of patients suffering with chronic diseases of non-venereal origin, and at times also with acute diseases, the **presenting** symptoms of the patient's chronic disease (as opposed to those symptoms resulting essentially from gross errors of living) will disappear in the reverse order of their appearance. Thus, presenting symptoms that have developed in the order, A B C D E, seem consistently to disappear in the order, E D C B A. This rule seems to have supremacy over the other three rules, that is, from more important to less important organs, from within outwards and from above downwards.

The word "presenting" is here emphasized in order to state perfectly clearly that the symptoms that will disappear in the reverse order of their appearance are only the *presenting* symptoms, and that it is not at all to be expected that every ailment experienced by the patient in his past will again be re-experienced under homœopathic treatment. In fact only a few of these old symptoms and conditions will reappear during any homœopathic treatment, and these are usually the ones that have unmistakably, by whatever influence, been suppressed. Beside antipathic treatments that suppress both symptoms and the normal functions of the organism (for example, perspiration or menses), there are other measures that cause suppression of symptoms: firstly, dissimilar diseases, either natural or artificial; secondly, external influences like the cold, (e.g., suppressed menses from getting the feet wet); and thirdly, internal influences that cause the person to suppress emotions such as anger or grief.

This rule concerning cure in the reverse order of appearance of the *presenting and reversible symptoms of the disease* is the most important of the four as it is observable in almost all cases. The importance of this rule is well emphasized by HERING in 1865 when he mentions that:

This rule enables the Hahnemannian artist not only to cure the most obstinate chronic diseases, but also to make a certain prognosis when discharging a case, whether the patient will remain cured or whether the disease will return, like a half-paid creditor, at the first opportunity.¹³

The second most important (applicable) rule in the hierarchy is that cure will proceed from more important to less important organs. Third in importance is the rule that cure will proceed from within outwards. The fourth rule, least important and least often observable, is that the cure will proceed from above downwards. Hahnemann's observation that, of all the signs that indicate any small beginning of improvement, the psychic condition of the patient and his general demeanor are the most certain and revealing, is to be seen as the source of the last three rules. "The very beginning of improvement is indicated by a sense of greater ease, composure, mental freedom, higher spirits, and returning naturalness."¹⁰ This original observation by HAHNEMANN (paragraph 253), which still holds, does not contradict the first rule because the first sign of improvement can be, and often is, different from the symptom that may first *disappear*.

Consequent upon Hahnemann's theory that all diseases, acute and chronic, of non-venereal origin, come from the original malady called Psora and that its first manifestation is a skin eruption, it would follow that all cases of chronic disease must, to be completely cured, develop a skin eruption. As it appears impossible to prove this, it should be used at best as a working hypotheses and not as a law. For a law to maintain its status as law it must be demonstrable without exception. In the preface to the fourth volume of **The Chronic Diseases** HAHNEMANN puts forward a clear opinion concerning the role of the physician as theorist when he writes:

I furnished, indeed, a conjecture about it (on how the cure of diseases is effected), but I did not desire to call it an explanation, i.e., a definite explanation of the modus operandi. Nor was this at all necessary, for it is only incumbent upon us to cure similar symptoms correctly and successfully, according to a law of nature (*similia similibus curantur*) [In his Preface HAHNEMANN does not mention 'similia similibus

curantur' but just mentions law of nature=KSS] which is being constantly confirmed; but not to boast with abstract explanations, while we leave the patients uncured; for that is all which so-called physicians have hitherto accomplished.⁸

I would like to end this thesis with some pertinent sentences from Constantine HERING. In 1879, in the last two paragraphs to the preface of his last work, **The Guiding Symptoms of our Materia Medica**, he writes:

It has been my rule through life never to accept anything as true, unless it came as near mathematical proof as possible in its domain of science; and, on the other hand, never to reject anything as false, unless there was stronger proof of its falsity.

Some will say, "but so many things – a majority of all observations – will thus remain between the two undecided." So they will; and can it be helped? It can, but only by accumulating most careful observations and contributing them to the general fund of knowledge.²⁰

And finally HERING wrote in 1845, in the preface to Hahnemann's **Chronic Diseases** (page 9):

It is the duty of all of us to go farther in the theory and practice of Homœopathy than HAHNEMANN has done. We ought to seek the truth which is before us and forsake the errors of the past.¹¹

REFERENCES

1. KENT J.T. **Lectures of Homœopathic Philosophy**. 2nd edition. Chicago: Ehrhart & Karl, 1929.
2. CLOSE S. **The Genius of Homœopathy**. Philadelphia: Boericke & Tafel, 1924.
3. ROBERTS H.A. **The Principles and Art of Cure by Homœopathy**. 2nd revised edition. Rustington: Health Science Press, 1942.
4. BOERICKE G. **A Compendium of the Principles of Homœopathy for Students in Medicine**. Philadelphia: Boericke & Tafel, 1929.
5. RAUE C.G., KNERR C.B., MOHR C, editors. **A memorial of Constantine Hering**. Philadelphia: Press of Globe Printing House, 1884.
6. EASTMAN A.M. **Life and Reminiscences of Dr. Constantine Hering**. Philadelphia: Published by the family for private circulation, 1917.
7. KNERR C.B. **Life of Hering**. Philadelphia: The Magee Press, 1940.
8. HAHNEMANN S.C. **The Chronic Diseases**. Translated by LH Tafel. Philadelphia: Boericke & Tafel, 1896.
9. HAHNEMANN S.C. **Organon of Medicine**. Translated by W. Boericke. Philadelphia: Boericke & Tafel, 1922.
10. HAHNEMANN S.C. **Organon of Medicine**. Translated by J. Künzli. Los Angeles: J.P. Tarcher, 1982.
11. HERING C. Preface: HAHNEMANN S.C. **The Chronic Diseases**. Translated by C.J.Hempel. New York: William Radde, 1845.
12. HERING C. Preface: the first American edition, **Organon of Homœopathic Medicine**. New York: William Radde, 1836.
13. HERING C. **Hahnemann's Three Rules Concerning the Rank of Symptoms**. Hahnemannian Monthly 1865; 1:5-12.
14. HERING C. **Analytical Therapeutics of the Mind**. Volume 1. Philadelphia: Boericke & Tafel, 1875.
15. KENT J.T. **Correspondence of Organs, and Direction of Cure**. Trans. Soc. Homœopaths 1911;1:31-33.
16. MASTIN J.M. Editorial. Critique 1908; 15: 277-278.
17. MASTIN J.M. Editorial. Critique 1907; 14: 228-229.
18. ALLEN H.C. **Timely and Valuable**. Medical Advance 1888; 21: 184.
19. HERING C. **Apis**. North American Journal of Homœopathy 1880; 29:29-35.
20. HERING C. **The Guiding Symptoms of our Materia Medica**. Volume 1. Philadelphia: The American Publishing Society, 1879.

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2. Hering's Law revisited
CURRIM, Ahmed (SIM. XVI, 1/2003)

In the Winter' 1993 issue of *Simillimum*, Andre Saine wrote an article: *Hering's Law: Law, Rule or Dogma?* He quotes JAMES TYLER KENT: paragraph 7, Lecture II, **Lectures on Homœopathic philosophy** wherein KENT makes a statement about Hering's Law.

KENT writes: "The first of man is his voluntary and the second of man is his understanding, the last of man is his outermost; from his center to his circumference, to his organs, his skin, hair, nails, etc. This being true, the cure must proceed from center to circumference. From center to circumference is *from above downward*, from *within outwards*, from more important to less important organs, from the head to the hands and feet. Every homœopathic practitioner who understands the art of healing knows that the symptoms which go off in these directions remain away permanently. Moreover, he knows that symptoms which *disappear in the reverse order of their coming* are removed permanently. It is thus he knows that the patient did not merely get well in spite of the treatment, but that he was cured by the action of the remedy."

Hering's Law is a guide that demonstrates to the homœopathic physician whether or not his patient is getting better under the chosen treatment. SAINÉ says, "So far I have been unable to substantiate Hering's Law." He gives an example of chronic Poly-arthritis wherein he rarely sees symptoms disappearing from the head and then to the hands and feet. More often, the pain and other joint symptoms disappear in the reverse order of their appearance, even if it is from below upwards.

According to elementary logic, one would apply the quantifier "or" which stands for "and/or" wherever there are commas. Thus Hering's Law is to be read: "Diseases get well:

1. from within outwards and/or
2. above downwards and/or
3. in the reverse order of the appearance of symptoms."

In the language of logic these are "*sufficient conditions*", namely that whenever either one or more of the three conditions stated after the words "Diseases get well" are fulfilled then the statement becomes true. The English language often leads to paradoxes in mathematics and is unsuitable to logic as was shown by several mathematicians (for example RUSSELL, GOEDEL). In this second way of stating Hering's Law there is no discord with the law. Hering's Law does not say that the disease is *not* getting well if the negation of even one of the conditions is true. In the language of mathematical logic the three conditions are not "*necessary conditions*" when the statement "Diseases get well" is true. What this means is that diseases getting well does not imply that any one of the three conditions is a true statement. In fact the patient may feel internally better, namely more relaxed mentally etc. and yet the ankles got better first. In which case Hering's Law is verified again, namely the sufficient condition of the internal improvement holds and the patient is better.

SAINÉ and perhaps most practitioners not familiar with mathematical logic make this very common mistake in which they get confused and think that "sufficient conditions" are also "necessary conditions". Once we clarify the difference between "necessary" conditions and "sufficient conditions" we will be better able to read and understand statements in the English language.

Furthermore in disease we are dealing with biological phenomena. In this context, the word "law" is not necessarily of the sharp exactness of mathematical theorems and equations or the laws of physics. Looking upon Hering's Law as a lamp in the darkness to show us the way is far more useful than hair-splitting over the use of words such as law, rule or dogma. In the case of Poly-arthritis cited the patient that is getting better is in more cheerful spirits, hence he is better in his Will. In the second case that SAINÉ gives of a complex of functional complaints wherein the **simillimum** improves most of the complaints, is again a verification of Hering's Law, recognizing that the three conditions of Hering's Law are sufficient conditions with the quantifier and/or.

In the third case of recovery from acute febrile disease and the patient not re-experiencing the original symptoms there is still no violation of Hering's Law. The disease got well and the patient did not have to fulfill any of the three conditions posed after the words "Diseases get well". Thus we can be sure that if any of the three conditions hold then the patient will get well. If the patient gets well he does not have to pass through any of the conditions of the statement.

SAINÉ further says that he has extensively researched the homœopathic literature. "Writings of BOENNINGHAUSEN, JAHR, JOSLIN, P.P.WELLS, LIPPE, H.N.GUERNSEY, DUNHAM, E.A.FARRINGTON, H.C.ALLEN, NASH etc. were all silent." This is false as the article of LIPPE reproduced below shows that LIPPE was well aware of this law. SAINÉ further attacks Kent's reputation on several points, and accuses KENT of being non-scientific. I wish further to prove conclusively that

KENT, in fact, gave due credit to HERING whom KENT greatly admired and named this law as Hering's Law.

First though let us see what HAHNEMANN himself writes on page 119 of **The Chronic Diseases**:

"For if the symptoms occurring during the action of the remedy have also occurred, if not in the last few weeks, at least now and then some weeks before, or some months before in a similar manner, then such occurrences are merely a homœopathic excitation, through the medicine, of some symptom not quite unusual to this disease, of something which had perhaps been more frequently troublesome before, and they are a sign that this medicine acts deeply into the very essence of this disease, and that consequently it will be more effective in the future. The medicine, therefore, should be allowed to continue and exhaust its action undisturbed, without giving the least medicinal substance between its doses."

This speaks very directly and plainly to the same principle later developed into one aspect of the modern formulation of Hering's Law: "In the reverse order of the appearance of symptoms."

The prince of prescribers, Adolph LIPPE himself referred to this law of cure. In the journal "**The Organon**" volume I, page 39 LIPPE has written an article "Clinical Reflections", the entire case is reproduced here. (Bold face are my emphasis.)

CLINICAL REFLECTIONS.

By Ad. LIPPE, PHILADELPHIA.

The clinical experiment is our ultimate test. If we violate any (even the least well-known) rules which should always guide us in our therapeutics, we have no right to expect that favorable success which is promised us if we strictly apply these rules; and if this is true, then it is also obvious that want of success generally depends upon a violation of these rules, and not, as is generally claimed, on the unreliability of them. We propose to relate here a case in which some of the strict rules for the proper application of our Law of cure were inadvertently violated, and how the discovery of this mistake led to a stricter application of them, with the usual good results which must necessarily follow the strictest homœopathic practice. We shall first give a plain relation of the case, and follow it with our comments.

Mrs.B.age 45, had for many years suffered from a very delicate and irritable stomach, from cankrous sore mouth (cured by *Phytolacca*), all in consequence of what is mis-termed scientific treatment; she also had suffered from Hay-fever, regularly returning- every year on the 16th of September. Mrs. B. returned from Europe, after an absence of several years, on the 26th July last; the voyage had been a very unpleasant one; she had been very sea-sick all the time. From the time she left Liverpool till she was visited by me, on the 27th July, she had taken literally no nourishment; broken ice was the only thing that had passed her lips. I found her sitting up, occasionally straining to vomit, very weak, pulse 110 per minute; she complained of a violent pain in occiput, with great heat, which she had tried to relieve by applications of broken ice; urinary secretions suppressed; mouth dry and hot; she had not slept for a fortnight, and could not lie down on account of a great nervousness, as she expressed it, which compelled her to change her position and her chair so very often; she wandered about all night from chair to chair; taste very disagreeable perfect loathing of food, and for a few days had a watery, very offensive, and black-looking diarrhea.

The choice of the remedy was easy enough; I gave her one dose of *Arsenicum album* 50M (Fincke) on her tongue of July 27th, 10 a.m.

July 28th: slept in her bed from 10 p.m. to 1 a.m., then became nervous and restless, but says that she feels better. No medicine.

July 29th: Has been in bed all night, slept, and no return of the diarrhea; urinary secretions, re-established; the hot water applications to her head have very much relieved the pain; has taken some milk-toast, and relished it; pulse below 90; is cheerful and hopeful.

July 31st: Had a still better night, better in every respect, but complains of severe pains in a bunion on the left foot; it is much inflamed and stings (footnote 1). I gave her now one dose of *Nitric acid* CM (Fincke).

August 1st: The bunion is less painful, otherwise there is not much change perceptible.

August 2nd: Bunion, still improving, and August 3rd no more pain or inflammation in it. On the evening of August 3rd, I was again summoned to see her; found her (7 p.m.) quite ill; the diarrhea and vomiting had returned with great violence; pulse over 110; the same headache as on the 27th also returned as well as the great restlessness (footnote 2). Gave her one dose of *Arsenicum album* CM (Fincke) dry on her tongue. Found her better next day, and the improvement continued; on the 6th of August (footnote 3) her bunion began to pain her again as on July 31st. Gave no medicine (footnote 4). The improvement continued satisfactorily; when the 16th of September came she had that night, about 1 a.m., some oppression of

breathing, which reminded her of the terrible asthmatic attacks she had years ago; she had to sit up for half-an-hour. No medicine. She fully recovered, and travelled for some weeks; had no Hay-fever; really has had nothing to complain of since; enjoys better health than she had for years.

Footnotes:

1) When the bunion appeared, no medicine should have been given, **because all** the other symptoms for which *Arsenicum* was clearly indicated improved under its salutary action, clearly showing that the effects of the dose administered was not yet exhausted, and because this **new symptom appearing on a less vital part of the body; also showing a moving downward of the disease did not indicate a progress, but a descending diminution of the disorder.** Here were two important rules violated. The remedy must be allowed to exhaust its effects before another dose of the same remedy, or a new remedy, shall be administered. If the appearance of the painful bunion had demonstrated a progress of the disorder, a new remedy indicated by this last appearing symptom would have been in order; and, **above all, do we know that if a less vital organ becomes affected, and if the symptoms move from the center to the extremities, or from above downwards, such symptoms do not indicate a progress of the disorder,** and therefore no new remedy should be given and especially not if the general or previous more serious condition of the patient improves.

2) *Nitric acid* had removed the symptoms for which it was given, viz., stinging pain in a bunion on the left foot, but as soon as this symptom had disappeared the first symptoms for which *Arsenicum* had been beneficially administered returned with great severity; this fact was a convincing evidence that the bunion should have been left alone, and that the improvement of the first symptoms would have most likely continued if there had been no interference.

As a rule, the last appearing symptoms are of most importance, and must guide us in the selection of the next remedy, but it is obvious that we must first determine whether such a new symptom or symptoms require a new remedy. Our knowledge of Pathology comes here to the rescue as well as other well-known rules. If, for instance, in a case of Encephalitis, a profuse secretion of pale urine appears, we know well that we have a dangerous symptom added to the other symptoms and that it must guide us in the selection of a new remedy and must be promptly attended to; if the same increased discharge of pale urine appears in a case of Rheumatic fever, we would, look for a diminution of all the former symptoms without giving a new remedy.

If the symptoms of a patient begin on the extremities, and if they improve, but symptoms appear in internal organs, then it becomes necessary to be guided by them in the prompt change of the remedy; if the reverse occurs, no new remedy should be administered. **If the symptoms descend we may safely wait and give no medicine, but if they ascend every progress upwards shows us that we have not yet conquered the disorder and reminds us of the necessity of re-examining the sick and choose the more similar remedy. In the case related the symptoms left the internal organs, went to the extremities and descended; it was therefore wrong to interfere with the beneficial action of the former remedy.**

3) The previous symptoms returned, and the same remedy in a higher potency again controlled them. A higher potency was given following one of Hahnemann's important injunctions, given in his **Chronic Diseases**, that the potency must be changed if the same remedy has to be repeated in a given case. Now again, after this remedy had acted very beneficially for three days, there returned exactly the same symptoms. There is still another lesson to be learned from this case and that is that we should again pay as much, nay more attention to the critical days than did HIPPOCRATES of Cos.

There is open to progressive Homœopathy a very large field. We must continue to develop the Healing Art guided by the well-established fundamental principles (the science) and the established rules (the art) left us as a legacy by Samuel HAHNEMANN. Forms of diseases have had their critical days, and as HIPPOCRATES points it out very clearly, days for medication and days for non-medication; the Materialists of the common School of Medicine could no more see the critical days and set them aside as useless; they could of course not see them because they so violently and blindly interfered with the natural course of disease that these days could no longer be observed.

When the sick were treated homœopathically and this blind and violent interference gave way to a mild and humane treatment, these old long-forgotten critical days were again observed and whereby the true Healer utilized. And when proving drugs for the purpose of learning their sick-making and therefore curative virtues, we again find this same periodicity of the critical days. A well person exposed to a contagion shows the infection after a certain lapse of time; for three days generally the organism remains undisturbed; then, or later, but invariably on an uneven day, the disease develops itself.

A well person taking a single dose of a medicinal substance (and why should he take more if he expects a satisfactory proving?) will with rare exceptions, depending on the character of a few sudden-acting substance, like *Glonoïn*, *Camphora*, etc., not feel any disturbances in the organism before the third day when the effect of this health-disturbing medicinal substance begins, develops progressive symptoms, and shows all its sick-making powers for a certain length of time.

In the case here related we find an illustration of these propositions; *Arsenicum* so clearly indicated in the case caused, after three days, twice, the same new symptom not known to belong to *Arsenicum*. When it appeared the second time it was not interfered with and disappeared with all the other symptoms belonging to the case. To the thoughtful Healer these observations present a number of questions. Shall we add this new symptom (inflamed and stinging bunion) to the pathogenesis of *Arsenicum*? Shall we wait in each individual case for the exhaustive action of the single dose? And if a single dose, as it is illustrated in this case, can fully restore health, why should we give repeated doses to the sick till we have ascertained it to be necessary because the action of the single dose is very soon exhausted? How can we bring the critical days to guide us in our therapeutics?

4) The greatest and most important question arising in a given case is whether a new remedy should be administered, or the former one repeated, or no medicine should be given and we should wait. This is surely very often a perplexing question. In the case here stated an error was committed, and we have already dwelt on it; but in a great majority of cases such an error is not so easily remedied. It will very frequently happen that the disturbance created by this erroneously-administered remedy interfering with the action of a health-restoring and truly homœopathic medicine, will be followed by a new combination of symptoms not having any similarity with the first symptoms observed and we then generally find a grave case before us. This being so, the importance of the question of medicine or no medicine becomes apparent. When we are not quite certain whether the dose before administered has exhausted its effects or whether new symptoms presenting themselves and not known to belong to the medicine then acting, are indicating an improvement or a progress of the disorder, then we should give the benefit to our doubt and decide on no medicine. If the new symptoms belong to the remedy administered, then it is evidently acting beneficially, and we decide on no medicine.

In an epidemic of croup here, many years ago, the children who always gave a hoarse barking cough in the early morning hours, were comparatively well during the day, but were attacked during the following night with malignant membranous croup. When a single dose of *Belladonna* was administered in the morning they fully recovered; but at 4 p.m., a violent fever, with headache and drowsiness, would set in. When no medicine was given for these symptoms characteristic of *Belladonna*, this fever would end by 6 or 7 p.m. in a perspiration and without any more medicine the child would recover; when medicine was given, and especially when *Aconite* was administered, which from the absence of its characteristic restlessness was unsuitable, then the child became very ill, the membranous croup became fully developed, and presented a very grave case. Such cases were hard to manage. No medicine in this case was the proper decision. Today, October 22nd, Mrs. B., above referred to, reported herself unusually well. She has not taken any medicine since the evening of the 3rd of August.

It is completely clear that LIPPE uses words almost identical to KENT: "If the symptoms move from the center to the extremities, or from above downwards, such symptoms do not indicate a progress of the disorder, and therefore no new remedy should be given, and especially not if the general or previous more serious condition of the patient improves".

Homœopaths have considered Hering's Law as a guide to point the way in helping to take their patients to health when they are in rough and stormy seas. It is only intellectual hair splitting to argue when a law should be called a law in medicine. Perhaps the word "law" in Hering's Law was not a good choice; but it is there now and many healers, even non-homœopathic ones, use this as a guide to judge whether their patients are getting better.

Eugene B. NASH (author of the famous **Leaders of Homœopathic Therapeutics**) has quoted the same case of LIPPE in his book, **The Testimony of the Clinic** pages 144 to 148. On page 147, Nash says: "HERING used to say that when a disease has travelled from within outward it was all right, but from without inward was wrong. We all know this is eminently true in regard to eruptions on the skin. In other words, if a disease moves from vital organs or centers outward or downwards to the extremities it is favorable. Let the remedy that has caused this act." So we have here a very experienced prescriber who also tells us of his experience of the content of what KENT calls "Hering's law" which NASH has verified as true.

Now KENT was really a scrupulously honest man and examined his motivations. Since KENT had learned so much from LIPPE it is very probable that LIPPE often spoke of Hering's teaching and that LIPPE told his students of these observations that HERING passed on to his students; but did not write or publish them. KENT, in turn, used this teaching in his work and decided to give honor to HERING by naming these observations "Hering's Law".

It should be clear that the concepts of "hypothesis", "rule", "law" were really well defined when man dealt with the physical science such as classical Physics: Newtonian Mechanics, Optics, Electricity, Magnetism, etc. For example Newton's **Law of Gravitation** is unchangeable when applied to large masses and large distances; but fails at the atomic and subatomic levels. Shall we now change the name of this law and refer to it as a "rule"? The point is, that even in the strictest of scientific disciplines, there are no absolutes. Man has to keep in mind the context of reference.

Homœopaths should give up the ill-founded antipathy towards homœopathic colleagues, past and present. Such an attitude only prevents the acquisition of knowledge. Attacking KENT will not advance the cause of Homœopathy or the skill of practitioners and students.

Similarly, harsh criticisms have been levelled by some at Kent's use of Swedenborg's ideas in homœopathic medicine. This is reminiscent of the battles that existed between mathematicians in various branches of mathematics. The pure logical mathematicians bitterly criticized those mathematicians who solved differential equations in a "non-logical" way, for example by using analogies from other branches of Mathematics or Physics. Yet these very practical mathematicians arrived at solutions solved the equations that the purely logical ones had utterly failed to resolve.

Similarly if KENT used Swedenborg's ideas to arrive at a remedy and then verified that the remedy fit the patient's clinical condition and satisfied the Law of Similars and cured the patient, then that method, as unconventional as it may be and as unfamiliar as it may be to some other homœopath's way of reasoning, has served a useful purpose, namely that of opening the mind of the homœopathic prescriber to helping his patient.

It may not satisfy the strict criteria of a rigid rule or law. Man is perhaps too complex to always be fitted under rigid laws. Undoubtedly we as prescribers feel greatly elated to use the laws of Homœopathy in their original formulations and establish cures. By being open-minded we will find solutions to our patient's illnesses at strange times, for example after a good night's sleep or sometimes in a dream or sometimes after meditating. Needless to say this is not a rule or law. All we need is to have sincerity in our hearts and a love to verify the **Materia Medica** handed down to us by those who have been our honest colleagues.

References:

1. Clinical Reflections, by Ad. LIPPE, MD **The Organon** A Quarterly Anglo-American Journal of Homœopathic Medicine and Progressive Collateral Science, Vol. I; Liverpool, Adam Holden, 48 Church Street, January 1878, pages 39 to 44.
2. NASH, E.B., MD: **The Testimony of the Clinic** pages 144 to 149, Boericke and Tafel, Philadelphia, 1911.

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3. The Refining of a paradigm
LITTLE, David (SIM. XVI,1/2003)

The Aphorisms of the 4th, 5th and 6th Organon

The 4th, 5th and 6th editions of **Organon** represent the development of Homœopathy over a critical fourteen-year period in which HAHNEMANN perfected his healing art. It is very important to study the historical progression of Homœopathy to understand the methods of the 6th **Organon**. Some of the most important passages deal with administering the first dose and following the case to cure. The 4th **Organon** (1829) and the 1st **Chronic Diseases** (1828) established the method that most contemporary homœopaths still use. This was a decisive moment in homœopathic history as HAHNEMANN introduced the Vital Force, Chronic Miasms, very small doses and the 30 potency.

In these works, the Founder suggests the use of a single unit dose of one poppy seed size pill, olfaction and the early liquid solution of the 30 potency. This method is called the single dose, wait and watch philosophy.

As long, therefore, as the progressive improvement continues from the medicine last administered, so long we can take for granted does the duration of the action of the helpful medicine, in this case at least, continue, and hence all repetition of any dose of medicine is forbidden.

Organon of Medicine, 5th & 6th Edition, HAHNEMANN, Dudgeon & Boericke Editions, Appendix, 4th **Organon**, Aphorism 242, page 212.

The first single unit dose of a homœopathic remedy is a test to see if the remedy, dose and potency are appropriate for the patient. If there is a strikingly progressive improvement from the single test dose the remedy should not be repeated. Sometimes the single dose performs a complete cure. More commonly there will come a time when the action of the remedy slows down and a relapse of symptoms appears. At this time, a second dose of the remedy is indicated. The repetition of the dry dose is only allowed when there is a definite relapse of the symptoms. This warning was introduced to prevent the relapse of the symptoms that often accompanies the premature repetition of the dry pellets.

In the 5th **Organon** (1833) Samuel HAHNEMANN completely revises his system of administering the C potency remedies. In Aphorisms 286, 287 and 288, he introduces a new delivery system, the medicinal solution. He also emphasized the effectiveness of olfaction for similar purposes. With these improved delivery systems comes a new case management procedure. In Aphorism 245 of the 5th edition HAHNEMANN reviews the ideas raised in aphorism 242 of the 4th edition.

Every perceptibly progressive and strikingly increasing amelioration in a transient (acute) or persistent (chronic) disease, is a condition which, as long as it lasts, completely precludes every repetition of the administration of any medicine whatsoever, because all the good the medicine taken continues to effect is now *hastening* towards its completion. Every new dose of any medicine whatsoever, even of the one last administered, that has hitherto shown itself to be salutary would in this case disturb the work of amelioration.

Organon of Medicine, 5th & 6th Edition. HAHNEMANN, Dudgeon & Boericke Editions, 5th **Organon**, Aorrosim 245.

Whenever there is a dramatic increasing response to the first dose of a homœopathic remedy it is best to leave well enough alone! Unfortunately, many cases only demonstrate a slow progressive amelioration over a period of weeks to months and then there is a relapse. In the 1820s HAHNEMANN had no special strategy to speed the cure in these slow or moderately improving cases. For this reason, the Founder started to experiment with the medicinal solution and olfaction and repeating the dose to reduce the time it takes to cure.

On the other hand, the slowly progressive amelioration consequent on a very minute dose, whose selection has been accurately homœopathic, when it has met with no hindrance to the duration of its action, sometimes accomplishes all the good the remedy in question is capable from its nature of performing in a given case, in periods of forty, fifty or a hundred days. This is, however, but rarely the case; and besides, it must be a matter of great importance to the physician as well as to the patient that were it possible, this period should be diminished to one-half, one-quarter, and even still less, so that a much more rapid cure might be obtained. And this may be very happily effected, as recent and oft-repeated observations have shown, under three conditions.

Organon of Medicine, 5th & 6th Edition, HAHNEMANN, Dudgeon & Boericke Editions, 5th **Organon**, Aphorism 246.

A strikingly progressive increasing amelioration is the best possible response to a homœopathic remedy. What do we do with slow moving cases? In the Footnote to this Aphorism the Founder suggested that one could repeat the dose at suitable intervals in slow moving cases rather than waiting for a complete relapse of symptoms. HAHNEMANN called his new posology the “middle path” because it stands half way between the single doses wait and watch method and the mechanical repetition of the medicines. In the Footnote to Aphorism 246 he suggested that a 30 should not be repeated more often than every seven days in robust patients and every nine, twelve to fourteen days in those more weak and excitable. This shows that HAHNEMANN was already using the medicinal solution of the C potency and developing his new posology system long before he discovered the LM potency.

Aphorism 246 of the 6th Organon

Aphorism 246 of the 6th edition is based on a synthesis of the ideas introduced in Aphorisms 245 and 246 of the 5th edition with the addition of five new conditions to speeding the cure. It represents the entire

6th **Organon** method in a nutshell. The first topic taken up is when a single dose of the LM potency produces a strikingly progressive improvement in the patient's symptoms.

During treatment, every noticeably progressing and conspicuously increasing improvement is a state which, as long as it persists, generally excludes any repetition of the medicine being used because all the good being produced by the medicine is still hastening towards completion. This is not seldom the case in acute diseases.

Organon of the Medical Art, HAHNEMANN, O'Reilly 6th Edition, Aphorism 246.

When a single dose of the LM potency produces an obvious progressively increasing amelioration the remedy should **not be repeated**. This is because the simillimum is already hastening toward cure at the fastest possible rate. A strikingly increasing amelioration is one in which the patient feels better day by day as the symptoms are rapidly reduced and the vitality increases. The repetition of the LM potency under this condition can cause aggravations and relapse of the symptoms or just slow down the cure. Single dose cures are more common in acute diseases but there are also chronic patients that only need a single dose or very infrequent repetitions. For the above reasons, I usually give my patients a single test dose of the chosen remedy at the start of the treatment. On rare occasions, I may give a patient a series of three test doses with the instructions to stop the remedy immediately if there is any aggravation or striking amelioration. I only use this triple-split dose on those patients that appear hyposensitive when they cannot return for a quick follow up assessment.

On the other hand, with somewhat chronic diseases, there are, to be sure, some cases that have slow, continuous improvement based on one dose of an aptly selected homœopathic medicine (taking 40, 50, 60, 100 days to complete the cure, depending on the nature of the medicine) but this is very seldom the case. Also, it must be a matter of great importance, to the physician as well as to the patient, to foreshorten this period, if possible, by half, three-quarters, indeed even more, in order that a far more rapid cure might be attained. The most recent and frequently repeated experiences have taught me that such rapid cures can be favorably carried out under the following conditions:

Organon of the Medical Art, HAHNEMANN, O'Reilly 6th Edition, Aphorism 246.

Many individuals read the above paragraph but fail to note that HAHNEMANN makes a grand differentiation between two fundamental types of remedy reactions. In the first part of Aphorism 246 the Founder describes the reaction as a **"noticeably progressing and conspicuously increasing improvement"**. This strikingly progressive increasing amelioration is a reaction that is enhanced day by day. Under such conditions the repetition of the LM potency is normally "excluded" because the first single dose is already moving the patient toward cure at the fastest possible rate. In the second section of Aphorism 246 the Founder uses the words **"slow, continuous improvement"**. There is a vast difference between a rapid improvement where the patient feels much better every day and a slow improvement where the patient barely notices any changes! It is only in these slow moving cases that Aphorism 246 permits the repetition of the LM potency at suitable intervals to speed the cure.

When Necessary!

All of the statements about repeating the dose to speed the cure relate only to those cases that demonstrate **only a slow amelioration that may take 50, 60 or 100 days to show any significant improvement**. These circumstances condition all the following statements made about the use of daily and alternate day doses in Aphorism 248. If the patient is doing very well on a single dose or infrequent repetitions, more rapid repetitions do not apply. There are homœopaths that mechanically administer the LM potency daily for days, weeks and months on end with every patient. They have not yet understood the fine print in the Footnote to Aphorism 246. Every case must be individualized and the repetition adjusted accordingly. In this Footnote the Founder explains some of the changes he made in the 6th **Organon** and when the daily dose is applicable.

What I said in a long Footnote to this paragraph in the fifth edition of **The Organon of the Medical Art** was all that my experience allowed me to say at the time. It was written with the purpose of preventing these adverse reactions of the life principle. However, during the last four to five years, all such difficulties have been fully lifted through the modifications I have made since then, resulting in my new, perfected procedure [for fifty-millesimal potency medicines]. The same well-chosen medicine can now be given daily, even for months **when necessary** (bold by DL) In the treatment of chronic diseases, after the lowest degree of potency has been used up (in one or two weeks) one proceeds in the same way to higher degrees of potency (for in the new

[fifty-millesimal] manner of dynamization, use begins with the lowest degrees, as is taught in the following paragraphs).

Organon of the Medical Art, HAHNEMANN, O'Reilly 6th Edition, Footnote, Aphorism 246.

In the Footnote to Aphorism 246 HAHNEMANN suggests that a well chosen remedy (not a poorly chosen one) may be given daily **when necessary** in slow improving cases. When repetition of the remedy is **not necessary** the LM potency will cause strong aggravations, unproductive accessory symptoms, and slow down the cure. Unneeded repetition can make a patient more hypersensitive or make them non reactive due to over exposure. Hahnemann's new posology method spans the single unit dose in striking responses and the repetition of remedies at suitable intervals to speed the cure in slower moving cases when necessary. In this way, the posology strategy can be tailored to a great variety of patients and conditions.

BOENNINGHAUSEN sought detailed information about how HAHNEMANN administered his medicines in his last years from Dr. CROSERIO, a close colleague of the Founder. In **Boenninghausen's Lesser Writings** CROSERIO said that **HAHNEMANN would reduce the dose or stop the repetition of his remedies as soon as he observed definite medicinal reactions.** He also noted that HAHNEMANN often gave a single dose of olfaction with placebo and usually did not repeat the dose for at least one week. In my review of the microfiches of the Hahnemann's Paris casebooks I found that in most cases the Founder often stopped his medicines, gave placebo, and waited and watched for long periods. **HAHNEMANN did not mechanically give the LM potency daily for weeks, months and years on end!** It was more common for him to use a series of doses followed by, or interspersed with, series of placebos. In his later years he sometimes gave a LM potency and placebo at the same time but he did not note down the schedules. This means that some of the prescriptions could be a single dose and others could be the interpolation of placebo with the medicine at various intervals. HAHNEMANN only recommends the daily dose **when it was necessary.**

Speeding the Cure

Simple acute diseases are often removed by a single dose of the C or LM potency. This phenomena, however, is not as common in long term chronic diseases. Many times, a single dose only produces a slow or moderate improvement that take 50, 60 and 100 days to produce any significant improvement in the state of health. This is a very difficult situation for the 4th **Organon** homœopath because they cannot intervene to speed the cure. They must wait until there is a clear relapse of the symptoms before a second dry dose can be given. HAHNEMANN found this aspect of his homœopathic posology very frustrating and worked for several years to find a more efficient method.

Once HAHNEMANN found the methods of adjusting the dose of the medicinal solution he claimed he could speed the cure of slow moving cases by one half, one third, or less than the time it takes with his old method. This is a statement well worth testing in clinical trials. This goal can only be attained when all five following conditions are met in full. Vide the secondary part of Aphorism 246 in five parts.

1. Select with all circumspection, the aptly homœopathic medicine.

Organon of the Medical Art, HAHNEMANN, O'Reilly 6th Edition, Aphorism 246.

The first condition for speeding the cure is the selection of a true **simillimum**. A preliminary testing phase allows the homœopath to confirm the suitability of the remedy, potency, and the size of the dose. A remedy may only be repeated to speed the cure if the medicine is a good **simillimum**. If the remedy is incorrect it may cause a dissimilar aggravation and new symptoms. If such a medicine is given at rapid intervals for too long it may damage the Vital Force of the patient. If the prescription is of questionable value it does not pass the first of Hahnemann's conditions. So the first point for speeding the cure is that the remedy must be perfectly homœopathic.

I and my colleagues have witnessed several single dose LM cures of acute and chronic diseases. Such things will not be witnessed by those who mechanically repeat the LM potency because they spoil their cases by over medication. We have also witnessed many cases that only needed very infrequent repetitions of the LM potency. For example, one single dose of *Ferrum 0/1* removed the symptoms of severe Arthritis of five years. When there was a relapse of a few of the symptoms the single dose was given again. The more perfect the **simillimum**, the potency, and the adjustments of the medicinal solution, the more chance it has of producing progressively increasing amelioration over a longer period of time.

When there is a marked, progressive amelioration of the symptoms on the single test dose, I do not repeat the remedy. I very carefully observe the number of days that this increasing amelioration lasts. This

offers the homœopath insights into the duration of the remedy and reveals what a suitable interval might be for the patient. If the striking response lasts forever one does not need to repeat the remedy at all! If the markedly progressive improvement lasts for 1,2,3,4,5 or 6 days, the remedy is only given every 1,2,3,4,5, or 6 days respectively. If the increasing amelioration lasts 1, 2 or 3 weeks, the remedy may be repeated every 1, 2, or 3 weeks. If the increasing amelioration lasts 1, 2 or 3 months, the remedy may be repeated every 1, 2 or 3 months. If it lasts 1, 2, or 3 years, give the remedy every 1, 2 or 3 years, etc.

2. Use a highly potentized [fifty-millesimal] dose, dissolved in water.

Organon of the Medical Art, HAHNEMANN, O'Reilly 6th Edition, Aphorism 246.

In the O'Reilly edition the author put in brackets "[fifty-millesimal]" but it is not in the original German publication. The Paris casebooks show that from 1840 to 1843 HAHNEMANN was using both the C and LM potency in a similar manner. What he wrote in Aphorism 246 also applies to the C potencies. Contrary to what some modern commentators believe, HAHNEMANN frequently used the 200 and had tested the LM potency. He continued to use the C potency along side of the LM potency for his last three years.

The second condition for speeding the cure is the use of a highly potentized remedy only in medicinal solution or by olfaction. The change from the static dry dose to the dynamic liquid solution is the foundation of Hahnemann's advanced method. The remedy solution is not only more flexible than the dry dose but also more powerful.

3. Administer a properly small dose of this to the patient.

Organon of the Medical Art, HAHNEMANN, O'Reilly 6th Edition, Aphorism 246.

The third condition is that the remedy must be given in a properly small dose. That is why HAHNEMANN only used 1 or 2 poppy seed size pills in a minimum of a 7 tablespoons solution. This Aphorism shows that the potency factor and the size of the dose are two different aspects of homœopathic posology. There are many who still believe that the small dose refers to the immaterial amount of the original substance found in the homœopathic potency. They are still following Kent's mistaken idea that the size of the dose does not matter. This is a grand mistake that leads to many aggravations and makes it very hard to repeat the remedy to speed the cure. The size of the dose includes three factors; the number of pills used to make a medicinal solution; the number of teaspoons taken from the medicinal solution and placed in the dilution glass; and the number of teaspoonfuls given to the patient as the dose. In all three aspects of preparing the medicine, the size of the dose should be kept at a minimum. The smallest dose produces the most gentle primary action and a long enduring secondary curative action.

4. Give a dose of the solution at intervals that experience has shown to be the most distinctly appropriate for the best possible acceleration of the treatment.

Organon of the Medical Art, HAHNEMANN, O'Reilly 6th Edition, Aphorism 246.

The fourth aspect of speeding the cure is the repetition of the remedy at suitable intervals **according to one's experience**. This statement is more important than the examples that speak of using the daily and alternate day dose in slow moving cases. One must use one's clinical experience to find out what are the most appropriate intervals between doses for each and every patient. When the first test dose produces little or no improvement then the time has come to test a series of split-doses. I call this a test series.

This judgment is based on the sensitivity of patient, the nature and stage of the disease's state, and the condition of their Vital Force and vitality. The most common intervals for those who need rapidly repeated doses of the 0/1 potency are the alternate day, every third day, every fourth day, etc.

The use of the daily dose is rather rare. If the patient begins to improve on the test series then the remedy may be continued at these suitable intervals to speed the cure. As the patient improves I slow down the intervals between doses to prevent aggravation in the middle of treatment. This allows the Homœopath to personalize the remedy schedule to the reaction of the patient avoiding the use of mechanistic prescriptions that may prove negative in the long run.

The fifth aspect of the complete dose is the succussions of the remedy solution just prior to the ingestion of the medicine. This is the fifth condition for speeding the cure.

5. Prior to each administration of a dose of the solution, alter the degree of potency of the dose. *It is very important that the degree of potency of each dose deviate somewhat from the previous and subsequent ones.* This is so that the life principle, whose tunement is to be altered to that of the similar medicinal disease, may never feel itself agitated to adverse counter-actions and enraged, as happens when repeated, unmodified doses are given, especially when such doses are rapidly repeated one after another.

Organon of the Medical Art, HAHNEMANN, O'Reilly 6th Edition, Aphorism 246.

The succession of the medicinal solution just prior to administration changes the potency slightly so that the Vital Force never receives the exact same potency twice in succession. This helps prevent the relapse of symptoms that appear from the repetition of an unadjusted dry dose before signs of a full relapse. The medicinal solution of the C and LM potency may only be repeated to speed the cure when all five of Hahnemann's conditions are met in full. This is the secret of success.

Administering the Remedy

A homœopathic medicine must be prepared correctly, and administered properly at the right time, to produce a rapid, gentle and permanent cure. In the second part of Aphorism 248, HAHNEMANN offers some examples of how to apply the medicinal solution in slow moving protracted cases.

2. In protracted diseases, give the medicine daily or every second day. In acute diseases, give the medicine every six, four, three or two hours. In the most urgent cases, give the medicine every hour or even more frequently. In chronic diseases, every correctly chosen Homœopathic medicine, even one whose action is of long duration, may be repeated daily for months with ever-increasing success [when fifty-millesimal potencies are used]

Organon of the Medical Art, HAHNEMANN, O'Reilly 6th Edition, Aphorism 248.

In paragraph 248 HAHNEMANN says in **protracted diseases** (those that improve very slowly on a single dose) the patient "**may**" receive the remedy daily. He does not say that the LM potency; **must** be repeated daily in every case. Some read this sentence without acknowledging that the first part of aphorism 246 says whenever there is strikingly progressive amelioration on a single dose, or anytime during the treatment, the remedy should not be repeated. They also ignore the fine print in the Footnote to Aphorism 246 that emphasizes that the daily repetition is only used **when necessary**. In the beginning of Aphorism 246 HAHNEMANN says that LM single dose cures of acute diseases were not uncommon. If one ignores all these conditioning factors, and only follows the above suggestions, they will over medicate many of their patients. All the statements concerning the rapid repetitions in Aphorism 248 relate only to those patients that slowly improve on a single dose or infrequent repetitions. In any case, the remedy must be stopped as soon as there is any aggravation, new symptoms, or a marked increasing amelioration. I have not found one case in the Paris casebooks where HAHNEMANN gave a daily dose for months on end without stopping the remedy and interspersing placebos with equally long periods of observation.

Changes of Symptoms and the Second Prescription

One of the most satisfying experiences for a homœopath is when one remedy completes the cure of a chronic patient. If a chronic remedy is a true simillimum it will be beneficial in a number of potencies without unnatural changes of the symptoms. When a remedy is a distant partial simillimum it will remove a few symptoms but then produce new medicinal signs in other areas changing the natural symptom pattern. Many who are inexperienced in this area think that these changes are new diseases or deeper layers coming to the surface. If one is not careful one may continue to give more partial simillimums until the natural symptom pattern is totally disrupted. One must be very careful when new symptoms appear to give a better remedy that is a more perfect simillimum. I can always tell how well I understand a case by how many remedies I have given over a period of 1 or 2 years. If I have to give more than 1, 2, or 3 remedies for the chronic symptoms something is usually wrong with my approach. There are exceptions to this rule, but in general a good remedy should act over long periods of time in higher and higher potencies without major changes of symptoms.

Every homœopath must learn to recognize when it is time for a change of prescription. When the patient experiences new ailments and the rest of the symptoms take on an altered pattern, the time has come to retake the case and give a better remedy. HAHNEMANN offers an example of a change of symptoms in point 4 of aphorism 248.

4. If the patient undergoes one or another important ailment that he never had before in his life, and the rest of the disease appears in a group of altered symptoms, then another medicine, more homœopathically appropriate, must now be selected in place of the one that was used. The new medicine should be administered in just such repeated doses. Again, each dose of the solution should be modified with the proper vigorous succussions in order to somewhat alter and heighten its degree of potency.

Organon of the Medical Art, HAHNEMANN, O'Reilly 6th Edition, Aphorism 248.

A definite change in symptoms is an indication to retake the case and give a new remedy. The new prescription should be started in the lowest degrees (LM 0/1-0/7) and the potency is raised in a serial fashion to the higher degrees. It does not matter if the previous remedy reached an ultra high potency like the 0/20. One always starts a new remedy with the lower potencies and works upward through the scale stage by stage. In Aphorism 171 HAHNEMANN notes that a new remedy is often chosen by the remaining symptoms after the previous remedy has accomplished all it can.

In chronic diseases that are not venereal (therefore those most usually arising from psora) one often needs to employ several antipsoric remedies in succession to bring about a cure, each to be homœopathically selected in accordance with the result of an examination of the group of symptoms that remain after the previous means has completed its action.

Organon of the Medical Art, HAHNEMANN, O'Reilly 6th Edition, Aphorism 171.

Sometimes certain symptoms remain or old symptoms appear that are not well suited to the present remedy. This is a different situation than the appearance of new symptoms caused by new factors affecting the case or the use of partial simillimums. As long as a remedy causes the old symptoms to reduce in number and decline in strength, one can rest assured that the case is progressing in the right direction. Sometimes one remedy is not sufficient to cure a protracted degenerative disorder, especially those based on layers and complex miasms. Under these circumstances one must determine the proper time to change the remedy. James KENT wrote:

When the demonstration is clear that the present remedy has done all it is capable of doing – and this demonstration cannot be made until much higher potencies than usually made have been tried – then the time is present for the next prescription.

To change to the next remedy becomes a ponderous problem, and what shall it be?

Kent's Lesser Writings, James KENT, The Second Prescription, p. 418-419.

What should we do when there is a change of symptoms not affected by a previous remedy? At this time, the homœopath should ask themselves the following questions. What is the cause of the change in symptoms? Are they produced by a new exciting or fundamental causes? Is the patient doing anything different that could be causing these new symptoms? Is this a dissimilar layer of symptoms coming to the surface after the removal of a previous layer? How do we know the difference?

There are three major reasons for a change in symptoms, i.e., an artificial change caused by an inappropriate medicine, the appearance of new exciting and fundamental causes, and the arousal of deeper dissimilar layers of illness during the process of cure. A wrong remedy or a partial simillimum may artificially change the nature of the symptom pattern. At this time, the symptoms produced by the remedy and the remaining natural symptoms must be combined and a better medicine prescribed. This should regularize the Vital Force and move the case toward cure. If the patient receives two, three or four inappropriate remedies in a row the natural symptom pattern may be seriously altered. Such a muddled case can only be restored to health by an experienced homœopath. For this reason the greatest care must be applied to each and every prescription.

Sometimes, the patient comes in contact with new causes that may change the symptom pattern. Perhaps, the patient suffers from a virulent acute disease that produces a sequel. Maybe the patient becomes infected with a chronic miasm (Psora, Sycosis, etc.) that they previously did not suffer. There may be a new befallment like a physical or mental trauma that changes the nature of the symptoms. The nature of the new phenomena must be investigated, the case retaken, and a new remedy chosen. These unhappy situations are conditions where the disease state has actually become more complex.

The third reason for a change in the symptom pattern is the appearance of old dissimilar disease layers as the reversal of symptoms takes place under a curative treatment. These deeper layers may represent old unresolved disorders, suppressions, and the activation of latent states. Deeper layers also appear when one sided disease states begin to resolve. If the new symptoms are found in the **Materia Medica** under the same remedy, there is no need to change the prescription. When these symptoms are not similar to the

remedy under employment, the case must be retaken and a new simillimum administered. In order to comprehend this process one must have some understanding of how layers and complex disorders develop.

How to Complete a Cure

A properly adjusted LM remedy should not produce an aggravation at the start of the treatment as is often witnessed after the administration of a centesimal potency, especially when given dry. Even the C potency in medicinal solution tends toward aggravation more quickly. An aggravation caused by the LM potency should only appear at the end of the treatment when the patient is feeling better and their vitality has returned. This is a sign that the cure is almost attained and the repetitions of the LM potency should be slowed down or stopped.

5. If so-called homœopathic aggravations (§161) appear towards the end of treatment of a chronic disease, after almost daily repetition of the fully homœopathically fitting medicine (i.e. so that the remaining disease symptoms seem to be somewhat heightened) then this is an indication that the medicinal disease, which is so similar to the original disease, is now audible almost all by itself. Therefore, the doses must be reduced still more and repeated at longer intervals, or even entirely suspended for several days in order to see whether or not any more medicine is needed for recovery. If no more medicine is needed, these apparent symptoms (stemming merely from the overflow of the homœopathic medicine) will soon disappear by themselves, leaving behind unclouded health.

Organon of the Medical Art, HAHNEMANN, O'Reilly 6th Edition, Aphorism 248.

There is a great difference in an aggravation at the beginning of treatment when the patient is ill and weak and an aggravation at the end of the treatment when the patient is healthy and strong. The aggravation at the start of treatment is much more uncomfortable and dangerous because the patient is still sick. The LM aggravation comes at the end of treatment when the patient is healthier. This is a sign that the cure is nearing completion. It indicates that the patient now suffers mostly, if not entirely, from a medicinal disease alone.

As one moves upward through the potencies (0/1 to 0/30) it is often wise to gradually slow down the repetition of the remedy so that the patient is not overmedicated. If the 0/1 was given daily, the 0/2 might be given every other day, and the 0/3 every third day, etc. In this way, aggravations can be prevented in the beginning, middle and the end. If an aggravation is produced at the end of the treatment it is a sign that the patient may not need any more medicine. How to complete the cure is discussed in more detail in aphorism 280 and 281.

The aggravation at the end of treatment should be light rather than heavy as seen with overmedication during treatment. Most of the time there is only an increase of a few general symptoms or a general malaise as if one is going to get sick. At this time, the repetition of the remedy is stopped so the Vital Force can remove the remains of the medicinal disease and return to health and full vitality. If this is not done the signs of over-medication will get stronger and stronger.

The remedy should now be stopped to test if there is any more need for medicinal aid. The patient is left without medicine for eight, ten, or fifteen days so that the true situation can be assessed. If the aggravation is only due to remedial excess it will disappear in a matter of a few hours or days. When there is no relapse of symptoms after the signs of aggravation cease, the patient is truly well. If there is a relapse of the symptoms during the waiting period, the patient still needs more of the medicine in increasing potencies.

When there is a relapse of symptoms during the waiting period traces of the original disease still remain. This is a sign that the remedy should be continued until there are no signs of the original disease. At this time, the homœopath must be careful not to overmedicate the patient by giving overly rapid repetitions.

The 7th Organon

HAHNEMANN only used the LM potency for 3 years before leaving for his Heavenly Abode. If he had lived another four or five years he would have written the 7th edition of the **Organon**. I am not qualified to write the 7th **Organon** but over the last 18 years I have gathered a large volume of clinical experience. It would appear from my studies, and those of my colleagues, that today's patients are more sensitive than Hahnemann's patients in Germany in the 1840s. For this reason, I have made certain adjustments to the way in which I practice and teach the use of the LM potency.

First of all I would like to say that I, and my colleagues, have not found it necessary to give the daily dose very often, especially with well chosen remedies. The daily dose has proved itself useful only in those

patients who were quite hyposensitive or on heavy allopathic medications that were reducing the effect of the remedy. Even the alternate day dose is not all that common, especially over a longer period of time. The most common rapid repetitions are those that are given every 3 or 4 days. We have also noticed that the daily and alternative day dose must be reduced as soon as there are signs of improvement to prevent aggravations. The more sensitive the patient is, the less often they will need a dose of the remedy. I have many patients that only take the LM potency once every 4, 5, 6 or 7 days. Some only need the remedy every one or two weeks, while others only need it once a month, etc. As HAHNEMANN said, it is most important to use your own experience to figure out what is best for each and every patient. All mechanistic schedules and mechanical repetitions should be avoided.

In part 1 of Aphorism 248 HAHNEMANN spoke of using between 8 and 12 succussions of the medicinal solution prior to administration. We have found that a minimum of 8 succussions is far too many for today's hypersensitive patients. Therefore, I have suggested that the potential range of succussions should be between 1 and 12 depending on the sensitivity of the patient. A modern hypersensitive patient can only tolerate between 1 to 3 succussions, and a moderately sensitive patient may only need 4 to 7. We have found that succussions should not be overly hard or they may "shake up the Vital Force". I was once asked by an experienced homœopath new to the LM method why he was seeing a strange pattern of accessory symptoms in some of his cases. I asked him how he was succussing his doses. He was giving the medicinal solution very hard slams on a book. I advised him not to use such hard succussions and the problem never reoccurred.

In part 1 of aphorism 248, HAHNEMANN suggests that the patient should be given 1, or ascendingly, several teaspoons of the medicinal solution from the remedy bottle. In his example in footnote 248 he speaks of stirring one tablespoon of the medicinal solution into a dilution glass containing 8 to 10 tablespoons of water. This has caused some practitioners to always start out with a tablespoon instead of using 1, or increasing more teaspoons as needed, as suggested in the main Aphorism.

Doctor Croserio's letter, however, points out that HAHNEMANN used both large and small spoons depending on the case. It has been our experience that 1 tablespoon is too large a dose from the remedy bottle for the very sensitive and moderately sensitive modern patient. Therefore, we suggest that the instruction in the Aphorism take precedent over the example in the Footnote. We recommend 1 teaspoon as the average starting point for most patients, and that this amount is increased to 2, 3, or even more teaspoons, if and when needed.

In part 3 of Aphorism 248 HAHNEMANN suggests changing the potency every 7-8 to 14-15 days. The Paris casebooks show that this suggestion was not a rigid rule because he often gave long periods of placebo and raised his potencies much more slowly. It has been our experience that such rapid changes in potency are not necessary or even beneficial in many cases. Those who are very sensitive do not take to such rapid changes of potency without aggravations, and in some cases, relapses. We have found that a certain percentage of individuals do better if they are left on the same potency for a longer period of time. This, however, is not always easy to tell in advance. Sometimes a change to a higher potency does not suit the patient and one has to return to the previous potency to correct the case. It seems that certain patients need to stay on a particular potency for a longer period than HAHNEMANN suggested. Once again, trial and error is the greatest teacher.

HERING said in his preface to the American edition of **The Chronic Diseases** (1845) that it is important for all of us to go further in the practice of Homœopathy than HAHNEMANN and correct the errors of the past while remaining true to our principles. In this spirit I have done my best to share my many years of experience with the LM potency. For this reason, I have made certain modifications to some suggestions given by the Founder while staying true to the philosophy he introduced. I have repeated some statements several times in this discourse because I feel that certain essential ideas must be repeated from a number of different vantage points. **The most important maxims of homœopathic posology and case management are individualization and the words "if and when necessary"**. For the sake of easy reference I will offer a brief review of my posology methods.

1. I begin my cases with a single test dose (C or LM) of a well chosen remedy, potency, and dose adjustments. Under rare circumstances I may give a short series of three test doses at the most suitable intervals (daily, alternate day, every three days, every four days, etc.). In this case, I tell the patient to stop the medicine immediately if there is any aggravation, new symptoms or a strikingly progressive improvement. I only do this with relatively hyposensitive patients with stable vitality who live too far away for me to observe the case more closely in the beginning. In India most people do not have a phone.

2. **When there is a strikingly progressive amelioration from a single test dose, or a short series of test doses, the remedy is not repeated.** This is because there is no need to speed the cure. My colleagues and I have witnessed many cases cured by a single dose and infrequent repetitions.

A. Once the strikingly progressive amelioration slows down the remedy may be repeated at similar intervals to continue the rapid cure. If the strikingly progressive amelioration last for 3, 4, 5, or 6 days, I repeat the remedy every 3, 4, 5, or 6 days. If the progressive improvement last for 1, 2, 3, or 4 weeks, I give the remedy every 1, 2, 3, or 4 weeks. If the progressive improvement lasts for 1, 2, 3, 4 months, I give the remedy every 1, 2, 3, or 4 months, etc. If it lasts for 1, 2, 3 or 4 years I give the remedy every 1, 2, 3 or 4 years, etc.

3. **When there is little or no amelioration or only a slow improvement in response to the single test dose, or short series of test doses, the remedy is repeated at more rapid intervals.** These suitable intervals are (as HAHNEMANN said) what “experience has shown to be the most suitably appropriate for the best possible acceleration of the cure”.

- A. I judge the appropriate intervals in accordance with the sensitivity of the patient, the nature and stage of the disease state, the age of the patient, and the state of their vitality. Those that seem hyposensitive yet have relatively stable vitality may receive the remedy daily. Those that seem a little less hyposensitive may receive the remedy on alternate days. Those that are a little more sensitive may receive the remedy every three or four days, etc. At this time the patient is given a series of three to seven doses to see if the sensitivity and disease condition have been judged correctly. **I tell the patient to stop the remedy immediately if there is any aggravation, new symptoms, or strikingly progressive amelioration.**
- B. If the chosen interval produces a satisfactory improvement the remedy is continued at this rhythm to speed the cure. **When the patient experiences a significant improvement these intervals are slowed because the patient no longer needs as much medicinal stimulation.** In this way aggravations in the middle of treatment can be avoided.
- C. **When the patient reaches the point where they no longer show any symptoms, and the vitality has completely returned, the medicine is stopped to test the cure.** If there is no relapse of symptoms after waiting and watching for a reasonable amount of time they are cured. If some of the symptoms return the remedy is again repeated at slightly longer intervals to complete the cure.
- D. **If there is an aggravation toward the end of treatment the medicine is stopped and a period of waiting and watching is begun.** If the symptoms pass off quickly, and the patient does not relapse, the cure is complete. When there is a return of symptoms the remedy is again administered but at slightly longer intervals in order to prevent any reoccurrence of the aggravation and complete the cure. After carrying out this procedure the methods described in point 3C or point 3D are repeated if necessary.

There are many more adjustments of the medicinal solution and potency that may be needed during the process of cure but this offers the basic methodology in relationship to the single dose, infrequent repetitions and repeating the dose at more rapid intervals to speed the cure.

2. QHD, VOL. XXI, 2, 2004

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. *Lactuca virosa* – Was ist das zu Heilende? (*Lactuca virosa* – What is to be cured?)
NEUHOLD, Willi (DH. 22/2002)

What in the disease is to be cured is central to homœopathic therapy. The exposition of this question makes clear the homœopathic principle which is diametrically opposite to the reductionistic thoughts of the established medicine.

The ailments are related like smoke to fire. Like the rising smoke leads one to the source of the fire, the complaints of the patient points to the singular disease. Diagnosis, symptoms and the ailments are the perceptible crystalization point of the dynamic happenings which penetrates through all the planes of the individual. That means that the disease is not an isolated event but a dynamic process of the life.

HAHNEMANN saw that the disease is more than a passing event since he saw the chronic disease in it. The polymorphic nature of the singular disease phenomenon was recognised by him as the impress of a single basic disturbance of the Life Force. This disturbance or affection is, as HAHNEMANN called it, the dynamic source, Origin (ref. §72). With this insight of HAHNEMANN which went far beyond the conventional thinking which rested upon a microbe, an infection, one would understand that it is beyond substance.

It all seems so simple – disease arises from dynamic plane and has to be healed on a dynamic plane; at the same it is not so easy. The difficulty is because one has not yet internalized this new, revolutionary idea. The microbes are related to the diseases like flies to dungheaps: The flies do not produce the dungheap, they are attracted. When the

right homœopathic remedy suitable to the fundamental cause is administered and its action is watched one will clearly understand what HAHNEMANN knew already - disease is a dynamic process and hence demands a dynamic response. Since the potentised remedy is free from the material plane and is a free dynamis it meets the dynamic disease.

With a case of 53 year-old patient with urological ailment the author analyses a Rajan SANKARAN's teachings including SANKARAN's 'Lepra' miasm; and justifies the choice of the curative remedy-*Lactuca virosa*.

2. Homöopathie oder nicht Homöopathie – wo ziehen wir die trennlinie? (Homœopathy or not Homœopathy – Where do we draw the differentiating Line?)
SAINÉ, André (AHZ. 248, 2/2003)

This is the German version of André SAINÉ's article "Drawing a Line in the Sand: Homœopathy or not Homœopathy?" which appeared in the AJHM. 95, 2/2002 and before that in the SIM. XV, 1/2002. This is in response to 21 signatories to an article lead by Dr. Roger MORRISON defending "innovations" "new trends" in Homœopathy which include Dr. Rajan SANKARAN's 'Delusions', 'Kingdoms', 'new Miasms' 'Signatures', 'Dream Proving's', SCHOLTEN's 'Periodic Table', etc., etc.

This has been mentioned in the earlier QHD also.

3. Magic oder Wissenschaft? Eine Debate um die Grundlagen der Homöopathie. (Magic or Science? A Debate on the foundations of Homœopathy)
HABICH, Klaus; KÖSTERS, Curt and ROHWER, Jochen (AHZ. 248, 2/2003)

As mentioned in the article cited above, this article is a criticism of the 'Doctrine of Signatures' etc. and the purity of the sources of the homœopathic Materia Medica.

There are nearly 45 signatories to a 'Manifesto' document which calls for "Consciousness of the basic principles of Homœopathy". [I am a signatory to this 'Manifesto'. = KSS.]

4. Jeder verlässt HAHNEMANN auf seine Weise: Über homöopathische Pietismus und Erkenntnisstheorie für freie Menschen (Everyone figures HAHNEMANN in his own way: On homœopathic Pietism and epistemology for free persons)
APPELL, Rainer G. (AHZ. 248, 2/2003)

This is with regard to the current debate on the purity of sources of the homœopathic *Materia Medica* and the conception of science in Homœopathy. The author argues against that those who oppose the new ideas (Signatures, dreams, themes, other 'speculations') fossilize Homœopathy and is not in the interest of Homœopathy. "Each person understands Homœopathy in his way". [Yet should there not be agreement with the basics of Homœopathy? Because every person understands Homœopathy in his own way, can there be as many ways as there are persons who study it? Where will Homœopathy ultimately be if allowed such "freedom". In calling for such freedom to interpret as any and everyone feels like – and everyone of them can call in support eminent Philosophers, Scientists, etc. – will not Homœopathy become a caricature? The argument against the so-called 'purists', or 'fundamentalists' that their attempts will scotomize and fossilize Homœopathy should be carefully considered and debated against the endless freedom to everyone to play as one feels like will make it a shapeless, featureless and spiritless ball of clay. Already we read of 'paper' medicines (homœopathic medicine!). In this one simply writes '*Bryonia 30*' on a piece of paper and give it to be chewed by a patient who needs *Bryonia* – the **homœopathic medicine** prepared according to the homœopathic pharmacological methods, and lo! the patient gets well. This 'paper medicine' homœopath claims success in over many years of similar practice! The claim may be true, but will we encourage such practices in the name of development? Then we have heard of 'homœopaths' who simply transmit the energy of 'the homœopathic medicine' to a patient by simply muttering the name of the medicine! There are persons to swear of their 'cure' by this process. Would the 'freedom fighters' include these? Come, debate it. = KSS]

5. Entwicklung ist nötig – Antwort auf ein Manifest (Development is required – Answer to a Manifesto)
NAUMANN, Johannes and WALACH, Harold (AHZ. 248, 2/2003)

In this the authors call for 'open minded' approach to new developments, like HAHNEMANN who revised his opinions many times, acquired new understanding and integrated them, and he acted different from the theory he propagated. [True, HAHNEMANN revised as any great thinker did. But the "basis" remained unchanged:

Proving of drugs, similar medicine, the minimum dose, etc. were not changed by him. Whereas he fought against 'speculation' with regard to the medicinal substance's potentialities, and insisted on 'proving' on healthy human, the "new-trend" do not want 'proving'. The "new trend" says that we will know about a medicine's potentiality by its 'signature', the periodic table, etc. So calling in evidence HAHNEMANN is not correct. We are to follow only the **teachings** as in **Organon** and **Chronic Diseases**. = KSS].

6. Homöopathie - Wissenschaft und Magie (Homœopathy - Science and Magic)
WICHMANN, Jörg (AHZ. 248, 2/2003)

Five propositions regarding the current discussion about the foundations of Homœopathy:

1. There are two different ways of argumentation: interpreting texts within a closed world-view or developing Homœopathy as an Art and Science?
2. Theories do belong to the methodological development of Homœopathy.
3. We will have to extend our view above the mere phenomenon towards an insight into the deeper nature of remedies and human condition. [How deep can one go? When we are digging further and further and the patient goes on further, is it really deep or just wide and meandering? = KSS]
4. An intuitive approach to understanding remedies or cases can be as valuable and helpful as an analytical one.
5. Homœopathy is well-explainable within the paradigmatic frame of Hermeticism and follows laws also working in the non-medical world.

7. Understanding Suppression
CROCE, Ann Jerome (HT. 22, 7/2002)

In discussions among students of Homœopathy, we often hear the word “suppression,” usually used derisively to label the action of one allopathic treatment or another. For some of us, the results of suppression by allopathic treatment were the reason we came to Homœopathy in the first place. We may be tempted to renounce the therapies that we feel caused us harm and to embrace our new domain as its opposite. But avoiding suppression is much more complicated than simply using Homœopathy instead of Allopathy. As much as we would rather not admit it, Homœopathy also can suppress.

What is suppression?

Understanding suppression depends on understanding the role of symptoms in the processes of health and disease. As I explained in an earlier column [January 2001], symptoms are the organism’s expression of its inner imbalance; they are like the images we see in a periscope, a reflection of the object but not the object itself. Therefore targeting a treatment simply toward the elimination of symptoms is like trying to eliminate your reflection in a mirror: you can turn the lights out, drape the mirror with cloth, or turn it toward the wall, but you yourself, the source of the reflection, are still standing there unchanged.

Suppressive treatments are targeted at the elimination of symptoms rather than at their source at the deepest level of the Vital Force. In the glossary of her recent edition of Samuel HAHNEMANN’s **Organon of the Medical Art**, Wenda Brewster O’Reilly defines his word for suppression as “forcible concealment, masking, or forcing under.” She adds, “The suppression of symptoms refers to the concealment of perceptible manifestations of a disease condition without the cure of the disease.”

In common parlance, suppression is often defined by its results. Jay YASGUR writes in **Yasgur’s Homœopathic Dictionary** that suppression is “the act of driving a disease deeper inward, against Hering’s Law.” Generally we tend to think of suppression as an elimination of symptoms that forces the organism to express its inner conflict in another, deeper and more serious set of symptoms.

Allopathic suppression and homœopathic suppression

Allopathic treatment is commonly suppressive because in its philosophy, each ailment (each set of symptoms) is separate from every other one and from the organism itself. Eliminating a set of symptoms, then, is called “cure” of that “disease,” and the emergence of another set of symptoms is deemed evidence of a new disease. A child with

recurrent ear infections is “cured” of them by the insertion of tubes in his ears; his later Asthma or recurrent Tonsillitis is considered unrelated.

In homœopathic philosophy, suppression is understood as a common result of treatments that remove one set of symptoms without reference to the whole person. Here that same child’s “disease” would be considered to include the ear infections and the Asthma or Tonsillitis, because all of these symptoms are expressions of the same imbalanced Vital Force. His Asthma would be understood as a deeper ailment that emerged because of the suppression of his ear infections by the insertion of the tubes.

Homœopathy, too, can remove symptoms without addressing the person as a whole. While the notion of suppression by Homœopathy is disputed among the homœopaths, evidence of it exists, and homœopaths from a variety of schools agree that the homœopath must be watchful of it. Henny Heudens-Mast, who practices in Belgium and teaches all over the world, notes that cases of suppression by Homœopathy are more difficult to unravel than those with a history of allopathic suppression. Jeremy Sherr, British homœopath, Director of provings, and international teacher, says that in a very theoretical sense every prescription is suppressive, because the absolute perfect simillimum is all but impossible and “the extent to which a remedy fails to cover the totality of the case is the extent to which it can suppress.”

Of course, in actual practice, Homœopathy is far less often responsible for suppression than allopathy has been because of the philosophical difference in its understanding of symptoms. By taking the whole person into account and by using the Law of Similars, Homœopathy does not commonly suppress. However, it is important for those who employ Homœopathy to know that suppression is possible, so that we can interpret what is happening in those relatively rare cases in which it becomes a significant problem.

Results of suppression

Recognizing suppression in a homœopathic case is the same as recognizing it in an allopathic one, because the organism responds the same way no matter what is causing the suppression. Suppression is evident when an ailment disappears and is replaced by a lower level of health. This weaker state may mean a new and worse ailment, or it may be more vague, as in a greater susceptibility or a deterioration in energy.

There are some particular measures of whether a case is moving toward or away from health. “Hering’s Law” specifies the direction of cure: from within outward, from most important to least

important, from top down. While not all cures proceed in this orderly way, we can suspect suppression when the treatment produces an opposite reaction. George VITHOULKAS diagrams a hierarchy of symptoms in **The Science of Homœopathy**, another useful guide to the direction of cure.

Generally, suppression is most evident in the long run. It may be a factor when a person's list of complaints over the course of treatment becomes longer or begins to include more serious ailments. For instance, suppression could be an issue if Eczema clears up after treatment and soon the person develops Asthma or joint problems for the first time; or if a mild and occasional daytime anxiety is replaced by a stubborn inability to sleep; or if a flea allergy is healed but the dog becomes aggressive and fearful.

Avoiding suppression

In homœopathic philosophy, health involves, among other things, the ability to respond appropriately to environmental stimuli. Sometimes the appropriate response to a virus, for instance, is to develop the symptoms associated with it; even conventional medicine acknowledges this as part of the process of developing antibodies. Therefore, in homœopathic terms, health does not necessarily mean total freedom from illness, but the ability to bounce back from health problems without lasting damage.

Similarly, in the case of an injury, it is healthy to bleed when the skin is punctured and to feel pain when tissue is damaged. These discomforts are part of the body's healing mechanism, to alert the organism to slow down, stop the injurious activity, or take whatever action is needed so that the organism's energy can be directed to healing.

The first step in avoiding suppression, therefore, is making intelligent choices about when and when not to treat. The healthy organism needs freedom to express its healthy processes, however messy or inconvenient these may sometimes be. Treatment is necessary only when these healthy processes fail and the organism cannot recover on its own.

A very important principle is that if the problem being treated is a true acute, then acute homœopathic treatment will not suppress. Suppression involves the partial elimination of the symptoms of chronic disease without the resolution of the disease itself; removing a true acute will not result in the production of further symptoms because it is unconnected to the chronic state that would produce those symptoms. As I explained in a previous article [February 2001], however, true

acutes are much rarer than we think. Often what appears to be acute is actually an acute manifestation of the chronic state, so that the treatment for an apparent acute needs to take the entire chronic state into account. Therefore a second step in avoiding suppression is learning to distinguish between the acute and the chronic.

Finally, simply knowing how to recognize suppression when it occurs is a step toward healing it. Many times, suppressive reactions will reverse themselves when treatment is stopped, simply through the action of the unhindered Vital Force toward health.

Reversing suppression

If the organism does not recover spontaneously, correct homœopathic treatment can overcome the results of suppression. Suppression does not involve the introduction of a new disease into the organism, but rather the fuller expression of the disease that already existed. The new and more serious condition, in each case, existed in the organism in potential even before the suppression and might have surfaced eventually on its own. Many prescribers, then, consider the original case and the new picture simply to be part of the newly articulated totality, and often suppression is resolved through correct treatment without being identified as such.

When treating a case that has involved suppression, we can expect, as in the usual course of events, that the latest-appearing, more serious ailment will resolve first. For instance, in the case of the newly aggressive dog, first the fear and aggression will disappear, at which point the flea allergy will return. This gives us the opportunity to treat the flea allergy correctly, using the information we have gleaned from our knowledge of how the suppression occurred.

The dynamics of suppression, because it is an expression of the Vital Force, reflect the usual dynamics of health and disease. Some people are more susceptible to suppression than others, just as some are more susceptible to certain kinds of illnesses. Similarly, suppression can be reversed by homœopathic treatment that covers the totality of the case adequately. While suppression can be serious, it is nothing to fear when we understand it.

8. Homœopathic philosophy and the Seven Hermetic principles

STRUICK, Nel (HOM. 87/2002)

While investigating for a deeper explanation for Homœopathy, the author unearthed the 'Seven hermetic principles' which date back to 1900 B.C. They are

- i. The principle of mentalism
- ii. The principle of correlation
- iii. The principle of vibration
- iv. The principle of polarity
- v. The principle of rhythm
- vi. The principle of cause and effect
- vii. The principle of gender

The correspondences between the principles of Homœopathy and those of Hermetic philosophy are discussed.

9. Controversy in Homœopathy: Continued Magic or Science?

HABICH, Klaus; KÖSTERS, Curt and ROHWER, Jochen (AJHM. 96, 2/2003)

The object of this article is the current debate about the doctrine of Signatures and the purity of the sources of homœopathic *Materia Medica*. Is Homœopathy a Science, and what are the reasons for speculative tendencies within this method?

The authors feel that if the healed symptoms are attributed without criticism to the **Materia Medica** of the remedy applied, this can lead to an increasing haziness in the image of the remedy. ...Clinical experience is included in the selection of a remedy, but it should not be the starting point of analysis, and it should be kept clearly separate from the real proving symptoms.

The article is followed by a 'Declaration' to which a large number of homœopaths from all parts of the world are signatories – These have been discussed and abstract given in the QHD during 2003.

10. Compositae family portrait and the **Mappa Mundi**

LITTLE, David (AH. 9/2003)

Mappa Mundi is based on the five elements, earth, water, fire, air and ether and on the bilious, phlegmatic, sanguine and nervous-melancholic humours.

Choleric temperament:

Irritable, angry and impatient. Liver complaints, digestive and intestinal disorders and skin eruptions.

Phlegmatic temperament:

Tearfulness, timidity and indecision. Weight gain, edema, lymphatic stagnation and genitourinary problem.

Sanguine temperament:

Pride, optimism, violence. High blood pressure, blood disorders, strokes and heart diseases.

Nervous-melancholic temperament:

Pensiveness, depression and nervousness. Hypochondria, brain, nervous and respiratory complaints.

The views of HAHNEMANN, WHITMONT and J.H. ALLEN on temperaments are given.

The Compositae family characteristics are discussed in relation to the temperaments.

[David LITTLE has been strongly arguing against speculations etc. in almost all his articles which have appeared in the journals. However in this article he is talking of the Compositae family's characteristics – over 60 remedies in this family! He says that the large compositae flowers have difficulty in holding their flower heads, just as the patient feels dizzy and must lie down with weakness. Signature!! = KSS.]

11. Integral Health

PANDEY, Alok (NAMA. 10, 1/2002)

This article takes the reader from health and illness through life and death to the root question: what does health really mean and can we grow into it without any doctor. [Health is the normal state of Man. How is it that 'Medicine' which comes into play only when a person catches illness, is with the Department of Health? When the 'doctor' removes the symptoms complained by the patient, has the patient become 'healthy'? = KSS.]

12. A Programme for Integral Health

BASU, Soumitra (NAMA. 10, 1/2002)

The author is "an unconventional Psychiatrist who has integrated the universal concepts of soul and its evolution in practice."

Dr. BASU says that 'Integral Health' is a "dynamic equilibrium between the different planes of consciousness". [How relevant is Samuel HAHNEMANN in this! The homœopath should mind HAHNEMANN's ideas and beware of falling into the allopathic ways = KSS.]

13. A New Psychology

JOHNSTON, David (NAMA. 10, 2/2002)

In this very interesting essay the author, a clinical Psychologist, argues that Psychology must follow the lead of the new Physics and Biology in adapting a quantum and relativity-based conceptual approach in order to sustain its relevance for the future. Although C.G. JUNG realized this in his approach to Psychology many years ago, mainline Psychology has not followed suit and continues to follow a Newtonian and Cartesian formula. He also

argues that the development of a new and Integral Psychology could profitably be based on the ground that has already been laid by JUNG and his School of Psychology and enrich itself by insights from the works of Sri Aurobindo and the Mother.

II. MATERIA MEDICA

1. **Strontium carbonicum**
 OWEN, Jonice (HT. 22, 6/2002)

The origin of the remedy, its provers, salient features, a contemporary understanding by various authors and its recent proving are discussed.

2. A remedy to take seriously
 HYDE, Rosemary (AH. 9/2003)

The history of the Dandelions (*Taraxacum*), its herbal benefits and its notable and unusual nutritional and medicinal compounds are discussed.

Details of its homœopathic provings, its general and particular symptoms and the rubrics describing *Taraxacum* are given. Very interesting article.

3. The Bowel Nosodes
 BICKLEY, Anthony (AH. 9/2003)

The background information, General indications and instructions for use and principal characteristics of the Bowel Nosodes – *Morgan Pure, Morgan Gaertner, Proteus, Dysentery-co, Gaertner* are given.

4. A comparison: *Anacardium, Tarentula* and *Agaricus*
 PARTHASARATHY, Vishpala (NJH. 3, 4/2001)

Three cases have been reported of *Anacardium, Tarentula* and *Agaricus*. Dr. PARTHASARATHY has correctly concluded, “Parents have lost the art of loving and caring let alone disciplining children. So this is the outcome. Homœopathy alone can set them right.”

5. **Ferrum** – An overview
 PARTHASARATHY, Vishpala (NJH. 4, 1/2002)

Ferrum, it is claimed is the iron man/lady and a lot has been discussed with points to ponder.

Ferrum has been covered here from the traits of iron as a metal, e.g. the blackness signifies the ability to give that strength to the blood and the

rusting represents the staying power. It is a mark for life – therein lies its strength. [Speculative attributes Signature = KSS]

6. **Viola odorata** – Bestätigung eines charakteristikums (*Viola odorata* – confirmation of a characteristic)
 BAHEMANN, Alois (ZKH. 47, 2/2003)

Dr. BAHEMANN had already published two cases of *Viola odorata* in the ZKH. 46, 2/2002. The deciding symptoms in those two cases were: “emotions predominated by the intellect” in the Repertory. Now he narrates another case in which too the same “characteristic” was decisive in selecting *Viola odorata* which succeeded in healing the patient.

The source of this entry into the Repertory is not clear. The exact symptoms is not to be found in the *Materia Medica* extant.

[In this as well as earlier cases this symptom is the ‘characteristic’ of the patient even in that patient’s healthy state, not an altered symptom Where does ‘natural’ quality of a person come into consideration for selecting a remedy in the sick state? Aren’t we - the homœopaths – as well as the physician of the orthodox school – to bother about the ‘sick’ state alone? = KSS]

7.
 1. **Acid butyricum**
 2. **Arsenicum bromatum**
 3. **Chromium Kali sulphuratum**
 4. **Euphorbia lathyris**
 5. **Ocimum canum**
 6. **Oxytropis lamberti**
 7. **Rauwolfia serpentina**
 8. **Ricinus communis**
 9. **Staphylococcinum**
 10. **Tribulus terrestris**
 (CCRH. 24, 3&4/2002)

The Central Council for Research in Homœopathy of the Government of India, New Delhi has several Research Centres in different states for carrying out drug researches.

In this issue of the Quarterly Bulletin of the CCRH., the clinical data obtained from Provings of the medicines listed above have been given.

No attempt has been made in these articles to compare the symptoms already available in the *Materia Medica*.

However, a quick comparison with James STEPHENSON’s *Materia Medica* confirmed few symptoms of *Rauwolfia serpentina*.

8.
 1. **Boerhaavia diffusa**

2. *Casalpinia bonducella*
3. *Carica papaya*
4. *Hydrocotyle asiatica*
5. *Jaborandi*
6. *Nyctanthes arbor-tristis*
7. *Saraca indica*
8. *Sarsaparilla*
9. *Terminalia Chebula*
10. *Viscum album*
(CCRH. 25, 1 & 2/2003)

The CCRH undertook clinical verification of the symptoms already available in the homœopathic Materia Medica – CLARKE, HERING, ALLEN, GHOSE, BOERICKE and provings made by the CCRH itself, of the ten remedies mentioned above in use in Practice. The results of the clinical verifications are offered in this article. It is now for the Profession at large to confirm further.

9. Nosode: *Chlamydia*
KENYON, Lynda & BOIADJIEV, Mario
(HL. 15, 3/2002)

The authors present some of the key symptoms of the remedy and illustrates with a case. [See QHD. XX, 3 & 4/2003 in Materia Medica section, No.12, P.no.105].

10. A proving of *Sequoiadendron giganteum*
PAWLITA, Benedikt (HL. 15, 3/2002)

The proving was conducted in 200 potency with 14 provers. The first thing that struck them was symptoms of smell. Some of the provers experienced ‘clairvoyance’ and thought–reading, as well as intuition, presentiment, spontaneous knowledge. An immediate understanding also occurred in communication with plants and animals. The Provers were confronted with true values and make it clear where they are focussing on the wrong things. Some Provers had kept a vial of the medicine under their pillows! They reported only dreams!

Only a part of ‘Proving’ has been given and that consisting only emotions, dreams and some ‘signature’.

11. A proving of *Asterias rubens*
SCHULZ, Elisabeth (HL. 15, 3/2002)

Homœopathic remedy triturations within a group setting create a direct inner connection between the homœopath and the remedy’s essence. 19 of the 20 participants were female.

After the 2C trituration the themes were of – farewell, death, creating order, fear of Breast Cancer, fear of Stroke, lightning.

12. Three new provings of *Heracleum sphondylium*
BRUNNTHALER-TSCHERTEU, Rosemarie
(HL. 15, 3/2002)

This plant belongs to the family of Umbelliferae. The only known proving was in 1838, by ROSENBERG, on 4 provers and only with mother tincture.

In 1986, Günter MATTITSCH proved *Heracleum* D3 for 14 days, D12 for another 14 days and then D 30 on 13 homœopaths and their family members.

In 1987 and 1997 the other two provings were conducted.

The symptoms are given and is concluded that it is a sycotic remedy.

III. THERAPEUTICS

1. Behandlung psychischen Erkrankungen – Grundsätzliches und zwei Krankengeschichten (Treatment of Psychic Diseases – Fundamentals and two case histories)
ROHRER, Anton (DH. 22/2002)

HAHNEMANN was concerned with mentally ill patients even before his ‘homœopathic’ days. As early as in 1792, before his famous Essay “On a new principle for ascertaining the curative power of Drugs” (1796), he had treated KLOCKENBRING Privy Secretary of the Chancery, for a full-blown ‘Insanity’. KLOCKENBRING was cured in 1793 after an year’s treatment in the Georghental palace. While Philippe PINEL (France) had the mentally insane released from their chains and dungeons during the year 1793 – 1795. With the treatment KLOCKENBRING the chaining and corporeal punishment, some of them very cruel, of the insane persons was ended and the era of medicinal treatment dawned. Unfortunately history books of medicine do not credit HAHNEMANN with this great revolution.

Attention is drawn to §198, 173, 210 – 230, of the **Organon** and Vol. I of **Chronic Diseases**.

The differentiation between acute and chronic mental disease must be borne in mind. The author cites Gerhard RISCH from his book (“Die Entwicklungsgeschichte der Lehre von den

Chronischen Krankheiten”): “In the Provings we get acute symptoms which are to be used for acute diseases. These are the symptoms that come after some hours, days or weeks as the case may be. A chronic patient will throw up later symptoms for example Lues III or Sycosis III which would mean that these symptoms arise after years or decades. Remedies chosen must bear relationship to this fact. A symptom that came in the proving after a few hours/days cannot be homœopathic to a Chronic disease that manifests over years or even generations.

For example a schizophrenic patient is standing in a place and announces that he was Christ. The symptom ‘thinks himself as Christ’ and in our Materia Medica and Repertory we find *Cannabis indica* has produced this symptom. The Schizophrenia is in end-stage or with other Miasms while the *Cannabis* symptom is a primary symptom. Therefore homœopathically considered it is not ‘similar’ and attempt to cure Schizophrenia with *Cannabis indica* is deplorable. It may palliate this symptom but the Schizophrenia will remain.

Since no proving has gone on for many years, we have to take recourse to the clinical experience. And since we have a two hundred years experience there is a large material which can be applied.

There is always the question: To which symptoms is the remedy similar? It is a question of evaluation of symptoms. This depends upon the Anamnesis.

BOENNINGHAUSEN writes (“**The Aphorisms of Hippocrates with Annotations of a Homeopath**”, Aphorism 5, Book V.): “What the founder of our school has taught through his much misunderstood work ‘on the **Nature and Cure of the Chronic Diseases**’ is not of less merit. Really speaking there can be nothing more unjust as the bitter and excessive blame which has been poured over the venerable Founder of Homœopathy on the so-called ‘**Psora theory**’. What is this other than a strong homœopathic application of the nowhere doubtful and so important teaching of the **anamnesis** of the **Chronic diseases**. Thus in Chronic diseases the ‘right’ symptoms should be picked up. BOENNINGHAUSEN proceeds to point out that in Vol. I of the **Chronic Diseases** HAHNEMANN has classified the signs of the slumbering - (latent) and also the awakened – Psora, sharply and thoroughly deposes for the application intended by HAHNEMANN”. One should inquire for these in the patient. Since Mental and emotional diseases belong to Psora according to HAHNEMANN, the great antipsoric remedies would come into the picture for cure.

Two Case Reports are given with the above principles and teaching in the back ground.

2. Angst, Zwang und Depression (Anxiety, Compulsion and Depression)
FLICK, Reinhard (DH. 22/2002)

HAHNEMANN indicates psychic diseases as one-sided diseases. He goes to such an extent to compare it with local diseases (those discussed in § 174, 185 – 205 forms of one-sided diseases) wherein “local symptoms” arise in the mental instead of the body parts. In §214 he discusses about the treatment of mental diseases wherein he advises that besides the prominent mental symptoms, the physical symptoms that were there prior to the mental disease and which had gone away after the mental symptoms came on, should be taken up for choice of the medicine. Much strong symptoms that are thrown up during an acute attack of Psychosis are helpful only in finding an acute remedy for that state, and they don’t go deep. Only when the physical symptoms also are considered, can the curative remedy be found.

Three cases are given in detail.

In the first case of generalized anxiety syndrome, the symptoms before the outbreak of anxiety symptoms which were striking with regard to the physical state were helpful to pick up the curative remedy.

The second case was of an anxiety period with psychosomatic components (lymphnodes swelling). There was no symptom of the pre-out break of the mental disease but it was possible only with actual symptoms to find the remedy.

The third case is of Chronic Depression. There was much up-and-down in this case.

Different disturbing factors and different kinds of ailments have to be reckoned with to treat successfully.

3. Des Rätsels Lösung? Eine Krankengeschichte zu Multiple Sklerose (The Solution to the Riddle? A Case History of Multiple Sclerosis)
KOZEL, Gloria (DH. 22/2002)

25 year-old female, a medical student with Multiple Sclerosis was treated over a period of 5 years (1997-2002): *Natrum muriaticum*, *Phosphorus* and then *Mercurius solubilis*. After the last dose (*Mercurius solubilis* XM), patient remains free from complaints.

A syphilitic origin disease was solved by a remedy which best suited the Miasm.

4. *Carcinosinum* bei Kindern: Nosode und konstitutionelle Arznei (*Carcinosinum* in Children: Nosode and constitutional medicine)
 LESIGANG, Helga (DH. 22/2002)

Very interesting article. Detailed. An abstract is given below.

While HAHNEMANN classified the many serious Chronic Diseases suffered by the Europeans into three Miasms – the Psora, the Syphilis and the Sycosis – his followers have introduced Tuberculosis and Cancer as Miasms.

Carcinosinum is the Nosode of Cancer Miasm. The remedy cannot be found in the classical homoeopathic literature and is included here and there in the modern day repertories. FOUBISTER introduced it into the Materia Medica in 1952. The remedy has become significant since then – a Nosode for our times.

The main motive of the remedy is suppression. Suppression in psychic region – thanks to the blessings of the modern medicine which hinder the organism from reacting to diseases in its own way – but also many suppressions in the mental region. *Carcinosinum* will be called for frequently on the basis of its mental symptoms.

Oncologists deny that there may be a “Cancer personality”. One must be well versed with these signs. Cancer is not caused from mental causes alone. There are persons with peculiar relationships in response to claims made from Life and Society.

The material from which *Carcinosinum* is prepared comes from the tissues from Breast Cancer. There is a notable correspondence between the mental symptoms of *Carcinosinum* and women with Breast Cancer.

Some well-known symptoms of *Carcinosinum*:

- Highly talented
- Suppresses own needs
- Adapts to others wishes
- Behaves himself “rightly”, as expected of him
- Correct, orderly, follows the rules
- Children ask for permission before they do something
- Conscientious, irritated from trifles
- Yielding, lacks self-reliance and self-value.
- Feels the feelings of others
- Sympathetic, even for animals
- Loves animals, also has fear of animals
- Loves storm or fear of storm
- Loves music, dance.

Carcinosin patients grow up in rigid family system, in family without conflicts. There will be severe penalties for disobedience. The child’s spirit is broken. Does not develop its own will, but behaves so that will be liked by all. The punishments need not be physical.

And in infants what would make us think of *Carcinosinum*. Say from first moment of its birth it keeps crying as if born unwillingly. The infant cannot be quietened in anyway, - feeding it, carrying it around, holding, caresses; wakes up at nights, cries for hours, full of anxiety, and one does not know why. Diseases like Tuberculosis, Diabetes, Mental diseases, Alcoholism and above all Cancer are all mentioned as progenitors. The child itself may suffer, in its first year, severe diseases and may nearly die. Or the normal childhood diseases may not occur at all. *Carcinosinum* is frequently required in Mononucleosis if the child does not recover well.

When the mother comes a little late the *Carcinosin* child thinks that something terrible has happened. It grasps the mother in despair, not like *Pulsatilla* who wants her mother to herself or like *Calcarea* who is fully dependant on the mother, but because of the dreadful feeling that something very bad will happen. Clairvoyance is a symptom of *Carcinosin*.

- Another unusual symptom is love of orderliness. Even small children themselves would clean the room.
- Suppression of feelings
- A child cannot weep when sad
- The child is never angry when someone takes away its plaything
- When reproached or criticized it does not object
- It is not jealous of sibling

Although the child has great fear of animals, especially spiders and insects, it loves animals and would even handle a spider to save it.

There are contradictory symptoms.

- Early maturity - but Enuresis, thumb sucking, bites the skin around fingernails
- Fear of thunderstorm – feels itself well during thunderstorm
- Fear of animals – great love of animals, over all love of nature
- Consolation aggravates – however, longs for sympathy

No childhood diseases – but serious diseases in early childhood

The local and general symptoms:

- Blue sclera (FOUBISTER)
- Café-au-lait flecks, many birthmarks

- Very hairy scalp
- Itching blisters on palms and soles
- Warts on soles
- Cracks in the fingertips and around the nail
The skin around the nails have been peeled off
- Blisters in mouth
- Constipation
- Ticks, Grimaces
- Desire for spicy food
- Desire for chocolate
- Desire for butter
- In general better from movement, music, dancing and residing at seashore
- Sleep problems
- Sleep position on knees and elbows (in older children)

Consequences of suppression

Consequences of recurrent infections, children do not recover.

Unusual-for-the-age diseases

“Normal” diseases

Does not show feelings

Rapid change of moods.

5. Treating fire with fire

Homœopathy for burns

DOOLEY, Timothy R. (HT. 22, 6/2002)

You can use substances that can cause burns, including fire itself to help ‘burns’ patients.

By bringing the flame close to a burn but not touching it, they rarely blistered and often seemed to just disappear.

Cantharis is the main remedy used in first-aid for burns.

Urtica urens – Superficial burns (such as sunburn)

Causticum – More serious burns and for the ill effects of old burns.

Topical application of *Aloe vera* or *Calendula*.

6. Motion sickness

CASTRO, Miranda (HT. 22, 6/2002)

Motion sickness arises when the inner ear does not adjust to the motions of a car, plane or boat.

Indications of *Borax*, *Cocculus*, *Nux vomica*, *Petroleum*, *Staphysagria* and *Tabacum* are given.

Practical solutions like Ginger in any form, fresh air, eating lightly, wearing comfortable clothing, sitting as close to the front as possible are given.

7. Travel stress

CASTRO, Miranda (HT. 22, 6/2002)

Indications of *Aconite*, *Argentum nitricum*, *Arnica*, *Gelsemium* and *Rescue remedy* are given to overcome the stress of travel.

8. Adventure in the Bahamas

BORNEMAN J.P. (HT. 22, 6/2002)

The author while trying to catch a spider, impaled his right forearm over a knife. *Calendula*, *Arnica* and ice used as first aid. On removing the knife bleeding started profusely. Blood was bright red, persistent. *Phosphorus* 30, one dose and

Carcinosinum compared with ***Tuberculinum***:

<i>Carcinosinum</i>	<i>Tuberculinum</i>
Shy, reserved, lives alone, withdraws into	Extrovert, open, loves company
Obstinate, fixed ideas	Many interests, curious, inquisitive
Adapts, worries about others	Egoistic, strong-willed
Family is the most important	Many friends
Feels comfortable at home, but has fear of going out	Desires to travel, wander
Reads with enthusiasm Sad	Reading difficulties Cheerful
Loves to dance	Moves happily
Cheerful in thunderstorm	Desires fresh air, cool wind
Desire for spicy food, chocolate	Desires smoked, dainties, delicacies
Children weep without cause, cannot be consoled, calm themselves.	Children cry at nights, angrily, cannot be comforted
Thumb sucking in older children, they bite off the skin around the nail	Grind teeth during nights

complete cessation of bleeding. The bleeding did not taper off or slow down “it went from vesuvial flow to complete cessation - stopped, finished, ended.” [What an **instantaneous** haemostat **potentised Phosphorus** is! = KSS]

9. Keeping travel troubles at bay
HOOVER, Todd A. (HT. 22, 6/2002)

Symptoms of “Stomach flu”, Traveler’s Diarrhoea and Food poisoning are discussed and indications of *Chamomilla*, *Veratrum album*, *Arsenicum album*, *Mercurius solubilis*, *Antimonium crudum*, *Sulphur*, *Podophyllum peltatum*, *China* and *Aloe socotrina* are discussed.

10. Lesser known remedies for Traveler’s Diarrhoea
WARKENTIN, David Kent (HT. 22, 6/2002)

Indications of *Trombidium*, *Argentum nitricum*, *Colocythis*, *Croton tiglium*, *Dulcamara* and *Colibacillinum* are given.

A grand keynote of *Colibacillinum* is that tongue is coated yellowish-white, with a red clear stripe down the centre.

11. African funk
MOSS, Dale C. (HT. 22, 6/2002)

The author’s son had sores in feet after returning from Africa. They were yellow and red, with a bluish tinge and mottled areola, inflamed, painful and better from external heat. With *Arsenicum* 6 t.d.s. and hot activated charcoal compresses he felt better but his sores were only marginally improved.

Found positive for infection with *Staphylococcus aureus* and Beta – haemolytic *Streptococcus*.

Streptococcinum 200. Next day sore in left heel had blown up and was limping and chilly. Fishy smelling serum. Red streaks radiated from sore, revealing the onset of blood poisoning.

Pyrogenium 30 and then 200 and the heel no longer painful.

After few days *Staphylococcinum* 10M and few more doses in the ensuing few weeks and couple of doses of *Pyrogenium* 200. The healing was in reverse order and a lengthy process. After this healed he was given a dose of *Silicea* M to expel whatever that may still be lurking in him. Within two months another ulcer opened and oozed. This was allowed to heal on its own.

12. How one little symptom can solve the whole case

REICHENBERG-ULLMAN,

Judyth
(HT. 22, 6/2002)

48 year-old woman, Harpist, presented with stiffness of fingers since 3 years, precipitated by a fall on icy snow. Lately there is numbness and pain as well as right shoulder pain while she played the Harp. She also had generalized sharp pain in joints and stiffness aggravated by exercising or exposure to cold water or chilly, damp weather. Loves animals especially cats. Heights and high speeds frighten her. Sensitive to loud noises. *Calcarea carbonica* 30 provided some relief. A dose of 1M produced significant amelioration but not lasting. Positive results from 10M also was short lived. *Rhus tox*, *Calcarea flourica* and *Sulphur* for good reasons, without success.

At this juncture, she mentioned her craving for ash since childhood. This decided *Tarentula hispanica*.

Six weeks later, eighty percent improvement in stiffness as well as a diminishing of her craving for ash.

[While the stiffness, joint pains as well as craving for ash have all been relieved to a great extent after *Tarentula hispanica*, the question arises whether *Tarentula* has any symptoms of stiffness, joint pains, etc. of arthritic nature. The **Guiding Symptoms** has no such symptoms particular of the upper extremities. In the **Encyclopædia** there are some symptoms regarding the upper extremities (Hands, Fingers) mentioning rheumatic pain. It is not mentioned for trauma, either. **Encyclopædia of Remedy Relationships in Homœopathy** by Abdur REHMAN does not list any of the remedies used in this case – *Calc.*, *Calc fl*, *Rhus t.* *Sulph.* – as related to *Tarentula* in any way – either before, or after, collateral, inimical etc. Further while *Tarentula* is restless, active, etc. this patient was calm and wanted quiet. How then could *Tarentula* cure the arthritic pains? Or is it that the *Sulphur* given last before *Tarentula*, produced delayed curative action, while *Tarentula* removed ash craving? What can one learn from Case report like this? And how to learn? = KSS.]

13. Food poisoning
DOOLEY, Timothy R. (HT. 22, 7/2002)

The author discusses about food poisoning which usually occurs in summer and the indications of *Arsenicum album*, *Podophyllum*, *China*, *Carbo vegetabilis*, *Pulsatilla*, *Nux vomica*, *Urtica urens* and *Ipecacuanha*.

14. How to beat the heat
LAMPE, Kristy (HT. 22, 7/2002)

Complaints common during the summer, indications of remedies and general management are discussed.

Sun burn: *Calendula* or *Hypericum tincture*

Urtica urens, *Cantharis* and *Causticum*.

Heat exhaustion: *Veratrum album*, *Cuprum metallicum* and *Magnesia phosphorica*

Heat stroke: *Belladonna* and *Glonoina*.

Some of the relevant rubrics from **Kent Repertory** are given.

15. Heat exhaustion threatens a vacation
HYDE, Rosemary C. (HT. 22, 7/2002)

After exposure to heat, the author's travel companion felt weak, tired, face turned a strange dark red, felt chilly and muscles were tense at the back of head and nape of neck. Better by lying down. An important aspect of the trip had involved going quickly from a cool environment into an extremely hot and muggy one.

A detailed process of analysis and repertorisation is given after which *Gelsemium* 30 was given and after only about 10 minutes she got up, apparently feeling well.

16. An August experience
KRAUSE, Karlene (HT. 22, 7/2002)

The author, after working in weeds which were waist high, on a hot, humid day, had stinging pain in legs, just like baby bee stings. Became restless and irritable and was swearing.

Apis 30, and found some relief within 2 minutes.

17. An Intractable Urinary Tract Infection
MOSS, Dale C. (HT. 22, 7/2002)

This is the author's personal experience in her recurrent UTI. In an acute episode *Cantharis* and *Staphysagria* did not help, despite Vitamin C, massive infusions of unsweetened canberry juice.

She had terrible frequency, with pain at the close of urination and blood and bloody tissue in the urine. With the urge, urine dribbled down the legs. Abdomen swollen and sensitive to pressure. Frantic.

Aconite was taken after referring to Samuel Lilienthal's **Homœopathic Therapeutics**. It relieved the complaints till next day 3 p.m. *Pulsatilla*, *Cantharis* and *Aconite* did not help.

At this time, she wanted to go home, to her books and curl up in bed and interact with no one.

Bryonia did the trick.

18. A head injury
Homœopathy and Super Glue to the rescue
DOOLEY, Timothy R. (HT. 22, 8/2002)

Six year-old boy had fallen from a rope on the playground and landed on head. No loss of consciousness. The wound was about one and half inches long on the top of his head that tended to gape open.

Arnica and *Rescue Remedy* had been given by his mother. Super Glue was applied instead of sutures with a well-padded dressing and in a few days became well.

Well known indications of *Arnica*, *Rescue Remedy* and *Calendula* tincture to use as first aid remedies are given.

19. A story of survival
SHALTS, Edward (HT. 22, 8/2002)

After the crash of Twin Towers, Gwen, was overwhelmed by terrible fear of death, anxious, 'fidgety', restless and tremendous heat on her face. *Aconite* was selected but she decided to go with conventional Psychiatry, but fears did not go away. She was having nightmares daily, afraid to go out, scared of closed places and morbidly afraid of dark.

Stramonium 30, usually indicated in later stages of Post Traumatic Stress Disorder was given. Three days later, she woke up in a state of panic and terror. *Aconite* 200 and in a few hours, the state of terror was over.

20. Post Traumatic Stress
FLEISHER, Mitchell A. (HT. 22, 8/2002)

JG and MK had the misfortune of witnessing the disaster on September 11, 2001.

JG became quite afraid of going outdoors, extremely restless, unrefreshing sleep, lost appetite and felt much chillier.

Aconitum napellus M, resolved the complaints.

MK became quite lethargic, wanting to sleep most of the day. Hard to concentrate, uncomfortable sense of dizziness, trembly weakness, had to urinate few times every hour even though he wasn't thirsty.

Gelsemium 200, cured.

[That's Homœopathy, tailor made to suit the individual fitting like a glove = KSS.]

21. A NYC firefighter finds relief with Homœopathy
GAHLES, Nancy (HT. 22, 8/2002)

44 year-old captain in New York City Fire Department had restless sleep, irritability, depression and fatigue since the events of September 11, 2001.

Wife said that he felt guilty and had alternating moods.

Aurum metallicum 200.

Six days later, felt physically relaxed and no despair and calm. His energy improved and felt rejuvenated.

At the end of 6 months, mild return of complaints and another dose and he was back on track.

22. Firefighters in the wake of 9/11
GAHLES, Nancy (HT. 22, 8/2002)

The author noticed a familiar triad of emotions among the survivors: guilt, anger and denial. The remedies which are mostly indicated are *Aurum metallicum*, *Carcinosinum*, *Ignatia* and *Staphysagria*.

23. Healing after loss
CASTRO, Miranda (HT. 22, 8/2002)

The whole range of feelings which can accompany a loss are given and indications of *Argentum nitricum*, *Aurum*, *Causticum*, *Gelsemium*, *Ignatia*, *Natrum muriaticum*, *Pulsatilla*, *Staphysagria* and *Veratrum album* for the effects of loss are discussed.

24. Two different "faces" of terror
SHALTS, Edward (HT. 22, 8/2002)

An American Airlines Flight, crashed in the residential New York neighbourhood on November 12, 2001, in a garage of an 82 year-old woman. She was terrified and could not sleep without lights and company, night terrors few times a night.

Stramonium 30 was given 4 weeks after the incident, when she presented herself.

After a week she became normal.

Her nephew, 23 years, became absent-minded, anxious in sleep and started thinking about death;

lazy, indifferent to everything, extremely constipated.

One pill of *Opium* 200 and he was back to his original self.

25. Anxiety since 9/11
FASSLER, Kristy (HT. 22, 8/2002)

CASE 1: 9 year-old girl presented with sleeplessness and anxiety about air travel, fear of accidents. Likes lemon and to be very clean. *Arsenicum album* 200 and a month later much better.

CASE 2: Mary, 33 years was already fearful about her health, Cancer and death; then she was inundated with horrors of 9/11, which caused her to stop eating and to become even more anxious about the end of the world and war. Wakes up at 3 a.m. She has had allergy too. *Arsenicum album* 30 daily.

5 weeks later, lot better. Continue *Arsenicum album* until allergy also cleared.

26. Two cases of *Cygnus Cygnus*
SHERR, Camilla (HOM. 87/2002)

The feathers of the whooper swan (*Cygnus Cygnus*) were proved and two cases cured by this medicine are presented.

The themes of death, sorrow, water and the idea of blockage in throat area are central to the remedy. (The 'Proving' of *Cygnus Cygnus* is available in the recently published **Dynamis Provings Vol.II**, Dynamis Books, VK. ISBN 1-901147-05-3)

27. Organ remedies; Our Gift from PARACELSUS and RADEMACHER, with special focus on the Liver and Spleen
MONK-SCHENK, Maya
(HOM. 87/2002)

The main indication is for serious, long-term chronic disease, where the totality centres in particular organ; or secondly, to initiate treatment in such a case, when symptoms are scarce, except for localized, physical complaints; or for 'never well since' an organ affection, i.e. Hepatitis.

Constitutional treatment can be unsuccessful because the organ weakness presents an obstacle to cure.

The historical roots are traced from PARACELSUS(1493-1541), J.G.RADEMACHER (1772-1850), J.C.BURNETT (1840-1900), Thomas MAUGHAN (1901-1976), Donald FOUBISTER (1902-1988), to A.U.RAMAKRISHNAN in the present day.

BURNETT saw three degrees of similarity:

Pathological similar: The drug matches the disease process.

Symptomatic simillimum: The Hahnemannian simillimum

Simple similar: Limited superficial similarity to a number of symptoms.

The limitations of Organ remedies are mentioned.

28. The princess who got a cat
JACKSON, Jessica (HOM. 87/2002)

Monique, 6 years, has been receiving homœopathic treatment since 3 year-old, with marginal results.

At 6 years, she had redness of eyes, itching, pronounced puffiness beneath eyes. It seemed to be the allergic symptoms because of her new cat.

The child has a desire to be attended to, who feels neglected when she is not the centre of attention and identifies herself with queens and princesses. She has embarrassing dreams of being naked. She likes cats.

Marble 30. She is doing well in all areas after the prescription. Cats are a big theme in the proving of *Marble*.

29. Heredity
GRANDGEORGE, Didier (HOM. 87/2002)

Chromosomes carry our physical heredity. We also possess psychological heredity, in which veritable family sagas are played out over several generations.

Sometimes, one generation of a family is so strongly affected by a particular trauma that the memory of it is transmitted to successive generations. Eventually, the memory is driven so deep into the unconscious that those who inherit it are unable to understand the reason for their suffering.

..*Urtica urens* relates to the death of the father.

..Probably the worst and frequently the most hidden kind of suffering occurs after the death of a child. The remedy is *Hura brasiliensis*.

..When people fail to break their ties with the dead, even going so far as to speak to them every day and tell them their problems and secrets, the remedy is *Calcarea silicata*.

...When treating an adopted child, we should never fail to enquire about its adoptive parents' family history. (This article is excerpted from GRANDGEORGE's book **Homeopathic**

Remedies for the Stages of Life, North Atlantic Books, California)

30. Homœopathic treatment of Japanese patients with Intractable Atopic Dermatitis

ITAMURA R. & HOSOYA R.
(HOMEOPATHY, 92, 2/2003)

The objective of the study was to evaluate the efficacy of homœopathic treatment of Intractable Atopic Dermatitis (IAD). Seventeen IAD patients were given individualized homœopathic treatment in addition to conventional dermatological therapy from 6 months to 2 years and 7 months. Although all of the patients had previously been treated with conventional medicine and various psychological approaches, they had had severe conditions and shown no significant sign of improvement. The efficacy of homœopathic treatment was measured by objective assessments of the skin condition and the patients' own assessments, using a 9 point scale similar to the Glasgow Homœopathic Outcome Scale. Over 50% improvement was reported in overall impression and in their skin conditions by all patients, in itchiness by 15 of the patients, in sleep disturbance by 10 out of 13 patients, in satisfaction in daily life by nine out of 12, in fulfillment at work by seven out of 11 and in satisfaction with human relations by 10 out of 14. Two detailed case histories are reported.

CASE: K.S. 42, female, has persistent itching of the whole body all the time, poor sleep, phobia of insects. Sensitive to noise, smell, to rudeness. Dislikes being touched. Waking at 4 a.m. from itching. Car sickness.

Staphysagria 30, 3 doses one daily.

One month later, no fear of insects. 2 months later, itchiness better. 6 months later, cheerful. The medicine was changed to *Nux vomica* and later *Sulphur*.

CASE: T.N., 29, female. Severe itching of face and neck. Changeable mood. At 18, anorexic as she felt forsaken by her family. Cigarette smoke. She was crying during the interview. Greasy face, irritable.

Pulsatilla 30, 3 doses one daily.

One month later, stopped conventional treatment. 2 months later, less irritable and stopped scratching. Raised the potency gradually. Six months later completely recovered from IAD.

31. A case of heartburn
JACKSON, Jessica (SIM. XVI, 2/2003)

A man of 40, presented with heartburn. Worse lying down, worse at neck, feels like choking. Chewed tobacco for 20 years. Got out of prison after 14 years. Used lot of narcotics in the past. Heartburn started after inhaling vapours of chemicals while cooking Crank; was shot twice. The burning is in the same spot where he was shot 20 years ago

. Angry at injustice.

Using **Reference works** in search of a remedy with “wounds from a gun”, as well as “heart burn” and poisonings from a variety of substances, 17 remedies were short-listed.

Ammonium-causticum 1M single dose. One month later, no problem. Two months later, Heartburn is a thing of the past.

Using **Mac Repertory** Mind symptoms of Ammonium salts are analysed. Confirmatory symptoms from **Allen’s Handbook, Cowperthwaite’s Textbook** and **Ward’s Repertory** are given. Lot of ‘emotional’ symptoms are analysed. SCHOLTEN’s ideas are appreciated.

32. Dysmenorrhea and irritability with her family
SOUTH, Lianne (SIM. XVI, 2/2003)

A female of 35 having numbness from right shoulder to fingers since 3 weeks. Gets angry sometimes shouts which makes her feel better. Forsaken by mother. Loves chocolates of any kind. Stitching pain in right abdomen after any dairy food. Irritability when organizing everything for children. Constipation, pain in pubes extending to sacrum around ovulation. Endometriosis; menses 7-8 days. Dime sized clots. Once in 3-6 weeks. Chronic low levels of iron. Have to curl up and hold.

Chocolate 200, 3 doses in 24 hours. One month later, sad and disappointed. Finger and thumb still tingle.

One month later: Everything makes her angry. Two periods 30 days apart. Tightening pain in abdomen. Shoulder pain less.

Chocolate 200 BID 3 days.

A month later: Had Gall bladder attack. Emotionally healthier. Tingling in thumb. Menses normal.

Chocolate 200

4 months later: Iron levels increased. Feels neglected.

3 months later: Severe pain during last 2-3 periods.

Chocolate 1M

6 months later: No problems.

18 months later: *Chocolate* 10M

History of *Chocolate* and some common themes of *Chocolate* are given.

33. Case of Polyarthritis

BAKIR, Nadia (SIM. XVI, 2/2003)

55-year-old female presented with remitting chronic joint pain, one week after returning from a trip to Ecuadorian jungle. She liked unusual location. The joints are frozen. This affected her ability to work and pain while turning in sleep. Hysterectomy at 42, because of bleeding fibroids. Recurring nightmare: Sinking in a swamp and going to die. The feeling was of being stuck. Cravings: chocolate. Wakes up thirsty at night.

When the pain started, she felt ‘crippled’ and ‘paralysed’.

Chocolate 200

A week later: Pain in shoulders and elbows increase, but pain in ankles and knees disappeared.

2 weeks later: Itchy skin rash. Pains definitely better. Wakes up less often.

1 month later: No problems.

3 months later: Feeling great. Taken 2 more doses, in the beginning of sore joints and it worked like a charm. Still craves chocolate.

4 months later: All is well.

34. A short case

BUCHELE-MOSEMAN, Marybeth
(SIM. XVI, 2/2003)

Female, age 57, has chronic leg pain which interferes with sleeping, many activities, since perimenopausal period. Pain started during a cruise where she did lot of dancing and walking. Leg pains increased when she stopped HRT, and subsided when she resumed it. Wakes up within 5 minutes of rolling on her side. Libido low, aversion to sex and children. Heavy periods with very painful cramps. Craves chocolate. Discussed much about varieties of chocolate.

Chocolate 200, one dose.

Seven weeks later: Leg pain reduced by 80% at night. Since a week again eating 5-6 pieces of chocolate.

Chocolate 200, one dose.

Six weeks later: Leg pain is gone, even while exercising.

[After change of the Editors of **Simillimum** an year ago giving in to pressures of the “neo-trend” and “innovators”, more cases of application of new remedies on “mentals” are being published in the **Simillimum**. In this issue we have three cases of *Chocolate*!=KSS]

35. Conifer family must have

HERON, Krista (SIM. XVI, 2/2003)

The author has several “must haves” to prescribe a member of the ‘Conifer family’.

1. They long for a relationship, most often a romantic one that stems from some inadequate or unfulfilled love relationship with a parent.
2. They have a feeling of emptiness, and they feel this emptiness in their stomach or abdomen (longing centered in the gut)
3. They have some issue with food usually bulimia, intense hunger or mal-absorption.
4. They experience a profound loneliness. It is a sense of being alone – not necessarily forsaken; rather their loneliness is deeper than just circumstantial. They feel they stand alone; that no one is really connected to them, despite that there may be many who love them.
5. They may have mental weakness and fatigue. They may have difficulty studying or don't have capacity for much activity; they feel drained and tired. They often have spiritual feelings, more than religious. They are drawn to a quiet depth that gives them hope. They may not have a personal relationship to a figure like Christ or Buddha, rather they use words like Spirit, Nature or Soul.
6. When they go into depression they use words like “cut off”, “dark and gray”, “falling”, “without an anchor.”
7. They may have some resentment or bitterness they still hold towards the inadequate parent.

36. A case of bloating and constipation
HERON, Krista (SIM. XVI, 2/2003)

26-year-old woman with bloating of stomach and constipation. Abused by father from the age of 4 till 14. Estranged from family. Alcoholic from age 9. Feels empty and lonely. Claustrophobic and afraid to be alone. Dreams of falling into a bottomless pit.

Natrum carbonicum, *Aurum*, *Alumina* and *Stramonium* over the course of 18 months did not help much.

So, themes were summarized. Feels alone, rejected and cut off from others. Fear to join the group. Critical of self and others. Easily insulted, resentful. Grief. May have bulimia or alcoholism.

Pseudotsuga menziesii 30 was prescribed.

A month later 200. 4 months later again 200 as some symptoms returned. One year later: Motherhood has been the most rewarding experience.

Another case of this remedy from **An insight into Plants** by Rajan SANKARAN is given.

37. Stress: There is a lot to learn about
ASRANI C.H. (NJH. 4, 2/2002)

Physiological and Psychological stresses are emerging as a result of growing deficit between demands and resources. Stress is anything that stimulates us and increase our level of alertness. Stress and its effects are discussed.

38. Stress and Sleep
ANITA J. (NJH. 4, 2/2002)

Stress and sleep are very much interrelated. Sleep recharges your batteries. Therefore, we need to give adequate priority to a good quality of 8 hours sleep schedule.

39. Love affair with **Carcinosin** at the bedside
KHAN L.M. (NJH. 4, 3/2002)

Cancer is expressed hieroglyphically as a pain of spiders. These convey the change in direction of sun's movement hitherto in the ascendant but now in the descendant and represent schematically the fluctuations in life. The fourth sign of Zodiac falls immediately after Solstice when the days begin to grow shorter. This fourth sign may be identified with Carl Jung's maternal archetype with all the qualities which this implies: the large enfolding, sheltering, preserving, nourishing, protecting and fostering what is small. In homeopathic sense-it is unorganized chaotic cells having above qualities. Mystically speaking, those influenced by this sign enjoy strong and hidden powers potentially favourable to future incarnation, but the author says people having a cancerous diathesis have hidden powers.

CASE 1: Female, 19 years, Swelling of left neck. Had a family history of Tuberculosis. No childhood disease. *Carcinosin* 30/9 doses/tds for 3 days. The patient improved with subsidence of swelling and fever.

CASE 2: Female, 75 years with Fluctuating Hypertension. Severe constipation. Evacuated 8-10 days. Husband died due to Carcinoma of lung. Considering obstinate constipation, fluctuating B.P., husband's history of Cancer, *Carcinosin* was given. She settled completely.

CASE 3: 70 year old male. Chronic Renal Failure with Diabetes Mellitus. Lost his wife due to ill-behaviour of his children. Minute care had been taken to keep things in place at home.

Carcinosin 30/3 doses/12 hourly. Marked improvement in sleep. Lethargy reduced. Blood urea and Blood sugar levels came down.

CASE 4: A man 20 years, travel sickness especially in mountain region and benign external appearance with extreme destructiveness inside. *Carcinosin* 30/1 dose.

CASE 5: Female aged 23 years: Dysmenorrhoea since menarche. Numerous brownish moles on face. Pain in legs from cold air and tendency to sore throat on taking sour and cold things. Medicines like *Magnesia phosphorica*, *Chamomilla*, *Calcarea carbonica*, *Viburnum opulus* had no result.

Carcinosin 30/1 dose. Dysmenorrhoea and constipation were much relieved, so too her other complaints.

40. A Jaundice case
DIXIT, Dilip (NJH. 3, 3/2001)

Male 46, a Manager in Dubai diagnosed as Hepatitis B. Constitutional *Kali bichromicum* 200, intercurrent *Tuberculinum bovinum M*.

Gulf countries are very particular about administering Hepatitis B vaccine. It must have been done to the patient too. In spite of going through innumerable check-ups why did he develop the disease? What is the role of the vaccine? Homœopathy builds up general immunity which can withstand not only Hepatitis B but all diseases.

41. Miasmatic Approach saved the day
PATEL, Manoj (NJH. 3, 3/2001)

Mr. D.P., 20 year-old, Hepatitis B complaints were not improving in spite of being in the nursing home for 4 days. Was given *Tuberculinum bovinum M* to stimulate the susceptibility and give a clear form. Developed itching and there was rise in Bilirubin in 12 days.

Tuberculinum bovinum 10M was given.

Total relief in 2 weeks. Infective process with profound weakness was the keynote.

42. A magical cure?
PARTHASARATHY, Vishpala
(NJH. 3, 3/2001)

1. Jaundice cases from our Heritage by KASI VISWANATHAN T.K.
2. Efficiency of Homœopathy in Diabetes Mellitus by DHOLE S.A.
3. Jaundice: Reproves the miasmatic theory, Vishpala PARTHASARATHY.
4. A magical cure? by PARTHASARATHY V.

5. Sure shot treatment of Jaundice by TRIVEDI, Smita and late JAIN R.D.

All the 5 articles pertain to treatment of Jaundice.

43. How to study a Remedy e.g. *Kali*
PARTHASARATHY, Vishpala
(NJH. 3, 2/2001)

Has taken/referred from Nancy HERRICK and SCHOLTEN.

44. Perceiving a Remedy Portrait -
Kali bichromicum
TIWARI N.L. (NJH. 3, 2/2001)

Has discussed Aphorism 6 as example with 3 cases.

45. Anaemia – a Rusty Knife
KOTHARI, Manu and MEHTA, Lopa
(NJH. 3, 4/2001)

A simple solution to Indian Anaemia lies in having kitchen knives that rust which give haem and chapatti will give the globin; rather than iron pills, potions or injections.

46. Trauma: Nature's way
KOTHARI, Manu and MEHTA, Lopa
(NJH. 4, 5/2002)

The net result of a Trauma's breach of continuity of a tissue or tissues.

Jagadish Chandra Bose, the Indian pioneer in the study of the vivacity of plants has shown, that plants also suffer from trauma.

Any trauma fractures anatomy, disrupts physiology, threatens life, limb or living and begets pain and pathology. No pathy can claim superior knowledge about how mother Nature treats trauma from within the body of the traumatized. Homœopathy has made momentous contribution in the field of alleviating pain and calming inflammation and associated infection.

Wound healing should be the presiding deity of all Surgeons who thrive on deliberately traumatizing the whole body.

French Surgeon Ambroise Para (1510-1590) stressed minimal interference to declare "I dressed him and God healed him". Then arrived so called modern medicine with its ability to support physiology approximate tissues, replace fluids, combat sepsis sterilize fractures by external or internal fixation, and follow up with prosthesis, calipers and artificial limbs of amazing lightness and efficiency. The miracle of seeing a Christopher

Reeves, paralyzed all beyond the neck, leading a creative, peripatetic, preacher's life with a wife to boot, are gold lettered achievements of caring and sharing humanity.

The greatest innovation ever was by an unknown human, who without a degree attempted at the beginning of humanity, the approximation of traumatized tissues to bridge the gap and thus cut down on the body's efforts. A surgeon can do without anything except a needle and some suture material. The subtle body has the blue print of the entire body, a knowledge that allows it to diagnose and treat any wound anywhere in the animal's body, from the very moment that the trauma is inflicted to the moment that the healing is complete.

47. The Heart has its own reasons

KOTHARI, Manu and MEHTA, Lopa
(NJH. 4, 4/2002)

Allopathy and all other pathies are unconscionably ignorant of the cause, course and cure of Ischaemic Heart Disease. About IHD medicine knows nothing and yet it is predictably! able to confuse the bewildered common man: The celebrated **Current Medical Diagnosis and Treatment**, confesses that cholesterol-lowering "strangely" increases the mortality. Prof. J.S.BAJAJ of AIMS declared that IHD in India has shot up after Indians abjured cow-given ghee and took to man-made cholesterol-lowering poisons?

48. Primäre homöopathische
Krebshbehandlung nach Ramakrishnan
(Primary homöopathic treatment of
Cancer according to Ramakrishnan)
FRIEDRICH, Uwe (ZKH. 47, 2/2003)

The author discusses Ramakrishnan's homöopathic method of Cancer treatment. In the light of the experience of the author and his colleagues this method is not encouraging. Of the 13 patients with breast tumors treated by the Ramakrishnan method, only three showed a complete and permanent remission. Those three tumors had not been confirmed histologically. The remaining 10 malignant tumors remained refractory or were very slowly progressing.

49. A case of Autism
SRINIVASAN K.S. (NAMA.
10, 1/2002)

This is a case of a girl with features of Autism treated homöopathically. Follow-up of over three years, the child is normal.

50. Cameo cases

MISTRY D.E. and CHITALE, Neeta
(CCR. 9, 2/2002)

CASE 1: 14 year old male with repeated boils of scalp, itching, dandruff, itching neck, back, ears, stomatitis. Several remedies were given over a period of nearly two years but lastly it was *Viola tricolor* 6 (prepared radionically!) given for sometime that produced very good improvement.

CASE 2: Male, with Lumbago since 12 years. After *Ignatia*, *Bacillinum*, Bach Flower Remedies etc. He was given *Lachesis* and lastly it was *Ammonium carbonicum* which gave great relief although *Ammonium carbonicum* is said to be inimical to *Lachesis*.

CASE 3: 30 year-old man with history of Grand - mal Epilepsy since 1985, on Gardinal, Mazetol. *Calcarea carbonica* M with intercurrent *Echinacea* Q for urinary tract infection. Excessive salivation and Stomatitis. *Mercurius solubulis* and *Syphilinum* as intercurrents. *Calcarea carbonica* M repeated at 6 month interval thrice. EEG normal. Dry cough, sweat chest, past history ear discharge and ear pain, *Silica* 200, M and Mazetol and Gardinal reduced. Mild attacks of Epilepsy but no convulsion although patient constantly feared that he would get one. An injury to the big toe caused great pain and for no reason the big toe of the other foot also pained. *Magnētis polus australis* 30, and toe improved 90%. *Silica* 6 (ear discharge and mild convulsion persisted). Gardinal and Mazetol further reduced. Still on treatment.

Point to note: Sudden acute inflammatory or infective episodes indicated remedy may be a rare remedy – and that remedy improves the general condition and the basic pathology also.

CASE 4: 21 year-old female. Cough, sneezing, low grade fever since 4 years. History of Cancer of one parent. *Carcinosinum* 200. Then *Natrum muriaticum* with intercurrent *Sulphur*, *Echinacea* Q for mild urinary tract infection. She then had pain over right lower erupting 3rd molar. *Cheiranthus cheiri* 30 (See Boericke p.151) repeated once. Complete relief of tooth pain.

CASE 5: Female, history of Chyluria due to intermittent Filariasis. Joint pains. *Nux vomica* M relieved her Chyluria but her headaches and dry cough persisted. *Drosera*, *Pulsatilla* and *Pertussin*, *Natrum muriaticum* reduced these. One day she suddenly started having pain in lower right wisdom tooth with feverishness and lumbar pain *Cheiranthus cheiri* 30, six doses completely relieved this.

51. New medicines for the New Millennium
 BAIG, Mirza Anwar (HL. 15, 3/2002)

The author discusses his treatment of HIV cases. He has cured cases. He concludes that some Cancer Nosode are match for HIV. He has two Nosodes, one of HIV-1 and other of HIV-2. He also has observed that HIV patient with a high viral load was in better condition than one with lower viral load.

52. Don't tell me what to do!
 A case of *Lac equinum*
 JOHNSTON, Linda (HL. 15, 3/2002)

Mrs. S.C., 68 years, presented with weakness, shortness of breath, palpitations, high blood pressure. She feels dominated, controlled and powerless. Dream of horse. *Lac equinum* 200 was given. A follow-up of 3 years at various intervals are given. She is feeling better.

53. Obsessive compulsive mania
 PETRUCCI, Roberto (HL. 15, 3/2002)

41 year-old woman with tendency to repeat things in multiples of two, superstitious, always in a hurry, fear of descending, feels better after exertion, had Herpes on lips, aversion to milk, indented tongue and retracted gums. *Rhus tox.* 10M.

Two months later. Feels relaxed and no obsession at all.

No problems in the 3-year follow-up.

54. A case of *Tarentula hispanica*
 ROBINSON, Monica (HL. 15, 3/2002)

18 year-old woman, with suicidal disposition, restlessness, happy with music and dancing which ameliorates, hates to go out and crouches in the corner. Tortures self.

Tarentula hispanica 1M was given. One month after, better. Walking down the street feeling OK with herself. Everything is less intense.

Tarentula 1M.

15 months follow-up.

55. A case of *Theridion*.
 COLLINS, Deborah (HL. 15, 3/2002)

8 year-old with Asberger's syndrome is hyperactive, desire to climb and dance, itchy skin and hypersensitivity in general and especially to noise.

Neck stretched during forceps delivery.
Theridion 200 and seven weeks later, not so wound up, sensitivity to noise less. No itching.
 Six months later – maintaining well.

56. A case of *Aranea ixobola*
 COLLINS, Deborah (HL. 15, 3/2002)

Mrs. B. 26 year-old, thin, wiry and short, looked like an old woman due to her wrinkled skin and mode of dress (loose). Skin was red, inflamed and skin covered with scratch marks and scabs. Has to scratch till it bleeds.

Skin problems since birth. Applied ointments. Developed Asthma at 7 years of age. Difficult to sit still. Loves spiders. Loves teasing. Mood swings.

Aranea ixobola 30. 8 weeks later, better in all aspects. 2 months later; her skin had cleared even more.

IV. REPERTORY

1. An introduction to “**The Bönninghausen Repertory – Therapeutic Pocket book**” method.

DIMITRIADIS, George (AJHM. 96, 2/2003)

This article outlines the development of repertory as we know it, demonstrating that even the most popular modern repertories are modeled on the first repertory (SRA/SRN) of BÖNNINGHAUSEN, who himself abandoned this form in preference to that of his latter **Therapeutisches Taschenbuch (TT)**

The re-publication of Bönninghausen's **Therapeutisches Taschenbuch (TT)** as The Bönninghausen Repertory (TBR, July 2000), coupled with the very positive response to subsequent seminars on how to apply this unique work, have evidenced a striking resurgence of interest in this method of repertory. Dimitriadis's work over the last seven years examining Bönninghausen's unique conceptual TT model of repertory is herein discussed.

An extensive 'End notes' to this article is very interesting.

V. PHARMACOLOGY

1. Pharmacy group tries to discourage sales of homœopathic products
 BORNEMAN J.P. (HT. 22,

6/2002)

The American Pharmaceutical Association (APhA) and American Association of Homœopathic Pharmacists (AAHP) had rancorous arguments and arrived at the following policies.

1. APhA supports the demonstration of safety and efficacy of homœopathic products from adequate, well-designed scientific studies before pharmacists advocate or sell homœopathic products.
2. APhA recognizes patient autonomy regarding the use of homœopathic products. Pharmacists should educate patients who choose to use homœopathic products.
3. APhA shall work with Congress to modify the Food, Drug and Cosmetic Act or enact other legislation to require that homœopathic manufacturers provide evidence of efficacy and safety for all products, including products currently in the marketplace.

2. An interview with Michael Quinn
LAMMER, Lynn (AH. 9/2003)

Michael QUINN, discusses about his studies, how he came into contact with Homœopathy, how he became a homœopathic pharmacist and about the preparation of remedies at the Hahnemann Laboratories. He was instrumental in the preparation of the Quinn Potentizer.

QUINN insists rightly on strict quality – source, bottles, corks, potentisation and storage.

VI. VETERINARY

1. A case of severe eruptions and itching
WARKENTIN, Linda (HT. 22, 6/2002)

A 4¾ year-old dog having itchy eruption covering most of his body and also cysts and abscesses since 3 years.

5 days after second dose vaccination at 10 months, severe Dermatitis, scratching until bleeding, suppurating badly sloughing off large pieces. He seemed dejected and did not enjoy exercise or company. Sour smell, green discharge from eyes and green stools.

Psorinum LM 1, a single dose was given after analyzing with **Mac Repertory** and **Reference works**. *Materia Medica* also verified.

Two months after, he was bouncy, enthusiastic and skin symptoms had cleared completely. The result was truly 'life saving'.

Three months later, another dose was given, following reappearance of his symptoms. Remains quite well.

2. Heat exhaustion at a field trial
LAMPE, Kristy (HT. 22, 7/2002)

After a canine race, a young whippet (dog) which had participated in both the events that summer without any problem, suddenly collapsed. When appropriate emergency aid was being administered, the symptoms observed were bounding pulse, inside of ears were red, tongue slightly swollen and dry. *Glonoinum* 12, 4 doses were given over the next hour. Full recovery in 24 hours.

3. Mystery of the swollen paw
LAMPE, Kristy (HT. 22, 7/2002)

One of the author's dogs, was licking her front left paw after coming in from garden. On examination, the pad was swollen and she wouldn't put weight on it.

The possibility of a wasp sting was thought of and 3 doses of *Ledum* 30 were given over a period of 3 hours and the swelling subsided and she was running around normally.

4. A dog in mourning
ROTENBERG, Bonnie (HT. 22, 8/2002)

The owner of a 13 year-old dog, died in the 9/11 crash. The widow whom the dog loves most was in catastrophic mourning.

In the second week, the dog stopped eating, looked sad and lethargic. 3-4 doses of *Ignatia* did not help.

Foam along the margins of tongue was observed and *Natrum muriaticum* was given. She immediately jumped up, trotted to her food dish and ate it all.

VII. RESEARCH

1. A study of comparative prescribing costs in General Practice
JAIN, Asha (HOMEOPATHY, 92, 2/2003)

There is little research on cost-effectiveness of Homœopathy in General Practice. This study aimed to compare the costs of homœopathic prescribing with conventional drugs prescribing.

Data were collected for 4 years on all patients who were treated homœopathically. Costs of homœopathic remedies and costs of conventional drugs which otherwise would be prescribed for these patients was calculated for the total duration of treatment. Savings were calculated. One hundred patients were included in the study. Average cost savings per patient was £60.40. The majority of patients had improved and most did not report any side-effects. The limitations of this study are that it is based on one GP's work, with a small number of patients so definite and generalisable conclusions cannot be drawn. Moreover, calculated costs in this study are based on drugs only, it does not take into account doctor's time, special investigations and time off sick. Future work needs to be carried out to include all of these points for a comprehensive economic analysis.

2. Homœopathic remedies as metaphors in family therapy. A narrative-based approach to Homœopathy
 KONITZER M.; RENÉE A. & DOERING T. (HOMEOPATHY, 92, 2/2003)

Objective: To examine a metaphorical, narrative model to explain the outcome of an homœopathic encounter involving the patient, practitioner and the homœopathic medicine.

Material and Methods: The transcript of a videotaped doctor-patient interaction from a European doctor-patient communication study (EUROCOM) was analysed using qualitative methods.

Results: Analysis demonstrates a narrative relationship between the protagonists in the therapeutic interaction, with the homœopathic medicine performing a metaphorical role.

Discussion: The results justify further investigation of the narrative and metaphorical properties of the therapeutic encounter in Homœopathy.

3. The research evidence base for Homœopathy: a fresh assessment of the literature
 MATHIE R.T. (HOMEOPATHY, 92, 2/2003)

Background: The claims made for the clinical effects of Homœopathy are controversial. The results of several meta-analyses of clinical trials are positive, but they fail in general to highlight specific medical conditions that respond well to Homœopathy.

Aims: This review examines the cumulative research from randomized and/or double-blind clinical trials (RCTs) in Homœopathy for individual medical conditions reported since 1975, and asks the question: What is the weight of the original evidence from published RCTs that Homœopathy has an effect that is statistically significantly different from that in a comparative group?

Method: Analysis of the 93 substantive RCTs that compare Homœopathy either with placebo or another treatment.

Results: 50 papers report a significant benefit of Homœopathy in at least one clinical outcome measure, 41 that fail to discern any inter-group differences, and two that describe an inferior response with Homœopathy. Considering the relative number of research articles on the 35 different medical conditions in which such research has been carried out, the weight of evidence currently favours a positive treatment effect in eight: childhood diarrhoea, fibrositis, hayfever, influenza, pain (miscellaneous), side-effects of radio- or chemotherapy, sprains and upper respiratory tract infection. Based on published research to date, it seems unlikely that Homœopathy is efficacious for headache, stroke or warts. Insufficient research prevents conclusions from being drawn about any other medical conditions.

Conclusions: The available research evidence emphasizes the need for much more and better-directed research in Homœopathy. A fresh agenda of enquiry should consider beyond (but include) the placebo-controlled trial. Each study should adopt research methods and outcome measurements linked to a question addressing the clinical significance of Homœopathy's effects.

4. Homœopathic aggravations: a systematic review of randomized, placebo-controlled clinical trials
 GRABIA S. & ERNST E.
 (HOMEOPATHY, 92, 2/2003)

Homœopathic aggravations have often been described anecdotally. However, few attempts have been made to scientifically verify their existence. This systematic review aimed at comparing the frequency of homœopathic aggravations in the placebo and Verum groups of double-blind, randomized clinical trials. Eight independent literature searches were carried out to identify all such trials mentioning either adverse effects or aggravations. All studies thus found were validated and data were extracted by both authors. Twenty-

four trials could be included. The average number of aggravations was low. In total, 50 aggravations were attributed to patients treated with placebo and 63 to patients treated with homœopathically diluted remedies. We conclude that this systematic review does not provide clear evidence that the phenomenon of homœopathic aggravations exists.

5. Antibiotics and the development of resistant micro-organisms. Can Homœopathy be an alternative?
VIKSVEEN, Petter
(HOMEOPATHY, 92, 2/2003)

Antibiotic resistance is a global public health problem. Once confined primarily to hospitals it is now increasingly common in primary care. The prevalence of resistant bacteria is rising, and organisms resistant to almost all antibiotics have been identified. The main causes are indiscriminate prescribing and the use of antibiotics in animal feeds and other agricultural applications. Policies to restrict use of antibiotics have had limited success. Homœopathy may have a role to play in combating the development of antibiotic resistance. Clinical research suggests that Homœopathy is effective in the treatment of upper respiratory tract infections in children, a frequent cause of inappropriate antibiotic prescribing. The EU recommends the use of Homœopathy in organic animal husbandry, and it is used by significant numbers of farmers. At present there is little data on the effectiveness of Homœopathy in this setting. Further research should be done.

IX. HISTORY

1. Die Frühgeschichte der biologischen Kriegeführung in 18 Jahrhundert: Nordamerika und Australien in Vergleich (The Early History of Germ Warfare in the 18th Century: North America and Australia in comparison).
FINZSCH, Norbert (MedGG. 22/2003)

This contribution draws a comparison between the deployment of biological weapons in the mid- and late- 18th Century by the British army. Extensive historical research on the use of the Small-pox against the Native Americans in the North America during the 1760s is used and comparisons made between the American Small Pox epidemics and the Australian outbreak at the end of the 18th Century. The author is unable to

establish a causal link between a genocidal visual ideology and the actual use of the Small pox virus to kill off Australian Aborigines. However, biological warfare, using Small pox infection, was only useful within a small temporal window; the effective control of the virus by the Europeans or Americans after 1721 and the assumed necessity to assimilate large segments of the indigenous populations before the onset of large numbers of settlers. Once a self-sustaining settler imperialism was firmly established, military operations could be replaced with small scale “everyday” genocide by white settlers who tried to deal with Aborigines on a day today basis.

[Now with ‘terrorism’ in different parts of the world we have read of the SARS epidemic appearing suddenly from somewhere, threat of Anthrax, etc. Who ‘let loose’ these and to decimate whom/what? Surely, these are not Nature’s fury. = KSS].

2. “..... die Tuberkulose auszurotten, wie man die Blättern ausgerottet hat.” Versuche mit Tuberkulin in Tirol (1913-15) (“...to eradicate Tuberculosis like Small Pox has been” Trials with Tuberculin in Tyro 1913-15)
DIETRICH-DAUM, Elisabeth
(MedGG. 22/2003)

This essay is about the Tuberculin experiments in Tyrol between 1913-15. The history of Tuberculin began with Robert KOCH’s announcement in 1890 that he had found a therapeutic “serum” against Tuberculosis. This resulted in a series of extensive experiments which began at various hospitals in Germany. A few doctors did not hesitate to use or afraid of using new-born babies and small children for their ‘tests’, merely to judge the diagnostic value of, or response to, the drug. A definite intention of healing couldn’t always be proven. The intense reactions of the human guinea-pigs and patients that were observed, had dented the reputations of both Tuberculin and its inventor, the therapeutic effectiveness remained controversial. In 1913 Adolf KUTCHERA-AICHBERGEN, the highest medical officer of Tyrol, attempted a large scale organized trial using the percutaneous method of testing Tuberculin on the “Barmherzigen Schwestern” (Compassionate Sisters) in Innsbruck and Zams. Under orders of the Mother Superior, almost 1000 sisters had to undergo the controversial medical treatment, among them were both healthy and Tb-infected persons. Exploiting the isolation of those concerned and their vow of obedience, the Medical Officer started the administration of the yet

insufficiently tested drug, to check its suitability for a more wide-spread use. The experiment was ended due to the outbreak of the First World War and the growing need of medical resources for the soldiers. According to the sources available, there is no indication of any ethical controversy within the test environment or in the public at the time. [So much unethical, heartless ‘experiments’ in the name of Science! Experiments on the newborn and babies!! When sadists become Scientists this will be the result = KSS].

3. Medizinische Forschung an Kindern zur Zeit des Nationalsozialismus. Die “Kinderfachabteilung” der Heil- und Pflege-anstalt Kaufbeuren-Irsee (Medical Research on Children during the period National Socialism and “Children Special Department” of the Kaufbeuren-Irsee State Hospital) STEGER, Florian (MedGG. 22/2003)

Medical research on children during the period of National Socialism has been conducted in concentration camps, in prison camps, in hospitals and, especially, in “Kinderfachabteilungen” (Children’s Special Departments). Experiments with Tbc-vaccination were carried out on children in the “Kinderfachabteilung” of the Bavarian State Hospital Kaufbeuren-Irsee by Georg Wilhelm HENSEL in co-operation with Valentin Falthhauser, Director of the Bavarian State Hospital in Kaufbeuren. HENSEL had been an academic pupil of BESSAU and at this time, was assistant medical director of the “Kinderheilstätte” (Paediatric Unit) of Mittelberg/Oy (Allgaeu). An analysis of the correspondence between HENSEL and FALTHHAUSER, a survey of the children’s patient records and HENSEL’s scientific publications provide a deep insight into the fate of the children. Most of the children died because of the experiments. [If these were ‘scientific’ experiments, it is horrifying, particularly when the details are told. What we have in this issue of ‘MedGG’ is the BCG and Tuberculin experiments and the results which made innocent children and adults suffer terribly, cruelly. What would the story of the experiments of the many “modern” medicines be if they are made available! Any person with a heart would shudder if he/she reads of the ‘animal experiments’ carried out, in the name of Science, for saving the humans from ‘life-threatening’, or disabling diseases brought by the humans themselves by their wanton life styles; but many, many experiments have really nothing to do even indirectly with such disease-cures. How gentle, how simple, how easy to administer, and

how rapid the happy results, Homœopathy is! How much more then responsibility rests on us, homœopaths, to render genuine Homœopathy to the ailing persons! = KSS].

4. Herrnhuter Apotheker. Pioniere homöopathischen Arzneimittelherstellung (Moravian Apothecaries. Pioneer Homœopathic Pharmaceutical Productions) PHILIPP, Guntram (MedGG. 22/2003)

This essay depicts a theme which, neither in medical nor in church historical documents, has been considered sufficiently thoroughly: the implication of Moravian apothecaries in the production and distribution of homœopathic medicines. It was the wish of Samuel HAHNEMANN, that homœopathic medicines should be prepared and dispensed by the doctors themselves to avoid the understandable worry of falsification by the apothecaries. This ideal could not be maintained because of problem such as a ban on dispensing and the ever-growing number and usage of homœopathic medicines during the early decades of the 19th Century. Reliable apothecaries were therefore sought after. The extremely strict business ethics of the Moravians ensured this reliability. An important role was played by the Moravian apothecaries in Neudietendorf, near Gotha, during the early days of Homœopathy. Heinrich Gottlieb THRÄN was the first apothecary who made a wide range of homœopathic medicines which were dispensed within and outside the German border. His successor, Chr. Th. LAPPE, who worked in collaboration with Samuel HAHNEMANN, made further developments within the field of Homœopathy. A detailed account is given in a small business journal from the years 1829-1831.

5. Being ill in the City: Nineteenth-Century Patients in Ghent and their experience with Homœopathy . VAN BAAL, Anne Hilde (MedGG. 22/2003)

The Belgian Homœopathic physician GUSTAR VAN DEN BERGHE’s Case Records during the years 1869-1902 form the basis for this research. In the first part the profiles of the patients are put forth: social descent, age, sex, family status, profession and living constituency. Of particular significance is the treatment of the sick free-of-charges. The second point of interest is the personal experience of the sick persons with their demands from the medical field: disappointed with the progress of the disease before they came to

Homœopathy and their experiences with alternative medicines. VAN DER BERGHE's visits, his consultations, give insight of the times. The descriptions of patient's previous experiences with health-care indicate that the patients were actively trying to improve their physical or emotional conditions. They tried every remedy they thought might be helpful orthodox and non-orthodox, self-administered and administered by others – before turning to the next remedy when no result had been obtained. Some patients had experience with Homœopathy, perhaps they had some faith in it. While the patients – poor and well-to-do-remained to be under the care of VAN DER BERGHE for longer than average period it does not suggest that they consciously embraced Homœopathy. The conclusion appears to be that while under the care of VAN DER BERGHE the patients adapted themselves to what they thought to be the best, last, cheapest or closest option for healing.

6. Konfliktquellen in homöopathischer Arzt-Patient-Beziehung (Conflicts in the Relationship between Physician and Patient)
FRANK, Robert (MedGG. 22/2003)

Within the last 20 years, heterodox medicine has become increasingly popular in western societies. Critics and advocates argue, that the physician-patient relationship is a key factor to this success. This study which is based on 20 semi-structured interviews with homœopathic physicians in Berlin questions the notion of a purely consensual interaction. While we can find a certain degree of partnership between homœopathic physicians and their patients, there is a significant amount of negotiation and disagreement as well: The arenas are the revelation of the prescribed homœopathic remedy, patient's expectations, the physicians' fees and differing views on the appropriate duration of consultation. Consequently, a rather complex picture of the physician-patient-interaction emerges which challenges the notion of a purely harmony and consumer-oriented consultation in heterodox medicine. It does not seem possible straightforwardly to apply any of the existing theoretical models to the physician-patient-relationship.

7. “.... ein staubiges Spinnennetz am frischen Baum der medizinischen Wissenschaft”. Homöopathie in Schweden. (... A Dusty Spider Web on the Fresh Tree of Medical Science. Homœopathy in Sweden)
EKLÖF, Motzi (MedGG. 22/2003)

Homœopathy was introduced into Sweden in 1826 through Göran WAHLENBERG (1780-1851), a plant-geographer, at Uppsala University. Representatives of the Swedish medical academics have accused Homœopathy of not being in accordance with Science and proven experience. The theories have been thought of as impossible and absurd, and positive treatment outcomes have been assigned to suggestion. Only a few medical doctors have dared to practice Homœopathy in Sweden during the 19th and 20th Centuries. Carl SUNDRERS (1859-1931), Professor Emeritus in Anatomy and Pathology, was more than criticized when, as the only prominent representative of the Medical Society proposed a serious study of Homœopathy in 1926. He was inspired by the writings of the German doctor August BIER (1861-1949). Unauthorized medical practice was legalized in Sweden, with only few restrictions under the Authorisation Act of 1915. The homœopathic movement was most active during the first four decades of the 20th Century. Homœopathy has been practiced almost exclusively outside Public Health Care since the end of World War II.

8. HAHNEMANN - the Real Pioneer of Psychiatry
MORRELL, Peter (AJHM. 96, 2/2003)

This article explores Hahnemann's treatment of mentally ill patients, his Aphorisms in the **Organon** on the subject, and the uncomfortable position 'mental illness' occupies within the conceptual fabric of Homœopathy as a whole.

9. Chronological order of the English Translations of Hahnemann's **Organon**
YASGUR, Jay (AJHM. 96, 2/2003)

As the title says YASGUR lists the several English editions of the **Organon**.

[A 'correct' list based on the thorough History of **Organon** of Dr. Jacques BAUR – ‘**Un livre sans Frontiers**’ (French), and a book ‘**EinBuch geht um die Welt**’ (German) by W. SCHWEITZER and J. BAUR, Haug Verlag, is given below =KSS]

1. 1833: Translation of the **Organon IV** edition by Charles H.DEVRIANT a Layman Homœopath, (Wahnen-Dublin) from Dublin, with commentaries by another layman STRATTEN. However, there is sufficient evidence that there was an English translation before 1826.

2. 1836: Translation of the **Organon V** edition by DEVRIENT, (published by Academical Bookstore) based on notes by HERING C., MATLACK C., RADCLIFT J. and BAUER A. HERING gave a long Foreword. Reprints were brought out.
 3. 1849: Translation of the **Organon V** edition by R.E. DUDGEON (Headland)
 4. 1876: Translation of the **Organon V** edition by Conrad WESSELHOEFT, (Boericke and Tafel). Reprinted in 1883, 1887, 1889, 1891-1896, 1900 and 1917.
 5. 1893: 2 imprints of DUDGEON's.
 6. 1895: DUDGEON's V edition again published. Reprints on 1896, 1901 and 1923. (Boericke and Tafel).
 7. 1913: Translation by C.E. WHEELER's **Organon I** edition (Jedermann's Bibliothique)
 8. 1922: Translation of **Organon V** edition by DUDGEON and William BOERICKE's translation of the **Organon VI** German edition 1921 (Boericke and Tafel).
 9. 1923: Reimpressions.
 10. 1977: Translation in modern English, **Organon VI** edition by Dr. Kurt HOCHSTETTER of Chile.
 11. 1982: Translation of VI edition by Jost KUNZLL, Alain NAUDE and Peter PENDLETON. (without the Preface/Introduction of HAHNEMANN)
 12. 1996: Wenda Brewster O'REILLY 'adapted' a linear translation by Steven DECKER, Wenda's translation is the latest one. (Bird cage Books).
10. Testimony of Four 19th Century Physician Converts to Homœopathy
CHASE, Sandra (AJHM. 96, 2/2003)

This article recounts briefly how four well known homœopaths of 19th century, Drs. John F. GRAY, William CHANNING, Alonzo S. BALL and Federal VANDERBURGH were introduced to Homœopathy. In the course of this essay very interesting information about some great homœopaths – Drs. Federal VANDERBURGH, Hans Burch GRAM – is also given.

IX. GENERAL

1. Becoming an unbiased observer
ROWE, Todd (HT. 22, 6/2002)

Many patients have lost the capacity to describe what is going on within them. The homœopath must educate patients and help them rediscover the language of their symptoms and bodies. Homœopaths must develop skills in unbiased observation so they can accurately perceive their patients. This includes skills in observing verbal, nonverbal and emotional cues. It involves the capacity to perceive what is unique and individualizing in a case. Homœopaths must be able to accurately observe themselves. This is the key to the removal of bias or prejudice.

2. Patient noncompliance and CME credits
WINSTON, Julian (HT. 22, 6/2002)

When a homœopath asks a patient to see a physician for some serious ailment, the patients' do not comply with it as physicians don't listen to complaints about drug side effects.

This problem is rising in New Zealand.

One way to solve this is to offer more Continuing Medical Education (CME) credits for courses in complementary and alternative medicine for medical doctors. But the accrediting agency is making it harder for physicians to gain credits in such areas of study.

3. Levels of involvement with Homœopathy
ROWE, Todd (HT. 22, 8/2002)

People can get involved in Homœopathy at many different levels. The author discusses the stages of the appreciator, Casual practitioner, Acute practitioner, Integrative practitioner and homœopathic practitioner.

Some of the dissension in the homœopathic community today results from a conflict between practitioners who practice at different levels and have difficulty communicating with each other.

4. Opening remarks – Conifer seminar
HERON, Krista (SIM. XVI, 2/2003)

The author discusses her working methodology.

She wants to perceive and understand the fundamental themes that weave through the lives of patients, by the mannerisms with which they present, as well as through the content of their stories.

The intention is to deeply understand how each fragment speaks the patient's themes and the name of the patient's remedy. Then she attempts to find a

remedy which will help them to free themselves from their limited views and strategies.

Working with the idea of families has helped her to organize the relationships between remedies. The natural history of the substance helps in understanding how it best survives and adapts to its environment.

The one reason, she believes, why practitioners describe remedies in different ways, is all look at the same room, each from different angles. [So they are all like the five blind men who “saw” an elephant! = KSS]

5. An interview with Nandita shah
GRIMES, Melanie (AH. 9/2003)

Nandita shah expresses some of her views:

Sickness is due to unhealthy living. The cause of illness has to be something deeper than just microbes; it also has to do with the host. She is impressed by the philosophy of natural farming.

Due to nutrient imbalance, plants grown in artificially fertilized soil are not as healthy as those grown naturally. Positive health consists of a state of well-being of the mind and body, and this automatically leads to a healthy environment.

She follows a new method of casetaking developed by Rajan SANKARAN, which questions the presenting complaint in all its details until it leads to the emotional sphere. This kind of case taking brings a clearer connection between mind and body, increases the certainty of coming to the right central point without getting lost with the irrelevant parts of the story. The patient rather than the practitioner makes the connection. This helps to eliminate speculation in the case.

6. An interview with Janet Snowdon
GRIMES, Melanie (AH. 9/2003)

While taking the case, the uncompensated state of the patient is arrived through the patient’s use of language, dreams, how they lead their lives.

She feels that unless the main complaint that prompted the patient to come in the first place is ameliorated, it is not the right remedy.

7. Cancer: It’s homœopathic concept and treatment
KHAN L.M. (NJH. 4, 4/2002)

Cancer: From latin meaning Crab: From Greek Karkinos. This very etymological definition analogically conveys the phenomenological concept of Cancer. Just as the crab exerts a vice-like grip, so does the Cancer. Etiologically

speaking, experience has shown that the vice-like grip over the psyche, resulting in emotional suppression, has often found a vent in the form of an outgrowth in the Soma, which we term as Cancer.

The latest definition: Cancer is a group of diseases characterised by uncontrolled growth and spread of abnormal cells causing damage to the healthy parts.

The key to Cancer is the understanding of the psycho-neuro-endocrino-immunological axis.

8. Embryogenesis
KRISHNAMURTHY K.H. & BHAT V.V.
(NAMA. 10, 2/2002)

Indian thought takes into cognizance every facet of the human being – from the individual to the cosmic and from the body to the soul. To what minute details, the observation was made is exemplified in these verses on the development of an embryo! Ranging from the Vedas through Upanishads to the Ayurveda one can see the breadth and detail of the ancient view. The Oneness is encompassed in the Minute and the Minute is linked to the one at every step. Despite centuries the theme remains same in the three texts – Veda, Upanishad, Ayurveda.

Quotes from all the three texts are given.

9. Mass immunization of children without any immunity test
BHATTACHARJEE, Uday Chand
(HL. 15, 3/2002)

The author voices against the ruthless mass immunization especially for the dreaded Poliomyelitis for every child without testing his/her natural innate immunity. This includes a series of natural defence in increasing WBC, creating antibodies, developing antitoxins to counteract toxins and poisons produced by the specific micro-organisms.

The author quotes various immuno reactions which follow mass immunization.

10. Vine talk. The language of *Bryonia alba*
NAUMAN, Eileen (HL. 15, 3/2002)

There are different kinds of vines. They can cling, climb, spread out, take over, strong and rigid, weak and wimpy, choking, killing.

The author correlates the symptoms of the remedy with the nature of the plant. [A good example of ‘Speculative Medicine’=KSS]

11. Whither Medical Sciences
BURMA D.P. (S& C. 69, 3-4/2003)

(The author of this article was formerly with the Institute of Medical Sciences, Banaras Hindu University, Varanasi). Medical Sciences have grown as part and parcel of human civilization and has been responsible to a great extent for its development as well as its ills. A new chapter has been opened with the recent sequencing of 23 pairs of Chromosomes of the human. Ethical and other debates created originally some problems most of which have been overruled with the new knowledge acquired. Life sciences would benefit from these findings.

12. Atherosclerotic Heart Disease and Free Radicals – A Hand in Glove Phenomenon
MAITY C.R. and DAS P.S.
(S & C. 69, 3-4/2003)

Pathogenesis of atherosclerotic heart disease is an outcome of oxidative modification of Low Density Lipoprotein. It is a free radical driven lipid peroxidation process. The aldehyde products of this process, are responsible for the modification of the LDL apoprotein. Aldehyde modified apo-B protein has altered affinity, causing it to be scavenged by macrophages in an uncontrolled manner with the development of foam cells and the invitation of the atherosclerotic lesion. Endothelial dysfunction causes reduction in Nitric oxide concentration, increased release of endothelin I, Angiotension II, increased endothelial cell permeability and adhesion. Damaged endothelium is leaky, sticky and unable to relax. This leads to Atherosclerosis, formation of thrombus causing occlusion of coronary arteries. A coronary plaque is clearly an inflammatory granuloma and does not result only from the accumulation of lipids.

13. Bio-terrorism: Role of Clinical Laboratory in Meeting the Challenge
NIYOGI, Swapan Kumar
(S&C. 69, 3-4/2003)

In the recent years there have been articles in the Western Homœopathic journals about bio-terrorism, in the wake of the Afghan war and the 9/11 New York incidents.

The intentional use of pathogenic organisms to kill large number of civilian population is a vicious threat. Those who plan these are the most heinous megalomaniacs and pretenders of protecting religion. They are perverted minds.

While it is necessary to device laboratory techniques that will quickly find out the organism let loose and the counteraction to contain and eradicate that organism, the attempt should be to work for a society which will not produce such maniacal minds; it is also for the scientific community not to fall into the hands of such terrorists and help them to produce lethal organism. [Homœopathy with its base firmly on symptom similarity finds out rapidly the therapeutic measures to combat the organisms let loose = KSS]

X. BOOKS

1. **Homœopathic Links Tresorie: The virtual chest of knowledge.** Published by Homœopathic Links and Hompath. CD-ROM \$-100. Review by Jay YASGUR. (HT. 22, 7/2002)

“This CD-ROM program is a 110-megabyte compilation of over 800 articles from **Homœopathic Links** from 1987 through 2000. The program allows you to search the material by topic, subject, author, remedy and volume. The search can be further refined by clicking on the Help Topics button and then following some prompts.”

2. **Homöopathische Behandlung bei Säuglingen und Kindern, (Homœopathic treatment of infants and children),** Henry N. GUERNSEY, 277 Seiten, geb., Simillimum Verlag, Ruppichteroth, 2001. € 45, (German). Review by Martin BÜNDNER (ZKH. 47, 2/2003):

“This book contains the second part of the single volume English original work, and completes the earlier publication of the same publisher “Homöopathie in Gynakologie und Geburtshilfe”.... The work is based on the singular characteristic symptom known as ‘Keynotes’, which leads to the curative remedy... The indications given by GUERNSEY are supplemented with information from other sources – well known authors and these are given in brackets ... The work is of great value.”

3. **Samuel HAHNEMANN in Leipzig – Die Entwicklung de Homöopathie zwischen 1811 und 1821: Förderer Gegner und Patienten (Samuel HAHNEMANN in Leipsic – The development of Homœopathy between 1811 and 1821: Promoters, adversaries and Patients).** Quellen und Studien zur Homöopathie – Geschichte, Band 8., Kathrin SCHREIBER, 274 S., geb., Karl F. Haug Verlag, Stuttgart, 2002. € 59.95 (German) Review by Heinz EPPENICH (ZKH. 47,2/2003)

“The main and sub-titles of the dissertation by Kathrin SCHREIBER to the main divisions of the book. Between the Introduction and the end the authoress writes on the scientific as also the therapeutic works of HAHNEMANN in Leipsic and then goes on in detail of its promoters, opponents and patients. The book is the first thorough monograph on the Leipsic period of the founder of Homœopathy. Those who do not overlook the comments of the authoress that in this work, is to be got “what has been searched for until now in the Case Register of HAHNEMANN”, must appreciate the enormous hard work and great capacity of the authoress. .. she also suggests that Case Registers entries are not to be considered as hitherto but orientated biographically according to relevant life chapters of HAHNEMANN.. In this book the social historical investigation is made... The extension of Homœopathy was possible by personal contacts with Physicians, Patients and well-wishers...Regarding the dominant Medicine’s hostility towards homœopaths the authoress comes to the conclusion that the homœopaths themselves had found it much worser than what are now put forth as historical research. Particularly the attacks of the opponents were more on the uncompromising HAHNEMANN rather than on Homœopathy. It was said that the Apothecaries together with the established doctors might have attempted to drive HAHNEMANN out of Leipsic with police threat. There were many reasons for HAHNEMANN going out of Leipsic: his fight for his right for self-dispensation, his disappointment as a teacher and the disastrous results of his treatment of SCHWARZENBURG’s death and the deep fall in the number of his patients... With great exactness the authoress gives, with the help of appropriate tables, the number of patients and the consultation for the individual years. Also the sex, age, home place, and occupation of the patients... We can summarise that Leipsic HAHNEMANN though was personally frustrated in many ways, Homœopathy’s movement forward had been well laid...”

4. **Conquering the brain towards the Essence of the multiversity and the Akhanda paradigm,** by Dr. A.K. Mukhopadhyaya, Conscious Publications, New Delhi. 1995. Rs.550/- Review Dr. D.B. BISHT (NAMA. 10, 1/2002): “The book apparently appears to be straightforward, but as one goes through, it requires a great mental effort to absorb all the biological, mental, spiritual, analytical and synthetic expertise. The work is based on the purpose of the evolution of the brain. The author feels that this is to establish an identity of without with within, following which the brain acts as a ‘transmissive’ for a purposeful manifestational scheme of Consciousness. ... A good approach for a hypothesis.”

5. **1.Myths and Reality about AIDS**

2.Homo-Immunization AIDS vs Cancer

both by Dr. Mirza Anwar BAIG, Mafkher Publications, Bombay. Rs.200/-, Rs.250/-. Review by D.E.MISTRY (CCR. 9, 2/2002): “... Dr. BAIG has postulated whether the HIV really damages the immune system or our immune system is prior damaged due to our behaviour and lifestyle patterns or frequent ingestion of toxic drugs...”

“... second book has interested me more because it deals with his own discovery and research work for AIDS and Cancer. He has discovered a method called Homo-Immunization by means of which if one goes to see the record of his cases, many AIDS patients and Cancer patients have become healthy... describes *Carcinosin*, the Nosode of Cancer, mentioning the writings of BURNETT and FOUBISTER, which first made *Carcinosin* a very important therapeutic tool for modern day diseases. Dr. BAIG gives 3 or 4 cases of his, cured by *Carcinosin* and mentions his cases of renal failures, hepato-splenomegaly, respiratory allergies, various tumors and mainly AIDS case, including a strange case of white matter disease all of which were cured totally by *Carcinosin*... This is a very interesting book whose practical use can be found out by anybody who utilizes the Notes prepared by Dr. BAIG in the manner that he has advocated. The cure that are given in this book are astonishing and I see no reason why others cannot follow in their own clinical practice, the beneficial results that Dr. BAIG has himself experienced...”

XI. NEWS & NOTES

I. Flying under Radar. Virginia Gina TYLER writes (HT. 22, 6/2002) of a three month-old baby, suffering from a massive brain haemorrhage and

having seizures 24 hours a day and in hospital. *Silica* 200 based upon the following symptoms.

Refuses mother's milk, vomits milk after nursing, Convulsions due to vaccination, feet cold, irritable and heat on head, when sleeping.

Within minutes the baby fell asleep and on awakening no more seizures.

Brain scans at follow up visits were clear. Follow-up over three years, remains well.

II. Ronald D. WHITMONT (HT. 22, 6/2002) Referring to an earlier article which depicts the problems within the homœopathic community, the author opines that the same laws which govern the practice of conventional medicine need to be applied to the training and supervision of practitioners of alternative healing modalities, including Homœopathy. It should not be a system where physicians are regulated to act justly and ethically while their alternative counterparts are free to act without respect for the basic ethical considerations of their clients.

III. Educating homœopathically – ROWE, Todd. (HT. 22, 7/2002) Homœopathic education is different from education in other fields particularly of the Medical System. Good educators would incorporate what they taught into the process of education itself. Some of the thoughts of the author are presented.

IV. Homœopaths honored with special service awards. CHASE, Sandra M. (HT. 22, 7/2002). The **Martha Oelman Community Service Award** was presented to Nancy KELLY and The **Henry N. Williams Professional Service award** to Allen C. NEISWANDER (born Jan. 3, 1914) at NCH Annual Conference, 2002 at Phoenix. [Henry N. WILLIAMS born Sept. 24, 1915 – passed Nov. 3, 2002 = KSS.]

V. Homœopathic Pharmacopœia's 22nd Annual meeting. BORNEMAN J.P. (HT. 22, 7/2002). The members of the Homœopathic Pharmacopœia Convention of the United States (HPCUS) met on May 5, 2002 at Maryland to discuss issues relating to new drug approvals, pharmacy manufacturing changes, regulatory issues and general business.

VI. Letters from Kevin MORRIS (HOM. 87/2002) The author, a student of Homœopathy and a former terminally ill Cancer patient negates certain points in the article "Reflections upon the Ramakrishnan method" by Clare LONG in the previous issue of HOM. (QHD. XXI, 1/2004, P. 10)

Kevin MORRIS was a former Cancer patient declared terminally ill several years ago. He says that Cancer is a complex and multifaceted problem, which requires a constitutional remedy which may or may not be a Nosode. Though the general state of the patient is likely to be greatly improved by the remedy, the tumour is likely to remain, still growing uncontrollably. In such a situation, a remedy that might act directly upon the tumour, helps to break it down, so that the Vital Force can more successfully act.

In his own case, his constitutional remedy *Natrum carbonicum* improved the general well being while it was *Lobelia erinus* that cured his tumour. (See IV P. 46, QHD. XX, 1&2/2003)

Kathy LETHBRIDGE writes her views on same article. ... Upon which version of Organon does a classical prescriber base his Philosophy? [Why this question? In all the six editions of his Organon, HAHNEMANN never changed the 'basics', viz. one remedy 'that is most similar to the symptoms of this patient, to be given in the minimum dose = KSS] A remedy is only homœopathic when an individual patient has benefited from it. Otherwise it is not homœopathic, however good the philosophy behind the prescription. If 100% understanding were a prerequisite of prescribing no patient would ever receive a homœopathic remedy [That cannot be an excuse for half-understood applications. The aim is 100% understanding person = KSS]

Clare LONG replies. Our trade is the study of principles. Our tools are potentised remedies. Tools can be used, allopathically, isopathically or homœopathically... The list is endless.... Whether something is homœopathic or not depends on whether it is used homœopathically or not. The fact that something 'works' does not make it homœopathic. [Yes, Yes. The end does not justify. The means also counts = KSS]

.... The single remedy is a mission statement, an expression of purity. As soon as you step out of this unity, you edge inexorably towards the pluralism of allopathy.

VII. The Editorial of NAMA. 10, 1/2002: Dr. Alok PANDEY discusses the need to look for an alternative to the 'Modern Medicine' (Allopathic medicine). He has briefly put the ills of the allopathic medicine and has called for a Medicine which will not consider Man as a machine and will not fall a prey to the pharmaceutical industry whose only goal is profit-making. [HAHNEMANN's main fight was with the pharmacists, the 'Apothecaries'. He told in no uncertain terms that it was the Apothecaries who were the driving force

behind the doctors. It is true even today, to a good extent in Homœopathy too! How sad!! = KSS].

VIII. Repertory Seminar with Roger Van Zandvoort. SCHRIEBMAN, Judy. (SIM. XVI, 2/2003) An in-depth discussion on the difference between the philosophies and assumptions underlying the structures of the primary repertoires of BOGER, BOENNINGHAUSEN, KENT and KÜNZLI; and Roger van Zandvoort's new repertory in making – 'Repertorium universalis'.

IX. Report of the committee of the AIH Bio-terrorism Project (AJHM. 96, 2/2003) The following article discusses in detail the common symptoms, conventional treatment, homœopathic treatment and prophylaxis of the diseases most likely to be employed as bio-weapons – Anthrax, Smallpox, Plague, Tularemia and Botulism. [However, these Biological weapons, e.g. Anthrax – is a saviour of lives in the hands of a homœopath. = KSS] It is said that the weapons-grade Anthrax which was mailed to the CBS Television was manufactured in the US Army Biological Warfare Laboratories. [Nemesis come home to roost? = KSS]

Some relevant rubrics and the remedies from **Synthesis** and **Complete Repertory** and from **Reference works** are given. Some cases and Websites for reference are also given. [This is a 40 pages-long, interesting article with a lot of information. Using bioweapons is not new in so far as the Western Colonialists are concerned, e.g. in America, Australia to mention only two. Please refer to column VIII in chapter History of this QHD =KSS]

X. Allopathic Trojan Horse in Classical Homœopathy (CCR. 9, 2/2002) is an "open letter by Rudi VERSPOOR to the homœopathic Community in the light of recent threats of biological attacks – What can we do to help?" In a detailed essay VERSPOOR criticises the so-called "classical Homœopathy" as unhahnemannian. In the opening paragraphs he lambasts Paul HERSCU for his recommendation of vaccinations. VERSPOOR rightly says that HERSCU's arguments are only buttressing the very system of Medicine condemned by HAHNEMANN. VERSPOOR argues that HERSCU – a 'classical homœopath' has understood HAHNEMANN's teachings wrongly, in fact the "Classical Homœopathy" as it is taught and practiced is wrong. He refers to his book **Homœopathy Re-examined**, 1999 – now available in electronic media, much revised, added etc. and called **The Dynamic Legacy**.

Dr. MISTRY comments clearly and sharply that HERSCU's recommendation of vaccinations to newborn is ridiculous. In the light of MISTRY's 40 years' experience the vaccination produced havoc. Unfortunately the teachings in the homœopathic colleges are flawed and perfunctory.

In a further response VERSPOOR has again accused "Classical Homœopathy" that it treats the patient to the exclusion, indeed ignorance, of the disease diagnosis "which is critical to HAHNEMANN's system".

Dr. MISTRY again replies that there are Practitioners like himself who do consider the diagnosis and the patient while there are those who see only the patient, and so on. Each person practices, "according to his temperament to practice one or the other system and perhaps unconsciously" [more often consciously = KSS] "berate the practitioners of other systems".

[It is strange that after nearly 200 years of established Homœopathy which grew up on English translations by WESSELHOEFT, DUDGEON, KUNZLI, etc. – **Organon, Materia Medica Pura, Chronic Diseases** – Rudi VERSPOOR comes along and says that he and Steven DECKER alone have understood HAHNEMANN's Homœopathy correctly and all those before them were mistaken. Suddenly we are told that the teachings of Stuart CLOSE, Cyrus BOGER who knew German quite well, H.A.ROBERTS, Pierre SCHMIDT are all wrong! How could it be so? Were they all wrong? How did they obtain such great results? Does it really matter whether the term Vital Force is wrong, or Dynamis, or Life Principle are all wrong or are too far different, in so far as understanding that what is taking place is 'spirit-like, dynamic'? Whether you call it Primary action or Initial action? Are not these quibbling with words? Although 'Geist' and 'Gemüt' are different in German, in almost all English Translations, they are both mentioned as 'Mind' and no one has quarrelled over it so far. A word has more than one meaning. What the word means in a particular context and in a subject would be expressed differently by different perceivers, in the light of each one's culture and environment. = KSS]

XI. There are articles by different homœopaths in the HL. 2000-2002, about the 'scientificity' of Homœopathy. Some argue that it is scientific and some that it is 'hermetic' or 'shamanic' or 'occult'. **Dr. Samuel HAHNEMANN founded an Art of Medical Therapeutics.** He did not sit under a tree and meditate and became enlightened. His conclusions are the result of experiments of drugs

upon humans. Moreover there are fixed methodologies for preparation of medicines. The ‘freedom’ to the individual Practitioner of Homœopathy is within these basics. Merely because someone gave to a long, slender-necked patient a medicine prepared from Swan’s feather and that in a potency, and it relieved the patient’s ailment it does not become Homœopathic Medicine? Someone says that ‘paper remedies’ work! For that matter incantations have been seen to work. There have been and there still are many polluters and pretenders. We should beware. Unfortunately the Pretender believes he is honest. We cannot accept all these. Remember the source. Be honest to that and to yourself. Reader’s attention is drawn to the HL. 15, 3/2002 in this connection = KSS.

XII. Free Universal Health care: Hall-mark of a Civilized Society: (S & C. 69, 1-2/2003) The author of the article Sisir K. MAJUMDAR, has argued for zonal health care for also the rich and poor. He says “with the enormous scientific advancement in the 20th century, medical treatment has become expensive. Costs prohibit the supply of high-tech medicine universally.” [What kind of “scientific advancement” is it that can be useful only to a few rich? Is it really a scientific advancement? It cannot be. HAHNEMANN’s Homœopathy is one that is available even to the poorest of the poor. Governments - and the homœopathic community- must make it available to all=KSS]

XIII. The ‘Science & Culture’, Vol.69, 3-4/2003 is dedicated to ‘Medical Sciences’. The Editorial by Dr. C.R.MAITY laments “The increased incidence of non-communicable diseases like Cardio-thoracic diseases, Diabetes mellitus, Thalassemia, Arsenic poisoning, etc. are very alarming and thus throw a new challenge to the medical fraternity.... It will be shocking to know that 10% of our child population is mentally retarded to varying degrees. ... Diseases which were not heard of some 50 years back are now in the rise and at such alarming rate in certain localities that were almost put to a hopeless situation....” [What does this “confession” if I may call it so, mean? Whither the Medical Science which calls itself modern? = KSS]

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 Society of Homeopaths, 1122 East Pike Street, #1122, Seattle, WA 98122, USA.
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). 801 N. Fairfax Street, Suite 306 Alexandria, VA 22314.
4. **CCR:** Homoeopathic Clinical Case Recorder, Dr. Subhash Meher, Near Hotel Chanakya, Anandrishiji Marg, Burudgaon Road, AHMEDNAGAR-414001.
5. **DH:** Documenta Homœopathica, Herausgeben; Ludwig-Boltzmann Institute für Homöopathie, Mariahilferstrasse 110. A-1070, WIEN, (VIENNA).
6. **HL:** Homœopathic Links, Homœopathic Research & Charities, F/s, Saraswat Colony, Linking Road, Santacruz (W), MUMBAI – 400 054.
7. **HOM:** The Homeopath, The Society of Homeopaths, 4a Artizan Road, NORTHAMPTON.
8. **HOMEOPATHY:** Formerly British Homeopathic Journal (BHJ), Homeopathy, Faculty of Homeopathy, 29 Park Street West, Luton, Bedfordshire, LU13BE, UK.
9. **HT:** Homeopathy Today, National Center for Homeopathy, 801, North Fairfax Street, Suite 306, ALEXANDRIA, VA. 22314, USA.
10. **MedGG:** Medizin, Gesellschaft und Geschichte, Institut für Geschichte der Medizin der Robert Bosch Stiftung Straussweg 17, 70184 STUTTGART, GERMANY.
11. **NAMAH:** New Approches to Medicine and Health, Sri Aurobindo Society, PONDICHERRY – 605 001.
12. **NJH:** National Journal of Homœopathy, 71B Saraswati Road, Near Gokul Icecream,, Santacruz (W), MUMBAI – 400 054.
13. **S&C:** Science and Culture, Indian Science News Association, 92, Acharya Prafulla Chandra Road, KOLKATA – 700 009.
14. **SIM:** Simillimum, The Journal of the Homeopathic Academy of Naturopathic Physicians, P.O. Box 8341, Covington, WA 98042, USA.
15. **ZKH:** Zeitschrift für Klassische Homöopathie, Karl F. Haug Verlag, Hüthig GmbH, Im Weiher 10, D-69121 HEIDELBERG, GERMANY.

PART II

(This section contains abstracts/extracts from selected articles; even the entire article in some cases)

1. With a paucity of symptoms
PULFORD, Alfred (SIM. XVI, 2/2003)

The appended cases are cited, not to show any particular skill either in the selection of the remedy or in the art of prescribing, but to show what the indicated remedy will do in cases that do not get well otherwise or of themselves; and to show that frequent repetition and plussing are not necessary, that they too frequently spoil the case, and that a change of potency is only necessary in most cases because we have spoiled our cases by too frequent repetitions. We own up to this ourselves for we are as guilty of it as you are, but that does not lessen the crime any, and we are more to blame than you because we know better, and if you do not, you ought to.

CASE 1: About 3 years ago V. C. H., a real estate dealer, walked into our office and said he had been referred to us by one of our patrons. After carefully taking his case, all that our efforts and questionings revealed was: for the past seven years he had every night without exception, a gnawing pain in the stomach, for which he had tried persistently to get relief. Numerous stomach specialists had been consulted but in vain. Money had been no consideration in the matter, neither had it been of any benefit up to the time he had found Homœopathy. We took up Kent's Repertory, third edition, and turned to page 520 and there found tucked away in modest type: "Pain, gnawing, night: *Abrotanum*." He was given a 2 dram vial of the 30x to take one dose and repeat only if absolutely necessary. To date it has not been necessary to repeat and the pain has not returned. He has become a real booster for Homœopathy. This case fully illustrated the futility of animal experimentation for medical prescribing. What animal proving would have furnished us a clue in this case?

CASE 2: This case from the strictly prohibition town of Champaign, Ill., will best be illustrated by the patient's series of notes. The patient, a real estate dealer, about 60 years old, wrote May 15, 1926: "About seventeen years ago you treated a brother of mine and did him a lot of good. I was wondering if you could do anything for me. I have a chronic case of Syphilis. Have taken treatments

of Mercury and Salvarsan but without any benefit whatsoever. My case is of thirty years' standing. Have excruciating pains in hips, at night, no appetite, restless sleep, forgetful, mind becoming affected, and working makes me very nervous. Those are my symptoms. If you have any idea you can help me I will take treatment."

He was sent a dose of *Hepar sulph* 30x on two counts; first, the symptoms pointed to no remedy and he could not come to us and could not afford to have us come to him, and, secondly, as an antidote to the Mercury and Salvarsan. He had *placebo* in the interim.

November 8th, 1926, he writes: "Have been gaining in weight and feel some better, but still have pains in my hips mornings, however not so severe, for which I am thankful." More *Placebo*.

December 20th, 1926: "Have gained in weight twenty pounds and pain in hips abating. I used to feel badly everyday, but now I have some good days." More *Placebo*.

February 5th, 1927: "No change from last report." One dose *Hepar* 1M.

March 22nd, 1927: "I'm happy to report that I am feeling a great deal better everyday, thanking you for your interest in me." *Placebo*.

July 18th, 1927: "I'm feeling a great deal better, for which I thank the Lord and yourself, as I was in awful shape until I began your treatment. More *Placebo*."

August 24th, 1927: "Have derived a vast amount of good from your treatment, but no change from last report." One dose *Hepar* 10M.

November 3rd, 1927: "I'm feeling real well and my old self again. My sincere thanks to you, but think I ought to stay under your observation for a while yet." *Placebo*.

December 6th, 1927: "I'm feeling so good that I hate to quit you." Patient discharged. To date he has remained in the best of health and has needed no more medicine.

To above case is one of many that confirms these things; first, that the best results are obtained by a none-too-frequent repetition of the drug; that the true simillimum will stop the downward course of any remedially curable disease in any stage and start the patient on the road to recovery at once; that if you have to repeat at all, or at least too often, that you have perhaps a somewhat similar remedy, but not the true

simillimum and, lastly, that the selection of the potency of the drug is based solely on the law of dynamics, i.e., the truer the force is directed to the object to be moved the less the power necessary to be developed at the source. In short, the nearer to the true simillimum, the higher the potency required to do the best work.

CASE 3: About five years ago Miss B., aged 18 years, was brought to us. For about 10 years she had been the victim of diurnal enuresis, to the extent that she was unable to go anywhere. The least excitement or motion would start the urine to flow and other than this, no symptoms could be elicited. After three months of bungling treatment we found ourselves no better doctor than our predecessors. One day the mother turned to us and said, "What makes my daughter so thirsty at times? She will go a long time, then it seems that she cannot get enough to drink." Well, excitement causes motion, naturally, and *Bryonia* is decidedly worse from motion, but even that alone is not sufficient data on which to prescribe *Bryonia*, but, when you add to that the great characteristic: "Great thirst at long intervals," which is found under no other known remedy; there is absolutely no other choice. It is needless to state that single dose of *Bryonia* 1M brought untold joy to all concerned, for now the young lady can go anywhere at any time.

CASE 4: Is that of a special representative of the U. S. Steel Corporation, a man about 65, who developed a very choice specimen of Carbuncle around the occipital region, which measured eight inches in diameter. A most malignant, foul, odorous mass of a dark, purplish hue, that stank to heaven and burned like fire. We started to make a thorough botch of this job. Nothing that we could get gave us a clue to the remedy. *Anthraxinum*, *Arsenicum*, *Lachesis*, *Rhus* and *Tarentula cubensis* were given, but for two weeks we got nowhere excepting a chance to lose our job. In order to keep down the odor and help us out in our bungling we had the part fomented with *Calendula* and then applied dry charcoal, but this got us nowhere and we were beginning to despair of being able to do anything. To add to the complications the nurse volunteered to the patient that she had nursed patients with what had been the largest carbuncles known, but that she had never seen one as large as this and that all those she had seen died.

Needless to say she lost her job. While things were going from bad to worse the patient volunteered this, "Whenever my bowels start to move the stool will get part way out and then will slip back and can only be expelled with the greatest

difficulty." Needless to state he got a single dose of *Silicea* 1M and *Placebo*. His pain was promptly relieved and a mass almost as large as a child's head suppurated out and left a cavern that was fearful to behold. He received two more doses of the 1M and one of the 10M and made one of the most brilliant and record-breaking recoveries we have ever seen and it is surprising how nearly the signs of the scar have been obliterated when one considers the extent and the jagged edges, for there are parts along the line almost invisible and the patient feels better than in years.

CASE 5: This gentleman, an ice dealer, about 40 years of age, had about fifteen years ago a case of Gonorrhoea treated by that "ultra scientific method" – suppression. As soon as the discharge stopped, his bowels, which had always been regular before, became constipated, growing gradually worse and resisting every effort to rectify the condition. He spent money freely but in vain trying to find relief. He finally moved from Columbus to Toledo as his business interests were centered there. He was referred to us for a condition of his wife, and while here he volunteered: "I have never had any use for Homœopathy myself, but since you have done so much for my wife I am going to let you see what you can do for me." His case was carefully taken but revealed nothing on which to base a prescription. On the knowledge of his suppressed Gonorrhoea he was given one dose of *Medorrhinum* 1M. The relief was prompt and to date has needed no repetition. This is the second case of this kind that has come to us with the same result.

CASE 6: This young man who had inherited the tubercular diathesis came to us eight years ago, the victim of much mishandling, a poor, weak, scrawny, emaciated lad who was expected to die at any time. Auscultation revealed bubbling and crepitation all over the chest. There was thick, greenish expectoration, no cough, debilitating night sweats, especially after midnight and no other symptoms. He was under observation for three years. During the first three months he received each month one dose of *Tuberculinum bovinum* 30x and *Placebo* in the interim. From the very first dose improvement began.

He then received one dose of the 30x each three months thereafter until discharged. The potency was never changed. The father was just recently at our office and tells us that the son has never had any other treatment than that we gave him; that he is now in the best of health and weighs 185 pounds and is one of the most promising

commercial art students at the Ohio State University.

CASE 7: This gentleman, about 35 years of age, of French birth and of tubercular inheritance, developed sinus trouble. Two operations and a regular attendance at the specialist's office twice a week for three years resulted in naught but financial benefit to the specialist. His tubercular inheritance; his constant desire to go somewhere; his thick green discharge; his aggravation from cold and damp and his debilitating night sweats after midnight tempted us to give him one dose of *Tuberculinum* 30x. The result was almost miraculous. There was a change within 24 hours. While he is still under observation there has been neither change of remedy nor repetition and the improvement is going on rapidly.

CASE 8: Dr. G. Blase is reported by P. D. and Co. to show the superiority of vaccines in the treatment of Whooping cough, to have treated fifty-two cases by the seral method and two hundred fifty cases by other methods. The cases received eight injections and recovered in eight to sixteen days, while those treated by other methods lasted three to five months. Contrast that doubtful method with Homœopathy, which cures Whooping cough while you wait. Mr. G., a patient of ours, just fresh from the ranks of allopathy, spoke of his little boy whom our allopathic friends had been treating for over two months for a fully developed case of Whooping cough. All he could tell us was that "The boy woke regularly at 3 a.m. and on waking his upper eyelid puffed out. Could we send a remedy?" We sent a powder of *Kali carb.* 1M. The child had a slight cough that night and no cough since; is now in the best of health and has been the means of fully converting the mother to Homœopathy.

CASE 9: We were asked to see a little lad of about three years of age. Perhaps those who hold such veneration for allopathic diagnosis will be quite shocked when we say that we hold his diagnosis in contempt. This little lad had what we believe to have been a masked case of Scarlet Fever whose prodrome was said to be confusing, so much so, that it baffled the august skill of both the allopathic fraternity and the health board combined. The rash failed to show up properly and the allopaths unfortunately had no *Bryonia* to bring the rash to the surface. They started in to cure the rash, with the little patient going moribund as fast as he could go.

Here is what we found: A little, helpless, puny, whimpering, almost lifeless child whose little limbs were drawn up in a tension, his whole body

was tense; parts ulcerated from head to foot; skin angry red, tense, and shiny over lower parts of thighs and knees; skin where not ulcerated looked like the skin of a ripe tomato that had been scalded prior to being peeled, desquamating in large sheets, one desquamation following another rapidly.

Oxide of zinc ointment was used to heal up the ulcers and the body otherwise dusted with aristol powder and God alone knows what he had been given internally. It was one of the most pitiable cases we have seen in all our forty-three years' practice. We could hardly suppress the tears.

On top of all the suffering he was tortured with good scrubbings with soap and water. The nurse was shocked when we stopped the soap and water for moist cornmeal and the aristol for rice-flour. The little fellow was given a dose of *Sulphur* 30x with no result. As we could get no data on which to base a prescription, but feeling firmly in our own mind that it was a case of suppressed rash and that *Sulphur* was the only logical remedy, he got a single dose of the CC. The reaction to this dose was prompt. Within twenty-four hours there was a change in his disposition and in quick succession a rapid regaining of strength, a return of appetite, a more normal pink to the skin, a decrease in the size of the desquamations and a rapid healing of the ulcers. In two weeks the lad was almost normal, and that without change or repetition of the remedy. At the end of three weeks he was able to have his wish gratified that "he be allowed to go outdoors and dig in the dirt." All of this on a single dose of a single remedy.

CASE 10: Mr. H. W., age 37, came to us with a beautifully complicated case of Asthma, cold and stormy weather only, and a scaly eruption over the entire body which was extremely red, fingers cracked and bleeding and covered with vesicles and scales exuding a watery fluid, itching and burning intolerably causing him to scratch continually. His wife said that she got nearly a dustpan full of scales every morning from the bed before she could make it up. Aside from the Asthma and what we could see, he could give no other symptoms. On April 13th he received one dose of *Arsenicum* 1M and has had no other medicine since. At the present writing the entire train of symptoms have improved rapidly and the skin is almost clean.

TOLEDO, OHIO.

DISCUSSION.

Dr. UNDERHILL: I have a very interesting case of a girl, 12 years old, who came in with Eczema of

the scalp, all her hair had come out and it was dry and very scaly and this condition was of a year and a half standing. Upon the symptoms of the patient I gave her *Pulsatilla* 200; that began to work right away. Inside of six months there wasn't a vestige of Eczema on her scalp, her hair came in, today she is perfectly well and healthy after about a year of prescribing. She had only had one dose when her mother came in with her and said: "Doctor, I am discouraged." I said, "Why?" "Well, Eleanore has the same old catarrh back again."

I had been negligent in taking the case in that I didn't find out about the catarrh, but I found out now about the catarrh and that she had had for years a persistent nasal catarrh, thick greenish, and greenish-yellow mucus. They had taken her to a specialist who had been very successful in "curing" the catarrh; in other words, he suppressed it. In about a month or two after the suppression the eczema came out. I said, "It is plain to be seen the eczema came out because the catarrh was suppressed. Now the eczema has been cured and the catarrh has come back. We will get after that and see what we can do." I repeated the *Pulsatilla* 200 and I think, since then, I have given her the 1M. She has no catarrh and no Eczema at the present time.

Dr. WRIGHT: Since we are reminiscing for a moment on cases of skin diseases, I might tell of a little boy of three whom I had in the outpatient department. His mother, who was the patient, said, "I wish you could do something for this child, his face has had this horrible Eczema since he was two years old. I have had him to every doctor and they have given yellow salve, white salve and black salve and none of it has done any good."

I looked at the child. He had no symptoms of any suppression. Finally the mother remarked, "Every time he goes near the stove his face gets burning red" and immediately I thought of *Antimonium crudum*. I gave him one dose of the 2C and by the end of five weeks that child was clear for the first time in a year and a half, and has stayed so.

Dr. OLDS: In relation to this *Kali carb.* case of Whooping cough, I want to confirm that, or to recall the time several years ago when we had an epidemic of Whooping cough. A young lady came into the office. She had been taking care of some children who had Whooping cough and she had started in with a very persistent cough that looked like the beginning of Whooping cough. She had the identical symptoms as Dr. Pulford's case. It was a 2 a.m. aggravation of the cough, and one dose of *Kali carb.* I don't remember what potency and in twelve hours it completely disappeared.

Another thing that came to my mind, while these cases, particularly that *Abrotanum* case, were recited, was a subject that I think has not been treated of in this convention, and that is on the poisoning of our patients with aluminum. I believe that a great many of our stomach cases at the present day, as well as others, are due to aluminum poisoning. I want to refer you to a book by Dr. Charles Betz of Toledo, Ohio, who has written quite extensively on this subject, and rather proves his case. In my own experience I feel that he is right, that we are bucking up against aluminum poisoning a great deal of the time. He has demonstrated that the ordinary individual who has all of his food cooked in aluminum utensils, his coffee made in an aluminum percolator, who uses all aluminum utensils and alum baking powders, is taking from 13 to 15 grains of aluminum hydroxide every day. That ought to be enough to poison anybody.

I have found in certain cases of stomach ulcer, that where those things are prohibited my case comes along very much better than it would otherwise. I think that is something for the membership to look into.

Dr. PULFORD: Mr. Chairman, I wish to confirm what the doctor just said. Dr. Betz in Toledo proved his case through whatever he did on homœopathic methods and he is right on that.

Dr. OLDS: I might say further, if anyone wishes to prove this thing out for himself, here is a very simple proof (as to the aluminum): Take a quart of water and boil it in an aluminum utensil for about twenty minutes. Boil it vigorously, pour that into a clear glass jar, then take some other utensil like agateware or porcelainware, and boil the same amount of water and pour it into another jar and let it stand all night and look at them in the morning. One will look like milk, the other will be clear.

CHAIRMAN DIXON: Any further discussion?

Dr. PULFORD: Nothing excepting that in the present undeveloped state of Homœopathy, we are having to zigzag a lot of cases around. We are having to use a lot of physiological remedies which we wouldn't if the thing was completed. It is up to us to go ahead and complete the unfolding of it. We are standing still, we are dormant, and we should be getting ahead and curing a lot of cases that we are zig-zagging from one remedy to another.

 2. A STUDY OF SOME MEDICINES OF MINERAL ORIGIN*

Characteristics according to the age, relation to endocrines.

DANO G. (HG. Vol. XXIII, 3/1956)

I. RELATING TO CONSTITUTIONAL TYPE NORMAL AND PATHOLOGIC

We will study here some constitutional medicines of mineral origin, especially the three *Calcareae* and we will broach each of them according to *the different aspects by which they represent themselves in the course of Human Life.*

What do we mean by *mineral constitution*?

We will define it thus: A group of symptoms somatic, morphologic, nervous etc., that give a character to most of the individuals from the very birth. Among those symptoms some remain constant in the course of the development of the individuals.

The constitutional mineral remedies may be studied from two angles.

They may be studied in the *Static form*, which we call *Normal*. We have then a patient who is predisposed only to develop some morbid symptoms corresponding to the medicine in question. This interpretation should be compared with the observations of HAHNEMANN. During the experiments on healthy bodies it was seen that there were some individuals who were particularly sensitive to some medicines, that is to say, predisposed to the disturbing actions of the remedies.

The remedies may also be broached under *pathologic form*.

In this case we will have to consider a group of symptoms determined by the affections, intoxications and perturbations of the glands. These symptoms characterise different pictures, but they are all the characteristics of the medicine in question. These perturbations may attack the patient before the birth or in the course of his development.

II. ADVANTAGE OF THE KNOWLEDGE OF CONSTITUTIONAL MINERAL TYPE.

From different points of view the knowledge of constitutional mineral types has different advantages.

It allows a certain *classification* of human types. It allows often to foresee the *defense reaction* of human beings, their *affinity to some medicines or to endocrines*, and the *diet* that will suit them better.

In *long lasting acute stages* that are accompanied by dangerous demineralization, this knowledge orients the mind of the doctor towards the constitutional mineral salt that will suit the patient, especially the *Calcareae* and *Silicea*. This knowledge has a primordial interest to uphold the failing organism.

Last of all the indicated salt is always a ground remedy of the individual in question during the whole course of his existence: It is and will remain the best remedy of the individual in question.

Let us add that, taking as the basis this substratum that represent a mineral constitution, we may study the important constitutional remedies: *Thuya, Lycopodium etc., with the particular physiognomy that they develop according to the mineral type with which they have a special affinity.*

III. THE CALCAREA CONSTITUTIONS

The three *Calcareae*, *Calcarea carbonica*, *Calcarea phosphorica*, and *Calcarea fluorica*, are three real *chef de fils* among the mineral constitutions.

Generally these three mineral types are seen from the very birth, *particularly the first two*. The other types successively develop in course of the evolution of the individual, and in old age.

How an individual passes from the static morphologic type, to the pathologic type? By what mechanism, the assimilation, the fixation, the repartition of the salts of Calcium are done in an abnormal way, and make up the well defined and so different morbid types?

There is no doubt that Tuberculosis, Syphilis, and Ethylism attack particularly some glands and we may find some symptoms relating to thyroid, parathyroid, and supra-renal glands.

Whatever it may be, there are on the one hand some common points, a fixed substratum between the static or normal type and the pathologic type, and on the other hand we may find the appearance of some characteristic new symptoms that are the real image of the deep seated trouble of which the essence escapes us, but we may interpret it as the Calcium disturbance.

IV. CALCAREA CARBONICA

NORMAL TYPE

First infancy

Child has a *strong bony framework*, rather *short-limbed, vigorous* and has a very good *muscular tonus*. The head is *strong*, the forehead is *large*. The ends of the fingers are *square*. It has a tendency to *profuse sweat in the neck*; dentition normal, sometimes *early*. The teeth are *white and large*, regularly planted. The upper lip is *prominent*. Soon learns to walk, sometimes *earlier*. The belly is *large*. The child has a tendency to become fat, *very fat*.

It grows.

Children *headstrong*, and yield only to reasoning.

They are students of medium merit, serious, do not feel fatigue to work.

Their sleep is regular and deep, with an easy wake-up in the morning. The tendency to sweat in the head at night is still seen.

Sulphur is the frequent complementary, specially when in the very infancy some cutaneous troubles are seen in children of vigorous *Calcarea carbonica* type. In this case we can make a real treatment of disintoxication in the very beginning of the life. The individuals treated in this way become, when they are adults, very strong and stout.

PATHOLOGICAL TYPE

We find frequently the strong bony framework but under different influences, the calcification has undergone deep perturbations and is markedly late. We may find some exostoses and curvatures of bones in the same child (troubles of the parathyroid).

In these children, the *fontanelles* are closed *late*; painful *dentition* with different *troubles*. The child should be taught to walk but it will be late; its legs have the tendency to become like *bows*. The child is very heavy with a *disproportioned belly*; it is physically and *intellectually slow*; its *muscles are soft*.

The *head is very big*, the forehead is *very large*, the upper lip protruding.

The appetite is anomalous; *bulimia* or *anorexia*, desire for indigestible articles, e.g., chalk, charcoal, stones, etc., tendency to *hyperchlorhydria* (sour vomiting, cannot digest milk).

The skin is pale and fine, of chalky look. A sour smell comes out of the skin. The skin becomes easily yellowish as soon as the patient becomes ill.

There is a tendency to "Milk crusts", Eczema in the scalp that extends to the face; *profuse sweat* in the head especially at night; acid sweat that soddens the pillow.

Chronic dilatations of the pupils and the child complains of a great sensitiveness to light. Keratitis may be seen in a *Calcarea carbonica* child.

The child is afraid at night (*Belladonna*, *Stramonium*).

These children suffer from gland troubles: The ganglions are larger but less hard than those of *Silicea*. The child is chilly, its body, specially the feet are cold. The head is often hot.

A tendency to *otitis* and *otorrhoea* is seen, with *throbbing* and *sudden pains* (*Belladonna*). In fever *Belladonna* will often be the remedy, (high temperature, profuse sweat, mydriasis, deep asthenia, delirium, dreams).

There exists also a type like *Phosphorus*, suitable to *Calcarea carbonica*, having the same characteristics that we have just related: late dentition, late walking, localized sweats etc. – this is a pre-tuberculous type.

Whatever may be the cause of the deep-seated trouble of metabolism of calcium salts, of glands or diets, *Calcarea carbonica* in attenuation is extremely efficacious.

In these children of *Calcarea carbonica* type, a dose of *Sulphur* (12 or 30), given according to the symptoms of the remedy that are frequently noted, will help *Calcarea carbonica* 12 to 30 to develop fully its effects. This is true specially when there is a dilatation of the pupils, which is already remarked by HAHNEMANN.

In more advanced cases the indications of *Silicea* are seen. The chilliness is extreme, the timidity is extreme, the sweats of the feet have a bad smell.

Thyroidin in material doses (1 to 10 centigrammes) is very frequently indicated in these children suffering from Hypothyroidism and troubles of adenoids. When the troubles of adenoids are more advanced the Pituitary extract (anterior lobe) is often indicated on the data established many years ago by Leopold Lévi whose observations have a very great value.

Marmoreck 30, and *Bacillinum* 30 are Nosodes that are indicated.

ADOLESCENT

NORMAL TYPE

Young man.

Vigorous, rabbit-backed, strongly built man.

He has an organizing capacity; energetic and becomes a leader.

He has a special affinity to learn mathematics; he is a logician but less imaginative.

Young girl.

The girl has a round figure; the breasts are tight and big. Good and vigorous health. Dentition is good and regular.

Her mind is calm, well balanced, ponderous, but sometimes a bit slow.

Menses are irregular, late and abundant.

PATHOLOGICAL TYPE

Young man.

1. Young man having tendency to Obesity, blond and blue eyed; pale and incapable of physical efforts inspite of his robust appearance; have no self-confidence, slow in work.

Abundant sweat specially in the head.

He is a demineralised type; has less power of resistance against diseases; Hypothyroidism.

Complementaries: *Silicea, Graphites, Pulsatilla, Natrum sulphuricum.*

2. *Calcarea carbonica* has also an emaciated oxygenoid type. Has abundant sweats, specially marked in the head and in the forehead. Dyspnoea, palpitations, rush of blood in the heart and in the head.

Physical and mental weakness are also seen.

Young girl

1. Young girl sometimes emaciated, but often round and soft of the aspect called "lymphatic" and "Chlorotic".

All the tissues are soft.

The face is pale, but becomes easily red by the least congestion. The hands and the feet are always cold, and often humid; tendency to catch cold but there is a longing for cold air (*Pulsatilla, Arsenicum*).

Frequent palpitations.

Menses are abundant, early, preceded by painful swelling of the breasts; menses appear by the least cause: an emotion, anger, a bit of exercise (cf *Trillium pendulum* 6); Late menstruation in young, plethoric, and soft girls; *Calcarea carbonica* is the best suited remedy of these girls.

Complementaries: *Graphites, Pulsatilla, Kali carbonicum, Natrum muriaticum, Marmoreck.*

With *Belladonna* it is also a good remedy when there is suppression of menses accompanied by hyperemia and palpitations.

The young girls of *Calcarea carbonica* are often sad and preoccupied with religious ideas and may become abnormally religious (*Pulsatilla,*

Arsenicum). Physical and mental weakness. The sleep is troubled by dreams.

2. Young girl, emaciated, oxygenoid, tuberculinic or tuberculous.

Menses are replaced by leucorrhoea.

ADULT TYPE

NORMAL TYPE

Vigorous, physically and mentally resisting, broad shoulders, broad forehead, and big jaws, with large teeth normally planted.

A person, shortlimbed, globulous muscles having a strong tonus. The hands are short, and strong; the tips of the fingers are square. He is a realiser, organiser, with a strong will power. He is authoritative, becomes angry for a short time, but he is violent when angry, 'Jupiter type'.

He becomes tyrannical when there is complete absence of resistance (*Lycopodium, Nux vomica*).

He is a good student of mathematics: most of the mathematicians and accountants are of *Calcarea carbonica* type.

Frequent loss of imagination, difficulty and slowness for adaptability. But they may become very great specialists (easily adapting, *Calcarea phosphorica*).

Can make intellectual and physical works.

Last of all, his genital organs are also very powerful.

In a word: hypercrinic type having tendency to Hypertension and Obesity. Its symptoms are comparable to *Sulphur, Lycopodium, Nux vomica* and later on to *Causticum* (Mussolini type).

PATHOLOGICAL TYPE

1. *Plethoric.*

Vigorous, florid but slow individual. Physical and intellectual resistance is very poor.

We may see a very particular type of *Calcarea carbonica*, especially a psychic type, who has undergone an intense nervous over-work, and an excessive activity. KENT has remarked that these persons have a sensation of weakness, a mental weakness, so much so that they think they are losing the power of reasoning. They are absorbed and try to distract themselves by futile occupations. When they are in company they can control themselves.

Tendency to abundant sweats, specially in the head and forehead. They suffer from rheumatic

pains, especially in humidity. These pains are ameliorated by continual movement (*Rhus. tox.*)

Deep seated abscess (KENT).

If they are sedentary, they will show some symptoms of *Lycopodium* and *Nux vomica*, with nervousness, plethora, and digestive and hepatic troubles.

When there are gonococcic antecedents, they will show symptoms of *Natrum sulphuricum*; hydrogenoid type, with tendency to neoformations (*Thuja*).

2. Emaciated.

It is a pretuberculous or tuberculous type (right lobe), emaciated, asthenic, always fatigued. He has sweats at night. Tendency to congestion of the heart and of the face. The heart is painful, and sensitive to touch with a congestive sensation.

Tickling cough, dry cough at night, humid in the morning. The dyspnoea is worst towards the evening.

Chilly person having a tendency to catch cold easily. He is very discouraged and has no self-confidence.

The sleep is not restful, it is agitated and full of dreams.

Cannot bear fatty foods and meat.

ADULT WOMAN

NORMAL TYPE

A fleshy woman, vigorous, whose breasts are not excessively big but very largely implanted, with abundant glandular tissues.

She has a good mental and physical equilibrium. She is a good housewife. She is energetic and ponderous but sometimes has a very difficult character (Juno type).

Menses are regular, abundant, preceded by swelling of breasts.

During menses she has some symptoms of hyperfunction of the suprarenal and pituitary.

PATHOLOGICAL TYPE.

In spite of the plethoric aspect, these women are asthenic, and weak, have no mental or physical resistance. They have no self-confidence, have many psychic troubles, fixed ideas (*Thuja*). Sometimes they are very angry with redness of the face (*Belladonna*), and on the contrary they are sad and they weep easily (*Pulsatilla*).

They are chilly, and have cold perspirations of hands and feet.

The menses are early of long duration, often of a hemorrhagic character with clots. The least mental excitation causes the appearance of

menstruation. The breasts are swollen before menses.

Tendency to polypi, to swelling of glands, to malignant tumors of the breast etc. (*Thuja*).

Thuja, *Conium* (neoformations), *Graphites*, are often its complementaries.

OLD

NORMAL TYPE

Vigorous, still energetic and authoritative. Teeth are all right. The genital power lasts for a long time.

Can still work hard and the longevity is sometimes abnormal (Example: Victor Hugo, Clemenceau, HAHNEMANN, Rabindranath).

PATHOLOGICAL TYPE.

Old man, suffering from Hypertension, having a tendency to hemorrhage towards the age of 60. Aortic ectasis.

Tendency to polypi, and to malignant tumors.

Vigorous but weak old man whose symptoms are complicated with those of *Causticum* and *Baryta carbonica*.

V. CALCAREA PHOSPHORICA

Although in *Calcarea phosphorica*, neutral phosphate of Calcium, the element phosphorous is strongly masked, yet some symptoms of this element is seen throughout the pathogenesis of *Calcarea phosphorica*, e.g., a tendency to *erethism*, *hyperfunction of the tissues of glands and consequent weakness*.

On the other hand, the element calcium explains the affinity of this medicine to the osseous tissues and to *spasmophile* temperament as well.

Like *Calcarea carbonica*, we will study the *static type or normal type* and the pathological type.

THE CHILD

NORMAL TYPE

Longlimbed child, dolichocephalic (long headed), brown coloured, with delicate skin, fine hairs, and long eye brows.

Its intelligence is precocious and the development is early; it already manifests high sentiments; it is very affectionate. It is extremely fragile to all sorts of tuberculous affections. (Saratchandra type).

PATHOLOGICAL TYPE

If the child is born with the symptoms of *Calcarea phosphorica*, we almost find a history of *Tuberculosis in his family*. But the pathological symptoms may manifest themselves ulteriorly, in a predisposed constitution, after a *prolonged disease or alimentary disorder*. It is specially in the last case the longlimbed type flourishes very well. We may suppose that because of the insufficiency of Calcium phosphate and some concomitant endocrine troubles, there is a persistency of the *conjugation of the cartilage*, as the child does not normally stop its growth. When after a long continuous disease, or after a long convalescence, an excessive growth is seen with some symptoms of asthenia, *Calcarea* is one of the most precious remedies. Inversely we may note in some children needing *Calcarea carbonica*, a cessation of the functions of the cartilages, with exostosis. In that case, we will have some dwarf children of *Calcarea phosphorica* type called rickety.

The bony development has different troubles. The fontanelles remain open for a long time, especially the posterior fontanelle. Dentition is painful and the child learns to walk late.

The neck is very thin. The child is lean, emaciated. The abdomen is shallow and flask like.

It asks for eating but vomits easily. It has green diarrhoea with flatulence and splashing diarrhoea.

It is *nervous, agitated, always complains of heat*. It has *spasms*: According to Schussler, *Calcarea phosphorica* is the best remedy for chorea of puberty.

It is predisposed to different affections of glands.

Calcarea phosphorica and *Arsenicum iodatum* in lower attenuations are complementary to each other, and *Marmoreck 30* as well.

In less acute cases: *Calcarea phosphorica* 6 or 30 once to thrice a week. Thyroid may be given but with caution.

ADOLESCENT AND ADULT

NORMAL TYPE.

The *Calcarea phosphorica* adult has a *tall figure*. Its *forehead is elevated and very prominent*; the hairs are thrown backwards. A strong nose.

The *colour is dull*, the hairs are black, *contracted jaw*, irregular implantation of the teeth (uneven). The contraction of the jaw causes the superior incisors to become larger and very long that cover up the lower incisors. This type of

dentition is often seen in the Anglo Saxons. The palate, because of the contraction of the jaw, is slightly oviform.

The *limbs are long*, but the articulations are sufficiently strong. The thorax is narrow, the back is stooping. The hands, especially the fingers, are very long and thin (hand of an artist).

The general aspect gives an impression of *distinctions*, and natural *easiness* (Apollo type). Good taste, *a born artist*, very high mentality, very good imagination, ideas come very rapidly.

Adaptation is easy. This is a characteristic of *Calcarea phosphorica* (Opposite: *Calcarea carbonica*)

Marked activity in the evening; in the morning the individual is very lazy, he must *sleep late in order to restore his balance* (inverse: *Calcarea carbonica*). From the ethnic point of view, some normal types of *Calcarea phosphorica* are seen in persons living in mountains in easterners, and very frequently in the Anglo-saxons.

Let us note on the contrary that the Germans are often *Calcarea carbonica* type.

The sexual desire is very strong, but cannot bear sexual excess (asthenia, headaches).

Appetite is generally *very great*; sometimes it is excessive. In fact the *Calcarea phosphorica* adult is a oxygenoid type *who eats much and must have good nourishing food to keep up his weight*. *Calcarea carbonica* is the opposite. It takes weight easily.

This very simple remark leads us to criticise the regimen according to the age of the patient, without taking into account their constitution.

PATHOLOGICAL TYPE.

The individual is more fragile than *Calcarea carbonica* and *Calcarea fluorica*. Easily he loses phosphate and demineralises himself. Very easily the symptoms of *Calcarea phosphorica* develop.

The persons of this type cannot bear the loss of vital fluids: long continued diarrhoea, night sweat, repeated pregnancy, very frequent menstruation, pollutions, chronic bronchitis etc.

To give the constitutional calcium to these demineralised persons is to give "the marvellous tonic" according to the expression of Schussler. It augments the tissue resistance of the patient.

With these causes of demineralisation, we may compare the very rapid growth, which often causes weakness. In these persons *Calcarea phosphorica*

is the best suited remedy. Because of the rapid growth the resistance of the tissues are not sufficiently strong; the patient defends himself badly in acute diseases, and his convalescence is very slow.

When we study the symptoms of the pathological *Calcarea* we will note that the *radical phosphorus*, predominates by its symptoms such as: *erethism, sexual excitation, hyperemic tendency, easy perspiration, fatiguability and amelioration by sleep. Hyperthyroidism* is also seen with *palpitations, tachycardia, cerebral excitation, agitation and nervousness*. It is for this reason the application of thyroid should be manipulated with the greatest prudence.

On the other hand we may equally see, *depression with mental weakness and asthenia with very painful headache* specially after even very slight *intellectual work* (Complementary *Natrum muriaticum*).

In *Calcarea phosphorica* type the appetite is very irregular: frequent anorexia, very much hungry towards 4 O'clock in the evening.

The desire for salted and smoked meat is a characteristic. In this type all sorts of tuberculous affections are seen (*Calcarea phosphorica 2x or 3x*).

The most frequent complementaries in this case are: *Arsenicum iodatum, Sulphur iodatum* and T.K.

OLD

NORMAL TYPE.

An old man of high and lean stature without any tendency to Obesity (opposite: *Calcarea carbonica*). He wears always choice suit, and the natural distinction is seen even inspite of advanced age.

Cerebral predominance is still marked.

PATHOLOGICAL TYPE.

Power of resistance is much less here, than in *Calcarea carbonica*, because there is an easy demineralisation which causes the insufficiency of tissue resistance. The bones become weak; he has easy fractures.

* * *

Between *Calcarea carbonica* and *Calcarea phosphorica* some intermediary types are seen, but generally the one type predominates over the other. We will speak of them later.

But they may be complicated with another constitution, the *fluoric constitution*, when Syphilis steps in and modifies more or less the initial constitution. We are now going to study that Fluoric constitution.

VI. CALCAREA FLUORICA

In a few words *Calcarea fluorica* is the heredosyphilitic type, with dystrophia of bones, nervous incoordination.

There is no doubt that there exists a purely *Calcarea fluorica* type, but very often it is complicated with the types of the two other *Calcareas*. For this reason the morphology is various which makes the study very difficult.

We may see some *Calcarea fluorica* aspects of normal type, but the nervous and mental incoordinations are characteristics.

On the contrary we may see that the bones are attacked with dystrophia with a perfect mental equilibrium.

Most of the glands are attacked in *Calcarea fluorica* type.

The *anterior lobe of hypophysis cerebri* is responsible for the attack of the glands.

CHILD

It is often difficult to distinguish the *Calcarea fluorica* type at birth. Most of the characteristics will appear only in the course of its development. Its weakness of glands will become apparent gradually.

However a close examination will show that the skeleton is less developed; some slight anomaly of the cranial box is seen, a protrusion will be already visible, especially of the upper maxilla; an abnormal transparence of the skin through which the veins are seen.

As the child grows, the anomalies become precise, some new anomalies develop and when it attains puberty the anomalies become tangible.

A boy

The ligamentary laxity is seen at first. These boys have an abnormal flexibility of the body. Their mental symptoms are to be noted: unstable, paradoxal, there being no harmony in their gestures.

They are very intelligent students, but they are difficult, because they are unstable, incoordinate, superficial and they adapt themselves to their task with difficulty. They have a weak character, egoists. They are masters of their reactions.

They may become vulgar, sometimes filthy.

The anomalies regarding the bones are already apparent: anomalies of the cranial box, with a tendency to exostosis. It is generally small with a tiny protubated forehead; there exists a facial asymmetry, and prognathism of the upper maxilla.

The teeth are bluish white, that crumble down at the edges; they are sometimes very small and thin set. Sometimes the teeth are abnormally implanted, in an up-and-down manner.

The lips are flat; The upper gum is largely exposed when laughing. The hairs are hard, brittle and planted high upon a protruded forehead.

Scoliosis and Lordosis are seen.

Last of all, the hands and the feet are abnormally small.

ADULT

Man

The mental characteristics that we have seen in the *Calcarea phosphorica* type are seen in spite of the good education that checks them down.

The *loss of control of the nervous system* is a very important characteristic: cannot control the gestures that are stupid and disgraceful; the attitudes are disharmonious and exaggerated.

The *spontaneity of resolutions* takes a different form: He cannot control his answers, thus he makes irreparable mistakes.

The *loss of adaptation* is the result of the nervous disequilibrium. He cannot perfect himself, and do his works regularly.

The head is generally small with a protruded forehead.

The troubles of the sense organs are frequent: Myopia, Astigmatism, tendency to Cataract, and Deafness because of Otosclerosis.

The tongue is small and pointed, the lips are thin and flat; thick lips are also seen that expose the gum (upper) while laughing.

The teeth are irregularly implanted, they are planted in an up-and-down way.

The enamel is transparent, bluish white, visible on the sides where there is an opal-like colour. The teeth are small, and widely; we may also find an abnormally small incisor, by the side of a normal one. They are brittle.

Alimentation of *Calcarea fluorica* is paradoxal, sometimes a very weak food is sufficient to give a balance.

The kidneys are fragile, and there is frequent albuminuria (*Apis, Lachesis*).

The fragility of the elastic tissues causes different troubles: Visceral ptosis, Bronchial dilatation, Emphysema, and Hernia etc.

The ectases are rather veinous than arterial (varices, hemorrhoids).

The limbs have an abnormal laxity.

The Scoliosis and Lordosis are frequent.

The articular pains have the character of

Rhus tox. Crackling sound of the articulations,

because of the insufficiency of the synovial liquid. All the secretions of *Calcarea fluorica* are insufficient. The skin is transparent and fine with less sweat.

Because of the bad quality of the elastic tissues, some fissures are easily caused.

Let us note last of all the tendency to exostosis, ankylosis, and sclerous formations. Glands become stone hard.

Woman.

We will find here most of the principal characteristics that we have already seen.

Disharmony of gestures and of attitudes.

The loss of control changes into an impatient character often paradoxal, talkative and indiscreet. She cannot check herself from what she wants to speak.

Regarding dress she is a *coquette*. She puts on dresses of very high colour that attract others.

The head is small, fine and irregular. In low dresses she is very beautiful, because of her falling shoulders and voluminous breasts, but the breasts are never tight, and so almost always a brassiere is required.

Lactation is poor. Even menses are not sufficient.

All the secretions of *Calcarea fluorica* are not sufficient: *less milk, less saliva, less sweat, less synovial juice, less menstruation.*

Many women suffer from uterine ptosis but the number of sterile women is also high.

The limbs are abnormally supple; the hips are very voluminous, the upper portions of the hands are well formed. The extremities are very small.

During menopause, the mental symptoms may aggravate with concomitant Thyroid reaction.

Fatigability

Calcarea carbonica. It can resist fatigue for a long time. It feels it very less.

Calcarea phosphorica. Has less resistance. Cannot work for a long time. It is an oxygenoid type. Can do brilliant performances (Can run very easily 100 metres).

Calcarea fluorica. It is paradoxal. Sometimes we may note very good resistance, so much so that it seems to be abnormal in a fragile constitution.

Dress.

Calcarea carbonica. It dresses always in a simple way, in a classic manner. It has not always good taste.

Calcarea phosphorica. Dresses very elegantly, has very good taste, colour of the dress is always mild, does very good toilet.

Calcarea fluorica. Very coquettish, very stylish, has always the latest mode, likes bright colours.

In circus

Calcarea carbonica. It is an athlete.

Calcarea phosphorica. A juggler, and prestidigitator.

Calcarea fluorica. It is a clown.

VIII. CONSTITUTIONAL MEDICINES AND MINERAL CONSTITUTIONS

SOME EXAMPLES

When we study the constitutional medicines like *Sulphur*, *Thuya*, *Lycopodium*, many different types are seen according to the calcium constitutions into which the medicines have evolved.

In a *Materia Medica* these types are not yet distinguished. They are expressed in a very disorderly way, but it is necessary to distinguish the different physiognomies. Because, in the flow of the symptomatology that we have before our eyes, with symptoms very often contradictory, we do not note that we have a *juxtaposition of syndromes that are manifested on some mineral constitutions that are in reality very different*.

(Let us note here that we have not undertaken the study of *Silicea* and *Baryta carbonica*, which we consider as two medicines of primordial mineral constitution).

Sulphur.

Compared with *Calcarea carbonica*, it has a very vigorous type, which defends well, has different cutaneous eruptions.

Compared with *Calcarea phosphorica*, it is very oxygenoid, tendency to Tuberculosis (*Sulphur iodatum*).

Compared with *Calcarea fluorica*, it is puny, pale, has a tendency to Hypertension. Congestive troubles, circulatory troubles, sclerosis, cerebral hemorrhage before the age.

Lycopodium

Compared with *Calcarea carbonica*, the type develops very late: strong type, with prominent belly towards the 50th year, with a big liver. Very authoritative. Tendency to become violent (Napoleon, Mussolini type).

Cannot bear the sedentary habit which intoxicates him and aggravates the tendency to

hypertension. Besides, the aorta is always the weak point.

Compared with *Calcarea phosphorica*, it is *Lycopodium* which is much more oxygenoid, and has less troubles than the former because its oxygenation is good and intoxication is less. It may be lean. He has nervous and digestive troubles.

Compared with *Calcarea fluorica*: the lean type of *Lycopodium* has a small liver, and hepatic insufficiency. Its characteristics are seen very early: lean child, with a protruding belly, nervous, the development is bad, anorexia. (*Lycopodium* 200).

Thuya.

Compared with *Calcarea carbonica*: strong, large, highly coloured type. Hydrogenoid. Complementaries: *Sulphur*, *Natrum sulphuricum*, T.K.

Compared with *Calcarea phosphorica*: Tall type, with strong nose. Oxygenoid.

Compared with *Calcarea fluorica*: Small type, with black eyes. Complementary is *Silicea*.

In order to understand these three types of *Thuya*, we must take into account the mineral constitution and not the hydrogenoid type of *Thuya* which is very current.

Lachesis and *Sepia* have always a fluoric touch. Evidently we may find them in a mixed constitution, with some varied aspects, but it will be remarked that the *Calcarea fluorica* type is always present and often predominant.

Lachesis.

Very developed fluoric type, especially so far as the nervous and circulatory systems are concerned; Hyperthyroidism with hypoovaria is seen (palpitations, tachycardia, tremblings, etc.).

Loss of reasoning, violence, logorrhea and vanity make it an exaggerated *Calcarea fluorica*; it is above all a luetic.

As a fluoric type, *Lachesis* has diminished secretions, insufficient elimination, and because of its bad function of the glands its secretions are particularly toxic; amelioration by an elimination is its very important characteristic.

Many times we have seen that *Calcarea fluorica* 30 is a precious complementary of *Lachesis* especially when there is nervous incoordination.

Sepia.

From the somatic point of view, the fluoric type is more marked. Some symptoms of intoxications are seen: tuberculous and luetic.

The elastic tissue is very deficient; different ptoses, bad venous circulation, ligamentary laxity.

Lean type.

Calcarea fluorica 30 gives here very good service.

*Translated and edited by Dr. RAJKUMAR MUKERJI, M.A. (FRENCH), DIP.LIB., L.H.M.S. (Homœopath), Chandernagor, from l'homœopathie Moderne No.10, 1937.

3. **Sycosis**

ALLEN, J. Henry
(The Homœopathic Bulletin, Vol. XXVII, 1-2/1954)

The frequency in which this most to be dreaded of all miasms makes its appearance in practice to-day, and the dreadful stasis it forms when suppressed and coming into a union with Psora, should give it a foremost place in Homœopathics. It seems deplorable to me when I learn how little the profession know about it, and how unable they are to see the relationship it bears to so many chronic maladies, of a nature so distressing, and so difficult to cure. A careful study of it, however, has brought many of its phenomena to light, such articles as have been written by Frederik S. Keith, M. D., of Waltham, Mass., and others of a briefer nature, together with the proving of the Nosode, *Medorrhinum*, has done a great deal to increase our knowledge of its action upon the organism. It is not my intention to review the subject, but to give a few thoughts relative to my experience in its treatment, and its presence in the organism. Simple Gonorrhoea generally subsides into a gleet discharge after a usually marked acute inflammatory urethral inflammation, showing, except in the psoric, very little pus, no marked odor and very little constitutional disturbance, with no very distinct secondary symptoms following, unless suddenly suppressed by the crude tinctures, or low potencies, or local injections. Not so is it with the sycotic form. There is usually much hardness and turgidity of the penis, much soreness in a line with the urethra, and profuse pus. The fishy or herring brine odor of course is very positive, but many times it is not present. The mental symptoms are not very definite until the disease is suppressed, then they become very marked. An over anxiety is then manifested; especially about the general health, with a doubt and hopelessness of a cure. They have a feeling as if something dreadful was

the matter with them, and are impatient for relief; they are usually irritable, changeable or very nervous, partaking of an irritable nature, impatient with desire to scold in women. They make every effort to impress upon their physician the importance of their case, especially their sufferings, which are usually spasmodic, no matter what the nature of these may be. The pains are usually sharp, acute, spasmodic, colicky, extending downward or from above downwards, the rheumatic pains especially, also ovarian and uterine.

All these symptoms are at once either very much modified or entirely relieved by re-establishing the discharges. I have had cases where the pains, that were almost past endurance, were relieved by its appearance, or by a crop of warts which are usually very numerous and quite small, appearing more on exposed parts as we find in the proving of most anti-sycotics. Yet this is not always the case, many splendid cures were made in women when the inflammatory processes had extended to the broad ligaments, ovaries and tubes, when menses became very dark, clotted (small clots), accompanied with an odor that was simply unbearable to the patients themselves, lasting for days even after the flow had ceased. Chronic ovarian troubles are usually sycotic in origin, and if not primary or secondary, they are hereditary. The red, mole-like wart, also the spider spot, the former found on the body at any place, and the latter on the face, usually under the eye or on the upper portion of the face - I have noticed a number on the bridge of the nose - these come at any period of childhood, when the parents are sycotic of course, but not infrequently are they born with them. I have traced many nævi to a history of Sycosis, especially those of a cardinal color, or of a red, velvety appearance. These with the numerous warty growths, together with one or two forms of acne, constitute the skin lesions that have come under my observation. The other secondary symptoms are inflammations and indurations of internal organs, especially those of the sexual sphere, also rectum and bladder, which by no means are free from the dreadful inroads of this disease.

In men a long history of an irritable prostate, bladder or rectum and in women uterine or ovarian troubles, not relieved by any previous medical treatment, but usually made worse, calls my attention the most frequently to Sycosis. Again it may be by the persistency with which they stick to medicines, hoping to find relief. The history of the suppression of a gonorrhoeal or what was only thought to be a common leucorrhoeal discharge, and watching the development from that time

forward, is usually positive proof, especially if there is a history of good health before this occurred. Often the history of their ailments will be found to center around some positive period, and the whole truth dawns upon us that we have suppressed Sycosis to deal with. One of the most common, as well as the most difficult forms of stasis from suppression, is a chronic inflammation of the ovarian membranes and tubes, usually much aggravated during the menstrual nisis, and then gradually subsiding, only to be renewed with all its usual suffering at the appearance of the next period, showing the periodicity of its attack. I have met many cases of Endometritis and Subinvolution traceable solely to it, often accompanied with more pain during the period of ovulation than during the menstrual flow. These patients take cold easily, which usually settles in the bronchi or head and nose. The discharge is either watery or thick, and greenish yellow. The cough is most apt to be laryngeal. Indurations, hypertrophies, abnormal growths, tumors, malignant or non-malignant, Haemorrhoids, catarrhal thickenings and hypertrophies of mucous surfaces, are some of the symptoms of the tertiary stage,

I have yet to see a case of Polypus or Diabetes mellitus where Sycosis was not directly, or indirectly, at the bottom of it. Psora will never do it alone, Syphilis may, however, but I have not observed it closely enough to be positive. Last month I cured a case of Diabetes, in which the urine presented nearly a half test-tubeful of sugar, by re-establishing a discharge that had been suppressed ten years ago, a radical cure, as far as can be judged at present.

The mental symptoms, verging on mania, are suddenly relieved by a leucorrhœal or gleet discharge. Even snuffles and catarrhal headaches are relieved, never to return, by a single powder of the proper remedy. I recall to mind now a liveryman who was suffering with a constant frontal headache, preventing him from doing any work whatever, cured by a single dose of *Nux vomica* CM, based upon the mental symptoms and the history of drugging with copaiva and cubebs. The gonorrhœal discharge was re-established in a severer form than in the first place, although it had been suppressed for years. No cures have yet been made unless the discharge has returned, or a crop of warts appeared on the skin. Much may be known of the action of this most venereal of all venereal diseases, whose action is so general throughout the whole organism, from which the only salvation for the patient is to let the discharges continue, until the disease is entirely eradicated from the system.

DISCUSSION

Dr. James: I would like to take the opportunity to say that some years ago I had a patient, who had been long under Dr. Lippe's treatment, and was said to have Gout. He had been sick many years. Dr. Lippe did not specially tell me when asking me to take charge of the case, what ailed the patient. In a general way he said Gout, and he smiled rather significantly when he gave me the case. I treated the man for some months, and with very little success, until finally I established a gonorrhœal discharge, and then went to Dr. Lippe and told him about it. He laughed and said "you have it; that is what ails the man, and not Gout at all." After that the man got a great deal better for some time, but after awhile the discharge ceased, and then came back the old symptoms, and it seemingly was a case of Gout. That continued for some time, and again was the discharge re-established, but he never was permanently cured, because he had been ill so many years, I think thirty years before I saw him.

Dr. Baylies: This disease is so difficult, so chronic, that it is most interesting to those who have only a moderate number of cases to treat, to know by what means to assure the patient of the possibility of a final cure, and to secure his patience and confidence, for a sufficient length of time. I should like to have advice on that subject from those who treat it more than I do.

Dr. Campbell: Does Dr. James think that a patient having had that disease thirty years prevented a cure?

Dr. James: Not at all; I had only failed to find the similimum.

Dr. J.H.Allen: The way I instruct my patients is this: I say to them, you have had a long course of treatment for many years, and the whole thing has been a failure; you are less capable of work now than in the first place. The history of this disease is that it goes on from bad to worse, gradually worse from day to day, until finally it produces death in some way. I practice a system of medicine that can cure those cases, if you will only have patience and stay by me. It takes a long time, because there is a great deal to do. If I had had your case in the first place, I could have cured you probably in thirty to ninety days. Now we have to go over the ground that you traveled, as it were.

In that way they get an idea of what is to do. The treatment, if properly applied, will give them a gradual improvement, a constant improvement, and while the symptom that they want removed at once, the important symptom, that

is, important to them, does not disappear at once, the general health gradually improves, their strength comes back, their mental symptoms disappear and they become more encouraged, more satisfied, more content to stick to the medicine.

With reference to Gout; you probably all know that Gout is based upon Sycosis. They will tell you that the use of strong alcoholic liquors and wines, rich foods and hearty eating, all that sort of thing will produce it. But I say that it is a secondary cause, an exciting cause. The primary cause is always Sycosis; never can be anything else, never will be anything else.

Dr.H.C. Allen: The doctor speaks of curing Gout in thirty to ninety days. What do you do with the coffee drinkers and tea drinkers, the cigarette and cigar smokers?

Dr.J.H. Allen: I stop everything, or else do not take the case.

Dr. Dillingham: In treating such cases I must confess that I have just as good success when I do not interfere at all with the diet. I am not quite sure that I make a good homœopathic cure when I do interfere with their habits. I let them drink tea, coffee, whiskey, anything they like, and I do not notice any difference in the time that it takes to cure.

Dr. H.C. Allen: After a patient has had several "doses" of Gonorrhœa, each dose "cured by injections", and then he is using whiskey and tobacco and everything else, I am not quite prepared to dispute Dr. Dillingham in that particular, but my experience is, it takes not only months but years to eradicate the disease.

Dr.J.H.Allen: I have cured simple cases of Gonorrhœa in thirty days. I think that can be done rapidly by any physician. But to cure a case that has been interfered with, I will admit, as Dr. Allen says, takes a great deal of time, sometimes years. One case cured in ninety days I know was Sycosis, because during that period the warts made their appearance. The old school physicians prohibit all use of stimulants, because they cannot cure, or cannot suppress a case of gonorrhœal disease by old school treatment, during the use of stimulants. That is why they are so particular in having a patient leave those things out entirely. I have noticed myself that the use of a single glass of beer would start up the fever and reestablish the discharge. Of course it won't do it after a while, but in the early history of the treatment it will disturb the Life Force so that it will stop the curative process, and you will have to go over it again in a certain degree.

Dr.Baylies: Would not some of those cases, if kept on proper regimen for a sufficient period of time, get well without medicine, or

without a repetition of the medicine? In many of those cases there are no symptoms, no expression of disease beyond the local.

Dr.H.C.Allen: Does it ever get well, Doctor?

Dr.McLaren: No it is simply latent.

Dr.Baylies: I do not know whether it ever gets well.

Dr.James: In the case I have spoken of, that I had from Dr.Lippe, the patient himself gave me a list of the kinds of pains that he had; I think he enumerated some fifteen or sixteen varieties of pain in his joints and different parts of his body.

Dr.Bell: I recall a case enforcing some of Dr. Allen's points as regards the general character of this poison, and its extreme intensity and destructiveness. A young lady in the hospital this year came with a history of rheumatism, resulting in complete ankylosis of the right knee at a very sharp angle to the thigh, so that she was thoroughly disabled. I had no reason to question the diagnosis from her history. She looked like a very nice girl, and was about nineteen years of age. I suspected nothing but simply the rheumatism. The only thing to do was to resect the knee, which I did. I was obliged also to make tenotomy of all the tendons to straighten the knee at all. She made a perfect recovery and got a very nice leg. After the case was done and she was getting well, her doctor came to me (he had not known her long, and he had just gotten the history), telling me that she really had had Gonorrhœa. I went to the young woman and told her, and she confessed the history of her betrayal by a Harvard student. The marvel was that in such a short time she got such a tremendous arthritis; the knee was dislocated and there was complete adhesion of the ends of the tibia with the posterior surface of the femur! It had thoroughly destroyed the joint in that brief time.

Dr.J.H.Allen-After infection with Sycosis in inflammatory rheumatism often seen in ninety days after they are exposed, especially if it is suppressed. I find the worst forms of inflammatory rheumatism depend upon it. In its acute stages *Ferrum phos.* is frequently the indicated remedy. I have found in my limited experience that it is not easy to cure. You can get the discharge down to the thin gleet stage, but to get rid of that final drop is the difficulty.

Dr.H.C.Allen-I want to say a word on that point. After you have treated the case to that stage you will find it has combined with Psora - when you find that gleet discharge Sycosis has combined with Psora, because it combines with Psora more readily than any other except it be chancroid. You find *Psorinum*, *Sulphur* and some

of the anti-psorics will come in and eradicate the whole thing. I have had no trouble in curing Gonorrhoea in the last few years. You must remember that you should select the remedy from that basis.

Dr.Campbell: I would like to ask Dr.Dillingham how he disposes of HAHNEMANN's prescriptions regarding diet in these specific cases, and why it does not apply to those as well as to general diseases.

Dr.Dillingham: I will tell you, doctor. I think HAHNEMANN lived in a country where there they did not have as good things to eat as we do in this country. I do not blame him at all for restricting diet in Germany. I certainly can cure a case just as quickly without paying any attention to the diet as I can by attending to it. If you diet a patient, if you change his diet, he gets better anyway, to a certain extent, and you are likely to attribute that to the remedy. I prefer to let them alone and cure them right where they are. The average person knows what he can eat and drink. I say "I have no interest at all in your diet. You know what looks good, smells good and tastes good, and whatever you crave, to a reasonable extent, ought to be good for you, and if anything hurts you, let it alone." Then I prescribe to the best of my ability, and I get on fairly well. I really pay no attention to diet, coffee, stimulants, pepper, mustard, and all that sort of thing. I think HAHNEMANN lived in a country where they had a great deal of bologna sausage, sauer kraut, strong mustard, and lots of stuff which no one knows what it is; he had to restrict diet.

Dr.Campbell: Did not you say they would get better if they changed their habits of diet?

Dr.Dillingham: They would improve in a general way.

Dr.Campbell: You do not want that done?

Dr.Dillingham: I do not want that done and think the medicine did it when it did not.

Dr.Campbell: I always apologize for these restrictions, by saying I want all the help I can get.

Dr.Boger: The history of a case that I treated may perhaps emphasize one point in these sometimes difficult cases. A young man came to me with sycotic warts all over the glans penis, it looked more like the genuine fircone than anything else, and HAHNEMANN prescriptions of *Thuja* and *Nitric acid* quickly cured the case. But he got a new infection, he was in Los Angeles then, and wrote me saying that the warts had all disappeared, but that he had got a new infection. He remained for one year in California, went up to San Francisco and was treated by several allopathic specialists there. He finally returned home, at the end of the

year. I first prescribed *Sulphur* CM on the general symptoms. He came to me afterwards, and for the first time I looked at that patient's tongue. Strange to say I had not looked at his tongue before, but it was the clearest case of Syphilis I ever saw. He is now under antisyphilitic treatment.

Dr.Dillingham: I want to ask Dr.Campbell if she ever cured case of hay fever by sending to the mountains.

Dr.Stow: It is getting to be notorious that allopathic physicians themselves are dictating as to the diet, that patients shall receive while undergoing treatment for gonorrhoea or syphilitic disease. Why is it? I think a liberal diet, that is, a wide range of food, not to be made up of sausages, mince pies, or anything that is too heavy for the average stomach to digest, is a good thing for those patients; and perhaps the man who has been accustomed to drink may as well keep on moderately. But as for dosing himself every day, as many of these patients do, it seems to me that is out of the question. This very thing is being recognized by our brethren of the allopathic school, and certainly ought to be cautious as they are in the treatment of this malady, with all their caustic and heroic medicines. I apprehend that one great reason why we find such difficulty - I say we, I don't know but my case is exceptional - in holding these cases, is that they will go to some physician and get a recipe, and get it filled at a drug store, and go on from week to week, and month to month treating themselves in that way. I have when I have changed diet of the patient. I have said to him: select first-class food, take it regularly, avoid stimulants, particularly alcoholic stimulants; if you are an excessive smoker do not smoke much, smoke less; if you are accustomed to take rich food, make that food plainer, and that is all. I find with these patients, the young sinners, and some of the old ones, too, that if you attempt to be too restrictive, they will dodge you within twenty-four hours. I agree, that to a certain extent, a liberal diet should be allowed, but rich foods ought to be restricted.

Dr.Pierson: HAHNEMANN says: First, remove the exciting cause in the treatment of all kinds of disease, and then prescribe on the totality of the remaining symptoms. I believe, as Dr. Dillingham has said, that when we send our patients to a climate that is very beneficial for their condition, that we are simply enabling many of the characteristics of the individual to become dormant; and when we restrict their diet beyond a reasonable limit, that is beyond the limit that a healthy man should be restricted, that many of the symptoms are simply being hidden for the time being, and we get

but a one-sided picture of the case. I do believe that the characteristic indications of diseases in general show themselves in their best light, when the patient comes to the physician under the same circumstances with which he is surrounded from day to day in his natural environment, and that we can do better work, and can make a more perfect picture of the conditions to be treated, or the characteristics of the individual, without these restrictions. Then, after you have picture of your case, after you have seen the unfavourable results of certain peculiar habits, you may possibly, with justice and with wisdom, make restrictions; but we should wait until we have clear indications for the curative remedy.

Dr. Campbell: That is all very well, Mr. President, if humanity in general was accustomed to think, but they come to you and pay for doing their thinking, and you have got to do some of it. If I have a case of chronic headache I say, now oblige me by leaving off tea, and let me see what it will do, and the leaving off of the tea often cures the headache. That person has not done any thinking. We are, in a measure, missionaries. Of course we do not do as much thinking for ourselves as we do for other people. Perhaps Dr. Dillingham does it, but that is according to my notion. I think you have got to set people thinking. Observation on the part of people in general does not prevail.

Dr. H.C. Allen: A great many times that is the only trouble.

Dr. James: In as much as coffee and tea can produce symptoms, and wine, beer and tobacco also produce symptoms, they are therefore drugs. If an individual takes any ordinary drug for the first time, it produces symptoms. If he acquires the habit of that drugs, the symptomatology gradually disappears and only re-appears again if he suspends his dose, consequently, in the treatment of such cases, if we suspend the dose that they usually take, either tobacco, coffee, or tea, we immediately have symptoms arising, and those are drug symptoms, and they help to mask the case and make the selection of the remedy more difficult. We have two classes of symptoms intermingled, the symptoms of the drug, and symptoms of the poison, and it makes it much more difficult to find a suitable remedy. Hence it may be well, as Dr. Dillingham suggests, not to interfere with this beer, or wine, or tobacco, tea, coffee or mustard, because in that way we are liable to produce a symptomatology that will mask the symptomatology that we are seeking to overcome.

Dr. Pierson: That was just the point I wanted to bring out. Another point that we as

Hahnemannians must consider, is that the drug does not produce the symptoms; that the indiscretions we may be guilty of from day to day are not the things that produce the symptoms. They act as exciting causes in all probability, but it is the characteristics, the personality of the individual receiving these things, that is brought out in the individual cases. It is because of this that we have such a variety of reports from different provers, and I think it cannot be too strongly emphasized, that when we stop the indiscretions or irregularities that have become fixed habits, another picture enters into the case that is liable to turn us from the one condition that we are seeking to remove entirely.

[An Extract from John STEINBECK's Travels with Charley, The Curtis Publishing Co. Inc. 1961]

The Redwoods (*Sequoia sempervirens* or *Sequoia gigantea*), once seen, leave a mark or create a vision that stays with you always. No one has ever successfully painted or photographed a redwood tree. The feeling they produce is not transferable. From them comes silence and awe. It's not only their unbelievable stature, nor the color which seems to shift and vary under your eyes, no they are not like any trees we know, they are ambassadors from another time. They have the mystery of ferns that disappeared a million years ago into the coal of the coniferous era. They carry their own light and shade. The vainest, most slap-happy and irreverent of men, in the presence of redwoods, goes under a spell of wonder and respect. Respect – that's the word. One feels the need to bow to unquestioned sovereigns. I have known these great ones since my earliest childhood, have lived among them, camped and slept against their warm monster bodies, and no amount of association has bred contempt in me. And the feeling is not limited to me.

A number of years ago, a newcomer, a stranger, moved to my country near Monterey. His senses must have been blunted and atrophied with money and the getting of it. He bought a grove of sempervirens in a deep valley near the coast, and then, as was his right by ownership, he cut them down and sold the lumber, and left on the ground the wreckage of his slaughter. Shock and numb outrage filled the town. This was not only murder but sacrilege. We looked on that man with loathing, and he was marked to the day of his death.

Of course, many of the ancient groves have been lumbered off, but many of the stately monuments remain and will remain, for a good and interesting reason. States and governments could not by and protect these holy trees. This being so, clubs, organizations, even individuals, bought them and dedicated them to the future. I don't know any other similar case. Such is the impact of the sequoias on the human mind. But what would it be on Charley?

I passed several groves and let them go as not quite adequate – and then on a level meadow by a stream we saw the grandfather, standing alone three hundred feet high and with the girth of a small apartment house. The branches with their flat, bright green leaves did not start below a hundred and fifty feet up. Under that was the straight, slightly tapering column with its red to purple to blue. Its top was noble and lightning-riven by some ancient storm. I coasted off the road and pulled to within fifty feet of the godlike thing, so close that I had to throw

back my head and raise my eyes to vertical to see its branches. This was the time I had waited for.

There's a cathedral hush here. Perhaps the thick soft bark absorbs sound and creates a silence. The trees rise straight up to zenith; there is no horizon. The dawn comes early and remains dawn until the sun is high. Then the green fernlike foliage so far up strains the sunlight to a green-gold and distributes it in shafts or rather in stripes of light and shade. After the sun passes zenith it is afternoon and quickly evening with a whispering dusk as long as there was the morning.

Thus time and the ordinary divisions of the day are changed. To me dawn and dusk are quiet times, and here in the redwoods nearly the whole of daylight is a quiet time. Birds move in the dim light or flash like sparks through the stripes of sun, but they make little sound. Underfoot in a mattress of needles deposited for over two thousand years. No sound of footsteps can be heard on this thick blanket. To me there's a remote and cloistered feeling here. One holds back speech for fear of disturbing something. What? From my earliest childhood I've felt that something was going on in the groves, something of which I was not a part.

At night, the darkness is black – only straight up a patch of gray and an occasional star. And there's a breathing in the back, for these huge things that control the day and inhabit the night are living things and have presence and perhaps, feeling, and, somewhere in deep-down perception, perhaps communication. I have had a lifelong association with these things. (Odd that the word "trees" does not apply). I can accept them and their power and their age because I was early exposed to them. On the other hand, people lacking such experience began to have a feeling of uneasiness here, of danger, of being shut in, enclosed and overwhelmed. It is not only the size of these redwoods but their strangeness that frightens them. And why not? For these are the last remaining members of a race that flourished over four continents as far back in geologic time as the upper Jurassic period. Fossils of these ancients have been found dating from the Cretaceous era while in the Eocene and Miocene they were spread over England and Europe and America. And then the glaciers moved down and wiped the titans out beyond recovery. And only these few are left – a stunning memory of what the world was like once long ago. Can it be that we do not love to be reminded that we are very young and callow in a world that was old when we came into it? And could there be a strong resistance to the certainty that a living world will continue its stately way when we no longer inhabit it?

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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. Homœopathy for Sports, Exercise and Dance By THOMAS, Emlyn. Published by Beaconsfield Publishers Ltd. 2000. ISBN 0-906584-48-5.

This is a book of over 320 pages where the author who is a physiotherapist and a homœopath has done extensive work on rehabilitating athletes games players and other active people after injury. His own injury led him to discover homœopathic medicine when his own G.P's receptionist suggested *Arnica* and *Ruta* which would help. His injury cleared up wonderfully and as the author states, "I have blessed that anonymous receptionist ever since."

The book is divided into 2 parts basically and has 13 chapters and 3 important additional appendix plus an extensive remedy and general index. The author states that the book can be consulted and profitably utilized by

1. A sport medicine professional or trainer
2. A club manager, coach or dance director
3. A sports performer, dancer, walker, fitness seeker or any ordinary person to relieve the effects of injuries and over strain in day to day life.

Chapters 1 to 5 provide an introduction to the homœopathic medicine, how the remedies are produced and tested and there is guidance on managing the treatment.

Chapter 6 offers suggestions or what is called as first contact treatment for injuries and Chapter 7 gives similar guidelines for treatment of overuse injuries. Chapter 8 is a large chapter of over 100 pages which deals with the most common injuries to foot, ankle, leg, knee, thigh, hip and groin, genital injuries, shoulder, arm, wrist and hand injuries, back and neck injuries, cervical spine injuries and head injuries. The most appropriate homœopathic remedies suited to the symptoms manifested in each type of injuries are suggested. Chapter 9 deals with common conditions which afflict sports-men and women, exercise devote and dancers. Here you will find common conditions like colds, flu, stomach upsets, diarrhoea, cramps, food poisoning, piles, sleeplessness, tummy upsets, warts and wounds and a host of other conditions, encountered by physically active people. Athletes and dancers tend to be more susceptible to

these complaints than those with less active life styles. Chapter 10 roughly about 60 pages is a description of remedies given in this book together with some indications of their sources. Here the *Materia Medica* of these remedies is considered only from the point of view of the most appropriate uses of the remedies for sports, exercise and dance performance. The other detail aspect of the drug pictures is not given.

Chapters 11 and 12 looks at the psychological effects of injuries and the remedies that could effectively deal with them, the later chapter that is 12 suggests homœopathic means for improving performance, an aspect in today's modern world of highly competitive field of sports and athletics offers exciting possibilities.

Chapter 13 suggests other complementary therapies and techniques like Acupressure and Acupuncture, Osteopathy, Chiropractic, Healing, Qi-Gong, Reflexology, Alexander technique, Hypnotherapy.

In the three appendices that are given in this book we have list of homœopathic suppliers and organizations, homœopathic First Aid kit, and references for further reading. A useful remedy and general index completes this book.

Excellent published by Beaconsfield with no printing errors, moderately priced and easy to read print. This is a valuable book for sports persons, sports physicians, trainers, physiotherapists and even lay persons.

D.E. MISTRY

2. Weeding out the Tears by Jeanne WHITE, with Susan DWORKIN, Pub. Avon Books, condensed in the Readers Digest Condensed books. 1977.

"Every book is a key to a New World". Nothing else can give joy and happiness, stimulate thinking and in many cases lead to self-improvement. There are authors who write from the heart and those who write from their head. We can savour both.

Ten years ago I had the good fortune to read Dr. Abraham VERGHES' 'National Best seller' 'My Own Country'- a medical journey . . . a book about the effect of AIDS epidemic in a deeply traditional, non-urban, 'country' setting in

the USA. The book made a tremendous impact. It was written from the heart.

The condensed book **'Weeding out the Tears'** is about a boy - a born haemophiliac - who suffered from AIDS and died at 18 year age. How did this boy contact AIDS? He got the disease from the Factor VIII that was being given then (1970s) for Haemophilia. A haemophiliac needs the Factor periodically for survival. If the Factor comes from contaminated blood it then takes the infection into the haemophiliac. **Thus a drug that was supposed to help haemophiliac to live normal lives itself sometimes gives another more serious disease that will surely kill him!**

How serious was this – the Factor contaminated with AIDS virus making the haemophiliacs victims of AIDS? “When, in 1985, the ‘Clinics’ started testing haemophiliacs, they found that more than 80 percent of them had AIDS!”

The book written by Jeanne WHITE, the mother of RYAN the haemophiliac who got AIDS from his Factor, is from the heart, full of information about the disease, it narrates the ostracization the family had to suffer because RYAN had AIDS, the spite and malice in the community, the school’s refusal to let RYAN in, the legal cases fought by WHITE, the courage with which RYAN withstood many sufferings as the disease raged through him, the many good people in the Society, some of them great celebrities - like Elton JOHN or Michael JACKSON who gifted to RYAN a Mustang car – who all helped Mrs. WHITE to organize and educate people to know details of AIDS. RYAN and his mother spread the AIDS Awareness programme all over. After it was known that Rock HUDSON, the famous film star, had AIDS, the interest in AIDS awareness grew. RYAN brought awareness to the haemophiliacs that they could get AIDS from the Factor they had to have regularly. All the while RYAN became worse and worse, but **braver** in facing his ailment. His spirit was strong.

On 27th May 1996 President Bill CLINTON signed the re-authorization of the **Ryan White CARE Act**. President CLINTON said “It’s hard to believe but AIDS has now been with us for nearly two decades. **In that time, more than half a million Americans have been diagnosed; more than three hundred thousand of our fellow citizens have died**” [stress mine = KSS] He continued: “Today there is hope for a cure. But until there is a cure, we cannot and must not rest. RYAN WHITE taught a Nation to care instead of hate, to embrace people living with AIDS as a part

of an American family, to extend always the hand of hope,”

About 50-60 years ago the famous John GUNTHER, Journalist known as the ‘Insides man’ because he wrote series of famous books on his journeys into several countries including the ‘Iron Curtain’ ones like Russia, which were not ‘open’, - wrote a true story about his son GUNTHER Jr. who was a very brilliant boy, was diagnosed with brain tumour with only a short span of life left for him. This boy with hardly half of his brain functioning continued to astonish everyone with his brilliance and facing life bravely knowing that he was dying. This book was titled **'Death be not Proud'**. This book which I read so many years ago is still impressed in my mind.

The story of RYAN WHITE written by his mother Jeanne WHITE will also remain impressed for long.

K.S.SRINIVASAN

3. Seminar on Death, Dying and Beyond (6-8 December 2002), - A Report. Sri Aurobindo International Institute for Integral Health and Research, 2003.

This is a Report (in a Book Form 276 pages) of a Seminar convened on December 6-8, 2002 by the **Sri Aurobindo International Institute for Integral Health and Research (SAIIHR)**.

The Seminar received not less than 16 papers from all over. Although I saw names of at least three homœopaths out of 56 participants, none of them have presented any paper. All the contributions are very interesting and stimulate thinking.

In the Mahabharata, Aranya Parva, Ch.315, Yaksha Prasna, Dharmaputra answers that death is the nature of men (‘maranam mānusho bhāva’); he also answers that “although every day living beings die yet the remaining living beings wish to stay on permanently in this world and nothing is more surprising than this.”

In the Kathopanishad, Yama, the lord of Death tells Nachiketa who requested Yama to teach him the secret of death (and birth), that this secret haunted even the Gods. Of all, Nachiketa alone, returned from Death. Death refused to take him!

Death accompanies every creature from the moment it is conceived in the womb. It accompanies the creature throughout. Hence it is not something that comes suddenly. It is a process. Everything in this world goes through this process, for **everything in this universe is living.**

Acharya Jagadish Chandra BOSE one of India's greatest Scientists, a Nationalist also, was "amazed to find boundary lines vanishing and points of contact emerging between the realm of Living and the Non-living. Metals, he found responding to stimulus; they were subject to fatigue, stimulated by certain drugs and killed by poisons. Matter had thus the promise and potency of life. This most astonishing discovery announced before the International Science Congress in Paris in 1900, created a great sensation among the assembled scientists of the world."

Thus everything in this universe is destined to die. Death is not something that surprises; **it is a process.**

What is saddening is not death itself but the efforts taken by everyone to evade death, to 'prolong' life, even if such a 'prolongation' is painful. They keep repeating "God should take me away soon, death is preferable to this suffering in the hospitals with operations, tablets, injections and so much of drudgery all round", yet they are not giving up, they hold on to!

The sages and saints also have spoken of "death the terrible." They say "Who will save you in your death bed? Not your money, not your children, not your friends, only the name of God will save you" – Purandaradasa, Thyagaraja, Pattinathar, Arunagirinathar and many more. Thus a 'terrible' fear of death has been put into our mind. The Lord of Death, Yama, has always been pictured as a powerful, muscular, big moustached, unsympathetic eyes and riding a big buffalo! The fear of death is strongly put forth.

It is incumbent upon those living to perform rituals to pacify the spirit of the dead, otherwise, woe unto your family!

On the other hand, there are those who braved it all. Subramanya Bharathi challenged Death to dare to approach him. He proclaimed that while all – Sankara, Ramanuja, Rama, Krishna, Jesus, Buddha died, he shall not die! In our own times the great Tamil poet Kannadasan also proclaimed "I am permanent, not destructible. No death for me"!

The Seminar paper and discussions cover all the aspects of dying and death.

Few years ago a friend in his early 70s was ill and dragging on in the hospital. His wife and children were sad to see him suffering endlessly. He was more or less comatose. When his daughter told me of this, I told her that they should willingly let him go and he too should do so. I told her to whisper into the ear of her father when he comes to from the coma for brief moments, that all his family were well and happy and he need not be anxious

about them and he can go peacefully. She did it, he smiled and in few hours passed away.

In the case of RYAN WHITE the haemophilic boy with AIDS (book review above) when he was lingering and the doctors put him on support systems which they said will not in any case bring him back but was just extending his misery and his mother could ask for their removal if she chose to do so. The lady whispered in the ear of RYAN "it is alright son, you can now let go" and asked the support systems to be withdrawn and the boy dies peacefully.

So, there we are. It's something to do more with the Will, the Will to Live or to Die. We should know when to choose to - will to live on – for what purpose – or to will to pass away, vacate the place to give room to some one else. Holding on to Life stubbornly and purposelessly as a burden to one and all is the mark of a social parasite.

Homœopathic philosophy is clear in this: we should "use our body and mind for the higher purposes of life." Zen says "higher purpose means higher good". **So simple, yet so profound.**

I enjoyed reading the contributions of all the authors.

- K.S. SRINIVASAN

4. Samuel HAHNEMANN, Krankjournal DF2 (1836-1842), Band 40. Transkription und Übersetzung von Arnold Michalowski. Herausgegeben von Robert Jütte, Institut für Geschichte der Medizin der Robert Bosch Stiftung, Stuttgart. Karl F. Haug Verlag, Stuttgart. 2003.

This is the eighth in the series of transcriptions of Samuel HAHNEMANN's Case Registers, carefully preserved in the **Institute for History of Medicine, Robert Bosch Foundation.**

These volumes are faithful reproductions of the Case Registers and a study of these are more of historical importance and indicate the development of HAHNEMANN's continuous experiments in the application of homœopathic therapeutics, his development up to his last years.

The present volume – DF.2 – (DF indicating the Case Registers pertaining to the Paris Period; 'D' volumes pertain to German period 1800-1835. While the D series are verbatim transcription of the German manuscript into print, the DF are transcribed from French and translated into German; HAHNEMANN Case Registers during the 'Paris period' are in French and for the facility of the German-speaking the transcription is translated into German and put. The page on the left is in French while on the right is the German.

The homœopathic world has been eagerly waiting to get to know HAHNEMANN's own practice especially with reference to the 50 millesimal-scale potencies. Until some years ago there was debate whether the §§ 270 - 273 in the **Organon** VI edition were indeed HAHNEMANN's or they were an interference by MELANIE HAHNEMANN or someone else. This was settled once and for all as they were found in the original manuscript in HAHNEMANN's hand, when a text-critical edition was published by Dr. Josef M. SCHMIDT (1983) after an year-long careful study of the manuscripts in the School for Medicine, San Francisco, USA.

Similarly with the publication of these text critical editions of the Case Registers the Practice of HAHNEMANN during his Paris period could be known.

Until he left Koethen for Paris, HAHNEMANN entered in his Register Cases in chronological order. While in the Paris Period he followed each case in continuous pages; he left few pages blank after the first consultation so that subsequent consultations were continued without break.

HAHNEMANN dispensed his medicines in liquid doses. It should be pointed out that in the **Organon** V edition (1833) HAHNEMANN had already recommended liquid doses. It is therefore quite surprising that although the V edition was the one in use for decades and referred to by such stalwarts as von BOENNINGHAUSEN, LIPPE, KENT, BOGER, NASH, FARRINGTON and latter day ROBERTS, Elizabeth WRIGHT-HUBBARD, PULFORD, et al up to Pierre SCHMIDT all used the dry doses only. Nowhere any one of these stalwarts has said **why he/she chose to ignore HAHNEMANN in this aspect**. This 'dry doses' methodology persists until today except with those who use the 50-millesimal Scale (LM, Q) potencies. However, even in this potency scale many use the dry dose! One reason is said to be that the liquid dose is cumbersome and difficult to be followed by the patient as well as the physician.

We also see in this Case Register, that sometimes the remedy was administered by olfaction. This method also has not been at any time to the best of our knowledge attempted by any of the followers from HERING to date.

There are two different hands in the Register – HAHNEMANN's and MELANIE's. We see that in almost all cases much is in HAHNEMANN's hand. However, as we progress towards 1842, more of MELANIE's hand with the Master making additions and prescription.

Unlike the Case Reports of the modern homœopaths in which we find nearly 90% 'mental' part and hardly 10% 'physical', in the HAHNEMANN Case Register we see 90% physical complaints and 10% of **associated** 'mental' symptoms. *Sulphur* is the most often prescribed remedy in this period.

The original Case Register DF2 is in format 16.5cm x 21 cm x 2.5 cm containing 281 very closely written pages tannex of 18 pages. The printed transcription covers 956 pages (one side French and opposite side German version).

The reader has to be thorough with **Organon** and **Chronic Diseases** to appreciate HAHNEMANN's Practice. Shallow reading as such would teach nothing.

The Case Registers are treasures. The homœopathic world is deeply indebted to the **Institute of History of Medicine** of the **Robert Bosch Foundation**, Stuttgart, Prof. Dr. Robert JÜTTE, the editor of the whole Project, Dr. Arnold MICHALOWSKI who has done the onerous job of transcription and translation, and the publisher Karl F. Haug Verlag, Stuttgart.

Many more volumes will follow over the years, we hope, sooner.

- K.S. SRINIVASAN

5. Cardiovascular Diseases and Homœopathic Treatment, by E.BALAKRISHNAN, B.Jain Publishers (P) Ltd., New Delhi 110055.

paperback. 387 pages. 2004. Rs.145/-. This book is most welcome for more than one reason. As I had said in my Preface, homœopathic book on Cardiac diseases is very rare. It is generally thought that heart diseases are surgeon's area, since great strides have been made in Surgery. Also heart diseases are more common in the upper economic strata of the society who are willing to spend large amounts for surgery and other such care. It is not so with the common man; if he gets a heart disease he cannot afford the surgery; he therefore looks for alternate therapy. Homœopathy is the most suited for this. It is asked whether heart 'emergencies' can be handled by Homœopathy? It can. In fact there are several emergencies handled successfully. We can read them scattered here and there in the old journals. If surgeons come forward to co-operate we can do better – costwise, post-operative recouplementwise, etc. Homœopaths should come out of their self-made inhibitions and come forward.

BALAKRISHNAN's book contains a treasure of ideas and information. **I warmly recommend the book to all practitioners.** The book should be

read, discussed among themselves by the
homœopaths.

SRINIVASAN

- K.S.



S.M. GUNAWANTE (1915–2004)

Shantaram M. GUNAWANTE (19 January 1915 – 16 August 2004) is from the village Gunawante, Honavar, Dist. North Kanara.

I came to know late Dr. GUNAWANTE over two decades ago from my frequent visits to Bombay – at least twice a year if not more, particularly to attend the wonderful Seminars which is responsible for the spread of high quality Homœopathic Practice not only in Bombay but all over the country. Bombay became the hub of Homœopathic activity. Many young, ardently devoted Homœopathy practitioners led by Dr. Rajan SANKARAN, gathered together and took up deep study. One of their main activity in this regard was to organize periodical Seminars under the Homœopathic Convention Committee. The one man who had genial temper and love of Homœopathy was Dr. S.M. GUNAWANTE who commanded the respect and affection of all these homœopaths and he was at the Centre of this group.

GUNAWANTE was unassuming. He was introduced to Homœopathy in 1950 when he came into contact with the late Dr.G.L. KOPPIKAR under whose guidance he studied extensively, and in due course of time he immersed himself in it.

He was associated with the late Dr. Bhanu Desai, MBBS an ardent Homœopath. Under Dr. Bhanu Desai's instruction he wrote a very good

book on Paediatrics (I do not recall the title) which was published by The Hahnemann Publishing Co. (P) Ltd., Calcutta, which was issued out in the name of Dr. Bhanu Desai. To the best of my knowledge this very good book has not been reprinted.

Dr. GUNAWANTE was a very important part of the **Subodh Mehta Medical Centre**, Bombay where many budding homœopaths received their training. GUNAWANTE's own knowledge of Homœopathy grew further and out of these and his own daily practice came books which were very well received by the profession. These books are: '**Introduction to Homœopathic Prescribing**', '**Genius of Homœopathic Remedies**', '**Probing the Mind**', '**The Amazing Power of Homœopathy**', '**How to**

become a Homœopathic Healer'. Dr. GUNAWANTE sent manuscripts of two of these books – **'Genius of Homœopathic Remedies'**, **'How to become a Homœopathic Healer'** to me before their publication. His article of **Repertorial Exercise** appeared in the Journal of the American Institute of Homœopathy, Vol.89,2/1989. His book was well reviewed in the British Journal of Homœopathy also. One book of his has been translated into German in 1999 with the title **'Theory and Practice of Homœopathy'** and had a good review (AHZ. 247, 5/2002).

Dr. GUNAWANTE suffered from Diabetes. He lost his wife (she was also diabetic) and later his two daughters. He bore these bereavements stoically with intense faith in God.

He became seriously ill and after a few weeks in hospital passed on 16 August 2004.

Homœopathy in India has suffered an irreparable loss.

Personally I have not fully come out of the passing away of my good friends of many years, Dr. Will KLUNKER and Dr. Jacques BAUR (in 2002 and 2003 respectively) and Sri S.M. GUNAWANTE's passing away now has added to the grief. GUNAWANTE called me his brother.

He will not be forgotten. May his soul rest in peace.

- K.S. SRINIVASAN.

COMING EVENTS: Improving the success of Homeopathy 5 A Global Persoective – London A two day International Conference, 19-20 May 2005. Main purposes of the Conference:

- To examine the implications for research and development of globalisation
- Consider how the diverse and geographically widespread elements can be connected
- Review possible applications of homœopathy in agriculture and elsewhere
- Establish where the pitfalls lie and how they can be avoided
- Mapping the way for the healthy development of homœopathy by harnessing synergies while respecting regional particularities.

General Information: Date: 19-20 May 2005

Fee: £250 [concessions may apply] £195 for 'early birds' who register before 15.02.2005

Venue: Institute of Child Health, 30 Guildford Street, London WC1N 1EH

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[An Extract from John STEINBECK's Travels with Charley, The Curtis Publishing Co. Inc. 1961]

I went back to my clean little room. I don't ever drink alone. It's not much fun. And I don't think I will until I am an alcoholic. But this night I got a bottle of vodka from my stores and took it to my cell. In the bathroom two water tumblers were sealed in cellophane sacks with the words: "These glasses are sterilized for your protection". Across the toilet seat a strip of paper bore the message: "This seat has been sterilized with ultraviolet light for your protection." Everyone was protecting me and it was horrible. I tore the glass from their cover. I violated the toilet-seat seal with my foot. I poured half

a tumbler of vodka and drank it and then another. Then I lay deep in hot water in the tub and I was utterly miserable, and nothing was good anywhere.

I remember an old Arab in North Africa, a man whose hands had never felt water. He gave me mint tea in a glass so coated with use that it was opaque, but he handed me companionship, and the tea was wonderful because of it. And without any protection my teeth didn't fall out, nor did running sore develop. I began to formulate a new law describing the relationship of protection to despondency. A sad soul can kill you quicker, far quicker, than a germ.

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3. QHD, VOL. XXI, 3 & 4, 2004

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. Think it over

GUPTA, Nolini Kanta (NAMA. 10, 2/2002)

What is the aim of all medicine? To relieve suffering? All the drugs, surgeries, medical care and medical research are ultimately geared to that end. Yet surprisingly no one asks – why do we suffer? How does one really cure it? Is there another way?

It is the human way of dealing with things and must naturally be very limited in its scope and efficacy.

Happiness is a quality that depends upon something else and comes from elsewhere. It is not directly proportional to material well-being. Unhappiness too is a psychological entity and consists in a special vibration of mind and vitality and consequently of the physical being – due to a warp in the consciousness itself, in the core of the inner personality. The spiritual healers always refer to the bliss of Spirit as the sole remedy for physical ills even, for disease, misery and death.

True charity is in the sole possession of him alone who has found the bliss of the Spirit and dwells in it always. He may even appear to be

aloof and indifferent. But his presence itself is a healing power: the patient feels it and wonders at ease and happiness that comes into him as if from nowhere. Many physicians have this kind of healing power; indeed without that, a mere medical man, with his pharmacopoeia, is no physician. It may not be well known and recognized, but it is a fact that a good part of the efficacy of medicine lies in the subtle influence, the vital health, that the doctor puts into his medicine or even directly into the body of his patient. And in the case of a spiritual Bhishak, the power can be raised to the ⁿth degree. The healer need not even be present at all physically near the patient; his influence can act very well from any distance. The healing power is

in the spiritual consciousness, the inalienable bliss of one's status in the Spirit.

Vanity and ambition are the motive powers that lie behind the philanthropical spirit born out of sympathy. Sympathy leads to philanthropy, empathy is the origin of charity, the spiritual compassion of a Buddha or a Christ.

2. Loi de Similitude: § 26 (Law of Similitude: §26)

LONG, Bernard (RBH. 32, 1/2002)

The 26th aphorism of the 6th edition of the **Organon** is discussed – The natural law of Homœopathy.

It is a law of communication between concrete systems. It assumes that the man and the world form two poles of a single system. Homœopathy is an imitative therapeutics.

3. Notions de Miasme “Souillure” = Contagion et de Maladie Chronique.

(Ideas on Miasm = “Stain” = Contagion and Chronic Disease)

VANDEN EYNDE, Eric (RBH. 32, 2/2002)

Trying to understand the miasms – Psora as the inherited ‘stain’ – the primary problem of all individuals – a lack in each person which is inherent, inform, unquestionable and is called the Psoric factor.

In face of a real life experience when a person opposes in defence or attacks the external world or revolts is the Sycosis or égotrophy – a spontaneous reactionary attitude.

Another spontaneous reactionary attitude is – Syphilis or egolysis – the submission, or flight or abandon which one easily adopts when one refuses to fight. It is also certainty of personal incapacity or the negation of one self.

The Primary Latent Psora is the simple acceptance of the fact that one is vulnerable and has a mortal soul and of a spirit which is eternal and

immortal. It is accepting the mystery – the question without response.

The Secondary awakened Psora is the existential anguish, profound suffering with no justification, a problem from the interior of the man in response to an external experience. It is upto the individual endowed with reason and an intellect and liberty to understand this stain, this lack and to reflect conscientiously and return to his stage of primary latent Psora and not progress with secondary Psora.

The Secondary Psora is reactionary – it could be justification, reaction, opposition, objectivisation of real life experiences. The Secondary Psora tries to find an external cause for its justification. It can have two opposite attitudes Sycosis or Syphilis.

4. Homœopathy: The therapy that dare not speak its Name?
MILGROM, Lionel (CCR. 10, 1/2003)

This article recalls the history of Homœopathy. [Like the majority of persons who attempt to explain the origin of Homœopathy, MILGROM also says that “the idea of ‘like cures like’ was well known to PARACELSUS and to the ancient Greeks” centuries before HAHNEMANN and HAHNEMANN only ‘rediscovered’ it. The ‘similar’ which was the idea before HAHNEMANN was different. For example even during the Vedic periods there was treatment by the ‘similar’. But the ‘similar’ was like ‘yellow juice’ of the plant or the blood of the yellow bird is medicine for Jaundice. In the ‘Preface’ to the **Organon** I ed. HAHNEMANN has clearly said that no one before him made the ‘inquiries’ in the manner he did and that he was the first person to discover the Law of Similars. = KSS]

MILGROM’s article is interesting and thought-provoking.

5. The Terminally Ill
PANDEY, Alok (NAMA. 11, 3/2003)

The **Sri Aurobindo International Institute for Integral Health** (SAIIHR) held in 2003 a conference on the topic of death. One of the most practical difficulties raised during the session by Counsellors was: how do we interact with and bring solace to those who are terminally ill without feeling a deep sense conflict and sorrow inside us? How do we face death day after day without sinking into depression ourselves? Death is a difficult path we all have to tread, yet refuse to look at.

This article touches some of these core issues. [We can help with our medicines to minimize pain in the terminally ill patients. Until the end we cannot give up because we cannot say that the patient is indeed in “terminal” state; we have seen apparently well improving patient, suddenly turn “terminal” within an hour! All these experiences must make us humble and realize that we are neither “life-givers” nor “life-takers”. I would draw your kind attention to what HAHNEMANN has said in regard to the quality, character of a physician. “.... Knowest thou the man that has just passed us clad in a coarse woollen garment? In his venerable aged form beams universal philanthropy. That is Eumenes, the physician. The many thousands that he yearly makes by the practice of his Art, he does not spend on fine country houses and on the other vain trifles of the luxurious. His happiness consists in doing good! About the tenth part of his large income he uses for his limited wants, the rest he puts out to interest in the State. And how? Thou askest me. To the poor he gives his aid, his medical skill. With his stores he supports the convalescent families until they are able to help themselves and with the costliest of his wines he revives the dying. He seeks out miserable in their dirty hovels and appears to them as a beneficent divinity; yes, when the all-vivifying sun, the image of the unknown God, refrains from showing the dying its life-bestowing face, and even at midnight he appears in the huts of the miserable to assist them, and lavishes on them consolation, advice and aid. They worship him as our ancestors worshipped the beneficent demi-gods, Osisis, Ceres and Aesculapius. Will thou soon commence to envy him?” (“Socrates and Physon’ – 1795).

Also refer to Hahnemann’s treatment of Prince SCHWARZENBERG in 1817. The Prince died months after he left Hahnemann’s treatment; however, the Palace Physicians blamed HAHNEMANN. **“For himself HAHNEMANN was confident of having tried and done all for the best. It was therefore with a calm conscience and without any fear that he walked along in his mourning crepe immediately behind the hearse in the pompous funeral procession....”** (See Haehl, Vol. I P.111) = KSS]

6. What on earth is Homœopathy? Esotericism, Shamanism, Alchemy, an Art or a motor for a science of tomorrow?
SCHLINGENSIEPEN-BRYSCH, Irene
(HL. 16, 1/2003)

The following article deals with four questions:

I. Shamanism, Alchemy, Science? – all being steps in the cultural evolution of mankind, Homœopathy cannot be seen as a method of healing compatible with the experience of Shamanism or a mythological understanding of the world. A person trained to see and understand the world in such a way may perceive a context that a homœopath cannot be aware of or fully assess. Good doctors can always use some of the healing mechanisms developed by these allied arts of Healing.

II. Could science play a clarifying role in the actual debate among different homœopathic schools?

Homœopathy is a mixture of classic techniques of simple repertorisation and study of *Materia Medica*, and the new approaches towards viewing disease and health advocated by the various modern gurus. The author says that so far no real quality criteriae have been developed and agreed upon, to serve as landmarks in homœopathic education and practice. Thus it becomes difficult to estimate the value or significance of an old or new method. The need of the hour is therefore a scientific approach towards these different methods. We need to turn to controlled studies of these different approaches as objectively as possible.

III. Can modern Physics provide the missing link in explaining the effects of Homœopathy – Homœopathy: a trigger for a Science of tomorrow?

Homœopathy has already set standards for a Science of tomorrow. One of its biggest scientific assets is its refinement of the observation of illness as well as the process of healing. None of the allopathic medical disciplines has yet developed observation and perception of the patient as a whole, to such an exactness and depth as Homœopathy. Scientific experiments in Biophysics are now able to explain various homœopathic concepts of *similimum*, by dilution and potentisation etc.

IV. Meet your own prejudice: Alchemy and Homœopathy.

Alchemy is a millennia-old attempt to discover the relationship of man to the cosmos and to exploit this relationship to his benefit. In Homœopathy, the empirical observations of Provings, Disease and of Healing – conclude that a specific state in a living organism has a correspondence that is preserved or expressed in a characteristic pattern in another materialized structure – like plants, animals, elements etc.

7. Dynamis and libido - Hahnemann S. and Jung C.G., or what morbidly affects the Vital Force

WEILAND, Jürgen (HL. 16, 1/2003)

According to HAHNEMANN “It is the morbidly affected Vital Force alone that produces disease” (§12) and again according to him – it would be of no practical utility to know how it produces disease.... The quest to know more about the how and why of health and disease leads one into a training in Analytical Psychology of C.G. JUNG.

There is a great similarity between the libido of JUNG and Hahnemann’s definition of the Vital Force. Jung’s definition of libido encompasses - the desires (animal eating and drinking, sexual etc.) – The Mental Power (affects and emotions) – The Instincts (archetypal material like the hero or the great mother – *Magna Mater*).

Libido is the force which energises a symptom and during our daily work with patients we must look for these dynamic symptoms charged with libido.

Each person has a personal and collective part of the Unconscious. In the personal complex – personal experiences are stored in a specific manner depending on what kind of experiences was made. These complexes can have an influence on the general constitution of the individual. It helps to be aware of these influences when personal experiences have been bad. These complexes when they are negative can get stuck and the libido reacts with dynamic signs and symptoms. With our *Materia Medica* we can give a specific answer to this libidinous language. The *Similimum* can release a lot of energy that has been stuck. Most of the material of the personal and Collective Unconscious is represented in our *Materia Medica*.

The author concludes by saying that being aware of “What can morbidly affect the harmonious flow of the dynamis” can give us a bit more of happiness and self-contentedness.

8. Misunderstanding – On some misunderstandings in the historical interpretation of Hahnemann’s work
APPELL, Rainer G. (HL. 16, 1/2003)

Hahnemann’s postulate: ‘Imitate me, but imitate exactly’ is examined critically, as is his demand of the impartial observer.

The author says that HAHNEMANN is silent over what is to be copied exactly and carefully. He was well aware of the burden that he was superimposing on his followers with his command.

Is true objectivity possible with the subjectivity that each observer brings into his studies?

A symptom may have an objective character but the therapist as an interpreter and translator of this symptom cannot eliminate his subjectivity.

The fiction of objectivity, the unprejudiced observer the mathematical precision – all this conjures up an impartiality, which is not free of hardness and self-righteousness. The author asks “how can you perceive someone if you do not perceive yourself?”

Subjectivity is a part of objective observation. He concludes – ‘Copy it, but everybody in their own fashion please!’ [What an advice! It is clear from carefully reading HAHNEMANN (not just the **Organon** alone) that his admonition was only to follow him (meaning, his teachings) and follow exactly, not according each person’s personal ‘understanding’, but as much objectivity as possible. One cannot bring in one’s own pet aversions and likes in the practical application of Homœopathy which would lead to failure making them say that Homœopathy failed = KSS]

9. Homœopathy: Classical, Baroque and Hip-hop STEWART, Robert (AH. 9/2003)

This is a very interesting study of homœopathic philosophy, methodologies of Practice.

The author argues rightly that the homœopathic Law of Cure is a datum of experience, it should be universally valid but the methodology for determining the similitude, however, is not so inexorable, is not fixed by the Law: a law is not a method. Hence – Similitude is an Art and Science.

STEWART says that in many ways PARACELSUS was a direct antecedent to HAHNEMANN. Paracelsus’ **Archaeus** was the progenitor of Hahnemann’s **geistartige Lebenskraft**; his so-called Doctrine of signatures, a kind of **similia similibus**. While only 300 years separate the two, a vast psychological chasm divides their clinical approaches. [The ‘similarity’ approach has been there even before PARACELSUS, in other parts of the World. In the ‘Vedic Period’ “yellow Birds are used to carry away the yellowness (jaundice) of a patient” (“... the frog whose nature is cool and wet, served as the receptacle for the hot fever. Bloomfield and Henry consider that such a practice is an example of allopathic, as opposed to homœopathic medicine which is exemplified at KauśS 26, 14-21 (AVŚ 1.22), where yellow birds are used to carry away the yellowness (jaundice) of a patient. This is indeed, one explanation. FILLIOZAT, has proposed a different, equally valid, interpretation: In this way FILLIOZAT understands both the yellow birds and the frog to be used

homœopathically ...” p. 38 of **Medicine in the Veda** Vol. I by Kenneth G. ZYSK, Motilal Banaridas Publishers, Delhi, 1996. The reference quoted in the above passage is from the **Atharva Veda Samhita** (the word Homœopathy is used by the annotators themselves in the passage itself). It will be evident ‘similarity’ in application of medicine is as old as the Veda - and to HIPPOCRATES in the West – many centuries before PARACELSUS. However, all these ‘similars’ are different from Hahnemann’s **Law of Similars**. None of these including PARACELSUS seem to have influenced HAHNEMANN when he experimented with the Peruvian Bark infusion. HAHNEMANN himself says that the idea ‘dawned’ on him and he cut his own path. His admonition, “imitate me, but imitate me exactly” was directed at those who did not understand what he meant by ‘similar’ and criticised him **wrongly**. It is not a ‘fiat’ and it is not a mark of rigidity. The context in which he gave this admonition must be understood. One cannot lift this admonition from its context and quote it to besmear HAHNEMANN = KSS]

STEWART discusses the use of metaphor in homœopathic prescribing. This is thought-provoking. Further on, he discusses extensively DESCARTES, COPERNICUS, VESALIUS, BACON, ARISTOTLE.

Towards the end of the article STEWART refers to the Spanish Philosopher/Physician P.Lain ENTRALGO. Dr. ENTRALGO identifies a four-fold motivation for the Practice of Medicine:

- i) ‘**ego adiuvars**’, which is the sincere desire to help;
- ii) ‘**ego sapiens**’, which is an appeal to cognition, where the patient is the object of rational understanding’;
- iii) ‘**ego fungens**’ which is the attainment of an official position, where the patient is viewed as a part of social machine;
- iv) ‘**ego cupiens**’ which is defined as a “more or less dissimulated appetite for money and fame,” where the patient represents a source of gain.

While two or more motives perhaps intertwine in every practitioner, usually one predominates.

STEWART says that because of the present political/legal situation, no homœopath today has the luxury of ‘ego fungens’. The State does not require our services to keep the wheels of Society spinning. It is therefore doubly shameful to see so many homœopaths falling under the rubric of ‘**ego cupiens**’ – actually more accurately called **aude cupere**. [We agree that many whose ‘profession’ is

'Homœopathic Physician' holding university degree fall under the category 'ego cupiens' = KSS]

10. Homœopathy and Enneagrams – Using the Enneagram to Diagnose Miasms and Kingdoms
SCHMITT, Frédéric (AH. 9/2003)

Extracts: The concept of the Vital Force is the fundamental, as it underpins the entire doctrinal edifice from the understanding of health and disease to the actions of potentized medicines.

Disease is an energetic imbalance. The nature of Natural Disease is miasmatic (**Chronic Disease and Organon**, Aphorism 78). For HAHNEMANN the “dynamic influence” of an agent that disturbs the Vital Force is not “in any way material”. He places contagious infection such as measles, the action of mineral magnetism, and that of potentized remedies on the same level: “These medicines act upon our well-being wholly without communication of material parts of the medicinal substances, thus dynamically as if through infection”. (FN. Aph. 11). Clearly in HAHNEMANN’S mind, a contagious is a dynamic and immaterial notion. Using HAHNEMANN’S language, we could replace the word “infectious” with the word “dynamic”. A Miasm is therefore an agent that exercises a deleterious dynamic or energetic action on the organism. According to Aph.81 heredity is the main source of miasmatic transmission, thus a Miasm is a fundamental innate imbalance of the Vital Force. The energetic imbalance is also specific to a Miasm. Each Miasm has its own symptomatic characteristics. The three Miasms – Psora, Syphilis and Sycosis could also be interlinked. However, as said by J.H. ALLEN always one Miasm is active and predominant.

Knowing a patient’s Miasm enables us to predict quite accurately which remedies are appropriate and which remedies should be avoided.

Since there is vagueness in understanding the diagnostic criteriae for the Miasm according to the different authors – J.H. ALLEN, P.S. ORTEGA, A.E. MASI, D. GRANDGEORGE, Max TÉTAU, Rajan SANKARAN – a methodology has to be innovated to study the Miasm.

The French Homœopath Dr.Georges BROUSSALIAN wrote, in connection with the treatment of winter illnesses of children, that a remedy adapted to the child’s miasmatic state should be given along with the **Simillimum**.

There is an analogy between the three Miasms and three groups of “Enneagram”. The Enneagram is a symbol prescribed by PYTHAGORAS, depicting a star with nine branches. The

Enneagram is a very powerful tool for personal and spiritual development.

The components of human beings are three. Cognitive, Emotion, Drive. The predominance of the imbalance of a component determines the constitution. Thus there are three basic constitutions. A component’s imbalance can be manifested by a ‘deficiency’ (hypofunction), ‘an excess’ (hyperfunction), ‘disturbance’ (dysfunction). Thus three types of imbalances may be there for each component, thus nine types or enneatypes.

Applying the ‘Kingdoms to the ‘instinctive’ subtypes (Self-preservation, Sexual, Social) – Self-preservation = Mineral, Sexual = Animal, Social = Vegetable – we work out the classification of the Miasm applying the Enneagram and arrive at the remedy.

The author Dr. Frédéric SCHMITT has differentiated 100 remedies in this manner. Five cases are given in brief.

[All about Enneagram must be first learnt and applied for Personality Development. One can apply the Enneagram to ascertain better the homœopathic Miasm after that. You can access for the Enneagram Institute in the Internet. Also the Web site: www.homeopathic-enneagram.com = KSS].

11. Homœopathy and the search for meaning
ZARFATY, Joseph (HL. 15, 4/2002)

The meaning of the word ‘meaning’ is explained through the work of David BOHM and its value in the practice of Homœopathy.

According to the author healing is actually a process of understanding the meaning of disease rather than actively fighting it.

The practitioner’s job is to shed light on the disease, to understand its causes and what it means to the patient. Once it is understood and recognized, it can be coped with by the patient himself even if the homœopath says nothing. [What has Homœopathy got to do in such cases? Homœopathic therapy is application of a Medicine similar to the disease state; surely application is governed by certain rule peculiar to Homœopathy=KSS]

12. A map of Miasms
KANTOR, Alexander (HL. 15, 4/2002)

The author has integrated the views on miasms of Rajan SANKARAN and P.S. ORTEGA and presented in a map form which helped him in his understanding of the subject.

13. What is it that cures the patient?

SERBAN, Gabrielle (HL. 15, 4/2002)

The different approaches in prescribing can be understood, if we believe Homœopathy is an Art more than a Science.

To cure, a homœopath should understand which remedies are in resonance with him and use them instead of trying to know every new remedy in the world.

The author quotes a German-Swiss philosopher with the Pseudonym Bo Yin Ra that cure depends on the person; not on the method. Either the patient himself is able to mobilize himself to a cure, or somebody else is able to help him do that [Mostly spiritual talk and nothing relevant to Similia Similibus = KSS]

II. MATERIA MEDICA

1. **Anthracinum** dans le charbon (*Anthracinum* for Anthrax – presented at the International Homœopathic Congress – London 1911) VAN DEN BERGHE, Sam (RBH. 32, 2/2002)

This article is very significant because even today homœopaths are treating the malignant pustules according to the law of similars using more frequently among others *Arsenicum album*, *Lachesis* and *Nitric acid*. In this article the role of *Anthracinum* in Anthrax is discussed. *Anthracinum* is faster and more efficient than *Arsenicum* and *Lachesis* in the cure of the malignant pustule.

2. **Calcarea phosphorica** ALAERTS, Jean (RBH. 32, 2/2002)

A repertorial study of *Calcarea phosphorica* with a small summary of the views on this remedy by three contemporary homœopaths.

According to Marc BRUNSON it is importance of good relations. In order to perfect its fragility *Calcarea phos.* encloses itself in an imaginary world with idealistic good relations. It tries to avoid all conflicts and hides anger against injustice.

According to Rajan SANKARAN, the bone provides security and stability to the body and at the same time assures its movement. The need to be stable and secure comes from Calcium and the capacity to establish new connections from Phosphorus.

The central theme in Jan SCHOLTEN's analysis – is the illusion that others will think him incapable of studying or making friends.

- Inability to study intensively

- Cutting one-self from the world
- Love failure

Repertorial Study

-Theme of Voyage

- His desire to travel, showing his curiosity which is relevant to Phosphorus and his search for security relevant to Calcium.

-Theme of Mental Work

- Inability to concentrate
- Incapacity for mental work
- Mistakes in writing and speaking
- Weakness of memory

-Theme of Fears

- Calcarea phos* is excessively fearful
- Child fears being lifted from cradle
- Home-sickness - desire to go home
- Desire to be held
- Startling in convulsions, sleep during
- Ailments from bad news

-Theme of Chagrin

- Sadness, silent grief, weeping, consolation aggravates

-Theme of Anger

- Anger, contradiction from
- Injustice, cannot tolerate
- Violence on being reproached

3. **Ferrum phosphoricum**: Still vague after all these years CASTRO, Miranda (HT. 22, 10/2002)

The author after going through many books sums up the indications of the remedy.

- First stage inflammations with sudden onset and a paucity of symptoms.

If *Aconite* doesn't work for an acute inflammation after one to two hours, then *Ferrum phosphoricum* should be given next if there are still no strong symptoms.

4. **Gelsemium sempervirens** CASTRO, Miranda (HT. 22, 11/2002)

The medical history of this plant and its characteristic symptoms are discussed in brief.

5. **Helodrilus caliginosus - Earthworm** KLEIN, Louis (SIM. XVI, 3/2003)

Earthworm is proved for the first time and some of the proving symptoms are given.

MIND AND DISPOSITION

(FOCUS HERNIATION)

Vulnerability mentally/emotionally

Pudgy fragility, like jelly

Slow and thick

POOR IMPULSE CONTROL

'Weakness of will'

Elastic emotions and reactions

INTERNALIZATION

Autism, Asperger's Syndrome

Delusion possessed by psychic forces, negative entity

Deep loneliness

Walking in circles by oneself while thinking

Slow and dull looking

Repulsive

CONFLICT BETWEEN MORALITY VERSUS DESIRE

Sexual dreams – waking with remorse

Duty-bound

Conscientious

Depression, sadness, despair

Impulsive negative behavior followed by remorse

High sexuality – incest followed by remorse

Enjoyment, relaxation

Relaxed about morality followed by intense anxiety of conscience

Indifference followed by remorse (cf. *Lac humanum*)

CRIMINALITY

Internal feeling of being a criminal

Falsely accused, take on guilt

Impulsive criminality, such as stealing followed by remorse

SYCOPHANT

Insidious

JINXED

Things go wrong around them

CARTOONS

Half man, half animals

Dreams cartoon-like characters of animals, half animal, half human

Cartoon-like reality, goofy

CASTLES, MEDIEVAL

Dreams castles, medieval settings

Dreams rubble, buildings

Medieval fantasies

DREAMS INJURED BABIES

DREAMS WATER

NOSTALGIA

Dream of old friend, old situation

HAND/ARM FLAPPING

Looks like a penguin

WIND AGGRAVATES

WORSE 4 P.M.

HERNIATION

SPINAL INJURIES

Herniation of disc

Nerve damage

Injuries, accidents, car accidents – whiplash

HAEMATOMA

Easy bruising

On brain

TINGLING SENSATION

Throughout extremities and face

UNUSUAL EXTREMITIES SENSATIONS

Heaviness of extremities

Floating and lightness of arms and legs

Legs enlarged, swelling in hands and feet (2)

NUMBNESS

Especially arms, back, face

Particularly lower lips to chin

NEURALGIC PAINS

Face

SCIATICA

As a result of a slipped or ruptured disc

Fever with convulsions

Recurring fever

FOOD

Increase/Loss Appetite

Craves ice cream, junk food

Anorexia

Over-eating, Bulimia

HEAD

Sharp pains in various areas of head: temple, right or left

NOSE

Sneezing after eating, clear discharge

SORE THROAT

Swollen glands, Tonsils feel swollen one-sided, right or left side with sensation of tightness in throat and neck or feeling of fullness in throat
Swelling abscess of the gums

FILLINGS FALLING OUT

WEAKNESS IN CHEST WITH COUGH
Severe bronchitis with a tickling in her throat and feeling as if couldn't get enough oxygen.
Long-standing chest problems: weakness, Asthma

ECZEMA
Worse winter (cf. *Petr.*)

SENSITIVE TO COLD

WOUNDS SWELL
Bulging

MELANOMA

(The full remedy proving can be found under new provings at <http://www.homeopathycourses.com>.)

6. *Falcon peregrinus disciplinatus*
SHEVIN, William (AJHM. 96, 4/2003)

In the proving of this remedy by Misha NORLAND, a strong sense of being trapped, feelings of shame, humiliation and guilt seem to figure.

Two cases of students with problems with sensation of being trapped in adverse circumstances responded well to this remedy.

7. *Nicotiana tabacum*
WILKENS, Johannes (AHZ. 248, 6/2003)

Nicotiana tabacum has been mostly used only in acute cases. Numerous possibilities of application are opened by the experiences of modern toxicology. Personality distortions, suicidal dispositions, and their treatment in the experience of the author are demonstrated.

8. A Study of Lesser known drug
Anthrakokali

RAY R.K. and RAI, Yogendra
(CCRH. 25, 3&4/2003)

This study was undertaken with an objective to verify the symptoms available in the literature, to complete the drug picture and to explore the full potential of a lesser known partially

proved drug – *Anthrakokali*. The study covers 1704 patients registered during the period from April 1985 to March 1999 of which 944 were male and 760 female. One thousand nineteen patients (59%) improved, 281 (16.49%) showed no improvement while 404 (23.4%) did not report. Trial was conducted in 6c and 30c potencies and both have been found equally effective in acute as well as chronic affections. Although the drug has shown its action in all the affections, it has special affinity to skin manifestations and has emerged as an antipsoric drug. Study confirms that the symptoms available in the literature are reliable indications of the drug, a number of new symptoms have also been observed during trial which have been mentioned as additional symptoms.

9. The Bowel Nosodes
BICKLEY, Anthony (AH. 9/2003)

The work of Edward BACH, WHEELER and DISHINGTON formed the basis for the view that the non-lactose fermenting bacilli normally present in the bowel and considered harmless, might in accumulation be the root cause of Chronic disease.

Over the years the autogenous Nosodes made from these bowel organisms have been found to be quite useful and curative. It is felt that these remedies have not been made good use of by the Profession currently.

BICKLEY has presented in this article the indications for 5 out of the 10 Bowel Nosodes.

Full symptomatology can be studied and applied by referring to JULIAN, or Elizabeth PATERSON. However, some Keynote like indications from this article:

Once you think of disease, you can't stop thinking of it is a typical example of *Morgan*. They are claustrophobic. May also be of use in congestive headaches with raised Blood Pressure. Have to go for a stool upon eating – is a real keynote for *Morgan*.

The Keynote of *Proteus* is suddenness.

Dysentery co. has a tubercular desire to travel, may be a way to escape creditors and challenges. They are hypersensitive to all criticisms. "Can't cope with any challenges or changes." A very good remedy for post-natal depression.

Gaertner is a major remedy for food allergies. In Attention Deficit Disorder (ADD), it is a good remedy. Antibiotic poisoning.

10. Vines: Healing Entanglements
CICCHETTI, Jane (AH. 9/2003)

The author discusses remedies made from Vines, in general (Archetype, Signature!) and in particular *Alcoholus* (Spirits of Wine, Ethyl alcohol), and *Bryonia alba*.

11. A Case of *Hura* Through and Through
REICHENBERG-ULLMAN, Judyth
(AH. 9/2003)

The author says that of all the methodologies in Case Taking which she has used over a period of 20 years, the most recent method of Rajan SANKARAN in which he trusts that the in-depth examination of the chief complaint will reveal all that is necessary about the patient – to be the most helpful yet. The sensation of the chief complaint can bring out the entire case, is the ‘recent method’ of Rajan SANKARAN.

This is a case of 42-year-old woman with bad, itchy skin. The patient’s symptoms reminded the Euphorbiaceae [What does it mean? = KSS] but that the leprosy miasm would be *Hura brasiliensis*.
Hura brasiliensis 200. Seven and half month follow-up.

12. Archetypes of the Homœopathic Materia Medica: *Sulphur*
LILLEY, David John (AH. 9/2003)
Study of the Archetype is one way of studying the remedy. In this article the great antipsoric *Sulphur* is studied in this manner.

13. The Life Cycle of a Salmon:
Oncorhynchus tshawytscha
SHERR, Jeremy and QUIRK, Tina
(AH. 9/2003)

This again is according to the current method of ‘themes’.

A 40-year-old woman who did not get pregnant for six years; she has already done two in-vitro fertilizations without success.

Oncorhynchus tshawytscha 200 two doses 4 hours apart. [Why repeat a 200 within 4 hours? What is the emergency? = KSS] Two months later she told that she was pregnant and delivered a healthy baby.

There was a hormone shift after this. The remedy was repeated twice later for the patient’s emotional problems.

[The author ‘knew’ the proving data as she associated with Jeremy SHERR who did the proving (the ‘Proving’ details are available in Jeremy SHERR’s book Dynamic Proving; wherefrom do we, the ordinary homœopath get the Remedy?) = KSS]

14. Longing to Go Home
WALDSTEIN, Steve (AH. 9/2003)

This again is a case of *Oncorhynchus tshawytscha*.

35 year-old Russian, married; skin problems.

He was very nostalgic about his ‘home’ in Russia and his past farm life there.

Onchor.

15. *Hippocampus kuda*: A Proving of Sea Horse
SONZ, Susan; KUSHNER, Sonam and STEWART, Robert (AH. 9/2003)

The sea horse is called Hippocampus, a Greek word meaning, “horse monster”. The sea horse is an amusing amalgam of incommensurable parts – a horse’s head, dragon’s scales, the free-roving eyes and changeable colors of a chameleon, tail of a monkey, a kangaroo’s pouch, the armor of an insect, and the wings of a hummingbird – yet the fact remains that it is simply a fish.

This Proving was done in 2001. The Proving is interesting. A long list of ‘Rubrics’ for Repertory is given.

[As we have been seeing in the ‘modern’ Provings in which the data is nearly 80% (if not all) ‘Mind’ and ‘Dreams’, here too we find lot of ‘Mind’, ‘Dreams’ and ‘themes’ that were spun out of the data. Is it so that during the days of HAHNEMANN, HERING, LIPPE, the provers experienced only very few ‘Mind’ and ‘Dreams’ symptoms, whereas the modern provers are ‘all mind’?

New remedy can be added to the Repertory only after much clinical verification. Without this how does the group deem it fit to suggest the addition to the Rubrics?=KSS]

16. Awakening and Metamorphosis:
Enallagma carunculatum
GRIMES, Melanie (AH. 9/2003)

The proving creature is a small Dragon Fly- actually called a damselfly, about an inch long and lives along lakes.

Dragonflies form an important part of Wetland Wildlife and they play a significant roll in its Ecology. They are also among the most ancient of living creatures. Dragonflies have populated the earth for 325 million years. They predate Dinosaurs by 100 million years.

There are over 5000 species of Dragonfly the worldover. They cause no harm to agriculture, industry, humans or animals, in fact most are

regarded as beneficial because they feed on small flying insects such as mosquitoes. The compound eyes of some dragonflies may have upto 28,000 facets.

Proving was done in 2002 with 25 participants, in three continents.

The 'Mind' symptoms are divided into 'themes'.

17. The Lascivious Accidental Killer – A Homœopathic Proving of *Chironex fleckeri*, Box-Jellyfish
GRAY, Alastair (AH. 9/2003)

Box-Jellyfish are very difficult to see in ocean waters as they are pale blue and transparent. They are shaped like a bell or cuboid with four distinct sides, measuring upto 20 cm. along each side. Pedaliums project from each of the four corners of the cube or bell; they may contain upto 15 tentacles each and be three meters in length. The Box-jellyfish has eight eyes. There is no central nervous system. The Box-jelly fish is the most venomous animal on earth; no other animal's venom can kill a human in four minutes or less.

The Box-jellyfish has many symptoms, like sneezing, stinging pain, urticaria, burning sensations common with other sea-remedies like *Astacus fluviatilis*, *Limulus*, *Homarus gammarus*, *Asterias rubens*, *Medusa* etc.; and female symptoms *Sepia*, *Oncorhynchus tshawytscha*.

Themes are listed as also the symptomatology.

[The author of this article Alastair GRAY is said to have published provings of *Kauri*, and has completed a manual on the Provings of White-Tailed Spider, Box-jellyfish, Moreton Bay Fig, Tea tree, *Blatta orientalis* and Mosquito (*Culex*).

18. Ulcers, Agitation and an Australian Spider – The Homœopathic Proving of *Lampona cylindrata*, White-Tailed Spider
GRAY, Alastair (AH. 9/2003)

This again is a Proving. The degree of similarity of symptoms between this remedy and the other spider remedies we use in homœopathic medicine is striking.

Three cases are given, followed by the symptoms and of course the 'themes'.

19. *Atropa Belladonna* – Plants with relevance to medicine
WAIZEL-BUCAJ, José (HL. 16, 1/2003)

Historical, phytochemical, pharmacological and toxicological aspects of *Atropa Belladonna* L. are presented, including its medicinal usage.

III. THERAPEUTICS

1. Farbe als Hilfe zum Finden des simillimum (Colour as help for finding the simillimum)
PTOK, Michael (AHZ. 248, 3/2003)

It was the idea of the late Dr.H.V. MÜLLER (who passed away in October 2000) who comprehended the idea that the favourite colour and later the handwriting could help for finding the simillimum.

According to MÜLLER the favorite colour is the characteristic of each person; so also the handwriting.

In his lifetime he was able to identify 250 remedies and relate them to their respective colors. A list of 32 colours and their related remedies are listed.

2. Die Farbe in der Homöopathie (The Colours in Homœopathy)
WILBERT, Christoph (AHZ. 248, 3/2003)

This article describes the historical background and the different content of 'colour' symptoms in Homœopathy. Which aspects correspond with homœopathic principles is worked out.

3. Zwei Fallbeispiele zur Differenzialdiagnose von *Causticum* (Two cases as examples for differential diagnosis of *Causticum*)
FOERSTER, Gisela (AHZ. 248, 3/2003)

Two cases reported and discussed with reference to differential diagnosis of *Causticum* with *Arsenicum album*, *Natrum muriaticum* and *Sepia*.

One is a girl child 5-year-old with Neurodermatitis from 5-month age. The other is a lady 40-year age, with chronic teeth pain.

4. Homöopathie am Mont Royal – Ein Besuch bei Dr. André SAINÉ (Homœopathy in Mont Royal – A visit to Dr. André SAINÉ)
KARIN, Von and VIGOUREUX, Ralf

(AHZ. 248, 4/2003)

The authors visited Dr. André SAINÉ in Mont Royal, Canada, for a fortnight and observed the actual practice of André SAINÉ. Cases observed: Multiple sclerosis, Epilepsy, Cancers, Schizophrenia, Muscular dystrophy, Chronic renal diseases, Ataxia, difficult behavioral disorders, Myasthenia gravis, Chronic Mastoiditis, Hyperthyrosis, Scleroderma, Chronic lymphatic Leukaemia, acute Anxiety states, Depressions with suicidal tendencies, manic depressive Psychosis; also allergies, chronic fatigue, etc.

A woman with **Polymyositis**: whose therapy with Dr. SAINÉ began in 2001 improved steadily (*Sepia*) and her Methylprednisolon could be reduced and ultimately stopped. The patient could move about much better, and work.

Metastisation: A woman with metastasis of Follicular Thyroid Carcinoma and ductal mamma Carcinoma. She was brought to SAINÉ in a bed-ridden state two weeks ago. Her physicians had given her only few months life. Grade IV heart disease and Tricuspid insufficiency. Had in the meanwhile lung oedema, twice, which was treated homœopathically. Under *Calcium carbonicum* CM she had a severe relationship crisis, separated from her husband who was an alcoholic. Her back pain became better 90%, the shoulder pain, possibly due to metastasis also became better by 85%. She could undertake a flight to Pakistan. At this moment she is in her best energy, never was so good as now. The heart is now Grade II disease. Everyone tells her that she looked very well.

Kidney Stones: 41 year-old woman with Kidney Stones, diagnosed first 15 years ago. On painkiller. *Sepia* was of no relief. Back pain "as if the back was stiff and lame". Better from exertion, playing Tennis, rubbing and pressing, massaging. Worse in morning, and in cold weather. The description of the pain by the patient is very important for SAINÉ. He found the symptom in *Kaliium carbonicum* in exact words in "**The Chronic Diseases**": "Stiffness and lameness in the Back and hip". After a high potency, the next day the pains were better without Painkiller, better 70-80%. After a short duration she was free from pains. Interestingly her libido which was very low also increased.

Suicidal thoughts: A female patient with suicidal thoughts called, weeping and sobbing. She injured herself. There was sexual abuse in the past. She has to go to work in the next week but she was not confident that she would be able to. *Arsenicum album* in high potency and next day was 80% better

emotionally but physically slightly unwell but she was looking forward to work.

Young lady with metastising Mamma Carcinoma: She was on Chemotherapy but became pregnant and the Chemotherapy was discontinued. Bone metastasis was diagnosed. The pains were much less under *Arsenicum album*, *Sepia* and *Sulphur*. Dr. SAINÉ and the patient meet often twice per week.

Woman, anamnesis in early 60: Since 30 years has a bad chronic cough, often with pussy mucous or haemoptysis. Bronchiectasis was confirmed. Early history of recurrent lung inflammation. Dr. SAINÉ took the case as he was interested to know whether he could influence the decades old cough. Detailed history of the cough was taken. Personal life history revealed two marriages both suppressed her emotionally very much. The suitable medicine was not clear for a long time. Ultimately *Calcarea phosphorica* was prescribed because of certain impressive constitutional attributes. After 5 months of steadily increasing potencies 30 to 1000 and in March 2002 the state was: The cough became better every month by 10-15% and totally 70%. She has energy to work and readjust her life and was no more the "sacrificial" state.

Psychology with animal allergy: Severe sneezing was most bothersome. The patient passed stool involuntarily while sneezing. (*Sulphur* the only remedy in the Repertory). Sees stars when sneezing, mornings worse. Stopped nose during nights, desires sweets. Loves heat, and so she was given *Ammonium carbonicum*. Complete and permanent cure.

Many difficult and serious cases were handled by Dr. SAINÉ. There were complex cases. He was very patient with his case taking and in difficult cases he was not nervous. No one had the feeling that he may not be able to handle the situation. He is known as a strict follower of HAHNEMANN. The anamnesis was total and exact. When a patient said that only 10-20% improvement was observed SAINÉ knew that he had not found the correct remedy. He collected the symptoms on the Computer. But the remedy was based on a few peculiar symptoms. He used particularly HAHNEMANN's **Materia Medica Pura**, the **Organon**, rarely other literature like T.F. ALLEN's **Handbook**. He had excellent Materia Medica knowledge. Many paragraphs of the **Organon** could be seen come alive in Dr. Saine's practice. Dr. SAINÉ practiced exactly what he taught in his Seminars and Books. A more comprehensive Interview would be published in the next number of the AHZ.

5. **Phosphorus et Nux vomica** – Cas Cliniques (*Phosphorus* and *Nux vomica* – Clinical cases)
De MEYER, Jacqueline (RBH. 32, 1/2002)

Case 1: A workaholic under a tyrant of a boss, with complaints of constipation with constant ineffectual desire for stool and severe elbow pains. Homœopathic consultation after numerous allopathic drugs without any success. An excessively irritable, aggressive and hypersensitive type. Never content, never satisfied. Skin hypersensitive to touch, full of aches and pains.

A dose of *Nux vomica* 30 and then two months later *Nux vomica* 200 with very good improvement both mentally and physically.

Case 2: 54-year old lady working in Public Relations in a big company. Since three years suffered from frequent (every 3rd week) intolerable throat pains, with high fever, inability to talk.

She is an extrovert and very sympathetic. A divorcee with sad memories of an alcoholic husband and silent grief with anger. Intestinal problems since childhood.

All the above pointed to *Phosphorus* which was given with a good result.

Case 3: 45-year old woman with a list of problems: frequent pharyngitis, depressive tendency with anxiety, functional colopathy, hyper thyroidism, hypertension etc. She was on extensive allopathic medication. An extrovert, desires company, averse and aggravated when alone. A lot of back pain symptoms and of the nape of the neck corresponded to *Phosphorus* which helped her.

6. **Calcarea phosphorica**
ALAERTS, Jean (RBH. 32, 2/2002)

Case 1: Boy of 12 years with stammering, talking very fast and very anxious, inability to concentrate for long, dreamer, inability to express what he knows, disturbed sleep with somnambulism.

An initial prescription of *Carcinosinum* which ameliorated a little. Then *Phosphorus* with very good improvement but not complete. *Calcarea phosphorica* completed the cure.

Case 2: Young girl with chronic Sinusitis, who has undergone drainage and curettage of the maxillary sinuses. Polypus growth in her sinus which has recurred twice.

Calcarea phosphorica was prescribed based on a striking fear – Fear of being looked down by

others – because “I need to be loved” – with very good results.

Case 3: Man with recurrent nasal Polyps and Chronic Sinusitis and resisting all allopathic treatment. Lot of his symptoms corresponded to *Phosphorus* but it was not enough for him. His failure in his studies, his subsequent humiliation by his parents and his desire for approbation was very strong. He also had a desire for travelling. He had contradictory symptom of desire to talk and also at times desire for solitude. He was curious, feared poverty. *Calcarea phosphorica* was prescribed thrice with a good improvement lasting longer and longer each time.

7. The Fifth Missing Element of the Homœopathic Pharmacopoeia LMK-Scale
KUZMIN, Alexei (RBH. 32, 2/2002)

The author speaks in favour of the utility in producing 50 millesimal dynamisations in liquid form. The different dynamisations being

The decimal – D

The Hahnemannian centesimal – CH

The Korsakovian centesimal – K

The 50 millesimal – LM

He adds to it the 50 millesimal in liquid form – LMK

The LMK being in relation to the LM like the K is in relation to CH.

The author evokes mathematical and philosophical consideration to justify his 5 pillars of Homœopathic Therapeutics. He also describes the technique of production of the LMK comparing it with that of the LM.

He assesses that the LMK dynamisations have a deeper action in chronic states and shows a case in which *Natrum muriaticum* LMK 33 had led to the cure of a post-traumatic epileptiform syndrome.

8. The West Nile Virus
NAUMAN, Eileen (HT. 22, 9/2002)

West Nile fever is transmitted by insects – mosquitoes and presents with fever, headache, bodyache, skin rash (chest and arms), diarrhoea, abdominal pain, loss of appetite and swollen lymph glands. In severe cases Encephalitis or Meningitis may occur.

This fever can be confirmed only by blood test. Preventive measures like no standing water, wearing long sleeved clothing, long pants are necessary.

Some relevant rubrics from **Mac Repertory** and a group of remedies are given.

9. Chicken Pox
DOOLEY, Timothy R. (HT. 22, 9/2002)

The author feels the immunizations for Chicken Pox and Hepatitis-B are not necessary. He suggests that those who choose to immunize should delay if possible until the immune, nervous and glandular systems are more developed.

Indications of *Aconite*, *Antimonium crudum*, *Antimonium tartaricum*, *Belladonna*, *Pulsatilla* and *Rhus toxicodendron* are given.

He associates the increase in Attention Deficit Disorder, Autism and Asthma with increase in immunizations.

10. Babies that go scream in the night
HOOVER, Todd A. (HT. 22, 9/2002)

One-month-old baby, having worst of colic between 4 p.m. and 4 a.m., screaming and shrieking. Forceps delivery; look of fright in eyes. Shrieking worse in dark room. *Stramonium* 30 and the child slept throughout the night and the colic was totally resolved.

'Colic' is a term typically used to describe trapped gas in the large intestine that causes a sharp pain. The infant will scream until the gas moves along the colon or is eliminated.

Typical symptoms to look for in irritable babies include vomiting, stool abnormalities, skin problems, nursing habits, preferred position, perspiration patterns, drooling. Any external environmental change that affects the behaviour is of particular importance.

Indications of *Chamomilla*, *Nux vomica*, *Borax veneta*, *Lycopodium*, *Calcarea phosphorica* and *Aethusa cynapium* are given.

The author refers craniosacral therapy for children where forceps have been used or where there was a prolonged second/third stage of labour with any bruising or significant shaping of head.

Only by carefully tracking the nursing mother's diet can most offending foods be found.

11. Severe behavioral and emotional problems in children
CHIMES, Melanie (HT. 22, 9/2002)

Homœopathy can fundamentally alter the roots of violence and relieve a patient from suffering.

Case 1: A young girl with a history of extreme violence, who attempts to drown her brother, extreme restlessness, biting, avoids eye contact, violent nightmares, fear of spiders, calmed down by music and craving for lemons. *Tarentula* M. She

improved socially and academically. Over a period of two years, she received two doses of 1M and two of 10M.

Case 2: 5-year-old child with intense anxiety, panic attacks and phobic disorders. Wanted to be held from the time he was born. No drive towards independence. Wetting himself several times a day.

Baryta carbonica 200 followed by 1M. 2 months later no panic attacks, taking care of personal hygiene and stopped wetting.

Children with Post-Traumatic Stress since birth:

Children who have problems from the moment they are born, have two main causes for their "disease": inherited miasms or an intense emotional state or trauma in the mother during the pregnancy. The remedy state that was imprinted during pregnancy persists into childhood and sometimes into adulthood. The information about the in-utero environment, labor and newborn period, when available in adults, have produced effective results.

Case 3: An infant of 10 months, suffering from persistent projectile vomiting, colic and sleep problem since birth. He could sleep only when vigorously jogged up and down. Colic > by arching backwards. *Dioscorea* was thought of. But in the second trimester of pregnancy, the mother was trapped in a car for a long time. Her feeling at the time was sudden violent attack from behind and would die.

Using **Mac Repertory** *Belladonna* 200 was given for 3 days, daily once. Follow up. No problems at all.

12. Homœopathy changes our children's lives
SHALTS, Edward (HT. 22, 9/2002)

The author's child was ill and weak with fever for a week inspite of medicines. No striking symptoms. *Ferrum phosphoricum* 200 and she was well next day.

A 7 year-old boy was restless, intrusive, jealous and interrupting teacher constantly. The school refused to have him because of this. As conventional medicines failed they tried Homœopathy.

He cried easily and was afraid of water, dogs and dark. He tries to kiss and has some facial tics. *Hyoscyamus* 200. Few weeks later remarkable changes in his behaviour. Another dose was given two months later as there was relapse. After two weeks he was aggressive for few hours and nice for few hours. *Anacardium* 200, his behaviour changed dramatically. 3 months later, antibiotics for sore throat, brought back his behavioural

problem. After another dose of *Anacardium* 200, he has been well for more than a year now.

13. First Aid Homœopathic Tricks Bag
GRILL, Yolande (HT. 22, 9/2002)

The author advises to have *Arnica montana* 30, *Arnica* ointment, gel, cream or massage oil, *Calendula* tincture and *Rescue Remedy*, in the First Aid Bag.

14. A case of Bronchitis
PANESAR, Pardeep (HT. 22, 9/2002)

11 year-old son of the author became ill while playing outside on a windy Saturday afternoon. He had nausea, no appetite, slight cough and weakness *Nux vomica* 30. Next day no nausea, but he would not get out of bed or eat. Medicine was repeated twice and no improvement by Monday morning. So *Aconite* was given. No improvement. One of the homœopathic friends suggested *Lycopodium* 30. Immediately after this he sat up and started ordering drinks. For several hours, no change. On sixth day it was diagnosed as Bronchitis and he was ordered antibiotics, which the patient refused to take. The present symptoms were weakness, thirst for small sips of cold water, cough with inability to bring up phlegm, anxious and despondent.

Antimonium tartaricum 30 was given. After two hours he asked for something to eat for the first time in a week. Medicine was given 3 times a day for 2 days. Bronchitis resolved.

15. Asthma on the rise
DOOLEY, Timothy R. (HT. 22, 10/2002)

Homœopathic treatment of patients with Asthma has two goals. One is relief of acute episodes and other is curing of the underlying disease so that acute episodes no longer occur.

Indications of *Ipecacuanha*, *Lobelia*, *Arsenicum album*, *Spongia*, *Pulsatilla* and *Phosphorus* are given.

16. That barking cough
HOOVER, Todd A. (HT. 22, 10/2002)

The barking cough of Croup, Pertussis, Epiglottitis and viral Croup are differentiated and indications of *Aconite*, *Belladonna*, *Hepar sulph*, *Phosphorus*, *Spongia*, *Kali bichromicum*, *Bromium* and *Iodium* are given.

17. A child's nighttime cough keeps mom wide awake
PANESAR, Pardeep (HT. 22, 10/2002)

Two year-old Kim having cough since few days. Eating and drinking was less than usual. Within minutes of her head touching the pillow and while asleep, would start to cough loudly. She did not want to be left alone. *Drosera* 30 was given and within about 10 minutes, cough subsided.

18. Perseverance furthers
CASTRO, Miranda (HT. 22, 10/2002)

The author narrates the experience of her one-year-old son treated homœopathically for an intractable whooping cough (23 years ago) and how she turned a homœopath.

19. Caleb and the Christmas letter
LUI, Therasa (HT. 22, 10/2002)

10 month-old child, fell down and landed on his head in the grass. Mother started giving a dose of *Arnica* every 10-15 minutes. CAT scan showed fracture of skull in 2 places and swelling of brain.

The following morning he was allowed to leave the hospital as the swelling was going down. After this *Calcarea phosphorica* and *Symphytum* were given.

CAT scan taken at three weeks, showed the fracture has completely healed.

20. The challenges of using Homœopathy in an allopathic clinic
GRASSFLOWER (HT. 22, 10/2002)

The author has been successfully using homœopathic medicines in an allopathic clinic in the short time allotted. He presents a case of itching, with red rash, irregular in shape with joint pains. *Urtica urens* 30X relieved his itching and pain.

21. Oh fluey!
CASTRO, Miranda (HT. 22, 11/2002)

For prevention of Flu: *Oscillocochinum*, *Influenzinum*.

Within first few hours: *Aconite*.

After few hours with no clear symptoms – *Ferrum phosphoricum*.

Flu remedies: *Ars.*, *Bapt.*, *Bry.*, *Eupat. perf.*, *Gels.*, *Merc.sol.*, *Nux vom.*, *Pyrog.* and *Rhus tox.*

Convalescence:

China – More of a physical weakness with lot of sweating.

Kali phos. - Mildly depressed after a flu.

Gelsemium – Weakness after a flu with heaviness that won't go away.

Influenzinum – Never been well since flu.

22. Never well since the flu
ROTHENBERG, Amy (HT. 22, 11/2002)

Elaine, had the worst flu in 1985 and a terrible constipation since then. Mucus in the stool, calluses in the feet, nails broke with little provocation, hair thin, fell out freely. She was chilly, sweat easily, especially on her feet. Feels insecure and inferior and apologize constantly, even if it is not her fault.

Chronic sinusitis, with thick mucus difficult to dislodge and better with warm applications and drinks.

Silicea was prescribed and after 6 weeks she was improving and was only repeated after 8 months, when there was a relapse.

23. Justin's story – An unexplained weakness
GAHLES, Nancy (HT. 22, 11/2002)

14 month-old Justin had fever and vomiting in the middle of a family vacation to Ireland. He was given antibiotic and pain reliever. 5 days later back in New York. Few hours later, his gait was clumsy, veering from side-to-side, and falling. He was seen by ten different physicians, all possible investigations and unable to diagnose the problem.

Then the family Chiropractor, who is also a homœopath, prescribed *Gelsemium* 30, based on loss of muscular control, weak knees and complaints from sudden change from hot to damp air.

From next morning noticed improvement and 3 more doses were repeated.

A week later, there was a relapse and another dose was given and he was fine.

24. Pityriasis Rosacea
TESSLER, Neil (SIM. XVI, 3/2003)

Female, 33 years with Pityriasis Rosacea all over. Itchy. Sexual abuse. Lot of anger and rage. Bulimic for 12 years. Hysterical. Kleptomania. Fear of abandonment. Afraid of dark, claustrophobic. Depressed before menses. *Stramonium* 1M. Three weeks later, she reported tremendous improvement.

Six months later, relapse and another dose was given. In the next one year follow-up no need of any medicine.

25. Irritable Bowel Syndrome and learning disorder

KREEMER, Barbara (SIM. XVI, 3/2003)

23-year-old-woman, with chronic diarrhoea, fatigue, weak memory for words and names and concentration problems. Desires warmth and sweets. Feels she is criticized. *Baryta carbonicum* 200. Next 6 months improving and 1M because of a relapse. Memory did not improve. *Baryta phos* 1M (Scholten's method). 4 months later after a TB test relapse. *Baryta phos* 1M. Over the next 4 years few more doses were given. She was impatient, dyslexic, feeling helpless, wanting to be more independent. The author could elicit the theme of perseverance, *Osmium* 200. In the next 9 months, her memory improved, diarrhoea stopped. Not angry and concentration has improved.

The author quotes that *Baryta phos* and *Osmium* could not have been arrived in repertorisation but for Scholten's method. [Nevertheless IBS is handled successfully by many homœopaths with time tested methodologies=KSS]

26. Pruritis in Pregnancy
McCLINTOOK, Liam (SIM. XVI, 3/2003)

39-year-old female with Obstetric Cholestasis. General pruritus. Pruritis < by nursing. Stress makes it worse. <8-12 p.m.

Dolichos pruriens 200, 1M relieved her in a span of 35 days. A follow up of 17 months is given.

The rubrics covered by this remedy are given and is differentiated with *Chamomilla* and *Cina*.

27. Some discoveries of a naturopathic homœopath
DAVIES, Rich (SIM. XVI, 3/2003)

The author has begun to explore Homœopathy in a much deeper way. Considering smaller remedies with distinct remedy pictures often seems to lead to more accurate prescribing. A case is presented.

5 year-old boy with Bilateral Cryptorchidism, late in learning to talk. Shrieking in anger. Fear of dark. Grinding of teeth during sleep. Very hot yet doesn't like the cold.

Repertorisation did not suit the case.

In the specific rubric of undescended testis in children, only 4 remedies are given, which are *Bufo*, *Lycopodium*, *Morgan* and *Thyroidinum*.

Bufo 200/3 o.d. was given. Next day after the first dose, one testicle dropped and within an hour after the second dose, the other testicle dropped. [Then why was the third dose given? When the first testis dropped should we not wait? = KSS]

4 months after: Improving in all aspects.

28. The child who would not sleep
MEISSNER, Julek (SIM. XVI, 3/2003)

2 year-old-boy with Insomnia and frequent ear infections. As evening approached, he'd become more and more active with desire to play. Slow learning to talk and tendency to strike his head against the wall.

Within three days of *Medorrhinum* 1M, he slept through the night and had come up with his first five words. By five weeks, his vocabulary had evolved dramatically.

In the next 3 years of follow up, the sleep continued to be good.

29. Cycles and Segments Analysis: A case example
ROTHENBERG, Amy (SIM. XVI, 4/2003)

The cycle is made up of 5-6 segments which are defined as grouping of symptoms that represent similar ideas.

Marina, 15 years, suffering from severe night time anxiety, leading to sleeplessness. She has extreme fear that she will vomit from anxiety though she never has. During that time she needed constant support and attention. Worries about everything. Afraid of high places, dark, spiders and insects.

RADAR Herscu Module was used and *Pulsatilla* 200 one dose. Two months later felt more relaxed and carefree. In the next 3 years only two more doses were given, once during a time of family disturbance and once at a transition to new school.

30. Nightshade in the shadows: A case of *Datura arborea*
SHANNON, Tim (SIM. XVI, 4/2003)

41 year-old female previously treated with *Hyoscyamus* for several years with good success, presents with Paranoid jealousy and rage. Dreams of demons, feels possessed, forsaken, shameless, averse water and fear of dogs. Rage rises from liver and feels the heat there.

Datura arborea 200. Follow up of 18 months, in which it was repeated once in LM1 also and she is doing well.

31. A case of Depression
NYLAND, Cari (SIM. XVI, 4/2003)

36 year-old woman, had nervous breakdown after death of her mother. Lack of self-esteem.

Blames herself. Wakes around midnight, unable to breathe and eating >. Loves smoked foods and meat. Loves storms and oceans. Sympathy for others. *Carcinosin* 200. Several weeks later initial decrease in anxiety. Suffocation persists. *Carcinosin* LM 1 daily and 4 months later, *Carcinosin* 200.

13 months later: Fear of suffocation, dyspnoea from anxiety, fear of heart disease, left sided headache. *Spongia tosta* 30x in water. 4 gtt once a week. 3 weeks later improved. 4 gtt every other week. Over the next 18 months, *Spongia tosta* was given in 200, LM1 and 50C potencies and the patient is doing well.

32. Assessing likelihood ratio of clinical symptoms: handling vagueness
RUTTEN A.L.B., STOLPER C.F., LUGTEN R.F.G., & BARTHELS R.W.J.M. (HOMEOPATHY, 92, 4/2003)

Clinical symptoms including homœopathic symptoms are often vague. There is reluctance to assess clinical symptoms as diagnostic instruments because they are hard to define. Still, clinical symptoms appear **effective** in daily practice. Expert systems and neural networks handle vague data successfully.

Theoretical considerations predict the kind of problems we may expect. There is a difference between quantitative and qualitative vagueness. Vague data cause problems if we try to prove a hypothesis because of expectation bias. We assess likelihood ratio of homœopathic symptoms only to improve the method.

33. Jealousy in a child
GUESS, George (AJHM. 96, 3/2003)

3½-year-old boy was behaving unreasonably with his mother after the birth of his sibling. He had become destructive and defiant and intentionally tore up his new brother's toys and especially his mother's magazines.

Sepia was given as was explained by George VITHOULKAS and he became dramatically normal in two weeks.

34. Case studies using The **Bœnninghausen Repertory** Therapeutic Pocketbook Method
DIMITRIADIS, George (AJHM. 96, 3/2003)

The author has briefly written about the method of using the Repertory and has presented 7 cases worked out in this method.

35. Idiopathic Thrombocytopenic Purpura (ITP)
SINGHAL, Pratap (AJHM. 96, 3/2003)

Case 1: 28 year-old female presented with ITP since September 1999 after she had an episode of poison-ivy on the right arm. Shingles in January 2001. She had an itching rash > by hot bathing.

Rhus venenata was given and she began improving in every aspect. Platelet count rose from 33,000 to 1,00,000. Being followed up for 2 years.

Case 2: 2½ year old child with ITP. Platelet count 2,000. The symptoms started after she got her scheduled MMR shot. 3 weeks later started developing petechial rash. Desires yogurt and milk, desire for music. *Silica* 200, 3 weeks later count 3,000. *Carcinosin* 200. From then on platelet count gradually increased and 2 years later 200,000.

Brief description of the disease is given.

36. *Sanicula aqua*
OLSEN, Steven (AJHM. 96, 3/2003)

Sanicula aqua is found to be an excellent remedy for children who display a fear of having bowel movement, on account of constipation and pain.

Three cases from his practice and two cases from old journals are given.

The Materia Medica of the remedy is reviewed and a brief description of 14 other mineral water remedies are given.

A case of diarrhoea treated by *Sanicula* is presented from another journal (IJHM)

37. Balanitis Xerotica Obliterans
KRUZEL, Thomas A. (AJHM. 96, 4/2003)

Sequential treatment entailed the prescriptions of *Thuja*, *Silica* and *Lycopodium*, each of which was effective. The prescription of *Thuja* was based upon, among other factors, the patient's fixed ideation, detached reserve, mental suppression, vagueness in describing symptoms, genitourinary pathology; *Silica* prescription was based primarily upon the phenomenon of depletion from sweating; and *Lycopodium* upon the occurrence of intestinal gas in a thin, wiry individual, also it being complementary to *Thuja*.

38. Bipolar Disorders: A presentation of 3 cases
MERIZALDE, Bernardo (AJHM. 96, 4/2003)

The diagnostic criteria of bipolar disorders are described in detail. Additionally, 3 clinical cases are presented which were ameliorated by long sequences of homœopathic remedies, given

simultaneously with allopathic medication in two of the cases.

39. Melanoma
MASIELLO, Domenick J. (AJHM. 96, 4/2003)

A friend of the author had malignant Melanoma which was excised with axillary node involvement. In the first few months, *Staphysagria* 200 given for several days after biopsy and *Arnica* 200 t.i.d. after lymph node dissection. *Silicea* to aid in the reduction of axillary scar tissue which was causing edema of his right upper extremity. *Argentum nitricum* for left shoulder sprain and *Staphysagria* 1M for a lumbar strain.

When all other aids failed him, he agreed to try some topical Fowler's solution. In 2 months tumour shrunk by 25%. Then he consented for homœopathic treatment.

Carcinosin and *Kali arsenicosum* in alternation at varied intervals and in increasing potencies over a period of one year. Clean bill of health by his Oncologist.

The author has used modified form from Dr. Ramakrishnan's protocol for treating Cancer.

40. A case of Ileus
HOLE, Linda Chiu (AJHM. 96, 4/2003)

43 year-old woman with ileus on the 2nd post operation day. No desire to eat, defecate. Abnormal painlessness, face red, eyes bloodshot. Vivid imagination; exaltation of mind, with mental clarity. Sleepiness, but unable to sleep. Acuteness of hearing. The symptoms followed the loss of consciousness and the stupor of anesthesia. *Opium* 30 and next day regular stools resumed.

41. Some experience with *Mercury*
KOPPIKAR, S.P. (NJH. 5, 1/2003)

Mercury worked along with few other drugs either as supplementary or complimentary or in combination with other metals, especially Gold. In 1938 and 1945 in Chennai, both adults and children used to suffer from summer boils and abscesses. I became well known because of two of our greatest pus-absorbers, *Merc.sol.*, and *Gun powder*. *Gun powder* is our sheet anchor but *Mercury* the sole support.

Next maximum use was in tooth-trouble.

Some years back interesting article in a weekly journal of Japan. Government sent a team of doctors and specialist in biochemistry to find the reason for no pregnancy for some years. The women were normal but the men suffered from Azoospermia/Oligospermia. The few sperms found

were also not active. A thorough check up of their diet revealed that they all were daily eating some fish peculiar to that region. Examination revealed Mercury in their bodies. A large factory using Mercury had grown-up on the main land opposite the island and throwing unwanted waste chemicals into the sea. The government ordered closure of the company and slowly the men became normal.

A drug that can produce a disease can cure it.

42. Homœopathy handles a difficult Pregnancy
PARTHASARATHY, Vishpala
(NJH. 5, 2/2003)

Mrs. K.M. 31 years with a problem of secondary infertility. Laparoscopy showed Right Fallopian tube block. But HSG showed no block. She chose a husband against her parents wish. He was not the right person for her. She was treated by *Sepia*, *Phosphorus*, *Berberis vulgaris*, *Magnesium phosphoricum* and *Tuberculinum*. Delivered a boy after 6 months. In this case Homœopathy, helped at every step, bleeding, high B.P.

43. Amoebiasis
KRISHNAMURTHY P.S. (HH. 28, 9/2003)

Certain conclusions can be drawn from the theory of **Chronic Diseases**. While HAHNEMANN gave only three miasms J.H. ALLEN added Tuberculosis to the list. Similarly, Malaria, Filariasis and Amoebiasis deserve the same status as chronic miasms. A close study of the course of the amoebic infection in man helps us to understand the clinical course of the dysenteric miasm which is the main guide for a homœopath and so we are adopting the name Amoebiasis as synonymous with dysenteric miasm.

When the patients become debilitated by stress and strain or by some acute infection the dormant dysenteric miasm will take the upper hand and invade the organism. Dejection or depression is frequent. Frontal head-aches, sleepless or sleepiness after noon meals. Pulse frequent and at times intermittent aggravated by physical or mental exertion. Sensitive to certain articles of diet. Pain with inflammation in the right iliac fossa may be of appendicular origin. In such patients removal of appendix is reported to be dangerous as it is often fatal. Treatment should be continued in these cases until all the secondary symptoms mentioned above disappear, carefully following the instructions from **Organon and Chronic Diseases**.

Three cases are reported. *Mercurius* is a major remedy in Amoebiasis.

44. Bönninghausens Methode der Arzneifindung (Bönninghausen's Method of remedy selection)
GOLDMANN, Robert (AHZ. 248, 5/2003)

The writings of Clemens von BÖNNINGHAUSEN (1785-1864) demands careful reading. In his publications in journals and his Case Registers we find the curative course of Chronic Diseases and the rapid cure surprises us. (for e.g. Breast Cancer, Seizures, Chronic Headaches and Rheumatic ailments). We are compelled to look into his working methods.

His **Therapeutic Pocket Book** (1846) was used by Herbert A. ROBERTS (1868-1950) who used it particularly in chronic and "obscure" cases and took KENT's repertory as a second choice. KENT's student Julia M. GREEN (1871-1963) recommended both the repertories. Cyrus M. BOGER (1861-1935) developed Bönninghausen's method further and formed his **Synoptic Key** with this accent for working out cases and selection of the remedy.

At first sight Bönninghausen's Repertory fascinates us with its easy handling; the thoroughness of the rubrics with their concise conception makes the beginners who were accustomed with the KENT or the latter ones, wonder.

The sources for BÖNNINGHAUSEN were the available Materia Medica: **The Pure Materia Medica** and **The Chronic Diseases**, the Provings in STAPF's **Archiv** as also the clinical confirmations.

The original unit of a symptom will be split into its singular element and this can be freely combined with each other.

While a complete symptom is divided into parts and find place in the chapters: Organs, the localization of the pain; another chapter sensation and kind of pain; next Modalities according to position and circumstances. These can be combined. However, the **Genius** of the curative remedy must be present in all connections – the **Genius** of the **Whole disease** as expressed in the 'characteristic'.

The analysis follows in five parts, in the following criteriae:

1. Causa occasionalis
2. Main symptom (the complaint for which the patient has come for consultation)
3. Accompanying symptoms
4. Mood (§§ 211-213)
5. Polarities

A model case is presented.

45. Kommentiertes Literaturverzeichnis zur Bönninghausen–Methodik (Literature Index for Bönninghausen Method)
GOSMANN, Haus-Ulrich (AHZ. 248, 5/2003)

List of homœopathic literature which would give one thorough knowledge to apply the BËNNINGHAUSEN method of case study, analysis and remedy selection.

The German sources are given and discussed. Most of these books have been translated into English since they all belong to ‘source’ literature.

Repertories:

1. Bönninghausen’s “**Therapeutic Pocket Book**”, by C.v. BËNNINGHAUSEN.
2. “**Symptomen-Lexikon der Materia Medica**” by U. PLATE.
3. “**Bönninghausen’s Characteristics, Materia Medica and Repertory**” by C.M. BOGER.
4. “**Synoptic Key**”, Repertory Part by C.M. BOGER

Materia Medica:

5. “**Synoptic Key**”, Materia Medica, by C.M. BOGER
6. “**Handbuch der Hauptanzeigen**” by G.H.G. JAHR (1851)
7. “**BËNNINGHAUSEN’s Physiognomik der homöopathischen Arzneimittel und die Arzneiverwandtschaften**” by R.F. KÄSTNER, 1995.
8. “**Eigentümlichkeiten und Hauptwirkungen der Homöopathischen Arzneien**” by C.v. BËNNINGHAUSEN.

Practice:

9. “**Klinische Anweisungen**” by G.H.G. JAHR (40 years Practice) and “**Therapeutic Leitfaden**” by G.H.G. JAHR.
10. “**Drei Werke Bönninghausens für den homöopathischen Praktiker**” by REIS/ M. TERLINDEN.

Theoretic background:

11. “**Kleine Schriften zur Homöopathie**” by C.v. BËNNINGHAUSEN (“**Lesser Writings of BËNNINGHAUSEN**”)
12. “**Die Aphorismen des Hippokrates**” by C.v. BËNNINGHAUSEN
13. “**Die Lehren und Grundsätze der Gesamten Theoretischen und Praktischen Homöopathischen Heilkunst**” by G.H.G. JAHR.

46. Die Methode nach C.v.Bönninghausen (BËNNINGHAUSEN’s Method)
KUMMER, Ammo (AHZ. 248, 5/2003)

Case analysis and remedy selection according to BËNNINGHAUSEN and KENT and BOGER are illustrated.

The main feature of BËNNINGHAUSEN method is the comprehension of the totality of the symptoms, the division of the symptoms as main and accompanying symptoms and the decisive rank of the mental symptoms and taking into consideration the polarities.

47. Fallanalyse und Repertorisation mit der Computerversion des Taschenbuches C.v. BËNNINGHAUSEN (Case analysis and Repertorisation with Computerversion of the **Therapeutic Pocket Book** of C.v. BËNNINGHAUSEN)
FISCHER, Ulrich, D. (AHZ. 248, 5/2003)

Case analysis and repertorization of two clinical cases are demonstrated by using the computer version of BËNNINGHAUSEN’s **Therapeutic Pocket Book** (revised version, K-H. GYPSER, 2000). According to BËNNINGHAUSEN the main symptom as well as the comcomitants of the patient’s symptoms have to be considered. The polarities are also to be considered to eliminate contradictions.

48. Erfahrungen mit der Lochkartei nach Bönninghausan revidierten Taschenbuch (Experiences with the Punch Cards according to Bönninghausen’s revised Pocket Book)
MINDER, Peter (AHZ. 248, 5/2003)

The homœopathic Punch Cards system was developed as a simple tool for identifying the homœopathic similia for acute diseases in a rapid and safe way. This is based on the revised edition of Bönninghausen’s **Therapeutic Pocket book**, 2000. Practical experience has demonstrated its reliability. Moreover, it is an excellent didactical instrument for introducing the BËNNINGHAUSEN method in an intelligible, targeted manner. By practically applying the elements of this method – complete symptom, characteristics of the remedy, weighting of the symptoms, dissociated repertorisation, polarities - one gains rapidly confidence and familiarity.

Four acute cases are cited as examples.

49. Der alternde Mensch im lichte der Homöopathie (The aging person in the light of Homœopathy)

SONNENSCHMIDT, Rosina
(AHZ. 248, 6/2003)

A senior citizen has a great amount of time and is mostly undertaxed and resigned. In this article homœopathic cases are narrated to illustrate the possibility to challenge an old patient to take an active part in his healing process. In this way we can help the patient to recognize the deeper sense of aging and age. Even in the process of dying healing is possible, but it needs wider horizon of acceptance of the therapists. The homœopathic personalities of *Apis*, *Bufo*, *Causticum* and *Arsenicum album* are administered to the patient in order of process-oriented Homœopathy and show interesting process of cure.

50. Bewährte homöopathische Indikationen in der Geriatrie (Proved homœopathic Indications in Geriatrics)
GEBHARDT, Karl-Heinz (AHZ. 248, 6/2003)

The reactions of old persons, both physiological and pathological are discussed briefly. The well-proved homœopathic remedies verified clinically in any syndromes and certain troublesome symptoms are discussed. A thorough anamnesis has to be drawn up to find the similar remedy.

Although the reaction of old people is generally slow, they speak favourably about Homœopathy.

Calcium carbonicum and *Barium carbonicum* are very important remedies.

51. Die homöopathische Behandlung in der Geriatrie (Homœopathic treatment in Geriatrie)
KANT, Heinz (AHZ. 248, 6/2003)

The author writes on the basis of his many years' practice in an Old Age Home. He has discussed Apoplexy, Bronchitis, Joint diseases, Absences, Urogenital diseases, Psychotic syndromes, Restlessness, Parkinson's disease, Sleep disturbances and Eye ailments.

Although it is not possible to obtain a total cure, surely much relief could be obtained and the elders could pass their days with minimum discomfort and their quality of life improved.

52. To cure or not to cure, what is the answer?
HIWAT, Corrie (CCR. 10, 1/2003)

This is a 'reprint' from the teachings of George VITHOULKAS followed by cases from practice. The article is from **Radar Encyclopedia Homœopathica Software**.

The twelve levels of Health are discussed. It is pointed out that a statement such as "My child never gets any complaints" is not a good sign. It means that the child is going from the C to the D (D is incurable condition) level. This is exactly the opposite of how Allopathy sees disease.

53. A case of Carpal Tunnel Syndrome
JOSHI, Parimal M. (CCR. 10, 1/2003)

36 year-old female, married with two children (both caesarean deliveries) with complaint of pain right wrist, fingers, burning as if the hand is on fire; better from cool air.

All her childhood was in Canada. There was conflict between herself and her mother. Conflict with her younger sister who, she felt, was more loved by her mother.

Married to a businessman who was more concerned with his business. He was found to be HIV infected two years earlier. All these affected her sleep very badly.

Lachesis M.

54. Cases of Chronic Renal Failure
NIKAM, Amar (CCR. 10, 1/2003)

Three cases of 'Chronic Renal Failure' of different ages (19 years to 56 years).

Each patient was given a single dose only of the medicine based on his symptoms, in the 30 potency. Within few days the patients improved and need for dialysis/transplantation were not necessary. [The follow-up is hardly few days. How long the relief lasted? In these cases, follow-up should be an year or two. However, it is quite impressive that a single dose in 30 potency only gives so much of relief. I learnt that in Dr. Amar Nikam's hospital – he has about 15 inpatients, of Chronic Renal Failure, Diabetes, Cardiac problems etc. – the cases "begin with the 30 potency and end with the 30 potency". Bravo Dr. NIKAM. Great work. However, if **everyone** gets cured of such serious pathologies with 30 potency only, where is the concept of individual susceptibility? What are we to say about BËNNINGHAUSEN's experiences with 200 and M potencies and the 'advantages' he speaks about? And KENT's, BOGER et al? = KSS]

55. Few cases from my clinic
MANGAT, Harpreet K. (CCR. 10, 1/2003)

Case 1: 30 year-old male; recurrent cold and coryza since childhood; rainy season breathlessness. Since 15 years flatulence, weak digestion, pain epigastric region. Frontal headache

since 5 years. He was a businessman; lots of business worries; much involved with his business. Failure in love. Introverted. Suppressed skin eruptions. Music >>. *Aurum muriaticum* 30 – single dose.

Case 2: 38 year-old female; hypertension since six years. Headache on vertex < morning. Breathlessness with pain in chest, heavy feeling on chest, >open air. Dreams of dead persons, snakes. Hot patient. Profuse sweat which >>. Intolerance of tight clothings. *Lachesis* 30 single dose.

56. Schizophrenia
SHINDE, Prakash (CCR. 10, 2/2003)

28 year-old-male, with lot of anxiety, fears, that he has an undiagnosed serious ailment, etc. His complaints began after he was left alone (when he was a XII std. Student) for a whole day and night when parents had to rush to see a cousin who had met with an accident and died.

Veratrum viride 200 one dose set him on road to recovery; repeated about two months later, and in 1M two more months later.

57. Chronic Headache
SHINDE, Prakash (CCR. 10, 2/2003)

48 year-old female, chronic headache, occipital and vertex since two years. Also cervical stiffness, cracking in cervical region, scorbutic gums, decaying teeth; shoulder pain, itching vulva, offensive breath since 4 to 5 years.

Grew up under a fastidious, disciplinary father. Bedwetting in childhood. Abortions, protracted bleeding after, acrid leucorrhoea.

Kreosotum 200 two doses in 1½ months. No further attacks. [Did all the accompanying ailments also go? = KSS].

58. Liver Cirrhosis with Ascites
SHINDE, Prakash (CCR. 10, 2/2003)

30 year-old male, married, two children. Poor. Severe abdominal pain since a month. Heavy alcoholic and chain smoker. Hospital admission. Diagnosis Liver Cirrhosis with Ascites. Tapped six times. Became increasingly restless and sick.

He had tightened the dress at the waist. Could not sit erect. Tenderness right hypogastrium. Even touch in the right hypochondria region could not be borne.

Worse evening. Fat agg. Stools scanty with lot of mucous and tenesmus before and after stool. Relieved lying on painful side.

Throbbing feeling (pulsation) at umbilicus during pain paroxysms. KENT Repertory p.599 for pulsation at umbilicus: *Acon.*, *Aloe.*, *Dulc.*, *Ars.*, *Ptel.*

Ptelia 30/three doses at “hourly interval evenings” on 2 Jan. 2003. Around improvement came on promptly.

59. Cervical Spondylosis, Cervical Disc Prolapse, Lumbar Disc Prolapse
SHINDE, Prakash (CCR. 10, 2/2003)

A contractor, politician, with main complaints of cervical pain since ten months. Pain extends down the back, between the scapulae, pain < looking upwards, > turning head to the right. Sacral pain since eight months, < lying on back, pain gluteal region since eight months < ascending stairs, lying on hard surface, lying on sides, > lying on abdomen. Pain left sacro-iliac joint.

Frightful dreams wakens him, waterbrash morning, eructation sour fluids rising up the throat, sensitivity to noise, talking by others agg. though he desired company.

Argentum nitricum 200 two doses between 22 Feb. 2003 and 15 June 2003. Total improvement.

60. Polymyositis
SHINDE, Prakash (CCR. 10, 2/2003)

16 year-old girl, with Polymyositis diagnosed four years ago.

Paralysed extremities, laboured respiration, fever, difficult speech; on six tablets of Mithotrexate/week with Steroids.

On admission in the Homœopathic Hospital, allopathic medicines were stopped.

Moon faced, hairs lost, extremely weak. She was brilliant student both in studies and athletics.

Suffered high fever two years ago after which she gradually weakened.

This case was a ‘challenge’ to Homœopathy.

The ‘rubrics’ selected were: Stools watery green, Abdomen sore, Pain abdomen before stools, Frequent stools, Fever with chilliness, Continued fever, Swallowing impeded, Pain behind Sternum agg. from cough, swallowing, Extremities, paralytic weakness.

Veratrum album 30, 200 **completely restored.**

61. A case of Wilson’s Disease
MISTRY D.E. (CCR. 10, 2/2003)

A six year-old boy with Wilson’s Disease succumbed to the disease in spite of being under treatment by experienced allopath and homœopath (both co-operating with each other).

Dr. MISTRY raises many questions.

62. Migraine, Acidity, Dysmenorrhea, Allergic Dermatitis, Piles
MANGAT H.P.K (CCR. 10, 2/2003)

Lean, thin female: dark circles around her eyes. Migraine since 5 years in frontal region; Acidity since 5 years; Dysmenorrhea since 4 years; Allergic dermatitis since 2½ years; Piles bleeding since 2½ years, < summer.

Fear of dark, robbers.

Keeps her feelings to herself; reserved

Consolation <. Sympathetic.

Natrum muriaticum 30 one dose; repeated after over 2 months.

63. Headache, Acidity and Breathlessness
MANGAT H.P.K. (CCR. 10, 2/2003)

34 year-old female, unmarried. Complaints of headache since three years. Fever, on and off; Acidity; breathlessness.

Her troubles began after her mother died; her father had died earlier. Deep sighing while narrating her symptoms.

Ignatia 30 one dose; repeated after two months.

64. Dysmenorrhoea
MANGAT H.P.K. (CCR. 10, 2/2003)

21 year-old girl with Dysmenorrhoea since three years.

After she had passed her 12th standard examination she was interested to study Fashion designing but her parents wish prevailed and she joined Commerce. She was very unhappy with her studies. Wept alone; irritable when contradicted, consoled.

Natrum muriaticum 30/one dose, repeated when there was recurrence of abdominal pain at 1st day of menses.

65. Congenital deformity of penis with shrunk kidneys, elevated blood urea and creatinine, etc.
NIKAM, Amar (CCR. 10, 2/2003)

Case 1: 15 year-old boy with congenital deformity of Penis; operated for renal calculus. Scanty urine, shrunk kidneys, Albuminuria, increased urea creatinine, low Hb. Short stature. General oedema. Very timid and shy. Slow of speech and confused.

Does not concentrate on studies; very angry, obstinate and sensitive; jealous when elder brother

is appreciated. When people visit his house, he does not mix with them, but hides. Fear of dark, ghosts. Afraid of being alone. Rough with family but yielding with outsiders. Disease direction right to left. Craving for sweets, ice cream, fruits, red meat occasionally. Timid, bashful and sensitive.

Lycopodium 30 one dose. Kidney started functioning well, profuse urination and within 5-6 months growth in height.

Case 2: Hypertension with Cardiomegaly and Cerebral Infarct associated with Polycystic kidneys, increased urea creatinine and obesity: 58 year-old ex-Mayor, with Hypertension, Cerebral Infarct with mild Hypertrophy of heart, Obesity, weight 105 Kg.

Retrosternal burning with sour eructation agg. Non-vegetarian food. Sleepiness since 4-5 years. Desires: Pungent, milk, mutton, tea. Frequent urine. Tobacco. Sleepy, agg. even while sitting. In the midst of the case taking he slept deeply.

He was admitted in the hospital. *Ferrum metallicum* with no change. While taking the routine round of the in-patients in the hospital, the patient was seen sitting in his bed with a newspaper and sleeping, snoring!

Belladonna 30 made him not only aware of his sleep peculiarities (he would sleep even while driving his motor cycle!), but his disease state was also cured around.

66. Chronic Renal Failure, Chronic Arthritis and Ankylosing Spondylosis and Hypertension
NIKAM, Amar (CCR. 10, 2/2003)

52 year-old male, with history of Chronic Renal Failure, Chronic Arthritis, Ankylosing Spondylosis with Hypertension.

Dialysis done six times and recommended transplantation.

Puffy face, anaemic. Looked very weak, painful, swollen joints. Diminished appetite, tongue white coated and dry, thirsty, dry lips, sweaty scalp, forehead.

Looked prematurely old, emaciated from above downwards; his Rheumatoid Arthritis came on from right to left. Reserved person. Duty conscious, close and attached to his family members; contradiction from family members agg.; bashful in society, gentle and timid at home but strict and punctual; frugal since he was only low-paid.

After suppression of Rheumatoid Arthritis, he developed Ankylosing Spondylosis and then Renal failure.

Lycopodium 30 one dose; no dialysis. After 5 days he began to show improvement in renal output, generalized oedema decreased and gradually disappeared. Ten days later he was

weeping with the joint pains. Urea creatinine normal.

A month later discharged.

67. Hypotension with Intestinal obstruction
NIKAM, Amar (CCR. 10, 2/2003)

50 year-old male, with Hypotension and Intestinal obstruction, coldness of body, vomiting, swelling all over body, generalized weakness, drowsiness, loss of appetite with fever, Blood Pressure 80/50 mm. of Hg.; pulse 36/min.

Veratrum album 30; within 10-15 minutes, started settling, pulse increased to 43/min. and Blood Pressure to 80/60 mm. of Hg.

68. Laryngeal Paralysis?
NIKAM, Amar (CCR. 10, 2/2003)

Two-year-old child; acute emergency of laryngeal stridor and laryngeal paralysis. Was hospitalized and kept on Ventilator and immediate tracheostomy. At this stage patient came to Homœopathy.

Fever on and off since a month, cough while drinking water or eating. Severe air hunger with the ribs moving inward deeply with breathing difficulty.

Desires lemons; aversion sweets. Sleep overpowering.

Child was helplessly clinging to mother, intolerant of covering.

Belladonna 30 and within an hour very rapid recovery. Same day all intubations and ventilators were removed. On the second day the child became normal

[Great work, Dr. NIKAM = KSS]

69. A case study on the evolution and strategies of Leprosy control and elimination
BISHT D.B. (NAMA. 11, 3/2003)

This article tells the story of a life time's commitment of a group of people in Tamil Nadu against Leprosy. The author has helped this with commitment. Now the Rawattakuppam Health Centre is a full-fledged Primary and Community Health Care Project. It demonstrates how community participation can make statistics come alive. [What are the statistics in so far as Homœopathy is concerned, in treating Leprosy? In 20 years or more at least I have not read an article on Leprosy therapeutics in any homœopathic journal, except one by Drs. DIKSHIT D.B., KHARKAR A.D. and THAKKAR A.T. in the **Hahnemannian Gleanings**, Nov., 1980. However, I would draw your attention to the fact that the

great pioneer Constantin HERING has, while he was in Surinam on his expedition to the Dutch Guiana, has communicated to Dr.Ernst STAPF, in 1830 for publication in his 'Archiv für homöopathische Heilkunst', his treatment of Leprosy in the Natives of Surinam. In the first article he delineates the nature of the disease as he found it in the patients and in a subsequent article in July 1830, his treatment of the disease.= KSS]

70. *Gallic acid*: Case reports
PRAKASH, Anand and VICHITRA, Anil
Kumar (CCR. 25, 3&4/2003)

Two cases of Pulmonary disease: Pain lung, right side, coughing, haemoptysis, responded well to *Gallic acid*.

71. *Nyctanthes* and Fever
PRAKASH, Anand and VICHITRA, Anil
Kumar (CCR. 25, 3&4/2003)

Nyctanthes is useful in Obstinate Fever and is considered as a surrogate of *Eupatorium perfoliatum*. It is very efficacious in all fevers with chill with predominating biliary symptoms.

Result of trial in 1051 cases is given with the symptoms which confirm the symptoms in the *Materia Medica*.

72. Efficacy of Lesser known Homœopathic Drugs on Skin Disorder
SINGH J.P. (CCR. 25, 3&4/2003)

Trial was taken up by the Homœopathic Drug Research Institute, Lucknow, on the efficacy of three lesser known medicines – *Calotropis gigantea*, *Hydrocotyle asiatica* and *Hygrophilla spinosa* in skin diseases. Urticaria, Exfoliative Dermatitis, Ringworm.

Statistical data are presented. Overall improvement of 77.52% was observed.

73. Intracranial Shock Blisters – *Opium* as a remedy to cure cystic tumours of the brain.
ALEX, Peter (HL. 16, 1/2003)

Opium is a well-known remedy for people who have undergone a mental shock or surgery and anaesthesia. The following two cases show that any symptom that has occurred after shock or anaesthesia and surgery – symptoms like even Eczema, Behavioural problems, Cystic tumors of the brain can be cured with *Opium*.

Case 1: 31 year-old woman operated twice for

- Cystic Craniopharyngioma at the hypophysis – with a third cyst now
- Prolapse of mitral valve since some years
- Migraines since 2 years
- Rash on the skin from Nickel-containing foods like chocolates
- Right inguinal hernia
- Backache due to weak muscles
- Eczema on the hands, terribly itchy fluid containing blisters
- Warts on the face

Opium LM12 five drops in half a glass of water once a day was prescribed based on the following repertorised symptoms.

Ailments from being abused
from mental shock

Delusions, vision has horrible

Weeping, cannot weep though sad

Well, says he is well, sick, when very

Narcotics, aggravate

Injuries, operations, from

Hernia, Abdominal, Inguinal

Three months later patient is much better, cyst was hardly detectable on a recent MRI. Headaches less by about 50%.

Less frequent pain in the right inguinal area; allergic rash on the finger disappeared.

Further repetition of *Opium*, did not bring about much improvement. Now a state that has to do with other causal factors than fright and thus does not respond to *Opium* any longer. *Opium* was first the starting point in this case.

Case 2: 62 year-old bricklayer, now on pension because of his disability to work.

- Cyst pressing the optical nerve of the left eye, which has recurred after a surgery
- Vision is limited laterally on both eyes
- Loss of sense of taste
- Ever since the brain operation – cold hands and cold feet
- Underwent surgery for benign Tumor of the mastoid (note the close proximity to the site of the later Brain Cyst – it was located at the chiasma opticum, a typical case of iatrogenic suppression)
- Pediculated Condyloma on left upper arm
- Headaches, heartburn
- Tension at home because of a quarrel between mother and aunt
- Became sick as soon as he learned that he was about to be dismissed from work

Repertorisation:

- Well, says he is well, sick, when very
- Ailments fright from (at the news that he was dismissed from work)

- Cowardice (he did not dare to interfere with the old ladies' quarrel at home)
- Smiling
- Hemiopia – vertical
- Injuries – operations, ailments from
- Snoring
- Face, paralysis
- Stomach, heartburn

Opium LM 6 five drops daily in half a glass of water. A month later

- Eyesight of left eye remarkably improved
- Heartburn less after initial aggravation
- Less headaches
- Coldness of hands - no change, no change in hemiopia

After repetition of *Opium* LM 12

- Feels more relaxed
- No headaches
- MRT shows no Cyst detectable (4 months after initial dose of *Opium*)

Patient is still on treatment for the long term effects of the Cyst and the respective operations.

74. A beautiful cure with the blood of a Rat – A case of *Rattus rattus* or *Sanguis soursis* KITTNER, Monika (HL. 16, 1/2003) 44 year-old woman:

- Psoriatic patches all over the body
- Allergies, hay fever, peri-odon-titis
- Feeling of being attacked coldly from behind
- Dreams of being persecuted by a man and consequent frigidity
- Her need for three warm meals a day
- Lack of thirst
- Panic of dying

were to the author a slow unfolding of a picture of the rat proving done by Jayesh SHAH and Nancy HERRICK.

Rattus rattus 30 was prescribed. After an initial aggravation – she is fine – Has not needed a repetition of the first dose even after 2½ years.

75. Being in a mist with amputated arms – A case of *Haloperidol* SCHLINGENSIEPEN, Irene (HL. 16, 1/2003)

A 25-year-old woman suffered from multiple infections

- Recurrent infections of the nose and throat
- Patient under high stress
- Felt helpless under pressure
- A sister had died from AIDS

- Felt lonely, alone, deserted
- Fear of spiders, ghosts
- Feeling of being in a mist, especially, when in strong conflict

Based on the Materia Medica of JULIAN

- Delusion; legs cut off
- Sensation of continuous 'stress' difficult to ward off by will-power
- Persistent feeling out of his self
- Sensation of unreality, 'I' am away from myself and others, doesn't know what he does, everything is gummed gradually (gummed out – sealed)
- Is in a complete mist (confounds everything, beings and facts, things and duration)
- Sensation of constriction on throat and chest, as if gripped by a vice.
- Difficult respiration
- Great difficulty of intellectual cogitation
- Sensation, as if legs are cut off
- Troubled sleep – sleeps better lying on belly
- Schizophrenia

Haloperidol M was given with good results. It was repeated 13 months later.

76. "I love reading, but loathe writing"
BROWN, Douglas (AH. 9/2003)

The author claims that this case is illustrative of the remedy *Macaw*. This remedy was 'proved' by Dr. Jonathan SHORE in 1999, and the proving data is available through **Reference Works**.

She had been given *Laurocerasus M*, 12; *China M*, 12; *Veratrum album* 200; all without relief of the compulsive behaviour of the patient – a 9 year-old girl. She was relieved of her symptoms by *Macaw* 200. (The remedy is made from the feather of the Macaw [parrot])

[The discussion is the 'signature' of the bird. Difficult for me to understand the justification. The cover of the journal **The American Homeopath**, Vol.9, carries the picture of Adolph LIPPE. But cases like the *Macaw* based on 'themes', signatures etc. are exactly those which LIPPE was against. Poor LIPPE must be turning in his grave=KSS]

77. What is a Lion in Homœopathy?
MARRS, Iain (AH. 9/2003)

This again is another article which discusses application of 'metaphors' and themes in understanding *Lac leoninum* (Lion's milk)

[This article is a Chapter extracted from a book which discusses ways of organizing material in the reading of *Materia Medica* and in Case taking. Surely this way is not the way taught by HAHNEMANN and his followers. Eight pages for this! = KSS]

78. Thanks to the Heron – A case of *Kali phosphoricum*
WEGNER, Herta (HL. 16, 1/2003)

A 7-year-old boy came with

- Recurrent infections and Asthma
- After a cold draft, eyes tear, nose drips, fever of 40⁰, with severe pain in the limbs, then discharge from nose gets thicker, viscous, bright yellow and he is asthmatic.
- Family history of Multiple Sclerosis
- Neurodermatitis as a baby
- Adenectomy because of recurrent Otitis Media
- Perspiration of head
- Twitching while falling asleep
- Painful cramps in his legs
- Recurrent styes
- Great restlessness, desire for gentle motion

The last above symptom directed the doctor to *Kali phosphoricum* which fit in with other symptoms of the boy too. First 200 given and five months later *Kali phos.* XM helped the boy.

79. Three cases of *Angelica archangelica*
PELT, Marguerite and WIRTZ, Anne
(HL. 15, 4/2002)

The biology and phyto-therapeutic use of the plant and a short (dream) proving done are given to explain the remedy choice in the three cases.

The essence of *Angelica archangelica* in relation to the main themes concerning all Umbelliferae and also on the biology and phyto-therapeutic use of the plant is given.

80. An old remedy resurrected – *Calculus renalis*
LOUGHNAN, Margaret (HL. 15, 4/2002)

Four constitutional cases and four clinical cases of Renal Stones helped by the remedy are given and the possible indications of the remedy are listed.

Possible indications for prescribing *Calculus renalis*:

- CONGESTION – particularly congestion of the kidneys.

- Frequency of urination at night – particularly in the elderly.
- Frequency of urination in association with panic, anxiety or past humiliation (e.g. a memory of wetting one’s pants in public. These people can become ‘toilet watchers’).
- Nervous urination.
- Pathology associated with urinary problems, e.g. a chill in the kidneys.
- Cancer of the bowel with lymphomas.
- Cancer of the bladder.
- Cysts, nodules and tumours.
- Kidney stones and gravel.
- Recurring cystitis or urinary tract problems.
- Abuse remedy, child abuse where urinary problems have developed.
- Extreme fear and panic, phobias and compulsive behaviours.
- Separations, particularly child separated from mother. Deep sense of abandonment, anger and resentment.
- Tartar on the teeth. Riggs disease.
- Arthritis with nodules. Arthritis with fluid retention in ankles and hands.
- Indigestion with painful distension, similar to gallstone colic.
- Asperger’s syndrome – with poor social skills, looking and feeling lost.
- Chronic congested sinuses, nasal polyps.
- Asthma – congestive asthma, with tight chest and nasal congestion.
- Observation – the patient may burp (eructation) within a short time of taking the remedy in the office.

Rubrics:

MIND

- Fear, phobias – general
- Fear, ailments from
- Fear with panic, consuming
- Fear known or unknown
- Fear with trembling anxiety and sweat
- Fear of child separated from mother
- Fear of urinating in public
- Fear with need to urinate
- Anxiety - general
- Anxiety attacks of
- Anxiety with fear causing vomiting

BLADDER

- Cancer of
- Urging to urinate frequent
- Urinate frequent at night, elderly people
- Urging to urinate when anxious

CHILDREN

- Abuse of, ailments of

- Anxious
- Asthma
- Confidence, lacking of self esteem
- Delicate, puny, sick
- Strangers, presence of aggregate.
- Recurring colds with nasal congestion

DELUSIONS

- Forsaken, being

DREAMS

- Anxious

HEADACHES

- Sinus headache from catarrh
- Worse bending forward
- With sore teeth and sore ears

GENERALS

- Cancer, general
- Intestinal, colon
- Bladder
- Colds, tendency to take
- Constitutions
- Asthmatic
- Nervous
- Melancholic

KIDNEYS

- Aching in
- Brights disease
- Nephritis, inflammation kidneys
- Colic pain of kidneys
- Congestion of kidneys
- Kidney stones
- Pressing pain in kidneys
- Chill in kidneys, ailments from

LUNGS

- Asthma, general
- Asthma alternating with congestion of kidneys
- Asthma alternating with congestion of the abdomen
- Asthma in children
- Coughing asthmatic
- Expectoration ameliorate
- Wheezing

NOSE

- Obstruction
- Breathes through mouth
- Children, nasal obstruction
- Chronic obstruction
- While lying
- Morning and night
- Post nasal catarrh
- Chronic sinusitis
- Discharge copious morning
- Discharge greenish yellow
- Discharge thick
- Discharge difficult to dislodge

STOMACH

- Vomiting from anticipation
- Vomiting from fear
- Distension bloating
- Indigestion

URINE

- Bloody, dark

RECTUM

- Cancer of
- Constipation
- Constipation pain with

Compare:

Anacardium – sense of evil. Indigestion, depression, frequency. Indecision.

Aurum – despair.

Benzoic acid – kidney insufficiency and nodules.

Berberis vulgaris – renal colic.

Calcarea carbonica – depressed, melancholic, kidney colic and incontinence. Strong smelling urine. The nightmares of *Calcarea carbonica* are the day mares of *Calculus renalis*.

Calcarea fluorata – arthritis with hard nodules.

Carcinosinum – fears and anxieties, compulsive disorders.

Cimicifuga – nervous urination. Gloomy, black cloud over everything.

Cubeba – frequent urination of nervous origin.

Ignatia – hysteria and grief.

Staphysagria – cystitis, urinary tract problems associated with suppressed emotions.

Terebinthina – dark urine, kidney stones and painful distension. Asthma.

Vesicaria – frequency at night.

81. A case of *Natrum silicicum*

HARDY, Jonathan, (HL. 15, 4/2002)

36 year-old man with Eczema, after the separation of his son and the degree of suffering he experienced as a result of this. Chilly, diarrhoea from milk.

Following Jan SCHOLTEN's concepts about *Natrum* and *Silicatum* which has the above feeling *Natrum silicicum* 1M.

6 weeks later better and happier. 11 months later feeling insecure, paralysed by fear. Feeling lonely. One more dose. 6 weeks later better. One year later better.

82. Second Prescription

MOHANTY, Namita (HH. 28, 3-4/2003)

We so often impede and pervert the action of a carefully selected remedy by our impatience to get results or by our impetuosity in hastening certain

conditions by our changing remedies before the desired and definite action is obtained.

This creates perplexing problem-uneasy anxiety, agonizing anguish, tormenting helplessness and pregnant privation.

Second prescription pre-supposes that first prescription is correct, it has acted and has been let alone to exact full time.

I. Repetition

II. Change of remedy

- a. antidote
- b. change in plan of treatment
- c. complementary
- d. cognate
- e. morbid intercurrent

I. REPETITION

- (i) If there is reappearance of older symptoms which do not disappear inspite of waiting for a considerable period.
- (ii) If improvement remains standstill, but the original symptoms have not yet returned.
- (iii) In acute cases, when followed by a period of relief, there is increased intensity.

II. CHANGE OF REMEDY

(a) antidote:

- (i) If accessory symptoms start appearing.
- (ii) If violent medicinal aggravation occurs.
- (iii) If disappearance of symptoms do not follow HERING's Law of Cure.

(b) change in plan of treatment:

If there is first amelioration and then relapse without cure.

(c) Complementary:

When residual symptoms persists after first remedy, to complete the cure.

(d) cognate:

Series of remedies which are closely related to each other i.e. *Nux vomica* followed by *Sepia*; *Ignatia* followed by *Natrum mur*.

(e) Morbid intercurrent:

When there is any outbreak of disastrous condition which interrupts our chronic treatment.

IV. REPERTORY

1. Regeln der Gradeinteilung
(Rules for grading the valence of Remedies)
Van ZANDVOORT, Roger

(AHZ. 248, 4/2003)

The grading system of the valence of remedies in Kent's repertory consists in certain rules which are not generally known and not generally applied. Thus a prescription founded on this system is not always valid.

In the Kent the highest grade (3 marks) is given to the medicine whose symptom "in all or more numbers" of Provers has been aroused. These were confirmed by reprovings and thoroughly verified clinically by "cures in sick cases". The second grade (2 marks) medicine has aroused symptom in "some" Provers and confirmed by further provings and occasionally verified clinically through "cures in sick cases". The first grade (the low 1 mark) medicine has aroused symptoms "here and there" in Provers and these have not been clinically verified through "cures in sick cases". Remedies whose symptoms were not produced in Provers but cured in patients (clinical confirmation) have also been included in this.

The correct understanding of this background should clear the false impression that these grades represent the intensity of the symptoms.

If we compare these rules with the literature current, with toxicological data etc., and reconstruct, it will be confirmed partially and throw up new questions.

Van ZANDVOORT proposes following new criteriae:

A. Grade 3 (highest): Provings, in which the same symptom has been produced in all or in more number of Provers, are as much rare as confirmatory Provings. Most of these affirm these earlier original Provings "extensively verified". There are mostly quite a number of them clinical cases which have to be carefully inquired by the homœopathic community. (Hopefully BÖNNINGHAUSEN's Case Registers – after HAHNEMANN's – will be explored, to obtain more clinical confirmations). **The 3rd grade must be based only on Clinical confirmation.**

B. Grade 2: The Grade two must be based only on clinical confirmation. A clinical confirmation must be from a second source with a cured symptom, a proving symptom, a toxicological symptom or non-homœopathic symptom should be available to accept a remedy in Grade two.

C. Grade 1 (lowest):

1. documented cured symptom,
2. documented toxicological symptom,
3. documented Proving symptom,
4. documented non-homœopathic, mostly

phytotherapeutic information (see HAHNEMANN's *Nux vomica* example).

2. Akute Enterocolitis – Klinisches Stichwort (Acute Enterocolitis – Clinical Key word) BLEUL, Gerhard (AHZ. 248, 4/2003)

The eighth in this series of Repertorial rubrics for certain disease states, mentions the Keywords in respect of acute Enterocolitis. A very useful table.

3. The logic of BÖNNINGHAUSEN ROBINSON, Karl (AJHM. 96, 4/2003)

The work and idea of BÖNNINGHAUSEN is discussed. Special focus is given to Bönninghausen's "radical" idea of deconstructing symptoms of a part(s) and making them general symptoms; then reapplying them to new cases in creative ways. **The Therapeutic Pocketbook**, with its emphasis on Generals, is contrasted with **Kent's Repertory**, where symptom specificity is employed. The mnemonic "LoCoMoCo" is introduced as a describer of the qualities of a complete symptoms-location, complaint, modalities, concomitants. The working methodology is illustrated with few cases.

4. Apoplex (Apoplexy) – Repertorial rubrics BLEUL, Gerhard (AHZ. 248, 6/2003)

So far, Dr. BLEUL has in the earlier numbers of the ZKH given the rubrics from various Repertories, in respect of clearly diagnosed states e.g. Retarded development in children, Anticipatory anxiety, Acute enterocolitis etc. (see 2 above)

In this number, the ninth in the series, it is on Apoplexy. The rubrics from the extant repertories – **Kent, Synthesis, Complete, Therapeutic Pocket Book** of BÖNNINGHAUSEN (revised edition) – are given. The most important remedies in this ailment are: *Barium carbonicum, Belladonna, Crotalus horridus, Gelsemium, Lachesis, Nux vomica, Opium, Phosphorus, Plumbum.*

5. New rubrics in Paediatrics with additions from clinical experience LAMOTHE, Jacques (HL. 15, 4/2002)

MIND

Accidents, prone, risky (see: audacity, fearlessness), **in children:** **Agar**, androc, **Arn**, *Aur*, bell, *Caps*, caust, fl-ac, gall-ac, gels, *Lyss*, **Med**, mur-ac, nat-m, *Puls*, sep, spong, **Staph**, stram, sulph, tarent, tub.

Affectation, affected looking, in children (See: **feigning, deceitful, hypocrisy**): alum, **Carb-v**, *Carc*, caust, con, *Graph*, hyos, *Ign*, *Lyc*, mez, nat-m, *Nux-m*, petr, **Plat**, puls, sep, *Staph*, *Stram*, sulph, thuj, **Verat**.

Comic, childish, child plays the -, foolish behaviour, the fool, clowns (see: antics plays, witty) in children: androc, apis, bar-c, *Bell*, *Carb-v*, cic, croc, cupr, **Hyos**, ign, kali-bi, lach, lyc, **Merc**, nux-v, op, *Phos*, plb, psil, sacc, sil, spong, stram, tarent, tub, verat.

Change, aversion to; attachment to routine, traditions, rites, customs: acon, agar, *Bar-c*, **Bry**, **Calc**, calc-f, *Caps*, *Carb-an*, **Carb-v**, cupr, dulc, form, germ, *Graph*, kali-bi, kali-c, medus, nice, puls, sol-t-ae, **Vip**.

Death (of others), ailments from confrontation with, in children: **Acon**, ambr, **Ars**, calc, calc-sil, caps, carc, caust, gels, **Ign**, kali-br, kali-p, **Lach**, nat-m, nit-ac, nux-m, nux-v, **Op**, **Ph-ac**, *Plat*, **Staph**, sulph, verat.

Docility (obedience; see yielding, law respect), in children: bar-c, bar-m, calc-sil, **Carb-v**, *Carc*, caust, cic, cocc, croc, crot-h, **Cupr**, fl-ac, ign, kali-c, **Lac-c**, *Lac-d*, lyc, mag-m, nat-c, nat-m, nux-v, petr, ph-ac, phos, **Puls**, **Sep**, sil, staph, **Thuj**, **Zinc**.

Energy, excess of, in children: *Agar*, *Arn*, *Aur*, *Fl-ac*, lac-h, **Lach**, *Lyss*, **Med**, nux-v, stram, tarent, verat.

Excitement, sexual (tendency to frequent erections or masturbation), in children: aloe, ambr, *Calc-p*, *Cann-i*, canth, carc, *Fl-ac*, **Hyos**, lac-c, **Lach**, lyss, med, **Merc**, *Mosch*, ph-ac, **Phos**, staph, stram, tub, *Zinc*.

Fear of contagion, microbes, in children: **Ars**, **Calc**, **Carc**, ign, lac-c, lach, *Med*, psor, sil, sulph, **Syph**.

Impressionable, easily upset (see: horrible things), in children: *Ars*, *Aur*, *Aur-m*, **Calc**, *Cal-p*, *Carc*, **Caust**, *Chin*, **Cic**, cocc, con, ferr, **Gels**, hep, ign, iod, lach, lyc, *Nat-c*, *Nat-m*, nit-ac, *Nux-v*, **Phos**, plat, **Puls**, sep, *Sil*, *Staph*, sulph, teucr, *Thuj*, *Zinc*.

Injustice, intolerance to, in children: am-c, am-m, aur, *Cal-p*, **Caust**, chin, **Coloc**, dros, *Ign*, *Mag-c*, *Mag-m*, **Merc**, nat-c, **Nat-m**, nit-ac, **Nux-v**, pall, phos, sep, **Staph**, tub.

Law, very respectful (see: law, intolerance to; injustice, cannot support), in children: androc, *Ars*, **Calc**, calc-p, calc-sil, caps, **Carc**, caust, *Cupr*, ign, kali-bi, kali-c, lac-c, lyc, mang, naja, nat-m, **Nit-ac**, **Nux-v**, *Sep*, *Thuj*, vip, **Zinc**. [see **Docility**, **Law respect** = KSS.]

Law, rules, intolerance to – (intolerance to be forced), (see: disobedience), in children: agar, agn, alum, cact, **Caps**, **Caust**, *Chin*, colch, coloc, fl-ac, hep, lyc, **Med**, nit-ac, nux-v, phos, **Plb**, *Sang*, spong, *Staph*, sulph, **Tarent**, *Tub*, verat, vip.

Malingering (see feigning sick, liar), in children: arg-n, bell, ethyl-a, ign, lac-c, lach, lyc, *Mosch*, op, plb, *Puls*, sabad, sep, sil, syph, tarent, **Verat**.

Mischievous, always up to something (stupid pranks, silly things, damage to personal property), children (see mischievous, destructiveness, antics, plays): **Agar**, anac, apis, aur, calc, *Caps*, caust, gall-ac, hyos, lyc, merc, plat, puls, sacc, sep, *Tarent*, verat.

Precocity, in children and babies: *Acon*, *Asar*, *Aur*, bell, calc, calc-f, *Calc-p*, **Carc**, *Chel*, cina, crot-h, fl-ac, hyos, ign, iod, lac-f, **Lach**, lyc, lyss, **Med**, **Merc**, *Nux-v*, orig, petr, **Phos**, puls, sep, sil, staph, sulph, syph, tub, verat.

Stylish (coquetry, consciousness of his appearance), in children: *Ambr*, bell, calc-f, **Lach**, **Phos**, *Plat*, *Puls*, *Sulph*, **Verat**.

Touch everything, impulse to, children: all-c, anac, bell, bism, canth, **Carc**, cina, graph, hyos, ign, ip, lyc, lycps, mag-c, merc, rheum, sacc, sulph, thuj, tub.

Winning ways (seducing), in children: **Ambr**, *Carb-v*, carc, caust, fl-ac, hyos, *Lach*, lyc, med, merc, nux-v, pall, **Phos**, plat, *Puls*, *Sil*, *Staph*, *Sulph*, thuj, tub, **Verat**.

FACE

Discoloration, red, cheeks, without fever, in children: calc-s, **Caps**, *Ferr*, *Iod*, ol-an, phos, psor, *Sulph*.

ABDOMEN

Pain, colics infants, in children: all-c, **Arg-n**, bar-c, bov, caust, *Carb-v*, **Cham**, chin, *Coloc*, *Cupr*, *Ign*, jal; **Lyc**, *Mag-c*, *Mag-m*, *Mag-p*, *Nat-s*, **Nux-v**, **Staph**, sulph, verat.

GENITALIA MALE

Cryptorchism, in children: *Aur*, *Bar-c*, *calc*, *calc-f*, *calc-p*, *caust*, *Con*, *Fl-ac*, *Syph*.

CHEST

Child refuses mother's milk: *ant-c*, *ant-t*, *apis*, *Bor*, *bry*, *calc*, **Calc-p**, *cina*, *kali-c*, *lach*, *lyc*, *mag-c* *nat-m*, *Merc*, *nat-c*, *rheum*, *sec*, *Sil*, *stann*, *stram*.

EXTREMITIES

Pain, legs, growing pains, in children: *agar*, *ap-g*, *asaf*, *Aur*, *bell*, *Calc*, *calc-f*, *Calc-p*, *cench*, *cimic*, *dros*, *eup-p*, *ferr-ac*, *fl-ac*, **Guaj**, *hep*, *hipp*, *kali-p*, *mag-aust*, *mag-p*, *manc*, *mang*, *Merc*, *morg*, *nat-p*, *nit-ac*, *ol-I*, **Ph-ac**, **Phos**, *plan*, *sulph*, *Syph*.

Walk, late learning to, in children: *Agar*, **Bar-c**, *bell*, **Calc**, *calc-f*, *Calc-p*, *Carb-v*, **Caust**, *lyc*, *merc*, *Nat-m*, *ph-ac*, *phos*, *sanic*, *sep*, *sil*, *sulph*.

SKIN

Eruptions, urticaria, fever during: **Apis**, **Carb-v**, *chlor*, *cop*, *cub*, *ign*, **Rhus-t**, *Rhus-v*, *Sulph*.

Hypertrichosis in children: *carb-v*, *carc*, *nat-m*, *puls*, **Sep**, *sulph*, *Thuj*.

GENERALITIES

Ailments from never recovered disease, in children: *Ars*, **Carb-v**, *calc-p*, *Carc*, *Caust*, *Chin*, *Ph-ac*, **Psor**, *Tub*.

Altitude agg. (mountain agg.), in children: *Acon*, *Ars*, *bry*, *calc*, *calc-p*, *carb-v*, **Coca**, **Med**, *sulph*, **Tub**, *verat*.

Convulsions, nervous, hysterical babies, (from anger or pain, or fright), in children: *acon*, *agar*, *am-c*, *ant-c*, *ars*, *asaf*, *aur*, *Bell*, *camph*, *carb-v*, *caust*, **Cham**, *cina*, *coff*, *con*, *Cupr*, *Ign*, *hell*, *hep*, *lach*, *laur*, *Lyc*, *med*, *Mosch*, *nat-m*, *nux-m*, *Nux-v*, *op*, *ph-ac*, *Phos*, **Puls**, *sec*, *sep*, *Sulph*, *Staph*, *verat*.

Handicapped children: **Agar**, *arn*, *aur*, *bar-c*, *Bufo*, *cact*, *Calc-p*, **Carb-v**, *carc*, **Caust**, *cic*, *hell*, *Ign*, **Med**, **Merc**, *naja*, *op*, *stram*, *zinc*.

Urinary, repeated infections in children: *apis*, *asaf*, *bor*, *canth*, *caps*, **Med**, *lach*, *lyc*, *nux-v*, *sars*, *Sep*, **Staph**, *tuab*.

Violent diseases, in children: **Acon**, *Agar*, **Apis**, *Bell*, *bry*, *cic*, *coloc*, *crot-h*, *hecla*, *Hep*, *Hyos*, **Lach**, *nux-v*, **Staph**, *stram*, *sulph*, *Verat*.

V. PHARMACOLOGY

1. Pharmacognostic Studies of the seeds of *Ulex europaeus* Linn.
GUPTA H.C. (CCRH. 25, 3&4/2003)

The authentication of crude drugs is of prime importance for the preparation and quality of the finished products in Homœopathy. This paper deals with various parameters viz., macroscopic and organoleptic characters, qualitative microscopical studies on transection and longitudinal sections, power studies and micrometry for evaluating the seeds of valued exotic medicinal plant *Ulex europaeus* Linn. in view of obtaining the specific diagnostic characters for quality assurance of the medicine in Homœopathy.

2. Pharmacognostic studies of stem and leaves of *Mirabilis Jalapa* Linn.
GUPTA H.C. (CCRH. 25, 3&4/2003)

Microscopical studies in terms of qualitative and quantitative characterization of various tissues organized in stems and leaves of the plant *Mirabilis Jalapa*.

3. Q – Potenzen und Potenzenakkorde – eine Parallel-entwicklung (Q – Potencies and Potency harmony – a parallel development)
HENNIGER, Christel (AHZ. 248, 3/2003)

Often the choice of the suitable potency is decisive on the degree of the aggravation and the success of a homœopathic treatment. There were and there are empirical attempts to get a rapid, mild and deep effect and to avoid initial aggravation. HAHNEMANN found the Q (LM) potencies as a solution. CAHIS (Emmanuel CAHIS, 1855-1934) went another way creating his balanced potencies. A balanced potency is a mixture of several homœopathic potencies of the same basic material. The mental formation of both, the LM-potencies and the balanced potencies, is reconstructed, and their histories are related to each other.

This is a historical research in the study of concerned literature.

VI. VETERINARY

1. When animals reject their young, consider Homœopathy
WINSTON, Julian (HT. 22, 9/2002)

A dog was rejecting her puppies, *Sepia 30* was added to the water bowl. After a few sips of water, the mother allowed her puppies to nurse and started to nuzzle.

2. What to do when your dog gets Kennel cough
LAMPE, Kristy (HT. 22, 10/2002)

Kennel cough is predominantly an upper respiratory disease highly contagious among dogs, caused frequently by *Bordatella pertussis*.

One of the dogs, after attending a dog show had developed a fever of 103°F and sneezing. A dose of *Aconite* was given. Fever reduced to 102° F but having dry barking cough. Everytime he lied down coughing spells started. *Drosera* was given 3 doses at 12 hour intervals and was cured.

Another old dog slowly developed fever, running nose and a slight cough. A dose of *Ferrum phosphoricum* was given. She was walking with her head low, as though she wanted to bring up something, but no mucus was coming out. Rales were heard and *Antimonium tartaricum 12* was given. Within 30 minutes, she started coughing out mucus and in two days, lungs were clear.

Indications of remedies are given.
Prodromal stage: *Aconite, Ferrum phosphoricum*,
Full blown case : *Drosera, Bryonia, Spongia, Rumex, Ipecac.*
Worst cases : *Ant-t., Carbo- v, Phos.*

3. A dog with paralysis of her rear legs
WARKENTIN, Linda (HT. 22, 11/2002)

A 13-year-old dog had a malignant mammary tumor removed in October 2000. Metastasis to Liver and prognosis poor. Losing power in her back legs and could not walk at all.

Conium LM1 to be taken twice daily. 3 weeks later she could walk. Continued with the remedy. Three months later, no symptoms of Cancer. There is still some weakness but steadily improving.

The case analysis with **Mac Repertory** and **Reference Works** is presented.

VII. RESEARCH

1. Molécules endogènes et similitude (Endogenous molecules & similarity)
JENAER M. and MARICHAL B.
(RBH. 32, 1/2002)

Study on the endogenous molecules and its connections with the homœopathic specificity and high dilutions – based on a lecture “Immunologie and Globality” by Prof. Madeleine BASTIDE in the ‘International Meeting at Monaco’ in 1999.

Whenever we talk about the vital principle we automatically close all possible communication with our allopathic colleagues. But now research on endogenous molecules is showing that the idea of exchange of information between molecules within the body is no longer mechanical, but molecular or molecule-receptor types. Recognition among immunoglobulins is more of recognizing similarities and non-similarities in their attachment to peptides. Most of the essential properties of Homœopathy finds a mirror image in the entire organism. This type of explanation of the effectiveness of homœopathic high dilutions should be acceptable to our allopathic colleagues with an idea of immunological concepts.

2. Enquete Sur la Vision de l’homœopathie aupres des pediatres Belges francophones (An inquiry into the homœopathic outlook of the French speaking Belgian Pediatricians)
SIMAR, Jean (RBH. 32, 2/2002)

A poll survey was done by the PPH – **Pediatricians Practising Homœopathy** in Belgium. 650 french speaking Pediatricians were sent a small questionnaire (multiple choice questions) to be answered and returned. The questions were aimed at generally differentiating the Pediatricians into those who opposed Homœopathy, those who were tolerant towards Homœopathy and supporters of Homœopathy – but more specifically in finding out the awareness about Homœopathy among Belgian Pediatricians.

Of the 650 questionnaires sent - 235 responses were received and among them 43% opposed, 18% tolerated and 39% supported Homœopathy. An analysis of the answers and small extra comments of the Pediatricians showed that:

1. The response of 235 – 36% showed the bias among those who did not respond.
2. Though among those who did not respond – it cannot be said how many are in favour or against Homœopathy.
3. Very few of those who opposed Homœopathy had very harsh words to write about it.
4. Though there was almost a negligible number of Pediatricians who were interested in Homœopathy – it is certainly a great change in the mentality of the Belgian Pediatricians.

3. Research... and Rediscovery of a cherished remedy
MORRISON, Roger (HT. 22, 10/2002)

International Integrative Primary Care Outcomes Study-(IIPCOS) in 1996-97 took place in 6 homœopathic centers throughout the US and Europe and results published in March 2001 in the **Journal of Alternative and Complementary Medicine** (Vol. 7, pp. 149-59).

The pilot project showed excellent results in many typical primary care conditions. 90% were benefitted and the evaluators were even more impressed by the lack of side effects.

Similar results occurred in the subsequent study (IIPCOS 2).

The difference in the results of IIPCOS 1 & 2 was the frequent use of the remedy *Ferrum phosphoricum* by the Europeans.

The prescribing indications of that remedy are given.

4. Menopause Research: An opportunity for complementary collaborations
PATERSON G.
(HOMEOPATHY, 92, 3/2003)

The 29 clinical trials involving complementary therapies published so far lack the potential for meta-analysis due to diversity in size, populations, designs, interventions and tools used. A comprehensive and coherent menopause research strategy would move towards establishing a definitive evidence base for practice in this area.

5. Plant models for fundamental research in Homœopathy
BETTI L.; BORGHINI F. and NANI D.
(HOMEOPATHY, 92, 3/2003)

Since there is no complete theory to provide a plausible explanation for the action of homœopathic potencies, it is difficult to deal with the irreproducibility of the results often observed in botanical bioassays. It has been suggested that the variability of the system (defined as a complex which shows the tendency to remain constant as a whole towards the external world) is the true target of homœopathic treatments. This assumption could provide a key for interpreting the irreproducibility phenomenon and support a non-reductionistic phenomenological theory of Homœopathy. Further development of basic research is highly desirable and we believe that plant-based bioassays can be suitable tools for this purpose. [Sir Jagdish Chandra

Bose, has performed pioneering experiments. Attention is invited to his Lecture in the British faculty of Homœopathy on June 23, 1926 titled **‘The Action of Drugs on the Response of Matter’**. He concludes “I have, in the course of my talk this afternoon, shown that the life-reaction of the plant is identical with that of the animal. We have been able to find that it is contractile, that there is a certain tissue along which general excitation is transmitted to a distance; we have been able to record throbbings of its pulsating life. In these and in many other ways the plant is very much nearer to us than we ever thought. Thus, through the experience of the plant, we may perhaps alleviate the sufferings of mankind.” =KSS]

6. The Homœopathic Approach to the Treatment of Symptoms of Oestrogen Withdrawal in Breast Cancer patients. A prospective observational study
THOMPSON E.A. and REILLY D.
(HOMEOPATHY, 92, 3/2003)

This paper reports on an investigation of the homœopathic approach to the management of symptoms of Oestrogen withdrawal in women with Breast Cancer. Forty-five patients entered the study. The most common presenting symptoms were hot flushes (HF) (n=38), mood disturbance (n=23), joint pain (n=12), and fatigue (n=16). Other symptoms included Sleeplessness, reduced libido, weight gain, Cystitis, Vaginal dryness and skin eruptions. The active intervention was an individualized homœopathic medicine. Forty women (89%) completed the study. Significant improvements in mean symptom scores were seen over the study period and for the primary end-point ‘the effect on daily living’ scores. Symptoms other than the HF such as fatigue and mood disturbance appear to be helped. Significant improvements in Anxiety, Depression and quality of life were demonstrated over the study period. The homœopathic approach appears to be clinically useful in the management of Oestrogen withdrawal symptoms in women with Breast Cancer whether on or off Tamoxifen and improves mood disturbance. A Placebo-controlled trial would be the next stage in this line of inquiry. [These ‘trials’ have been on and seems never ending. If the Placebo-controlled study also gives favourable results to Homœopathy then too another trial in some other disease state would be taken up. Whatever it may be homœopaths will go on, on their chosen path of Healing gently, surely, and rapidly = KSS]

7. Study of the Practice of Homœopathic General Practitioners in France
 TRICHARD M., LAMURE E. and CHAUFFERIN, Gilles
 (HOMEOPATHY, 92, 3/2003)

Little is known about the practice of homœopathic General Practitioners (GPs) in France. We report a descriptive, cross-sectional study on this subject. The aim was to acquire a clearer idea of (1) the type of patients who consult homœopathic GPs and (2) the type of treatment provided by such GPs, in terms of diagnoses, prescriptions and costs. The survey was carried out on a representative sample of the French homœopathic GP population and covered three seasons of the year. The data was collected by means of a questionnaire which GPs completed for each consulting patient. It emerged that the type of patients who consult homœopathic GPs are chiefly women, between the ages of 20 and 54, living in an urban environment, not in employment, covered by National Health Insurance for Salaried Workers, and belonging to a Mutual Benefit Association. The most common reasons for consultation were ENT disorders, stress and anxiety. The homœopathic GPs mainly used Homœopathy to treat these disorders. On average, four medicinal products per patient were prescribed per 2-month course of treatment, for an average reimbursed cost of 3.78C.

8. Homœopathically prepared Gibberellic acid and Barley seed germination
 HAMMAN B., KONING G. & HIM LOK K.
 (HOMEOPATHY, 92, 3/2003)

The potentiation process by which homœopathic preparations are produced raises the concern that these medicines have Placebo effects only, since they theoretically no longer contain active molecules of the diluted substance. Plant models offer a method of examining the efficacy of homœopathically prepared solutions. This study examined the effects of homœopathically prepared Gibberellic acid (HGA₃) on the germination performance of Barley (*Hordeum vulgare* L.) seeds. The effect of HGA₃ (4-200 cH) on seed germination rate and seedling development was compared to that of the most commonly used form of Gibberellic acid (GA₃), 0.5gl⁻¹, and control (distilled water). The extent and type of response was dependent on the vigour level of the seedlot. Treating seeds from three vigour groups in HGA₃ consistently resulted in larger seedlings. High-vigour seeds treated with HGA₃ 4, 30 and 200 cH

germinated faster, and roots of medium-vigour seedlots treated in HGA₃ 15cH were longer. Biphasic effects of HGA₃ were also demonstrated. As a plant model, germinating barley seeds successfully demonstrated the ability of HGA₃ to produce a biological response.

9. What is the Therapeutically Active Ingredient of Homœopathic Potencies?
 WEINGÄRTNER O.
 (HOMEOPATHY, 92, 3/2003)

The nature of the 'active ingredient', in homœopathic high dilutions is investigated. A model for every degree of dilution is introduced; within this the active ingredient can be dealt with in physical terms. In mathematical terms this model has features which correspond to the axioms of weak Quantum Theory. Features which are similar to entanglement in ordinary Quantum Theory are discussed in particular.

10. Patient-practitioner-remedy (PPR) Entanglement. Part 3. Refining the quantum metaphor for Homœopathy
 MILGROM L.R.
 (HOMEOPATHY, 92, 3/2003)

The notion of patient-practitioner-remedy (PPR) entanglement, previously proposed for Homœopathy, is refined by adapting concepts derived from GREENBERGER, HORNE, and ZEILINGER's treatment of three-particle entanglement (GHZ states), and a generalized version of Quantum Theory, called Weak Quantum Theory (WQT). These suggest that for maximum PPR entanglement during the therapeutic encounter, the practitioner's awareness needs to be directed inward as well as outward toward the patient, and that health and disease are mirror images of each other, similar to and represented by, the relationship of complex numbers to their complex conjugates. [Part 1 and 2 appeared in HOMEOPATHY, 91, 4/2002 & 92, 1/2003 = KSS]

11. Effects of Homœopathic treatment on Pruritus of Haemodialysis patients: a randomised Placebo-controlled double-blind trial
 CAVALCANTI A.M.S., ROCHA L.M., CARILLO Jr R., LUO, Lima & LUGON J.R.
 (HOMEOPATHY, 92, 4/2003)

Pruritus is a frequent and difficult-to-treat problem in Haemodialysis. This double-blind Placebo-controlled randomised clinical trial assessed the role of homœopathic treatment in this

situation. The code was held by the pharmacist who dispensed the medications. Pruritus was evaluated using a previously published scale. Only patients with initial values above 25% of maximum Pruritus score were entered. Data were analysed after partial code break, separating the two groups of patients, but with no awareness of which one received Verum or Placebo. Patients were classified as responders if they had >50% reduction of Pruritus score.

Twenty-eight patients (16M/12F, 51± 11 years of age) were entered and 20 (12M/8F, 52± 8 years of age) remained for final analysis: 11 in the Verum group, 9 in Placebo. At entry, the mean Pruritus score was 65±25% for the treated patients and 70 ± 27% for Placebo. After 15, 30, 45 and 60 days of follow-up, Pruritus score were respectively: 46±29, 41±30, 42±29, and 38±33 for the treated patients and 61±29, 67±31, 64±35, and 57±39 for Placebo. Reduction was statistically significant ($P<0.05$) at every point of observation. According to patients' own assessment, at the end of the study period, the homoeopathic treatment reduced the Pruritus score by ~ 49%. Responders were more frequent in the treated group with statistical significance at 30 days (0% vs 45%, $P=0.038$).

Homoeopathic treatment may represent a worthwhile alternative to relieve Pruritus in patients undergoing Haemodialysis.

12. Effect of *Arnica* D30 in Marathon runners. Pooled results from two double-blind Placebo-controlled studies

TVEITEN D. & BRUSET S.
(HOMEOPATHY, 92, 4/2003)

Objective: To examine whether the homoeopathic medicine *Arnica* D30 has an effect on muscle soreness and cell damage after Marathon running.

Methods: The subjects were 82 Marathon runners from two separate randomised double-blind Placebo-controlled trials participating in the Oslo Marathon in 1990 and 1995. Five pills of *Arnica* D30 or Placebo were given morning and evening. Treatment started on the evening before the Marathon and continued on day of the race and the three following days. The runners assessed muscular soreness on a visual analogue scale. Muscle enzymes, Electrolytes and Creatinine were measured before and after the Marathon.

Results: Muscle soreness immediately after the Marathon run was lower in the *Arnica* group than in the Placebo group ($P = 0.04$). Cell damage measured by enzymes was similar in the *Arnica* and the Placebo group.

Conclusion: These pooled results suggest that *Arnica* D30 has a positive effect on muscle soreness after Marathon running, but not on cell damage measured by enzymes.

13. Effects of Homoeopathic Arsenic on Tobacco plant Resistance to Tobacco Mosaic Virus. Theoretical suggestions about system variability, based on a large experimental data set

BETTI L., LAZZARATO L., TREBBI G., BRIZZI M., CALZONI G.L., BORGHINI F. and NANI D. (HOMEOPATHY, 92, 4/2003)

Context: This research aimed at verifying the efficacy of homoeopathic treatments by plant-based bioassays, which may be suitable for basic research, because they lack Placebo effects and provide large datasets for statistical analyses.

Objective: To evaluate the effects of homoeopathic treatments of Arsenic Trioxide (As_2O_3) on tobacco plants subjected to Tobacco Mosaic Virus (TMV) inoculation as biotic stress.

Design: Blind, randomized experiment using tobacco leaf disks.

Materials and Methods: Tobacco plants (*Nicotiana tabacum* L. cultivar Samsun) carrying the TMV resistance Gene N. TMV inoculated leaf disks were floated for 3 days in the following:

- Distilled water (control)
- H_2O 5 and 45 decimal and centesimal potencies
- As_2O_3 5 and 45 decimal and centesimal potencies

The main outcome measures is the number of hypersensitive lesions observed in a leaf disk.

Results: Homoeopathic treatments of Arsenic induce two effects on the plant: (i) increased resistance to TMV; (ii) decrease variability between experiments (system variability).

Conclusions: In this experimental model two actions of homoeopathic treatment were detected: decrease in system variability and enhancement of the natural tendency of the system towards an 'equilibrium point'.

14. Complexity science and Homoeopathy: a synthetic overview

BELLAVITE P.
(HOMEOPATHY, 92, 4/2003)

Homoeopathy is founded on 'holistic' and 'vitalistic' paradigms, which may be interpreted – at least in part – in terms of a framework provided by the Theory of Dynamic Systems and of Complexity. The conceptual models and some

experimental findings from Complexity Science may support the paradoxical claims of Similia principle and of dilution/dynamization effects. It is argued that better appreciation of three main properties of Complex systems: non-linearity, self-organization, and dynamicity, will not only add to our basic understanding of homœopathic phenomena but also illuminate new directions for experimental investigations and therapeutic settings.

15. Is Assessment of Likelihood Ratio of Homœopathic Symptoms possible? A Pilot study
RUTTEN A.L.B., STOLPER C.F., LUGTEN R.F.G. and BARTHELS R.W.J.M. (HOMEOPATHY, 92, 4/2003)

A Pilot study was performed to investigate the possibilities and restrictions of likelihood ratio (LR) investigation using three symptoms. Qualitative vagueness and expectation bias is inherent in our method, but is, in part avoidable. It appears that experienced observers assess common homœopathic symptoms quite similarly. Clinical judgement is an essential part of our work and should be preserved during assessment of LR. The assessment does not influence clinical practice and can be maintained for a long period, provided the appropriate software is used. A limited range of symptoms seems most suitable for LR investigation.

16. The benefits of *Arnica*: 16 case reports
ERNST E. (HOMEOPATHY, 92, 4/2003)

Following the publication of a randomised controlled trial of *Arnica* in hand surgery, a number of reports of apparently beneficial effects of *Arnica* came to the author's attention. Many of these apparent responses could have been due to other factors including the use of herbal (non-diluted) *Arnica*, Placebo response and natural course of disease.

17. A strategy for research
IVES, Galen (HOMEOPATHY, 92, 4/2003)

Galen IVES, a 'relative outsider' to Homœopathy, attempted to outline what he saw as important current research issues for Homœopathy. He commented that there had been no large-scale, multidisciplinary investigation of Homœopathy designed to clarify some of the many unknowns. Most of the research had been inept and piecemeal, with a few notable exceptions. The relative

absence of good research, based on sound scientific principles, had resulted in an inability to communicate with the mainstream; while the lack of fundamental research, especially into the nature of potency, further compounded the communication problem. The author stressed that certain experiments needed repeating, such as the finding of altered dielectric properties in potentized solutions. He suggested a co-ordinated research programme, which should contain the following elements: clinical research, conceptual research, and fundamental research.

The difficulties faced by researchers in the clinical field were acknowledged. A parallel could be drawn with research in Psychotherapy, a subject which had developed considerably over the last decade. Homœopathy, with fewer methodological problems than Psychology, 'could benefit from the application of some of the techniques developed over recent years to cope with the complexities of the latter field. It is vital that inappropriate research methods are not applied to Homœopathy in a Procrustean fashion'. In clinical trials of *chronic conditions*, the author saw an appropriate design as involving three groups, randomly allocated: (1) homœopathic treatment, involving the use of several remedies ('any temptation to simplify this process or to reduce it to a single remedy for the sake of methodological simplicity or scientific clarity must be resisted'); (2) homœopathic treatment with Placebo substituted for *all* remedies (must be all or nothing); and (3) allopathic treatment. He also advocated the use of *single case studies*: 'A method which has proved useful in Psychotherapy research is the intensive single case study using multiple baseline assessment. A modification of the technique to include Placebo control might well yield valid and interesting results'. In certain *acute conditions*, a traditional double-blind trial would be more feasible. The author suggested an approach which might strengthen the scientific validity of such studies. This involved a pilot study to identify different drug pictures; a questionnaire based on the characteristic indications to differentiate the remedies; and assessment by statistical cluster analysis. A further suggestion is the use of *experimental models* to achieve standardization of both the pathological condition and the remedy. One promising line would be the testing of the isopathic principle, which had already given quite convincing results.

Conceptual research was dealt with next. *Constitutional prescribing* would be amenable to scientific testing. Cluster analysis again would identify groups showing certain characteristics. A

pilot study by the author had yielded positive results. Likewise, the *principle of similia* could be studied. The hypothesis that the more closely a patient's symptoms resembled the drug picture, the better the response, could be investigated statistically. This kind of study could be built into any clinical trial which used a questionnaire to identify groups.

Fundamental research is a crucial area: *potency assay* and the *physical characteristics* of the potency. The author considered the lack of a reliable experimental method as seriously hindering study of the former; and that sensitive measuring techniques would be needed for the latter. He made several suggestions. In conclusion, he hoped that the Blackie Research Fund would rectify the serious lack of funding in the past. (BHJ. 4/1983, in HOMEOPATHY, 92, 4/2003)

18. The memory of water regained
MILGROM L.R.
(HOMEOPATHY, 92, 4/2003)

Prof. Louis REY, has shown ultra-high dilutions of Lithium chloride or Sodium chloride to be reproducibly different from pure water diluted with itself using a technique called Thermoluminescence. If confirmed, it will lend credibility to our highly diluted remedies.

Jacques BENVENISTE is not totally convinced by REY.

19. The toxic effects of the African Pitocine – *Leucas capensis* in relation to the Law of Similars
MOILOA M.R.A. (AJHM. 96, 3/2003)

This article represents a toxicological study of the effects of *Leucas capensis*, a botanical agent in common use as a folk remedy in South Africa with pronounced effects upon the female reproductive system, especially as related to pregnancy. At the end of article the symptoms of *Leucas capensis* are compared with the homœopathic remedies – *Caulophyllum*, *Secale*, *Sabina* and *Cimicifuga*.

20. A Review of Scope of Animal Experimentations in Homœopathy
SINGH K.P. (CCRH. 25, 3&4/2003)

The title is self-explanatory of the article.

This review discusses 'preliminary acute and subacute toxicity studies' in Albino Mice and Rats and Albino Rabbits. This study is of drugs in very low potencies, mother tinctures, to ascertain their toxicity. This study is done because some drugs are

used in Homœopathy in such very low potencies and mother tinctures.

Another experiment is on 'Cardiovascular effects of Homœopathic Medicines' on the animals Frogs, Albino Mice.

Another experiment is on 'Effect of Homœopathic Medicines on Blood Glucose and Blood Cholesterol level' on Albino Rabbits.

The next is on 'Antiulcerogenic and Ulcerogenic effects of Homœopathic Medicines' and then on 'Antifertility effect (Population control) of Homœopathic Medicine'; next is on 'Alcohol Mortality' and lastly 'Wound Healing Effect of Homœopathic Medicines in Albino Rats'.

[The first homœopath who made 'animal experiments' was von BËNNINGHAUSEN. His experiments, however, did not involve injuring lesser creatures or torture them but in clinical application of the homœopathic remedies to ailments of animals and he was quite successful in that. Homœopathy finds itself as 'gentle', 'least injurious' mode of therapeutics. Then where is the need for animal experimentation? When Linn BOYD boasted of 'animal experimentation' 'sacrificing' hundreds of cats, John CLARKE who was a well known anti-vivisectionist, strongly condemned it and wrote that BOYD was not welcome to England. Merely to satisfy the dominant school and to be accepted by them Homœopathy need not take to these cruel experiments = KSS]

VIII. HISTORY

1. A Historical Review
WINSTON, Julian (AJHM. 96, 3/2003)

In this article Julian WINSTON summarises some of the gems in our homœopathic literature heritage, some of which, he fears, have been too often overlooked.

2. Playing in the Boneyard or the Development of and some thought about a Database of US Homœopaths
WINSTON, Julian (AJHM. 96, 3/2003)

The author has assembled a remarkable database (from sources available to him) of homœopaths who were practising in the USA from 1825 until 1963. The database contains over 25,000 names. This is a discussion of the process of the construction of the database, some of the difficulties encountered, and some of his personal observations.

IX. EDUCATION

1. Evaluation eines Modellprojekts zur Weiterbildung Homöopathie, A-F-Kunste (Evaluation of a model Project for development of Homœopathy, A-F course) LÜDTKE, Rainer, ELIES, Michael; BRAKEMEIER, Susanne and KAISER, Daniel (AHZ. 248, 3/2003)

The quality of a new type of so-called A-F Courses (which specializes physicians in Homœopathy), was systematically evaluated. These courses were designed for participants who had already gained skills in Homœopathy as medical students. They can be characterised by a high starting level and a high degree of autonomy. Our evaluation shows that the quality of the Courses is excellent, moreover it is continuously improving. This probably is due to the homogeneity of the course group and its constancy over time. It is therefore concluded that each future A-F Course should specifically address the demands of its participants. Groups should be as homogenous as possible and any switch-over of participants should be avoided. A continuous and systematic evaluation seems to be the key to guarantee high quality and participants' satisfaction.

2. Empowering students of Homœopathy MALAIKKANI S. (HH. 28, 5/2003)

Motivated students learn better. Motivation may be defined as "getting power to work hard". It is like petrol and diesel to an Engineer. Motivation is the greatest wealth in the world.

The students of Homœopathy should take inspiration from dedicated leaders like Dr. JOHNSON who read 18 hours a day. Dr. AMBEDKAR who read books continuously, SOCRATES died sipping the poison hemlock, after memorizing new song. Dr. FAUSTUS was ready to sell his soul to Satan to learn something new. Dr. S. HAHNEMANN learnt 5 languages besides being a doctor and conducted experimenting homœopathic medicines, wrote books and revised his earlier editions.

Self-learning techniques – It is learning how to learn. There is no royal road to learning. But students try to lay a royal road to learning. They may resort to speed learning, find out a suitable

learning style, simplify materials, comprehend it, make notes and store in their long term memory. The author has given a small note how to read and store in memory. Study skills - Maximum learning in minimum time.

X. GENERAL

1. Evidenzbasierte Homöopathie – Irrglaube aus der Schulmedizin oder Gebot der Stunde?

(Evidence based Homœopathy – Heresy from the Allopathic Medicine or Order of the Hour?) SCHÜPPEL, Reinhart (AHZ. 248, 4/2003)

This subject has been engaging the minds of many great homœopaths for decades. There is no "Gold standard" for Homœopathy and it is meaningless to search for such a "Gold standard". There have been so called randomized controlled studies, there have been "blind" and "double blind" studies.

As a result of all these a small number of the Allopathic School and the 'Scientist homœopaths' have shown half-hearted acceptance of Homœopathy.

In this article the author discusses the concept of evidence-based medicine and how it could be transferred to Homœopathy and how it could improve the acceptance of Homœopathy in Medicine. He proposes a programme to implement evidence-based Homœopathy.

The author gives a long impressive list of references.

2. Developing a love for all life ROWE, Todd (HT. 22, 9/2002)

The capacity to love all life can be fostered and it is the responsibility of good homœopathic educators to do so. Being a homœopath often requires total immersion and absorption in the field – stalking with mind, heart and spirit. Stalking helps homœopaths be open to a deeper understanding of their patients and of the world around them.

Enjoying our work opens our hearts and allows love to flow into our work and lives and that is when we are at our greatest potential as healers.

3. Saving Holistic Homœopathic Medicine from Mechanistic Scientism – an urgent need LEDERMANN E.K.

(HOMEOPATHY, 92, 3/2003)

Without in any way denying the enormous benefits of scientific medicine, it is the wrong place to look for the basis of homœopathic medicine. The right place is indicated in two fundamental works of HAHNEMANN: ‘**The Organon**’ and ‘**Chronic Diseases**’. In addition ‘the right place’ which explains the efficacy of the High Potencies can be found in the Philosophy of Science.

4. Exploring General Practitioners’ attitudes to Homœopathy in Dumfries and Galloway
HAMILTON E.
(HOMEOPATHY, 92, 4/2003)

This comparative quantitative study explored General Practitioners’ (GPs) attitudes to Homœopathy in Dumfries and Galloway, a predominantly rural area in South-West Scotland where there is a local British Homœopathic Association funded Homœopathic Clinic. It aimed to determine whether there was an association between expressed attitudes to Homœopathy and a number of variables. Issues arising from the House of Lords Report on CAM were also explored. A self-administered questionnaire was addressed to all 135 GPs within Dumfries and Galloway. Descriptive statistics were used in the data analysis.

The response rate was 75%. The NHS GP clinic accounted for 47% of total referrals for Homœopathy. A total of 86.1% of GPs within Dumfries and Galloway were in favour of a local NHS Homœopathic Specialist Clinic. Forms of evidence most influential to GPs regarding Homœopathy were: randomized controlled trials; audit data on patient outcomes; safety and patient satisfaction.

5. The language of Chaos theory and Complexity applied to Homœopathy
SHEPPERD, Joel (AJHM. 96, 3/2003)

Homœopathic authors have used the concepts of Chaos theory and complex systems to explain Homœopathy in modern language and to develop experimental models to show how Homœopathy works. The author gives his interpretation of these efforts.

6. Modern Myths Which Haunt Us
POPLI S.P. (NAMA. 11, 2/2003)

The biggest paradox of the modern era is the progressive decline of morality and values in

life and as a consequence, happiness and contentment inspite of general physical prosperity. The present social, psychological and ecological environment has direct links with our health although we may have difficulties in establishing laboratory proofs for this.

A view that the more efficient the economy, the happier the society, has been the foundation on which consumerism, continuous growth and expansion have been built.

The biggest disservice that Science has rendered to humanity is its theory of ‘survival of the fittest’. Absence of war was defined as peace. It was no concern of the authorities if there was simmering violence in man’s inner psyche found expression within certain defined limits. (e.g. family)

A radical paradigm shift has to be made. We talk of various aetiological factors for diseases just because we find their association in a diseased person. In any epidemic while hordes of people contract infection, it is the microcosm which falls ill. Why this occurs only in some persons? The selectiveness of various etiological factors and diseases points towards a deeper malady – a Crisis of Character – with unethical pursuits in the field of scientific and technological developments.

We missed seeing an association between Character and Health because our great scientists could not fathom the relationship between something subtle as Character and gross as Health. Another misconception under which we are labouring is that Allopathy is scientific and rational and will provide us with the answers to all diseases. Allopathy has misplaced perceptions when it wages an all-out war against bacteria and viruses by developing newer and newer drugs as it can never win this war. The need is to transform and reform our habits, thoughts and attitudes.

7. An Interview with Janet SNOWDON
GRIMES, Melanie (AH. 9/2003)

Janet SNOWDON came into Homœopathy via personal experience of the benefit it gave to her children. She studied with Dr. MAUGHAN a very senior homœopathic physician who inspired her; then with George VITHOULKAS and then Rajan SANKARAN. She stays with Rajan SANKARAN’s methodology.

8. An Interview with Joe LILLARD
YASGUR, Jay (AH. 9/2003)

What was Washington Homœopathy Pharmacy, (Bethesda, M.D.) was purchased by Joe

LILLARD in 1991. The Pharmacy is in a small town and thus it was possible to educate the local people with Homœopathy. LILLARD was the former President of the National Center for Homœopathy. Before he came to Homœopathy LILLARD worked in the Federal Government as administrator in various branches of the Federal Government.

How did Joe LILLARD come to Homœopathy? He had animals – sheep, chickens, - on his farm and when his dog mauled a chicken he gave it *Arnica* and applied a large glob of *Calendula* ointment and that chicken became quite well. He had many experiences like that. He has had many experiences of healing wounds on his own person. Later he became a member of the **National Center for Homœopathy (NCH)** and attended all their classes and Seminars and later studied with Robin MURPHY. He was the first non-medical President of the NCH. He had taken active part in the CCH (**Certification in Classical Homœopathy**).

9. Systemic Psychotherapy for homœopaths
IVANOVAS, Georg (HL. 16, 1/2003)

Systemic Psychotherapy offers a lot of modern concepts that correspond to homœopathic principles. The biggest similarity is the use of the therapeutic paradox, which is also called ‘prescribing the symptom’. The strategy of the treatment is to instruct the system (usually a family, but sometimes a single person) to do the same as before but in a slightly different manner.

It is a treatment with a similia, without giving a medicine. Every family is told to continue just as they do but in a refined way.

The pioneers of this kind of treatment were successful – but the strict approach was more and more abandoned by the systemic psychotherapists. Reasons were:

- There was a shift in theory
- It is difficult to prescribe a good paradox
- Therapists did not individualize sufficiently
- Mechanical prescription of the paradox was not so effective and quite boring for the therapists.

10. Bioterrorism: Role of Clinical Laboratory in Meeting the Challenge
NIYOGI, Swapan Kumar (S&C. 69, 3-4/2003)

Intentional use of pathogenic microorganisms to kill large number of people and

undermine political and social institutions has become one of the most vicious threats to civilized society in recent times. The clinical laboratory plays a pivotal role in responding to an act of bioterrorism. Laboratory should be prepared to respond rapidly by providing diagnostic kits for the detection and identification of specific agents, so that specific therapy and victim management can be initiated in a timely manner. Clinical laboratories should identify their current resources and extent of support they can provide and inform the authorities of their state of readiness. Knowledge of the current biosafety level within the laboratory and adequate training of the laboratory personnel are very much essential. A greater capacity for surveillance at the national, state and local levels is much needed in protecting against biological warfare. [The “White man” used intentionally pathogenic micro-organisms to annihilate large sections of “natives” during the colonisation – in the North America and Australia in the 18th century and even as late as during the last century’s historical Vietnam war. No scientist worth the name should cause such atrocities. Nemesis would certainly come home to roost. = KSS].

11. Bilirubin metabolism: Molecular and metabolic considerations
CHOWDHURY, Abhijit (S&C. 69, 3-4/2003)

Improvements in Molecular Biology has resulted in significant improvements in our understanding of Bilirubin metabolism and basis of the inherited disorders thereof. Bilirubin is a metabolic degradation product of heme moiety of senescent red blood cells. It is carried in the blood in an unconjugated state, bound to Albumin in a reversible, non-covalent bond, to the liver where it is conjugated with glucuronic acid primarily to make it water-soluble and excreted in the bile canaliculi. Excretion is the rate limiting step in Bilirubin metabolism, hence conjugated Hyperbilirubinemia occurs commonly in liver diseases. A number of conditions, however, are characterized by unconjugated Hyperbilirubinemia caused by defective enzymatic conjugation of Bilirubin. These are due to mutations in the uridine glucuronyl transferase 1 gene. Commonest of these is **Gilberts’ syndrome**, which is due to insertion of an additional TA sequence in the promoter region of UGT1 A1 gene, reducing expression of the relevant gene. Graded increase in severity of Hyperbilirubinemia is produced by mutations involving the exons in crigler najjar syndromes 2 and 1. Excretion of Bilirubin from the hepatocyte

to the lumen of the bile canaliculi is dependent upon membrane bound exporters. Genetic defect in them produces familial cholestatic disorders, like **Dubin Johnson syndrome**.

12. Role of Chromium in Human Metabolism, with special reference to type 2 Diabetes
 CHOWDHURY, Subhankar and
 BHATTACHARYA, Basudev
 (S&C. 69, 3-4/2003)

Chromium exists in three main forms: metallic state, trivalent and hexavalent forms. While hexavalent Chromium is recognized as an industrial toxin linked to lung Cancer, trivalent Chromium is acknowledged as an essential nutrient. The latter is known to improve Insulin sensitivity and, therefore, to influence carbohydrate, fat and protein metabolism. Hence, it has been tried in type 2 Diabetes, where Insulin resistance plays a crucial role in pathogenesis. Supplementation with trivalent Chromium often causes a modest improvement of glycaemic control. The expected improvement in lipid profile is not seen consistently. Despite the lack of adverse effects in *in vivo* studies of trivalent Chromium supplementation, routine use in Diabetes is not indicated. The patients suffering from type 2 Diabetes who are likely to benefit are those who are elderly, on severely restricted diet and with gross hyperglycaemia and profuse Polyuria.

13. Molecular Medicine and Medical Education
 BURMA D.P. (S&C. 69, 3-4/2003)

Debate is going on under 'Continued Medical Education' (CME) Program whether the newly emerging discipline of 'Molecular Medicine' should be part of regular medical teaching program. It has been argued here that time has not yet come to treat it as an isolated discipline at the undergraduate level. It is better to introduce the knowledge in Molecular Medicine at pre, para and clinical levels of undergraduate education. However, emphasis has to be laid on Molecular Medicine under postgraduate program, as a separate discipline linked to Biochemistry on the one hand, and Medicine on the other. It is, however, 'must' under CME program at this stage.

XI. BOOKS

1. **SCHMIDT, Josef M., Die Thyreoidinum-Studie am Krankenhaus für**

Naturheilwesen Kontrollierte klinische Studie (A controlled clinical Study of Thyroidinum in the Hospital for Natural treatment) 446, S., Books on Demand GmbH, Norderstadt 2000, € 40- (German) Review by G. BLUEL (AHZ. 248, 3/2003): "So far not noticed, but noticeable during his 4 year study in the München-Harlaching Hospital, Josef SCHMIDT has applied *Thyroidinum* C30 against Placebo to 208 patients who had suffered from a so-called Fastenkrise which was defined by stagnating or increasing of body weight after at least 3 days with at least 100g. weight. ... This homœopathic Organ preparation was already there in the 19th Century and in 1918 GILLINGHAM proved it. SCHMIDT has with this study carried out an astonishing work. With an extreme precision and appropriately required accuracy of details he has fulfilled all required demands of a "good clinical practice"

2. **HADULLA, Michael M. and RICHTER, Olaf., Die Homöopathischen Arzneien Wesen und Essenz: Band II (The nature and Essence of Homœopathic Remedies) 242 S., Medizinische Literarische Verlagsgesellschaft, 2002, € 36.80. (German)** Review by G. BLEUL (AHZ. 248, 3/2003): "Eight medicines were discussed in the Volume I and the remaining follow in this: *Ars., Calc., Lyc., Ep., Sep., Sil., Staph., Sulph.* Decide for yourself."

3. **FALTIN, Thomas. Homöopathie in der Klinik. Die Geschichte der Homöopathie am Stuttgarter Robert-Bosch-Krankenhaus von 1940-1973 (Homœopathy in the Clinic. The History of Homœopathy in the Robert-Bosch Hospital in Stuttgart, during 1940-1973) 453 S., geb., Haug Verlag, Stuttgart, 2002. € 59.95 (German)** Review by GEBHARDT K.-H. (AHZ. 248, 5/2003): "After a brief review of the homœopathic hospital in Germany from 1833 to todote FALTIN comes to discuss the **Robert Bosch Hospital** beginning from STIEGELE's outpatient hospital to the newly built Hospital in the periphery of the present Hospital. ... Those who came after STIEGELE did not pursue Clinical Homœopathy further so that spectacular results were rare and more of allopathic Medicine became predominant. careful study of the sources and with historical facts. The book fills an important historic gap ..."

4. **SCHÜSTER, Bernd: Cola in der Praxis. Fallbeispielen, Analysen, das Wesen einer Neuen Homöopathischen Arznei (Cola in Practice. Cases, Analysis, the Nature of a New**

Homœopathic medicine) 180 S., Verlag für Homöopathie, Weilburg 2002, € 19.90 (German) Review by G. BLEUL (AHZ. 248, 6/2003): “After the author had published the new proving of *Cola nitida* in 1997 he now presents its application in practice. In 16 cases of his own, one from Karl-Josef MÜLLER and 6 “Case-episodes” in which *Cola* was given as intervening medicine, SCHUSTER presents a graphic picture of the medicine. In most of the cases *Cola* was given for 1-3 years. ... Mostly the choice is on proving symptoms. ... Positive forms of hyperactivity with over self-over-estimation, nightly restlessness and voracious hunger appear particularly good response with *Cola*.”

5. **KELLER, Georg von. Gesammelte Aufsätze und Vorträge zur Homöopathie (Collected articles and lectures on Homœopathy) 640 S., Hahnemann-Institut, Greifenberg. 2002, € 59,- (German)** Review by M. BÜNDNER (AHZ. 248, 6/2003): “Georg von KELLER, one of the “great, old homœopaths” has published all his articles and lectures chronologically. Also his Prefaces to the 14 Monographs of the “small” homœopathic remedies have also been appended. This singular treasure chest of experience shows the untiring lectures and publication activities of the author. ... from every article practical information or background could be picked up which will be interesting to the experienced homœopaths. ...There are few homœopathic speciality books which holds from beginning to end a fastidious quality – this is one such book.”

6. **EICHLER, Roland; FRANK, Horst: Die homöopathische Behandlung der Neurodermitis bei Kindern und Jugendlichen (Homœopathic treatment of Neurodermatitis in Children and Young) 353 S., geb. Haug Verlag, Stuttgart 2002. € 69.95 (German)** Review by W. EICHLER (AHZ. 248, 6/2003): “This book is addressed to the practicing homœopaths. In the Introduction the basics of Neurodermatitis are explained from the allopathic science of Dermatology. the homœopathic theory is set out essentially and the peculiarities of Neurodermatitis-treatment is only briefly said. The cases, which makes the main head in the title, is self-explanatory. They are well-documented, mostly with CD or pictures before and after the therapy. The repertorisations are clear and followable.The author is “classic” homœopath in the tradition of KENT in the best sense (he practices Homœopathy in second generation). Those who belong to the “speculative” discipline of Homœopathy, which is modern at present,

expecting rare remedies will be disappointed. Mainly only antipsoric polychrests have been used, small remedies like *Viola tricolor* or a very beautiful *Mancinella* - disease history make up the exceptions. Homœopathy appears quite simple often here – as it always is in the hands of a master.

7. **MINDER, Peter; Gesamtregister zu Hahnemanns Werk (A Complete Index to Hahnemann’s work), 223 S., geb., Haug Verlag, Stuttgart, 2002. € 39.95 (German)** Review by Thomas GENNEPER (ZKH. 47, 4/2003): “If homœopaths upto now had access to only rudimentary register, or maintain one’s own references or depend upon one’s own memory and for literary researches, for example if one would like to know what views HAHNEMANN had about the theme “Isopathy” one has now MINDER’s Index of over 200 pages to indicate the exact pages. A big help for actual practice too as also for scientific works. The book contains medicines, persons as also subject register and covers Hahnemann’s important works viz. the “**Organon of Medicine**”, “**The Chronic Diseases**”, “**The Pure Materia Medica**”, “**Lesser Writings**” as also the latest “**Collected Lesser Writings**”.....”

8. **FOERSTER, Gisela; HEÉ, Hausjörg, Vergleichende Arzneimittellehre homöopathischer Polychreste (Comparative Materia Medica of homœopathic Polychrests), 606 S., geb., Haug-Verlag, Stuttgart, 2002, € 79.95 (German)** Review by Marco RIGHETTI (ZKH. 47, 4/2003): “In the face of the flood of new publications it is surprising that few authors attempt at Comparative Materia Medica although this question plays an important role in the daily practice. In the book before us eight big remedies are compared in pain....

In ‘Mind’ Part the different facets of the medicine with regard to themes like anxiety, threats, aggression, guilt, shame, etc. are discussed and compared.... In part two the hitherto not well clarified aspects of stages of development: Pregnancy, Birth, Infancy, Childhood, Puberty, Climacteric and Old age are discussed. The theme of Physical symptoms are the next, wherein the specific ‘region’ (ref. BURNETT), is the next. In this way the pathological developments are differentiated.... Those interested in Miasms would find ideas on *Calcarea*, *Tuberculinum*, *Medorrhinum*, *Thuja*, *Mercurius*, *Nitric acidum*... The book could enrich the homœopathic work”.

9. **JUS, Mohinder Singh; Praktische Materia Medica (Practical Materia Medica) 3 Bände,**

2896 S. kart. Homöosana Verlag, Zug, 2003. € 245. (German), Review by Uwe FRIEDRICH (ZKH. 47, 4/2003): "According to his own declaration, JUS has written this book in the footsteps of his master B.K. BOSE, who said: "my students are my books and when they have sufficiently ripe knowledge of Homœopathy they will out of their own experience write a *Materia Medica*". The *Materia Medica* of JUS contains 302 medicines. These are written in line with the lectures of BOSE and also appending his own personal experience. JUS explains that his work may have consulted KENT, HERING, LIPPE, CLARKE and BOGER. In the section "Characteristic" JUS gives the main features of the remedy. According to him "physiognomic" indications and the state of the person" have a high value in the homœopathic case report. Every volume has a Repertory of 178 pages added at the end. The repertory of the volumes 1-3 are therefore identical. Sum up: a good, *Materia Medica* that has come from good experience with the major disadvantages mentioned above. ...".

10. Georg von KELLER: Gesammelte Aufsätze und Vorträge zur Homöopathie (Collected writings and Lectures on Homœopathy) (herausgegeben von Peter VINT), 624S., Hahnemann Institut, Greifenberg. 2002. E.59- (German) Review by Andreas GRIMM (ZKH. 47, 3/2003): "Georg von KELLER who expired this year was often requested to publish his collected articles, lectures, etc. which has now happily come about from the Hahnemann Institut.... The Book before us has 156 contributions of KELLER.including 5 hitherto unpublished articles and 5 lectures.. there is a detailed Index at the end containing subjects and persons.... The articles are chronologically arranged..... The work shows the excellent knowledge of Homœopathy literature and the enormous *Materia Medica* Knowledge... His work connects theory and practice and is as much useful for the Practitioner as for historic and scientifically interested... By studying the primary sources he could point out that in the repertories and the (secondary and tertian) *Materia Medicas* many important symptoms are not available...

A peculiar and particular style of the author was that he handled different themes and problems in one article, as for example "*Causticum* and following remedies" he discusses:

1. Complementary and following remedies and his own personal experiences on it.
2. The prescription of a remedy on the basis of a single symptom and

3. The difference between the Practice of the earlier homœopaths and the current Practice
..We are very much thankful to the publisher for this valuable collection."

11. Ma Pratique Homœopathique au Quotidien (My daily homœopathic practice) by Jacques KERSTEN Editions, Liegeoises d'Homœopathie, rue Vignoble, 1à 4130 ESNEUX, Review by Jèan ALAERTS (RBH. 32, 2/2002)a book with 101 everyday cases – the description of the case and solution given separately! The author describes it as an educational aid for students which will help them find the remedy on their own and then increase their knowledge of *Materia Medica*. This is not a book that one must sit down and read end to end, but something to hold on to and read during moments of relaxation and in the process learn a remedy in its everyday context.

12. La Medecine du Bouddisme Theravada au Laos (Theravada Buddhist Medicine of Laos) by P. SOUK-ALDUN. Editions: L'HARMATTAN, 5-7, rue de L'Ecole Polytechnique, 75005 PARIS Review by J. ALAERTS (RBH. 32, 2/2002) " The Theravada Buddhism or "The Way of the Ancients" is the principal religion of the inhabitants of Laos, Cambodia, Thailand and Burma. More closer to the original Buddhism than the Mahayana this school has a codified medicine less known in the west but very much used in south-east Asia except in China and Vietnam. This medicine is very similar to Ayurveda as it has its origin in India. It has an astonishingly modern aspect with its representation of the body, disease and therapeutics. Its description of mental phenomena is worthy of modern Psychology manuals. It has a universal and humanist character and can treat without violence all suffering beings of all affections from malaria to stress in over worked city-dwellers. One is astonished on reading this book that embryology was not unknown to the Ancients."

13. What your Doctor may not tell you about Children's Vaccinations by CAVE, Stephanie and MITCHELL, Deborah. Warner books, 2001, paperback, 315 pages. 13.95. ISBN-0446677078 – Review by Sharon SCHNALL. (HT. 22, 9/2002) ".... The book offers an in-depth, informative and thoroughly accessible approach to addressing vaccination choices and risks from an allopathic practitioner's point of view.

Parents are urged to become knowledgeable about vaccines and what measures minimize risk including thoroughly evaluating the family history of auto immune disease and other relevant allergic and adverse vaccine reactions, and weighing that profile against the benefits and risks of each vaccine.

While vaccines may confer benefits, they also present risks, in part, because of the toxic materials used in their manufacture.

For some vaccinated populations, childhood illnesses are being displaced into adulthood with the threat of even greater complications.

Readers are encouraged to become informed consumers. This is a useful resource for reviewing immunization protocols and evaluating their safety and necessity.”

14. The homœopathic conversation: The Art of Taking the Case by Dr. Brian KAPLAN. Natural Medicine Press: London, paperback, 206 pages, 2001. ISBN 1-903952-00-X \$29.99 Review by Marg GLAISYER. (HT. 22, 11/2002) “... This book is an attempt to draw attention to what actually happens in the homœopathic clinic. To do this it is necessary to examine what is going on in the mind of the patient, the mind of the homœopath and in the space between them.”

The information on case taking is especially useful to the beginning prescriber. ...”

15. Proving and cases of *Cola nitida* by Bernd SCHUSTER Review by Terje WULFSBERG. (SIM. XVI, 3/2003) “...The book gives a detailed description of the procedure of the proving of *Cola nitida* (*Kola* – in repertory), a comparison, the proving information in *Materia Medica* format, a listing of rubrics and a description of 5 cured cases.

Several of the provers developed an enormous craving for food and a never-satisfied feeling.

This may be a possible remedy for individuals addicted to drugs, food etc.

Another sphere of indication is in ADD. More information, excerpts from the proving, reviews etc: <http://www.verlag-fuer-homoeopathie.de/>

Two cases are presented: one with the theme of insatiability and another of hyperactive child.

16. The Hand that Heals, A Life-sketch written by Michael TREMBATH, Savitadidi and Santokba Nanji, Kalidas Mehta Research Foundation, 22, B.G. Kher Marg, Malabar Hill, Mumbai-400 006. Rs.250/- Review by D.E. MISTRY (CCR. 10,1/2003) “Dr. Ram Bhosle’s life has been an unparalleled phenomenon the like of which has not been heard or written anywhere in

the world. ... Throughout his life he has travelled all over the world 160 times at the invitation of various heads of States and distinguished celebrities...” [The life and work of Dr. RAM BHOSLE is so adventurous, inspiring and elevating and we can enjoy it only by reading the book full. The book is available from the publishers only and not through the book shops = KSS]

17. Aphorisms and Precepts from Extemporaneous Lectures by James Tyler KENT, edited by Leonard FOX, with an Introduction by Jose PACHECO, Arcana Books, 2002. The Swedenborgian Association. ISBN 1-883270-21-9. 76 pages. \$7.95 Review by Melanie GRIMES (AH. 9/2003): “This small book comes to us from a Swedenborgian press. The Introduction by PACHECO discusses the influence of SWEDENBORG on homœopathic philosophy. The book itself lists 452 small paragraphs, or aphorisms. Some are specific to Homœopathy, some are to more general.... This small volume contributes a great deal to our understanding of one of our foremost American homœopaths. It lends insights to his medicine and beliefs. KENT himself sums up this book best in Aphorism # 3: “You cannot divorce Medicine and Theology. Man exists all the way down, from his innermost spiritual to our outermost natural.”

18. The Materia Medica of Milk: A Collection of Articles from Homeopathic Links. Edited by Hiwat and van der Zee, Homeolinks Publishers, Netherlands, 2002. ISBN 90-8071-032-6. 264 pages. \$41.50 Review by Melanie GRIMES (AH. 9/2003): “this book contains 27 articles about 14 remedies made from milks. Some of the cases and articles have been published in previous issues of Links and some are printed here for the first time. This is the first English translation of a book that was first published in 2002 in German. Remedies include: *Lac asinum*, *Lac caninum*, *Lac caprinum*, *Lac defloratum*, *Lac delphinum*, *Lac equinum*, *Lac felinum*, *Lac humanum*, *Lac leoninum*, *Lac lupinum*, *Lac maternum*, *Lac ovis*, *Lac owleum*, and *Lac suis*.... Viewing the articles in their entirety provides a complete and thorough review of a series of remedies close to the heart of all mammals.”

19. Dynamic Materia Medica: Syphilis, Jeremy Yaakov Sherr, Published by Dynamis Books, 2002, England. 279 Pages, Hardbound. ISBN 1-90114704-5. \$56.00 Review by Melanie J. GRIMES. (AH. 9/2003): “Bravo to SHERR, for a

poetic and non-linear approach to the *Materia Medica*, to boldly take himself and us on an inner journey towards deeper homœopathic understanding. This beautiful hardbound book is a wonderful addition to *Materia Medica*. ... The book is basically a *Materia Medica* of selected remedies, those in the syphilitic miasm. ... The book contains what he calls “multidimensional remedy pictures”... The second part of the book is synthesis, both of the remedies presented and the view that this gives us of the Miasm. ... The remedies covered are: *Androctonus*, *Aurum*, *Haliaeetus*, *Guaiacum*, *Hepar sulphuricum*, *Mercurius*, *Phytolacca*, *Platina*, *Stillingia*, *Syphilinum*, *Thallium*, and the “zone” of *Iridium* to *Plumbum*....”

20. Dynamic Provings, Vol.2, Jeremy Yaakov Sherr and Students of the Dynamis School, Published by Dynamis Books, 2002, England; ISBN 1-901147-05-3. \$60.00 Review by Melanie J. GRIMES (AH. 9/2003) “In the course of a lifetime, HAHNEMANN proved over 90 remedies. In the course of six years, SHERR, his editors, and the students of the Dynamis school have published more than 14. *Dynamic Provings Vol.2*, is 841 pages of pure proving data, which will long enrich the homœopathic *Materia Medica*. The provings this volume contains are:

- Brassica napus*: Rape seed
- Cygnus columbianus bewicki*: Bewick Swan
- Cygnus Cygnus*: Whooper Swan
- Olea europaea*: Olive
- Onchorynchus tshawytscha*: Pacific Salmon
- Salix fragilis*: Crack Willow
- Taxus baccata*: English Yew Tree
- Taxus brevifolia*: Pacific Yew Tree

The book itself is easy to read, and well bound...”

21. Back to the Basics: A review of Provings – with a Proving of *Alcoholus* by Paul HERSCU. Amherst, The New England School of Homœopathy Press. 2002. 351 pages. Soft cover. ISBN 0-9654994-4-1. \$24 plus shipping. Review by Peter WRIGHT. (AH. 9/2003) “...HAHNEMANN’s project was, above all, about bringing a new certainty and reliability into medicine. The key to his success in this mission was his development of the innovative method for assaying drug action that we call proving... By distinguishing between proving symptoms that can be reliably attributed to a remedy, and preexisting symptoms or random concurrent symptoms that simply do not belong in the literature, HERSCU provides the key to rectifying a homœopathic

database whose signal-to-noise ratio has become alarmingly attenuated in recent years. By emphasizing the homœopathic origin of clinical drug trials and the use of marked studies and Placebo groups in homœopathic provings – 45 years prior to their introduction into allopathic research protocols! – he invites us to recover from the sense of inferiority that often plagues our profession when we compare our work to “real science”... Homœopathy is not well these days, but fortunately Dr. HERSCU has sound medicine for what’s ailing it. This reviewer enthusiastically recommends ... **Provings – with a Proving of *Alcoholus*** for every homœopathic student, practitioner and teacher.”

22. Patients in the History of Homœopathy, edited by Martin DINGES, EAHMH Publications, Strasbourg. 2002. Hardbound, 434 pages ISBN –0953652246. \$75 (includes shipping) Review by Jay YASGUR. (AH. 9/2003) “This volume is the latest offering by the European Association for the History of Medicine and Health (EAHMH), a publisher of ‘high-level’ academic publications in four distinct series within the History and Sociology of the Medicine: History of Medicine, Health and Disease Series, and the Evening Lecture Series. ...There are twenty essays in this book... Most of the essays in this durable sewn hardback can be read in one sitting. The print is clear and dark, the font readable... The reading is fascinating and the scholarship exemplary...”

23. An Insight into Plants Vol I and Vol II, Rajan SANKARAN, Homœopathic Medical Publishers, Dinar 2nd Floor, Room No.1, 20, Station Road, Santa cruz (W), 400 054 Mumbai, India ISBN-81-901103-3-0; Review by Corrie HIWAT (HL. 16, 1/2003) “... in his sixth book, SANKARAN shares his development as a homœopathic doctor with the professional world. ...although this latest book is in sequence to the earlier work, it is also unique in its own way. The 983 pages book is divided into 3 parts.

Part I is an introduction to Plant Kingdom- with a new approach to case taking, a simple list of questions and concept of miasms.

Part II is a description of the plant families in alphabetical order starting with Anacardiaceae and ending with Violales. We find the remedies belonging to a particular family, their common names, the connection between members of the family, description of the remedies, their active or passive reactions, their compensations, their

sensations, the miasm they belong to and relevant cases.

Part III- Table of sensation and the periodic tables of miasms and remedies.”

24. **Prisma The Arcana of Materia Medica Illuminated by Frans VERMEULEN, Emryss by Publishers, Haarlem, The Netherlands, 2002, 1441 pp price: 69 Euro.** Review by Guido MORTELMANS (HL. 16, 1/2003) “.... 195 homœopathic remedies are studied in this new book. The main symptoms are enlarged and revised for eg. under *Ambra grisea* to quote from KENT – ‘Asks many questions, never waits for an answer’ – is added more information “Especially is it indicated in those persons who manifest a momentary, fleeting inquisitiveness, jumping from one subject to another.”

“Also additions from modern authors are present. Also information from journals is present. You have information from all the great homœopaths ALLEN, HERING and HAHNEMANN and also from LIPPE, ROYAL, DUNHAM, DEWEY and HUGHES. Some mistakes in the Materia Medica are corrected. Inaccurate repertory symptoms are corrected. English homœopaths like TYLER, BLACKIE, WRIGHT-HUBBARD, FOUBISTER, BORLAND are quoted. The German-speaking homœopaths are also present: LEESER, MEZGER, STÜBLER, VOEGELI, DORSCI, GAWLIK and so on. Also the French homœopaths like JULIAN, VOISIN, VANNIER, LATHOUD, HORVILLEUR, CHARETTE and others. The source of all the symptoms are mentioned so you can decide for yourself to use it or not. The contemporary homœopaths and their contributions are not forgotten – VITHOULKAS, GEUKENS, SHORE, MORRISON, GHEGAS etc. VERMEULEN has made an interesting Materia Medica with quotes from many good homœopaths but also with clinical symptoms, exact phrasings of proving symptoms, fragments of cases, contemporary concepts and correlations. Dream provings or meditative provings are not found in the Prisma. This book contains information from many disciplines, which is then expanded and refracted into a vibrant spectrum of information. The known old and new proving of the remedy are mentioned exactly. VERMEULEN is good in giving rational information, but if the information is not scientific enough it is not given.

VERMEULEN has ordered a lot of homœopathic literature at our disposal in a very good manner.”

25. **Re-exploring our Magnificent Plants and our Magnificent Plants by Rupal DESAI, Published and Distributed by Rupal Desai, 19, Sai Aradhana, Phirozshah Street, Santacruz (w) Mumbai – 400 054. Email:**

drupaldesai@yahoo.com Review by Jan SCHOLTEN (HL. 16, 1/2003) “... Rupal DESAI uses information from many sources such as botany, herbal and flower remedy books, mythology, history, biochemistry, toxicology and medicine. But the base of the information is provings and Materia Medica. From the pictures of the members, family pictures have been created. And the family pictures have been applied to the different members of the family. The books will give the readers new insights and ideas to ponder.”

26. **Wörterbuch für Homöopathen, Englisch-Deutsch, Deutsch-Englisch, by Günter Joachim NEUMANN, Karl Haug Verlag, Heidelberg 1997, Hardback, 320 pages, ISBN 37760 15713. 329.95:** Review by Francis TREUHERZ (HL. 16, 1/2003): “... there is no doubt that this book is a scholarly edition, that the author and compiler put some thirteen years of loving care into the work, that it is beautifully produced, and will last for years. And it will undoubtedly help to read some German Homœopathy books. But it also creates needless difficulties.”

XII. NEWS & NOTES

I. **The Simillimum**, XVI, 4/2003 has published ‘Interviews’ with Dr. Rajan SANKARAN (‘There is no Two’), and with Dr. Roger MORRISON (‘An ever Deepening Path’) separately. The ‘Interviews’ have not been dated anywhere – probably sometime during late 2003. A gist.

Rajan reminisces about the state of Homœopathy during the third quarter of the 20th century – stagnation. Then there began a renaissance and from different countries different homœopaths came up in Europe, North America, Argentina and Brazil and India of course.

The leaders of these renaissance carried out their inquiries, experiments and then teaching separately, each highlighting a particular methodology. But the leader of this renaissance in the west and consequently in other parts of the World is George VITHOULKAS.

Although these ‘leaders’ of the renaissance had their own developed methodologies and perception of the Provings, Materia medica and therapeutics, they were all going towards a deeper understanding

of the remedies and the sick patients, as Rajan SANKARAN says.

Apart from VITHOULKAS, PASCHERO, CANDEGABE, ORTEGA, Jeremy SHERR, VASILIS GHEGAS who taught classical Homœopathy, there was MASI ELIZALDE (who expired on 23.7.2003) there was Rajan SANKARAN who came up with his theory of 'Delusion' and then with 'Miasms' and 'Kingdom', and Juergen BECKER who interpreted the homœopathic Materia Medica with Fairy Tales and Myths, Jan SCHOLTEN who brought in the application of the Periodic Table, Joseph REEVES of Israel who looked at the **Organon** in his own way, Massimo MINGIALIAVORI who studied the groups – Spiders, Sea remedies, etc – and included 'signatures', M.L. SEHGAL of India who taught prescription by converting the common statements of the patients into 'Mind' symptoms and selected the remedies from the 'Mind' Section of the Repertory.

Rajan SANKARAN says 'it seems like the earlier generation wanted to reach the core of the human and the next generation wanted to reach the core of the substance themselves. The development grew exponentially. The homœopathic software kept up with the developments. He feels that the idea of going to the deepest levels and to the kingdom is now increasingly accepted and practiced, and that this is renaissance. Rajan SANKARAN finds his working with the repertory very rewarding. He and his colleagues found that the mind state is not merely a set of unconnected attributes like jealousy, grief, etc, but is an adaptation to a certain perceived situation. This led to the idea that the mind state is a reaction to a delusion. Classification of delusions into types of adaptive behaviours based on type of situation perceived was equated to Miasms. Then came the idea of kingdoms. He understood that there were deeper levels than delusions, namely sensation and energy. He felt that his success rates grew with the ideas that developed over the years.

SANKARAN says that we treat the "states of being", the state of being within, the turmoil within which is expressed in the mind, the body and in each and every expression of the patient. You may be having the pathology of Cancer but you could be sycotic in your state. The way you perceive reality might be completely sycotic. If you feel fixed or stuck in a situation and you need to cover up for that, your pathology could be anything and you would still need a sycotic remedy.

SANKARAN refers to BËNNINGHAUSEN according to whom there is no local symptom at all, everything is general. The symptom that is found

locally, expressed vividly, expressed with energy, expressed with gestures of hands, is not local anymore. You find that that which is expressed locally, the sensation, will be the ruling sensation of the whole case, through his emotions, through his delusions, through his dreams, through his interests and hobbies, through his relationships, through his fears. When you go to the depth of all, you come to the very same sensation. The very same pattern pervades the entire story of the person from his childhood until now and then you know you are absolutely in the centre point because everything leads over there.

SANKARAN does not subscribe to the 'layer' concept. [But then read Canon Upcher's case in the Introduction chapter of CLARKE's Prescriber where he gives 'layer' remedies and cures rapidly. = KSS]. If there are five different expressions in a given moment, the whole thing is the expression of one, there is no two. The totality of symptoms, the complete expression of the disease in the moment, is an expression of one disturbance.

If you go to the depth of the person, you see the main switch, which in one flick makes all the individual bulbs light up.

There is no distinction of 'fundamentalist' vs 'innovators' since the motives of all are the same fundamentally – a remedy that will heal the patient. We need not separate ourselves into islands. There is an innovator in a fundamentalist and there is a fundamentalist in an innovator. They are two essential parts of the human being. You need to have your house and go out too. If we deny one part of us, then there is division. When you fight something outside of you, you actually fight something inside of you.

The Interview with Dr. Roger MORRISON is also quite interesting:

Roger explains how he came into Homœopathy, about his study with George VITHOULKAS in Greece during 1982-84. He learnt Greek before he went to study with VITHOULKAS.

He says that in Greece he saw Homœopathy at a much higher trend than what he had been practicing; the consistency of results in VITHOULKAS' hands was astonishing and he hadn't that consistency of results with anybody else. "It was totally mind blowing to be there and see that." The clinic of VITHOULKAS was very large, 30 doctors working full time – it was a huge operation. They were seeing anywhere from 30 to 50 new patients a day, six days a week. In two years Roger was well trained in VITHOULKAS'

METHODOLOGY. The prescription was very analytical. It was based on very detailed and elaborate repertorization of all the key characteristics that the person presented. Then the analysis was done with strong emphasis on the peculiar symptoms, just as HAHNEMANN teaches and the results were just wonderful.

VITHOULKAS was a wonderful teacher; extremely patient, extremely generous to all the doctors at the clinic. VITHOULKAS was available 24 hours a day, seven days a week. He was always there to help even at the middle of the night. VITHOULKAS and others lectured extensively. It was all a very rich experience.

Regarding the 'Essences' prescribing, it was not actually the teaching of VITHOULKAS. It was Bill GRAY who came back from Greece and spoke about essences – which was one of the concepts of VITHOULKAS which he explained to Bill GRAY – Essence – was never VITHOULKAS' exclusive focus. That was just the ways it was interpreted by some like Bill GRAY, Roger MORRISON, etc.

VITHOULKAS would coach on reading all the classic *Materia Medica* – KENT, LIPPE, FARRINGTON, BOERICKE et al. At least ten different authors. The training was thorough.

On return to California in USA, MORRISON found that whereas while in Greece seventy percent of the cases he got did remarkably well, it was not in the USA; it was a much lower percentage than in Greece. It seems to be due to a different population in California. Probably the American patients through suppression by allopathic medication, through vaccination, through being over-mentalized, were just more difficult to be treated than the patients he had in Greece.

The next thing in his life Roger MORRISON says was his introduction to Dr. Rajan SANKARAN. He has studied with SANKARAN for some years – 8 or 9 years – and he says that SANKARAN was not theorizing not speculating etc. but is one of the most rigorous persons he has known. SANKARAN asked insistently for the exact experience that the patient has, letting the patients bring out their story through these strategies – allowing the patients to tell their exact experience.

MORRISON says that while SANKARAN was responsible for misinterpretation of VITHOULKAS, VITHOULKAS was responsible for misinterpreting SANKARAN. In the large number of cases in practice where the usual tools are not sufficient SANKARAN added another tool in the kit for finding the *simillimum* through very careful eliciting of the exact experience that the patient has on an inner dimension.

As example MORRISON mentions a *Thea* case. Using the methodology learned from SANKARAN has added a significant number of cures, real cures in his patient population. SANKARAN is a person of high integrity. He is not telling these things in order to get famous. It is hard to argue with results. There are those who make many theoretical objections rather than have enough humility to just look and see what are the results that he is getting with this methodology.

Regarding Jan SCHOLTEN's work MORRISON argues in favour. MORRISON says that we don't want to base prescriptions on speculation, there are times when we may be forced into that. [His apology for using remedies not proven is very weak. Using a not proven remedy may be 'exception' but not regular. We cannot let in medicine after medicine synthetically conceptualized in the mind of someone howsoever intelligent he may be. Then these non-proven remedies would become the rule and the old proved and proven remedies would vanish. Would we still call it Homœopathy? = KSS.]

II. Meeting: Homœopathy in the view of Dental Doctors – not only for Dental Physicians, in Koethen, 23-25, May 2003: (AHZ. 248, 4/2003):

About 40 participants gathered on a Friday evening in sunshine. Dr. Heiner KUHN spoke on **“Knowledge of the Disease through Homœopathic Thinking”**. He explained Immanuel KANT's concept of Science, many Aphorisms of the *Organon* and clarified that the unknown Sickness which we with our search for symptoms and signs in the anamnesis approach in analogy/similarity with wellknown medicine and through the analogy reach to a good healing.

Next day: Dr. KLAUS-ROMAN HÖR (Formation of teeth and Miasms, Tongue diagnosis, Aphthae) and Dr. Heinz-Werner FELDHAUS (*Carbo vegetabilis* and *Carbo animalis* in comparison, *Calcium carbonicum* and children-constitution-medicine).

In the noon interval many visited the **Hahnemann house**. The restoration work was going on.

On Sunday “Introduction in the method of BENNINGHAUSEN” by Hans-Ulrich GOSMANN rounded up the Meeting.

Earlier in the morning there was a lecture by Dr. Heiner KUHN and Claudia HESSE in the **Lutze Clinic**.

III. “Neue Stratigien in der Krebs-Behandlung” von A.U. Ramakrishnan. Ein kommentierter Seminarbericht. (“New Strategies in Cancer

treatment” by A.U.Ramakrishnan, A seminar Report with Comments) Ingrid RESCH and Uwe FRIEDRICH (ZKH. 47, 3/2003) On 14/15 June 2003 there was a Seminar in Berne with A.U.RAMAKRISHNAN. His earlier seminar with D. SPINEDI and his book – a **Homœopathic Approach to Cancer** – created the curiosity whether the fascinating results mentioned in these places could be followed. The enormous experience of RAMAKRISHNAN (over 7000 patients treated) the often cured cases reported stimulated in attending the Seminar.

The questions and answers as is usual in Seminars were also there.

He began with introduction to Indian Philosophy; the importance of inner values were stressed. Meditation helps cure of every sickness. Important is self-realisation “Who am I?” before the physician begins his treatment. “Homœopathy comes only next”.

RAMAKRISHNAN’s sister and brother both homœopathic physicians died of Cancer in spite of homœopathic treatment.

In treating Cancer patients he had better results with the “Organ related” remedies rather than the “Simillimum”. In 1994, he began the “Plussing method”. And also alternating the medicines. He used Nosodes, alternating with the indicated medicine. He used mainly *Medorrhinum*, *Tuberculinum*, *Syphilinum*, the Cancer Nosode *Carcinosinum* and *Scirrhinum*. With *Carcinosin* and *Scirrhinum* the actions of the chosen remedy worked better.

In the first week he gave in “Plussing Method” the indicated medicine and in the second week alternated with the Cancer Nosode, in the third week again repeat the first week’s, then again the Cancer Nosode. The medicines were given mostly in the 200 Potency.

RAMAKRISHNAN mentioned his most often used remedies as also the “Organ specific” remedies in Cancer treatment.

Further careful study of these remedies in the Materia Medica is necessary.

Arsenicum album: In acute and chronic cases. Fever, Pain, Vomiting, Diarrhoea, Asthma, Skin eruptions, Weakness, End states.

Arsenicum bromatum: Cancer and Diabetes. Great action on Glands. In acne. Skin and glands are affected. Pancreas, Parotis, Morbus Hodgkins, Indurated glands. Ill effects of radiation, also in post-operative lymphatic swellings.

Aurum muriaticum: Recurring Stomatitis, hardened Ulcers on tongue or cheeks. Cancer of tongue, Leucoplakia. Lichen of the oral cavity.

Baryta iodata: Another specific for glands, Morbus Hodgkin. Glands in throat, Tonsils, Adenoids, Salivary glands. Children with Tonsil problems. Very burning remedy like *Sulphur*.

Cadmium sulphuratum: Extreme weakness, exhaustion, lies quietly (opposite of *Arsenicum*). Tiredness, vomiting, very chilly.

Cadmium bromatum: Cancer of stomach with blackish vomit.

Cadmium iodatum: Tenesmus, distended abdomen, Morbus Hodgkin.

Carcinosinum: This remedy should not be used at the initial state of Cancer. RAMAKRISHNAN gives it in the latter states. He presented a case of Carcinoma of the Oesophagus in which nothing helped and he gave *Carcinosinum*. The patient recovered and lived for nine more months. This encouraged him to experiment further. He said that he has not at all seen a negative result of *Carcinosinum*-dose.

In the Materia Medica we find blue sclera, plenty of Moles (birth marks, raised pigmented naevi). Sleeplessness, blinking eyes. RAMAKRISHNAN prescribes it often in children between 3 and 19 years, with Tics (e.g. twitching of the shoulders or throat), blinking of eyes. Is a fantastic medicine for Tics.

Whooping cough, Pneumonia. For children whose parents are very demanding. e.g. Jehovah’s witness, very ethical, dogmatic parents. Takes much effort to satisfy others, fights to be a perfectionist. Sufferer from long ill-luck.

Children very sensitive, register everything, disturbed sleep, fear of being punished, sexually abused, fear of being wrecked. The expectation of the parents are too high.

Sensitive to reproofs. Quickly offended. Aversion to consolation. Harshness. Masturbation early. Responsibility early. Thumbsucking, Enuresis. The child is tossed hither and thither between two values.

Workaholic. Much responsibility. Progressive and impatient.

Anticipatory stress. Anxiety about the illnesses of family members.

Critical. Difficult to be satisfied. Vain and exacting. Can also be disorderly.

Washes the hands often. Furniture perfect. Love of nature. Artistic. Children are unmindful, very quarrelsome.

Relationship to music and rhythm. Dances happily. Recalls *Sepia*, *Natrum muriaticum* and *Tuberculinum*. Alopecia circinata. Has the maximum similarity to *Argentum nitricum*.

Condurango: Fissures, Ulcers, Stricture of Oesophagus, Cancer of Stomach.

Conium maculatum: Chest (Breast), Liver, Prostate, all glands. When a Tumor is hard like a stone. Nodes in the breast. Fibro-adenoma, Chronic Mastitis (like *Phytolacca*). Chronic remedy of *Aconitum*. Deeper action on the Nervous system.

Euphorbium officinarum: Burning pains like *Sulphur* and *Arsenicum*. Severe bone pains, Cancer pains, better from cold applications. Cannot be cured, can only palliate.

Hecla lava: (contains *Silicea*, *Alumina*, *Magnesium*): Very impressive action on the jaw bone, in Exostosis, Heel Spur, Osteosarcoma. Stimulates the bone marrow in Leukaemia.

Hippozaenium: Nosode of Glanders disease. RAMAKRISHNAN uses it since the last two years in AIDS, Epithelioma, Skin inflammation, Abscesses, Furuncles, large skin lesions.

Hydrastis Canadensis: Acts particularly on the mucous membranes, produces thick, yellowish, stringy discharges, Alcoholism, Jaundice, Lip Cancer, precancerous state. Dyspepsia, swelled large tongue, impressions of tongue. Sinking hungry feeling without appetite, empty feeling.

Kali salts (*Kali sulphuricum*, *iodatum*, *muraticum*, *bromatum*): Mucous membranes affected, Epilepsy. Glands infection, Irritability, aggravation from 2 to 5 hours. Ear-nose-throat-region. Greeny discharge from ears (*Kali muraticum*)

Magnesium phosphoricum: Colics, Neuralgias, Spasms. Babies which keep on crying, In hot water solution.

Opium: Pain overcome by stupor, suppressed state of anxiety. Other anxiety remedies, *Aconite* (sudden anxiety, e.g. in a road accident mental shock), *Phosphorus*.

Ornithogalum umbellatum: Stomach Cancer, narrowing of the Pylorus, coffee-ground-like vomit, reflex-like, complete prostration.

Phytolacca decandra: Affinity to the glands, mammary glands, Lymphadinitis, Mastitis from nursing (Case from TYLER: a growth in the Antrum of the Highmore was cured by *Phytolacca*).

Plumbum metallicum: Cramps and Constipation, progressive muscle atrophy, contrary states, all worse from mental exertion.

Plumbum iodatum: Consequences of lesions on head, Astrocytoma, Glioblastoma, Tumors of Nerve cells, also with loss of Myelin, Cerebral Atrophy, Morbus Alzheimer, Multiple Sclerosis.

Radium bromatum: Bad effects of radiation, arthritic pains, dry skin, necrosis.

Sabal serrulata: Specific Prostate remedy. Reduces the PSA-antigen, Prostate Cancer.

Scirrhinum: is close to *Phosphorus*, desires cold drinks, much anxiety, Haemorrhoids. Glands and Nodes are stone hard (*Conium*). Necrotic masses, very hard. Ringworms. Thread worms.

Scrophularia nodosa: (contains *Magnesium* and *Silicea*) Fantastic gland remedy, Morbus Hodgkins, Eczema, Dermatitis, Mastitis, Asthma, Haemorrhoids, Vertigo, feels always sleepy like *Nux moschata*. Deeply acting medicine, Tubular Adenitis, Glands are like Gummy not stonehard.

Strontium carbonicum: Bone medicine, primary and secondary bone tumors. Osteomalacia, Osteoblastoma.

Symphytum officinale: Fracture of bones which do not heal, old and recent fractures. Acts on the Periosteum (*Ruta* in inflammatory bones). Osteosarcoma, Osteoporosis. Also useful in Leukaemia.

Terebinthinae oleum: useful in Albuminuria, Cystitis, Urethritis, Dysuria, Chronic Cystitis, involuntary urination.

Thuja occidentalis: Warts, Condyloma, Malignant Neoplasms, Moles. Asthma, which has been treated for long with Cortison. Colitis ulcerosa.

Some hints:

- In Leukoplakia in the vaginal wall or ano-rectal *Aurum muraticum* given in 8 of 10 cases produced good reactions.
- ***Aurum muraticum natronatum*** is a fantastic medicine for the uterine tract, in particular Pap smear as also Ovary Cancer. **Preventive is given in C200 after the “Split dose method”, i.e. 3 dry globules morning, midday, evening and night. Repetition after a week for 8 weeks, the control study of the result.**
- ***Arsenicum iodatum*** is a “homœopathic antibiotic” in the D3 or D6 thrice or four times daily 2 tablets. In Gangrene, Ulcers, Infections.
- RAMAKRISHNAN gives ***Cina*** mother tincture for 15 days 6 drops daily in worm cases.
- In dry cough he gave ***Spongia*** C30. Gave it often to children, nightly aggravation with throat ailments.
- ***Iodum*** and ***Spongia*** are complementary, can work together in thyroid gland.
- In alternating complaints ***Oophorinum*** C30 (from healthy ovarian extract) 3 pills daily for 3 months, should act on the heat waves, dry vagina, Osteoporosis.
- Polyyps on vocal chords: good reaction from ***Argentum nitricum***. Expectoration greenish.

- **Sanguinaria:** Flatulence, Pains right shoulder, right elbows, right-sided headaches, Anti-inflammatory medicine, Cellulitis Osteoarthritis, Polyarthritis, Mammary inflammations. Cough, much mucous expelled. Bronchial Carcinoma, bright red blood like *Phosphorus* fresh blood flakes when coughing. A very useful medicine for different states.
- In Precancerous preventive work, only homœopathic, “split dose method”.
- When the Cancer has been detected quite early only few weeks old, then only Homœopathy.
- In the treatment bear in mind the secondary focus, not the primary.
- In lesions in the Liver, not much time more, the prognosis is bad.
- In small nodes when the patients are persuaded to undergo operation, then Homœopathy.
- Good results were observed by him in the following tumours: Cheek, Tongue, Oesophagus, head of Pancreas, Rectum, Ovaries, Cervix of the uterus, Bladder, Prostate, Mammae.
- Less good even the results in Stomach tumours, intestine, uterus (the Tumor develop long in a cavity) Kidney Carcinoma, Leukaemia.
- He used the “plussing method” for 6-8 months. He saw no proving symptoms and aggravations.

Prostate Cancer: In men the frequent Cancer. RAMAKRISHNAN recommends, in increased PSA (Prostate-specific Antigen) to give preventively and able to stop further growth with *Sabal serrulata*, with developing tumour *Thuja occidentalis*, *Conium* remains a very specific remedy for Cancer of Prostate, which brings down the PSA. Frequently used remedies: *Sabal serrulata*, *Thuja*, *Carcinosin*, *Barium carbonicum*, *Staphisagria*, *Pulsatilla*, *Lycopodium*, *Solidago*.

Urinary incontinence after Prostatectomy: *Verbascum thapsus*: for use – continuously in drops.

Causticum: Paralysis of the sphincter muscles.
Argentum nitricum: Pain at the end of the urination.

Rhus aromatica: Pain in the beginning of urination.

Gelsemium: a funny sensation at the end of urination.

Hepar sulphuricum: Very severe pain.

Solidago: Blood in urine.

Staphisagria: In Prostate operations, when the sphincter was dilated.

Sarsaparilla: Cannot hold urine while standing, but in sitting (opposite **Zincum**: Urine flows when sitting).

In severe inflammatory states of the bladder, **Terebinthena** to be given.

When there is growth, *Thuja*. *Conium* are seldom in Bladder problems.

Breast Cancer: Frequent tumour of the woman, RAMAKRISHNAN said that he always recommended first operation, and then homœopathic treatment. He does not recommend Chemotherapy and radiation. “When a node is taken out, one should let it so.”

The risk is very high, that in State I which was being treated and develops to State III when being treated and a metastasis develops. One could be given then the SCHÜSSLER-salts, at the same time. Or give it in D6 to suit state. *Calcium fluoratum* D6 is very helpful in pains, *Silicea* D6, in Sciatica, *Natrum muriaticum* D6 in skin problems.

In Liver metastasis he prescribes *Chelidonium* mother tincture morning and evening.

In bone pains *Aurum metallicum* D6.

His main remedies: *Conium*, *Pulsatilla*, *Phosphorus*, *Natrum muriaticum*, *Sepia*, *Staphisagria*, *Thuja*, *Barium iodatum*, *Sanguinaria*, *Arsenicum album*.

Some cases:

- A young girl with a stony hard node in the breast, refused an operation. She received *Conium* and *Scirrhinum* C200 in alternation according to the “plussing method.” Later she received in “Plussing method” *Sepia*. The patient did well.
- Man with Astrocytoma, received *Plumbum iodatum* with *Carcinosinum* C200 and *Schirrhinum* in alternation in “Plussing method”. Good progress.
- Youngster 10 year-age. Astrocytoma. High aggravation from milk. Received *Aethusa* C200 in alternation with *Carcinosinum* C200. The youth became free from symptoms and remained healthy. (*Aethusa*: the eyes roll downward, very important medicine in brain tumor, uncontrolled vomiting without nausea: Sign of suppression of brain).

Summary:

RAMAKRISHNAN impressed in two days Seminar not only homœopathic knowledge, but with his philosophic attitudes on life and disease. His lecture was lively; he invited questions more often and took part with the

participants in the intervals. He invited them to his Practice where about 300 ambulant patients are treated per day. Many patients given up by Hospitals attend his clinic.

Whether RAMAKRISHNAN's success can be used by us here (Germany) is an open question.

Annotations:

1. In the University Womens clinic, Heidelberg we hold Seminars for Cancer patients for the reasons that it would open up for them for the first time a perspective with the possibilities of Meditation and other exercises to remove the anxiety to as much as possible. According to our observations the homœopathically treated patients were more free and their psychic and spiritual development were good.
2. It cannot be concluded that in many women Breast Cancer patients there was marital problems. Equally senseless and unhomœopathic are the instructions to give *Carcinosinum* as indicated medicine.
3. Regarding the "Plussing method" and the "Split dose method": In "Plussing Method" three globules of a medicine is dissolved in 11 coffee-spoonful or tablespoonful water. The patient, after stirring, takes every 10-20 minutes one spoonful, 10 times. The remaining solution is next day filled with ten spoons of water. Again taking ten times, and so on. This lasts one week, then alternate with the other medicine. In between the 10 doses taken in a day should not take coffee, tea, alcohol or cola. In regard to the "Split dose method" RAMAKRISHNAN gives the selected medicine 4 times a day, e.g. morning, mid-day, evening and night, three globules everytime, dry on the tongue, thus 12 globules per day. After 1 or 2 weeks or monthly alternate with the Nosode. For example, on day 1 and 30 *Thuja*, day 15 and 45 *Carcinosinum*, so on.
4. Since a general classification of all malignancies in the tumour state 1-4, has not been defined, this classification by RAMAKRISHNAN may be on the allopathic ideas.
5. It is the great merit of RAMAKRISHNAN to have brought out so many often incompletely depicted medicines, Cancer

specific medicines for homœopathic treatment which are of great value.

6. RAMAKRISHNAN gives *Scirrhinum* before *Carcinosinum* when the tumour is very hard or Liver is involved.
7. This is an example for the limitation of much assertions about the effectiveness of homœopathic treatment in the under-35 year-age. In these patients spontaneous normalization of striking PAP-finding occurs in over 70%. To attribute the effects following this to homœopathic treatment a comparison of hundreds of patients treated must be made.
8. With stricter observation of RAMAKRISHNAN's prescription, we have repeatedly seen clearly the worsening of the patients, particularly if the Cancer complaint had advanced and the patient's energy was low. In these cases we may "plus" only for 2, 3 or 4 days and pass the other days of the week, then start the alternation next week. And the tolerance of one medicine to the other could be compared, for which one remedy is taken for only two days and the alternating medicine however for seven days. Another problem comes forth in many patients with regard to compliance. To keep in mind that one should take the medicine every day every 1-2 hours is often not possible. To solve this problem "plussing" our patients have been taking since many years one spoon every ten minutes, ten doses within an hour and half. RAMAKRISHNAN is not dogmatic in this.
9. That the SCHÜSSLER salts act only at physical levels is a theory whose significance for Cancer treatment is unclear. Many homœopathic Cancer therapists like BURNETT, SCHLEGEL, STOCKEBRAND and others have successfully treated Cancer with low potencies. Naturally at physical level because the dissolution of the tumour can be seen only at that, i.e. physical. The SCHÜSSLER salts may be such medicines. It is problematic to accept that a favourable influence of Cancer can be obtained by the alternating method explained above, e.g. the chronic medicine with *Carcinosinum*, when simultaneously SCHÜSSLER salts were also given. In 1987 a working group from VITHOULKAS teaching claimed that they

had treated successfully intestinal and lung Cancer with homœopathic medicines chosen on “essence” of the case. Cancer Nosode were not given practically. All the patients however took SCHÜSSLER salts.

[Each practitioner follows his/her own method and claim satisfactory results. How do these help other Practitioners? It is believed that case reports presented in Seminars and in Journals would help the readers. How much of the teachings in ‘Organon’, ‘Chronic Diseases’ accord with these methodologies? Or are ‘Organon’, ‘Chronic Diseases’ irrelevant and do not apply to Cancer? Baffling! = KSS]

IV. They want to mould me: *Inula helenium*. Review by C. CHEMLA By way of introduction, the case of a woman is described: she suffered from Osteomyelitis and itching of lower limbs before her menses. She was a nun who did not accept all the rules of her superior, she did not want to go into the mould of her community. *Inula helenium* 15 CH, then 30CH, was prescribed because of the symptom ‘extremities, itching, lower limbs, before menses’, and cured the case.

The Materia Medica of this medicine is then described: pains as if a finger was driven in various parts of the body; feeling of something alive in abdomen, bearing-down sensation in genitals and rectum, dry cough with constant tickling in throat pit or chronic bronchitis, chattering of teeth from cold during menses. Two other clinical cases conclude this article, with the same mind symptom: both patients had the feeling they were locked in a mould. (CGH. 2003; 3: 101-110 in HOMEOPATHY, 92, 4/2003).

V. Timothy Fior thanks the Editor for raising the issue of CME credits to Complementary and Alternative Medicine courses. Only by constantly reminding these accrediting organizations of the scientific validity and safety of Homœopathy will more licensed practitioners have access to homœopathic education. (HT. 22, 9/2002)

VI. New Zealand Council of Homœopaths Conference. Reported by Julian WINSTON. (HT. 22, 9/2002).

The two day conference was held on June 15-16, 2002, in Napier. Alastair GRAY, focussed on the difficulties of getting men into homœopathic treatment and then getting them to be compliant. Graham McLAUCHLAN, discussed about the use of LM potencies, the beauty of being able to let the patient moderate the dose.

Angela HAIR, discussed a case of *Crotalus cascavella* for stomach cramps arrived through dreams of hairy spiders and a desire to withdraw to a place of safety within the self.

Leila JOFFE, discussed about her busy children’s clinic, where she got good insights by asking them, “what dreams would you not like to have?” Margaret LOUGHNAN, discussed the use of *Calculus renalis* in chronic conditions and acute flare-ups of kidney stone colic.

Joseph ROZENCWAJG, presented a case of 62 year-old male with “intermittent claudication” of few years duration. What was missed by GP’s and vascular surgeon was vitamin B deficiency – leading to peripheral neuropathy. The B₁₂ level measurement proved to close to zero and improved immediately after substitution. He questions how this case could have been helped by Homœopathy and quotes §77, in support.

Nicki WALKER discussed the treatment of whooping cough.

VII. Report on a presentation by Anne SCHADDE. QUIRK, Tina. (HT. 22, 9/2002).

German homœopath Anne SCHADDE reviewed cases of *Prunus spinosa*, *Zingiber*, *Beryllium*, and *Stannum* using Jungian philosophy and Hellinger’s family theory.

A man suffering from eye pain following an injury, in addition to neuralgic headache which caused him to tighten up his face, was cured by *Prunus spinosa*. The key was his dreams of black thorn plums.

A case of Sciatica, unable to rise from sitting because of lack of muscle tone, was helped by *Zingiber* by using the rubrics “back pain, drawing, lumbar, sitting erect < and standing <”.

A woman whose tonsils were so swollen causing her to tilt her head to the side to breathe, who had Tuberculosis of bone as a child, tinnitus was relieved by *Beryllium*, using Scholten’s method.

VIII. Treating serious neurological conditions with Homœopathy – Report on a presentation by Dr.A.U. RAMAKRISHNAN. IHRIG, Sybil. (HT. 22, 10/2002).

Dr. RAMAKRISHNAN stresses the integrated approach of obtaining biomedical diagnosis and monitoring the patient’s progress with confirmatory testing methods whenever feasible, to prevent the mismanagement of cases with serious pathology, and give a realistic prognosis as a complete cure is not possible at all stages.

He stressed that he is not teaching strictly ‘physical’ or ‘pathological’, method of prescribing.

A handful of remedies yield good results in a majority of cases of a specific condition because those remedies have a historically proven affinity for certain tissues or biological processes, or because they strongly correspond to mental or general symptoms experienced by patients with that disease.

Multiple sclerosis

Acon. and *Bell.* – early stage of Multiple sclerosis and acute exacerbations.

Caut., *Con.*, *Plb.* and *Plb-i.* - later stages.

Carc. – intercurrent.

Myasthenia gravis

Gels. and *Dig.* – acute crisis stage.

Caut., *Con.*, *Cupr.*, *Phys.*, *Plb.* – Chronic manifestations.

Parkinson's disease

Agar., *Lach.*, *Mang. acet.*, *Hyos.*, *Stram.*, *Verat.*, *Op.*, *Phos.*, *Con.*, *Gels.*, and *Lyc.*

IX. Why are so many doctors resistant to change? ROWE, Todd. (HT. 22, 11/2002). The author feels that shame is one of the major factors preventing the greater acceptance of Homœopathy in the world today. Shame is a basic emotion that is directly related to embarrassment, humiliation, chagrin and guilt, which all represent an injury or insult to ego.

The key to deal the problem of shame in health care is to recognize it, confront it and embrace the antidote to shame – wonder.

X. The Bali tragedy. (HT. 22, 11/2002) The deadly bombings in the Indonesian island of Bali on 12.10.02, left 200 dead and 300 injured. Roger MORRISON and Nancy HERRICK who were there tended the victims with remedies, *Arnica* and *Aconite* 200 for trauma and shock.

XI. Hazards of antibiotic overuse by DOOLEY, Timothy R.(HT. 22, 11/2002) Homœopathic treatment offers healthy alternative. Antibiotic overuse causes immune dysfunction in many cases. Their immune systems appear to have a blunted ability to deal with challenges resulting in recurrent illness.

He presents case of a child who was constantly ill inspite of antibiotics. After homœopathic treatment, he is gradually getting stronger, having less frequent illnesses, and recovering from those he does contract more quickly.

Indications of *Belladonna* in acute viral and bacterial illnesses associated with high fever and of *Pulsatilla* in middle ear infection are given.

XII. The U.S. Centers for Disease Control and Prevention (CDC) cites antibiotic overuse as one of the world's most pressing public health problems. Virtually all bacterial infections are becoming resistant. (HT. 22, 11/2002).

XIII. NCH Annual Conference Report. April 2002. Phoenix – Sybil IHRIG. (HT. 22, 11/2002). Will Taylor's understanding of Miasms, the roots of chronic disease is discussed here.

XIV. Ninth Annual Irish Homœopathic Conference, Galway, Ireland. June 28 – 30, 2002. Report by Jonice OWEN. (HT. 22, 11/2002) Nuala EISING presented the proving of *Mobile phone emission* (! = KSS). Janet SNOWDON presented *Heroin*, Rebecca PRESTON and Susan PIHL presented *Amethyst*, and Declan HAMMOND presented *Tabernanthe iboga* – Emlyn THOMAS, discussed his treatment of mountain climbing and sports injuries.

XV. Editorial by Neil TESSLER. (SIM. XVI, 3/2003). The editor feels we must find a new way to discuss and actually address differences in the Profession, appreciating the sincere efforts of so many individuals walking essentially the same path. He has given few suggestions.

XVI. Rajan Sankaran at ESALEN-2003. MILLER, John. (SIM. XVI, 4/2003) The Seminar focused on the 'seven levels' of how patients experience and express their disease state. A very useful and practical insight into the hand gestures of patients was illuminating. Understanding and utilizing the levels assists the practitioner in determining not only the remedy but also the potency and it helps in establishing prognosis and evaluation during follow up.

I level – Patients experience their disease only as a name.

II level – Patients experience their condition in terms of symptoms and sensations.

III level – Patients predominately express how it feels. Emotional component is clear.

IV level – Delusion. Patients experience their conditions 'as if'.

V level – Vital sensation. Speaks directly to Miasm, Kingdom and Family and the exact source of remedy. Hand gestures.

VI level – Level of Energy and is beyond individual Kingdom or Families.

VII level – Beyond human comprehension; necessary to complete the model.

XVII. Aspects of chest pain (HOMEOPATHY, 92, 3/2003) Dr. W. Thomson WALKER writes about the possible sources of origin of pain in the chest and suggests the key to the solution lies in knowledge of pain pathways of the viscera. He quotes Sir James Mackenzie, who taught that the Theory of Disturbed Reflexes was the foundation of the symptom in the disease. (BHJ. July, 1983 in HOMEOPATHY, 92, 3/2003). [This article is given in full in Part II = KSS]

XVIII. You said greedy? Or the ravages of *Artemis* COQUEREL G.V.

A clinical case of a greedy newborn child suffering from colic leads to the description of *Artemisia abrotanum* which is also a medicine for chilblains and for gluten intolerance like *Silicea*. (L'Homeopathie Europeenne 2003: in HOMEOPATHY, 92, 3/2003)

XIX. Cinnabaris: Clinical case and reminder of Materia Medica COLIN P.

A woman with insomnia, who suspected her husband of infidelity was prescribed *Cinnabaris* on the basis of Scholten's book. *Cinnabaris* is appropriate when a partner fears to losing his position in the society or losing his partner. (L'Homéopathie Européenne 2003: in HOMEOPATHY, 92, 4/2003)

XX. Repertories: How far can you trust them? B. BARWELL. The author feels that "... the actual source of a repertory entry must be checkable.." He gives few examples. (Homoeopathica 2002; 22: 11-15, in HOMEOPATHY, 92, 3/2003)

XXI. Bitter Melon holds hope for treating Diabetes.

A dramatic hypoglycaemic response was noted by the use of *Momordica charantia* probably due to the existence of Insulin – like molecules in it. (Homoeopathica 2002; 22: 16-21, in HOMEOPATHY, 92, 3/2003).

XXII. Veterinary chronic case. SALVODELLI M.

A 5-year-old horse would become suddenly wild and aggressive. He would rear up and try to trample the rider and no one could ride him. *Hyoscyamus* was (7, 9, 12, 15 and 30) every 10 days. Two years later, no problem. In the second part, main symptoms of the remedy are recalled: never forgets a betrayal, but often deceive others. (Les Echos du Center Liegeois d'Homeopathie 2002; in HOMEOPATHY, 92, 3/2003).

XXIII. The Challenges of Clinical Case Reporting. Delphi Project Conference, London, 2 April 2003. Report by Cees BAAS, (HOMEOPATHY, 92, 4/2003)

Five main challenges in Clinical Case Research encountered by the Delphi Project are discussed.

1. How to communicate a case
2. What criteria to observe
3. How to meta analyse cases
4. Ethical aspects of homœopathic clinical case research
5. Peer review of homœopathic cases

XXIV. Survey on homœopathic doctors' the treatment of warts JOUSSET C.

The survey showed 60% of 66 doctors use one or several of the six most frequently prescribed medicines (*Antimonium crudum*, *Dulcamara*, *Natrum sulfuricum*, *Silicea*, *Staphysagria*, *Thuja*).

In all 30 medicines are mentioned, including *Ferrum picricum*, *Anacardium*, *Ruta* and *Spigelia*. (L'Homeopathie Europeenne 2003: in HOMEOPATHY, 92, 3/2003).

XXV. 58th Liga Congress: Dr. Richard HILTNER, National vice-president to LIGA offers a thorough report of the proceedings of the 58th congress of LIGA in Austria. Principle topics covered were: Families of Homœopathic remedies, The Homœopathic Family Doctor, Lectures for Pharmacists and Veterinary Surgeons, Integration of Homœopathy into Public Health Service, Research, Provings.

XXVI. Corallium rubrum, RAMANATHAN A.N.

For some years now, prescribers rarely see Whooping cough cases and naturally *Coral rub* fade out of their minds. Yet scores of grown-ups cough and move about with a perpetual cold, hemming and hawking, cursing the polluted city air and the acrid odour of mosquito repellents. Day in and day out, the post nasal spaces are irritated and they react with a non-stop post-nasal drip. Fortunately they can find relief from a few doses of *Coral rub* 6 and an occasional dose of *Merc-iod-rub* for the sore throat.

The pleasing red colour of Coral interested HAHNEMANN. He leached the colouring matter by boiling with etheric oils which left the corals white and etheric oil red. HAHNEMANN thought that the red organic matter contributed nothing to the proving of *Coral rub*.

A heap of corals remind a medical man of a bunch of RBC under the microscope and yet the thought did not arise in homœopathic circles that

they might be witnessing an example of 'Nature's signature'. On the other hand, Gem therapists believe that Corals worn next to the skin offered protection against disease.

In 1993 Doctors SUDHAKEAR and others (**Antiseptic**, Nov 1993) tied a string of corals weighing 15 grams around the bare arm of three patients who had gross elevation of RBC and platelets counts. After 6 months of continual wear, all the counts got normalized. These three cases of Polycythaemia Rubra Vera were properly documented. In this disease, symptoms are produced in all the systems of the body because of increased viscosity of the blood, sludging of the cells and general lowering of blood supply to the parts.

Inert substances worn next to the skin are known to act curatively when their potencies are homœopathic to the case. E.W.HUBBARD remarked that the few cases which got relief from cramps and spasms after wearing copper bangles needed copper potencies even at start. As for *Coral-rub.* the findings of Drs. SUDHAKEAR and others would suggest exploration of fresh fields for the clinical application of *Coral-rub.*, some of which are listed below:

Full blooded arteriosclerotic hypertensives with well-controlled B.P. may have a better sense of well being if a mild drop in their RBC and platelet count is gently brought about to secure a better cerebral perfusion. Such a measure may also help in preventing recurrences of Transient Ischaemic Attacks (T.I.As.) Persons with low BP later developing cerebral arteriosclerosis may have fewer blackouts and feel steadier on their feet after *Coral-rub.* potencies reduce blood viscosity. These are indeed great expectations and there is hope this will be fulfilled.

XXVII. On 20 August 2003 a memorial Plaque for HAHNEMANN was opened in Brunswick. The Plaque was sculpted by Magnus KLEINE-TEBBE. A Fest-meeting was arranged in the Town Museum. Mrs. LODHOFF the Chairperson of the Homœopathic Association of Salzgitter and the Mayor spoke; also Fest-speech by Dr.ZELL on "Hahnemann's-similie Principle" was there. The Plaque was funded by Dr.Wigand BOHLMANN and the Homœopathic Association of Salzgitter.

HAHNEMANN was in Braunschweig from 1795 to 1796. (AHZ. 248, 6/2003) [HAHNEMANN wrote the Essay 'Description of Klockenbring during his insanity' while at Braunschweig.=KSS]

XXVIII. In the Editorial, CCR. 10, 2/2003 Dr. MISTRY discusses certain important ideas. What baffles is the methodologies adopted by some of our colleagues who get very impressive results indeed. Dr. MISTRY rightly says that some are drawn, perhaps unconsciously to the glamour, personality and charisma of these "senior renowned practitioners." "Does anybody really understand? "see" and "know" how a patient gets healed?" he asks. Since homœopathic remedies transcended the material molecular world, no one can say, as of now, how the healing happens. However, with regard to the methodologies of different practitioners, it is somewhat akin to different people agreeing to the principle of one God but following different paths claiming their own paths to be the only right one. [SEHGAL's 'rediscovered' method, as if we had lost Homœopathy for lack of 'method' (and since when was it lost?) VIJAYAKAR'S 'Predictive' method, SANKARAN's 'insights' and revelation-like ideas every year – it was 'delusion' = disease, 'awareness' = healthy, then the 'Kingdoms', now the 'seven levels of mind' = all fantastic, mind-boggling ideas, SCHOLTEN's synthetic remedies on 'periodic table', RAMAKRISHNAN's alternating remedies and 'plussing' method as the 'successful' prescriptions for Cancer, BURNETT's Organopathic approaches, Amar NIKAM claiming success with a single dose of 30 potency (for all cases!) while another – Isaac CHAN – claiming 'rapid doses' method in life-threatening diseases, RAJENDRAN – the exact opposite of Amar NIKAM prescribing 10M potencies of a remedy repeatedly – he reported some cases of Mollusum contagiosum treated in this manner – without reasoning why a 10M was repeated so in **every** case without evaluating the energy level of the individual patient (see **Homeopathy** formerly **British Homeopathic Journal** – Vol. 91, 4/2002); some more to confuse the very basic: Tinus SMITS is reported to have said that "there is no such thing as 'simillimum'"! – a word used by every well-known homœopath whose books have been and still are our text-books, for nearly two centuries!! Eileen NAUMAN, a Shamanic healer who says that the one and same person can be cured by different remedies depending upon the homœopath who is treating. "If the homœopath is in resonance with the remedy, the patient is cured. Every homœopath has his own energy, his tools are different, his consultation is different". Hitherto one thought that the resonance of the patient's state and the remedy's resonance must meet – in this tower of babel how can **anyone ever** "understand", "see" and "know" how homœopathic remedy works or

for that matter what is really a homœopathic remedy? I have, to spare the colleagues from further confusion, left out ‘signature’ wallas, the polypharmacy prescriber, the polyptency prescribers, the ‘paper remedy’(!) prescribers, those who simultaneously give SCHUSSLER salts, or BACH’s Flower remedies.

Is the situation not chaotic? First one should know what ‘Homœopathy’ is, and see what are the laws, rules – the basic ones and restrict oneself to these, so that one can know the action of such prescriptions and correct oneself and progress in the right direction. Surely, the jet-flying set of ‘teachers’ and their trailer are the guilty persons for this ridiculous state. Cases are reported without sufficient follow-up time. There are several diseases which recur after 2, 3, or more years. A ‘cure’ according to HAHNEMANN (Please see his ‘China’ in the **Materia Medica Pura**) is extermination of the disease entirely, never to recur in that patient (provided of course the patient ‘lives’ in ‘moderation’ in everything). **Homœopathy is ‘spreading’ of course, but, not in the right direction; it is spreading only because anyone can practice in any way.** The ‘genuine’ Homœopathy practitioners must wake up. It is not success at any cost; but at right cost. In writing the above, I do not have any personal quarrel with anyone and there is no intention to offend anyone. = KSS.]

XXIX. A Need of the Times

“Man’s science builds its abstracts cold and brief

And cuts to formulas the living whole.

It is a brain and hand without a soul,

An eye that tests the outward carved relief,

Blind to the depths, the occult roots unshown.

The visible hides its base in the unseen;

The invisible guards the truth its symbols mean

In a yet deeper invisible’s unknown.

(Sri Aurobindo, Collected Poems, 1972, p. 139)

Sri Aurobindo’s poem beautifully brings out the need for holism in Science. For what else is science but a seeking after truth in human ways? The reach of Science cannot yet grasp the full extent of human consciousness. The limits are therefore not outside but within us. True holism therefore requires that, as human beings and healers, we enter into a holistic consciousness. We normally live as mental beings and the mind works by analysis, comparison and contrast. Holism, on a mental level, means a summing up of all parts. The mind understands the whole on the basis of its constituent parts. However, a holistic consciousness understands the part on the basis of

the whole! This totality is not normally accessible to man and requires a methodized effort of self-discipline or Sadhana.

Thus, to a holistic consciousness, individual diseases are not isolated entities, but only an outwardly visible epiphenomenon simultaneously taking place at many levels in the universe. Organ-diseases are therefore a spill-over of a larger pathology existing on a cosmic level with its roots lying in the Ignorance. To cure Organ-diseases is therefore only partial cure.

To evolve beyond our limitations and struggles towards oneness and harmony is the final remedy. (From ‘Editorial’ by Dr. Alok PANDEY, NAMAHA. 11, 1/2003)

XXX. A True Physician: The physician is not just a person who is responsible for the cure of an illness. That may be his self-chosen or Nature-appointed work. He is also a conscious soul struggling to liberate himself. The patient brings not only his illness, but also his hopes and fears, attitudes and beliefs, even his aims, motives and self-identification. Above all, he carries his own unique claim to live and enjoy a healthy life. If we want to know the hidden elements of the Psychology that supports illness one has to understand the whole person.

Only in the measure that the physician can harmonize ‘his integral personality’ can he be useful for the integral healing of another’s nature. So each illness serves as an occasion for the growth of both participants – the physician as well as the patient.

We must not forget that symptoms are only an outer manifestation or unmasking of a deeper malady. The possibility and source of suffering is hidden and latent in all humanity and waits for its hour. It can spring a surprise on anyone at anytime. A physician who opens more and more to the inner life becomes acutely aware of the fact that things are not what they seem, and that appearances (even of health) can be very deceptive. It may be difficult for the physician to demarcate his field of work. For as his field of experience grows, the field of work increases too. [True indeed=KSS]

Elimination of all suffering is a falsehood. Courage and faith as a warrior of Truth, knowledge and illumination as a disciple of Truth and service and love for the Supreme Healer of all, the Master-physician, all these comprise the inner make-up of a physician. Above all, he needs a love and Will that is unflinching and patiently persevering, happy to labour even in the darkest hell of the human state which gives him the inner capacity to rise to the heights of his own nature. For only he who has

scaled the peaks of glory and bathed in their splendor can enter into the abyss to release the light and delight concealed in the dumb, dark depth of suffering and struggling earth. (From the 'Editorial' by Dr. Alok PANDEY, in NAMAHA. 11, 3/2003) [All true, but how to reconcile to the Cancer that kills a girl of hardly 14-years age? What "hopes and fears, attitudes and beliefs, thought patterns, aims and motives and self-identification" within this age? Or a boy hardly 3½ year-age who developed a space-occupying lesion in Cerebellum, which had to be surgically removed and to be followed up with Radiation and Chemotherapy? Probing the parents and the brief period of 3½ year of the child did not throw up anything to "understand the 'inner intricacies' "; We would then attribute this child's disease to its 'karma'? = KSS]

XXXI. Lower is Better (The Hindu, Chennai, July 29, 2004): Clinical Guidelines issued recently in the United States on the management of Cholesterol levels have been tightened in two broad ways.

- The update of earlier guidelines put out by the National Cholesterol Education Program, have set a new norm in the acceptable levels of LDL (Low Density Lipoprotein, informally known as "bad" cholesterol) for those with a high risk of getting coronary disease.
- Intensive use of cholesterol-lowering drugs to bring levels down. New Guidelines, endorsed by the American Heart Association advise that LDL cholesterol should be lowered to 70 mg/dl for those in specific categories: for eg. smokers with heart disease, those whose blood pressure is not under control and those suffering from Diabetes or close to developing it. Excessive levels of LDL and triglycerides can build up in the walls of arteries and lead to atherosclerosis (the hardening or narrowing of arteries). While statins, fibrates and related drugs can effectively control the build up, they cannot by any means be treated as a one step cure for cholesterol.
- Induced heart disease. Lifestyle changes play an important role in lowering cholesterol levels; among them stopping smoking, increasing exercise levels, switching to a diet that reduces the intake of saturated fats and stays away from foodstuffs that contain trans fats or hydrogenated vegetable oils. As we now know, reducing fat intake alone is not

enough. There is evidence that suggests that a high carbohydrate diet can lead to elevated triglycerides levels as well as low levels of HDL (high density lipoprotein regarded as good cholesterol as it carries LDL from the arteries back to the liver which helps in its removal).

As experts pointed out, dietary habits in India do not generally suffer from the presence of too much fat. If anything, the imbalance, a result of the dependence on rice and wheat comes from the presence of too much carbohydrate that, when unutilized, get converted into fat. The dietary changes required to combat cholesterol must proceed from existing dietary patterns and work scientifically to correct the imbalances; they must not be allowed to become fads.

XXXII. Stop Caffeine, Stop Headaches (The Hindu, Chennai, August 12, 2004) The Report says that a common nutritional factor in headache is caffeine. Caffeine is well-known as a cause for one-sided headaches, Migraine. Caffeinated soft drinks like colas may also induce headaches. A half-litre bottle of Cola contains about 50 mg. of Caffeine similar to a small coffee or a mug of Tea. Many over-the-counter headache remedies contain a fair amount of Caffeine. If Caffeine can induce headaches its withdrawal also is so. Therefore weaning from coffee must be slow over some weeks. Taking headache remedies would cause headaches oftener. Many individuals prone to headaches find that they can banish them by taking more water, until urine is pale yellow [It was in 1803, **over 200 years ago**, that HAHNEMANN published his article "**On the Effects of Coffee**" wherein a much larger number of pathogenetic symptoms have been given=KSS]

XXXIII. D.P. KHAN, N. DUTTA, D.K. CHATTORAJ and S.P. MOULIK write in **Science & Culture**, Vol. 69, 9-10/2003 about the use of a 'special kind of Honey' (Vesaja Madhu) as a drug in the treatment of Thalassemia. This honey has been prepared with the help of bees *Apis mellifica* by providing them with a special kind of feed (produced from milk, fruits, vegetables and local herbs). The prepared honey has been found to be significantly effective in suppressing the frequency of blood transfusion in cases of Eβ Thalassemia, and to some extent β Thalassemia. A trial on 84 patients (50% male or female) of ages between 1 month to 50 years for Eβ Thalassemia has been carried out to arrive at the above inference. The administration of **Vesaja Madhu** has shown to have no side effects in the patients, and has resulted

either to reduce the frequency of blood transfusion or to do away with it.

XXXIV. The Hot Stuff (S & C. Vol. 69, 1 & 2/2003. From DREAM-2047, Vol. 4, 12/2002): Christopher COLUMBUS chanced upon Chilli although his voyage was for pepper from India. Chilli is used for seasoning and as a spice in Indian Foods. The pungent red chilli has been popular for thousands of years among native Americans. It is considered that chilli is a pod, Capsicum is bell shaped. However, in Botany they both belong to the same genus - capsicum minimum, Capsicum frutescens. They are also called Cayenne, Red pepper. Nonetheless, Capsicum is not related to the piper genus, which contains *Piper nigrum* L., the source of the black and white Pepper.

Capsicum is one of the oldest cultivated plant in Americas. It is one of the widest cultivated plant in India.

Long used as a food spice and an aid to digestion, Red Chillies or Cayenne Pepper were thought to aggravate stomach ulcers. This fear has been discounted by researchers, rather it is widely held that Capsicum could help prevent the formation of dangerous blood clots. Now new research is focussing on this spice's ability as an anti-inflammatory agent, and aid in controlling pain. Scientists have now concluded that Capsicum does indeed possess fibrinolytic activity, meaning that it is able to break down blood clots. It is highly nutritious, containing Vitamin C and B-Complex Vitamin as well as Iron, Calcium, and Phosphorus. Capsicum is known to be unequalled in promoting outstanding blood circulation. It revitalizes cells, arteries, veins and the heart. Some other illnesses Capsicum has been historically known to help high blood pressure, more bleeds, varicose veins, too much mucous insect bites, Heart failure, Asthma, Arthritis, energy, digestion. [*Capsicum annuum*-in Hahnemann's **Materia Medica Pura**, Vol. VI, 1827 is a valuable remedy in Homœopathy, perhaps underused now = KSS].

XXXV. Deadlier in Combination: (The Hindu, Chennai, 7th April, 2004): The sub-editorial in The Hindu, 7 April, 2004 points out the gravity of the situation in India. While India has far more number of Tuberculosis patients than any other country in the world, India is only second to South Africa in HIV infected number of persons. "The combination of TB and HIV makes for a lethal cocktail". The dormant TB in a carrier, when the person is infected with HIV, rises up and becomes active.

The advent of HIV has also made diagnosis of Tuberculosis difficult, observes the Government's National AIDS Control Organisation! With over half of India's adult population infected with Mycobacterium tuberculosis, there have been warnings that the spread of HIV could lead to 'a potentially explosive increase' in Tuberculosis. "HIV infection is on the rise among TB patients in Tamil Nadu." [What is the role of Homœopathy in this 'Community Medicine'?=KSS]

LIST OF JOURNALS

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

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1. **AH:** The Journal of the North American Society of Homeopaths, 1122 East Pike Street, #1122, Seattle, WA 98122, USA.
 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), 801 N. Fairfax Street, Suite 306 Alexandria, VA 22314.
 4. **CCR:** Homoeopathic Clinical Case Recorder, Dr. Subhash Meher, Near Hotel Chanakya, Anandrishiji Marg, Burudgaon Road, AHMEDNAGAR-414001.
 5. **CCRH:** Central Council for Research in Homœopathy, JLN Bhartiya Chikitsa avum Homœopathic Anusandhan Bhawan, 61-65, Institutional Area, Opp. D-Block, Janakpuri, New Delhi - 110 058.
 6. **THE HINDU:** Newspaper, Chennai-600 002.
 7. **HH:** Homœopathic Heritage, B. Jain Publishers Overseas, 1920, Street No.10, Chuna Mandi, Paharganj, Post Box 5775, New Delhi - 110 055.
 8. **HL:** Homœopathic Links, Homœopathic Research & Charities, F/s, Saraswat Colony, Linking Road, Santacruz (W), MUMBAI - 400 054.
 9. **HOMEOPATHY:** Formerly British Homeopathic Journal (BHJ), Homeopathy, Faculty of Homeopathy, 29 Park Street West, Luton, Bedfordshire, LU13BE, UK.
 10. **HT:** Homeopathy Today, National Center for Homeopathy, 801, North Fairfax Street, Suite 306, ALEXANDRIA, VA. 22314, USA.
 11. **NAMAH:** New Approches to Medicine and Health, Sri Aurobindo Society, PONDICHERRY - 605 001.
 12. **NJH:** National Journal of Homeopathy, 71B Saraswati Road, Near Gokul Icecream, Santacruz (W), MUMBAI - 400 054.
 13. **RBH:** Revue Belge D'Homœopathie, Avenue Cardinal Micara, 7, B-1160, Bruxelles, BELGIUM.
 14. **S&C:** Science and Culture, Indian Science News Association, 92, Acharya Prafulla Chandra Road, KOLKATA - 700 009.
 15. **SIM:** Simillimum, The Journal of the Homeopathic Academy of Naturopathic Physicians, P.O. Box 8341, Covington, WA 98042, USA.
 16. **ZKH:** Zeitschrift für Klassische Homöopathie, Karl F. Haug Verlag, Hüthig GmbH, Im Weiher 10, D-69121 HEIDELBERG, GERMANY.
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PART II

(This section contains abstracts/extracts from selected articles; even the entire article in some cases)

1. **THE EXCITING CAUSE AS A GUIDE TO HOMOEOPATHIC TREATMENT**
 LESIGANG, Helga (42 LIGA; ARLINGTON, WASHINGTON, U.S.A., 29 March – 2 April 1987)

HAHNEMANN has given us very close instructions on how to examine our patients. The physician is advised to listen and watch carefully, not to interrupt the patient and to write down all that the patient says using the same expressions as the patient did. He shall not interpret the circumstances which are described by the patient. Only when the patient has finished, the physician may ask for further details. The symptoms as they were related may not be very particular and our questions aim to differentiate, to let appear the individual unique aspect also in a common symptom when distinguished by certain characteristic features. One of the most important questions on this behalf is the question: Since when are you suffering from this special disease or symptoms? Can you remember when it appeared for the first time? What happened to you before that?

Quite often the patient himself can trace back his chronic affection to an event in his life, for example the loss of a dear person or of his home, the experience of injustice, the experience of having done wrong himself – all these examples meaning injury, harm to the soul. Physical harm may also be the cause of long lasting illness, like an operation or an accident. Sometimes the patient is not aware of a connection between events as described and the start of a disease. If there is a coincidence in time the physician should nevertheless closely keep in mind what has happened as the possible exciting cause. If the patient himself points out a special event this should be regarded as a very important information.

The way an individual reacts to a certain event is something very characteristic of this singular person. In Austria, as well as in whole Europe, we have many patients who share one experience that is World War II. Most of them have suffered, either being soldiers or prisoners, being wounded during the war or bombed, hungry, fearing for friends and relatives. I do not believe that there are people of

that age who have not been affected by their experiences, a whole generation has been marked by this war. Nevertheless you will find individuals who are content with their lives, who have been able to readjust, who have not become sick by the experience of war though they have suffered a lot. And there are other individuals, who will tell you that they have been broken by the war, although they may lead a normal life and things seem to be alright when you do not investigate further. They seem to be infected by their experiences. They have lost confidence, they cannot trust, not even hope, that anything good might happen, that human beings do not behave like cruel animals, that there may be peace and justice for everybody. The chronic infection of their soul subsequently also leads to physical illness, and you cannot truly cure them, if you do not pay attention to the exciting cause. Not every individual has been affected by the war to this extent, but this singular person has been, according to his own and special possibility of reacting to fate.

You have the individual person with his physical and mental abilities partly inborn, partly gained by life and which appear to us as his constitution and temperament – these enable him to answer to the many influences he encounters – and you have his individual fate which strikes him in a certain moment, overwhelming his reactive possibilities deeply deranging his vital capacity, thus acting as an infecting agent. This will show its effects one by one as time goes on - a process as described by HAHNEMANN in his **Chronic Diseases**. To deal with these effects, that is to really cure the patient, we have to consider both – the individual constitution and the individual fate. HAHNEMANN says in paragraph 5: “In addition it will help the physician to bring about a cure if he can determine the most probable exciting cause in an acute disease and the most significant phases in the evolution of a chronic, long-lasting disease, enabling him to discover its underlying cause, usually a chronic miasm” – and I suggest that the word miasm should include everything which destroys the physical and primarily the mental capability of a human being – “and also the physical constitution of the patient (especially when he has been ill for a long time) his moral and intellectual character, his occupation, mode of

living and habits, his social and domestic relations, his age, sexual function are to be taken into consideration.” Here you have the aspect of the individual constitution.

HAHNEMANN mentions very different causes in paragraph 93 of the **Organon** – such as attempted suicide, grief, jealousy, unfortunate love, injured pride, superstitious fear, but also excesses in alcohol, coffee or tea, or in the amount of food in general, also hunger or an infection with a venereal disease or itch. The fact, that the latter is cited together with all the other causes in this paragraph shows clearly that HAHNEMANN realized the destroying power in all of them. Thus he may be regarded as one of the forerunners of the psychosomatic medicine of our modern time. But HAHNEMANN was not only aware of the connection between emotion and body, between the mental and physical suffering, he also attempted to heal, to really cure, by the homœopathic drug influencing both, body and mind.

NASH describes the case of a man, who had been suffering from what had been called digestive problems for several years. He had become weak because he was not able to eat enough and had lost his profession therefore. His doctors had told him, that he would never recover and he himself had lost all hope. He had been sick since he was hit by a horse in the stomach. A few doses of *Arnica* D200 cured him in short time and he was able to go back to work. You see – *Arnica* cured him in body and soul, as he had not been sick physically and mentally before having been wounded. This is one of the guiding symptoms for *Arnica* and it is a symptom which must be looked for in the history of the suffering person.

In Vienna, we pay great attention to the etiology of a disease. Our teacher, M. DORCSI, says that about 40% of our patients can be cured by using the exciting cause as a guide to the homœopathic remedy. In our teaching program, the second course is devoted mostly to etiology, including not only the exciting cause as the very beginning of the chronic disease, but also the eventualities, which provoke the outburst of the acute symptoms and the various influences causing amelioration or aggravation. This second course also includes information about constitution and diathesis. As I have told before, an exciting cause must strike an individual having a certain tendency in his constitution in order to produce a longer lasting affection. The result will be that the physical and mental abilities of this individual will not be the same as before – his reactive abilities will be different.

We have to learn to look at our patients in two different ways: First we have to be aware of the symptoms at the very present. These symptoms give us an understanding of the momentary state of health. But they are also the result of a process, and it is necessary to pay attention to this process as well.

HAHNEMANN has taught us both ways. We can choose the homœopathic remedy whose symptoms most nearly resemble totality of symptoms we have experienced in our patient as HAHNEMANN has done until he was puzzled by unexpected failures or we can try to see the process of a chronic disease by finding out the most significant points in its history. Usually we will consider both – there is no necessity to divide something artificially which appears as an entity. The exciting cause as well as the ameliorating or aggravating influences can be seen in the totality of symptoms. Any of these symptoms may be important for the choice of the remedy. Sometimes the exciting cause will be so very striking, so very characteristic for the patient, that it must be considered as one of the most important symptom.

I will now present several histories of patients of mine where this aspect may become clear. It was not as easy as I had thought, for, in most of the cases there are also other signs which influenced me in the choice of the remedy. You will see that there is a congruity between constitutional aspects, physical complaints and the exciting cause.

I have cited NASH describing a case of *Arnica*. Let me contribute some case histories where I used *Arnica*.

The first was a woman, 43 years old, who is married. The first child was dead when born, then she had a Caesarean section for the second birth. Two years before the first consultation she was injured severely in a traffic accident – fracture of the skull with traumatic aneurysm of the arteria carotis interna. She was operated and the aneurysm was closed by a balloon. She had a Horner syndrome on the right eye, a sensation of ants running on the right side of the skull, on the tongue and the lips and a neuralgia of the trigeminus on the right side. She could not smell and the ability of taste was reduced to sweet, sour and salt. The first prescription was *Arnica* LM VI. At first the menstruation, which had been irregular and very strong, went back to normal. The pains and sensations were better. After 4 months of *Arnica* we changed to *Hypericum*. As you know *Hypericum* is used for the results of injuries involving sentient nerves. My patient took *Hypericum* D4 three times a day. Two months afterwards she had no paraesthesia and no pain

from the trigeminus. She had regained her ability to taste and she could distinguish the smell of roses, of perfume or of smoke.

She was still sensitive to the change of weather, the Horner syndrome was not gone. One could not expect a complete restitution, since nerves had been irreversibly damaged. The result we had achieved was more than anybody had expected.

Another patient who had received *Arnica* was a 62-year-old man. The year before he first saw me he had a minor insult, two years before an embolism of the left arteria brachialis. He suffered from cardiac arrhythmias since he had lost his job. This, he quoted himself, was the real reason for his disease. The pulse on his right foot could not be felt and he had pains in his lower legs after a short distance walk. He got *Arnica* D200 – viewing the loss of his job as an injury of his soul which had badly influenced his heart and arterial system – and *Secale* D4 as the remedy for the organic process. Four months later his walking ability had increased to 2 km, the pulse on the foot had come back and he planned a vacation abroad.

Another *Arnica* story is the baby, born on October 84 who was paralysed completely after birth by a so-called spinal shock. After 2 months she could move her whole body except the arms. She had physiotherapeutic treatment. I gave her *Arnica* first (D4) and then *Hypericum* D4 as nerves had been injured. Half a year later when she was 10 months old she could grasp with both hands and she pulled herself up with her arms like all children do at this age.

I want to mention another prescription of *Arnica* which had become very common in our hospitals. Also doctors who are not trained in Homœopathy, have had good experiences with it and give *Arnica* to women in child-bed. There are less complications, less pain and a normal recovery.

Now I want to tell about a patient who suffered from the effects of narcosis. A 73-year-old patient had an operation of the prostate gland in January 1983. Afterwards he felt a numbness around the mouth and sometimes on his feet or hands. The exciting cause led to *Hyoscyamus*. He was given *Hyoscyamus* D30 once, which removed the numbness completely.

In women we experience quite often that the hormonal situation provokes various diseases. Headache is often said to have started with the first menstruation and is in temporal connection with the monthly period. In this case *Pulsatilla* may be the healing remedy. A patient of mine, 26 years old, two children, suffered from a monthly headache. Only during pregnancy she had been free of it.

Nothing peculiar could be found in her history otherwise. *Pulsatilla* D4 for 6 months cured her from her headache.

Another patient, the wife of a colleague, consulted me 2 months after her fourth childbirth. She was nursing her child and had become deeply depressed, very sensitive and anxious. The same had happened after the third child. She had ceased to nurse therefore after 7 months. *Lachesis* D 30 helped her very soon.

Another example where *Lachesis* helped is the case of a 28 year old woman, who had taken birth-control pills for 10 years. When she stopped it, she did not have an ovulation. The menstruation was irregular and scanty. I started with *Aristolochia*, then *Pulsatilla*, with no effect. When I gave her *Lachesis* D200, I did not see her again, but she sent a patient to me two months afterwards who told me, that she was pregnant.

Sometimes we are told, that there had been a grief, something which the patient cannot forget. A 48-year-old lady, who suffered from headaches since early childhood, remarked that there had been a severe aggravation since she had seen one of her children being killed in a car accident 15 years ago. A grief which cannot be forgotten makes you think of *Natrium muriaticum*. In this case *Natrium muriaticum* was also indicated by several other symptoms – for example the amelioration at the sea (*Nat-mur.* had both – aggravation and amelioration at the sea), the tendency to fever blisters, the sensations which were described with the headache (throbbing and stitching). I gave her *Nat-mur.* D200 once a month. The pains were reduced, but after a year there was a reversal – acute headache different from before, with vertigo. These pains had begun after a fall while skiing. This time *Arnica* D200 and *Hypericum* D4 helped her in two weeks. We continued with *Nat-mur.* D 200 once a month. She still suffers from headaches about twice a week but she does not need analgesic drugs as she used before the homœopathic treatment.

Another patient, where the constitutional aspect corresponds to the aggravating circumstances, is a 29-year old actress. She had been a teacher before, but had decided to quit the security of her job one year before. She is a very earnest person who demands the utmost from herself (which is a very common character with *Nat-mur.*). During the last year she had developed eruptions on the skin. Again there is a tendency to fever blisters with oedema of the upper lip. She had heart troubles when depressed. I gave her *Nat-mur.* LM VI once a day. When she came to see me 6 weeks later, she had stomach troubles. She had pain in the stomach, she vomited and she could not

eat. She had been very hurt by her friend. *Ignatia* is the remedy for the acute grief, so it was prescribed to her and it helped her in the crisis. Afterwards she continued with *Nat-mur*. Half a year later there was no occurrence of fever blisters since homœopathic treatment. The skin was not completely free of eruptions. She had gone back to teaching. *Nat-mur*. LM XVIII was prescribed to be taken only when needed. When I saw her again one year later she was pregnant. The skin had become worse during pregnancy but there had been no fever blisters. She was in a melancholy state, but not overwhelmed by grief as the year before. Her friend did not want the child, but she decided to bear it and she knew that she would have to be responsible for it alone. I advised her to take *Nat-mur*. LM XVIII once a week during pregnancy. One month after birth she was given LM XXX once because she felt exhausted and the child refused the milk. She lives alone with her child now and is a thoughtful and conscious mother as she had been a very thoughtful and conscious actress and a very thoughtful and conscious teacher. Her temperament is not easy-going. But she seems to be content and in her way happy now.

I have mentioned *Ignatia* as a remedy for the affects of present grief. Let me tell you another example: A boy of 9 years is suffering from a chronic Eczema. He was treated with *Sulphur* and all went well until his beloved cat was killed by a car. *Ignatia* D30 was given once and helped.

A 42-year-old woman suffers from a chronic bladder catarrh since her childhood. Cold weather brings forth the trouble. She told me that this sensitiveness to cold had become especially bad after sitting on a cold stone bench – this is one of the main features of *Dulcamara*, which helped her to stay without bladder catarrh through the last winter. She was advised to use it again this year if she needed it. Until now there was no necessity.

The last of my cases fits into the second part of our program. It is a case of *Staphysagria*. One November afternoon this fall the mother of a small patient of mine telephoned. Something was wrong with the boy. He wanted to urinate every quarter of an hour and she did not know what to do. I examined the genitals and the urine – there was nothing pathological. The boy is six years old, very attached to his mother, very jealous. He is the only child. The parents are divorced and the mother has to stay at home with her child because of frequent diseases. Once when she had gone away for a week and he was with his grand-mother he had an outburst of his chronic Eczema. He had been to a kindergarten, but not very often, and he refused to go there any longer. In November he was in an

alternative children’s group. At this time he was rather bad-tempered at home and had fits of self pity when he said “nobody loves me” (which was not true at all.). KENT describes *Staphysagria* as suitable in cases where complaints come from suppressed feelings. The boy had not talked about a troubling situation, nor had his mother heard about one, but he behaved as if there had been something very irritating. I gave him *Staphysagria* D30 once – in the evening the mother called me and said that the frequent urging to urinate had gone. This was just an episode in the homœopathic treatment of my little patient, but it shows rather clearly the healing effects of a homœopathic remedy chosen as suitable according to the exciting cause, which could be imagined in this case. I have tried to exemplify the importance of the exciting cause as a valuable guide to homœopathic treatment in some cases. Naturally there will be others when we have to use other guides – but we should be very attentive, when a patient tells about a major event in his life, especially when he himself stresses the importance of it.

2. Some aspects of chest pain
THOMSON, Walker W. (B.H.J. 72, 3/1983)

Ladies and Gentlemen,

In every field of medicine the complaint which most commonly causes the patient to seek the advice of a physician is pain. The timing of the patient’s visit will be governed by his personal sensitivity or pain threshold, and by the degree of his fear of this symptom.

In the course of our clinical work we have all been puzzled at times how we may evaluate rightly the main forms of pain arising in the chest. So common is this symptom that in barely three months since I decided on this subject I have treated 70 cases of chest pain.

On looking at the subject of chest pain more closely I soon realized that its scope is vast, comprising as it does most of medicine, for there are few bodily structures which have no link direct or indirect with the chest. Certain aspects only can be considered, so I shall concentrate mainly on the less usual *extra-thoracic* causes.

The subject is important, for hardly a day passes in which we as physicians do not have to make a decision as to the import of a pain complained of in the chest

Because of the element of fear and the common knowledge that “anginal pain” is associated with sudden death, we have to make our assessment as carefully as possible, giving strong

reassurance where this is reasonable, and firmly giving the alternative diagnosis, which will do more than anything else to allay fear by giving a reason for this dreaded symptom. The slightest hesitation on the part of the doctor is interpreted as unwillingness to tell the patient the worst.

Frequently he will say, "it is just wind. Doctor", and look at you hopefully to confirm his suggestion. In many cases it is just this, and how astonishing and severe a discomfort this trivial ailment can produce; but how is it possible to confuse this cause of chest pain with others so much more serious? Unfortunately it must be added at once that flatulence is a common accompaniment of other causes of chest pain.

The key to the solution of many problems of diagnosis in diseases of the chest lies in a knowledge of the pain pathways of the viscera.

This subject was first seriously studied by Henry Head whose centenary was celebrated last year. His findings were first accepted, later rejected, but now once again are the basis of present day thought on the subject. Sir James Mackenzie also taught that the Theory of Disturbed Reflexes was the foundation of the symptom of disease. Expressed as simply as possible, and leaving neuro-physiological details to the text books (e.g. Pottenger) the salient facts are as follows:

Chest pain may be transmitted by the voluntary, the sympathetic or the para-sympathetic nervous systems: by each one, or all three systems.

Through afferent links in the sympathetic ganglia the viscera are interconnected. These ganglia in turn are connected with the sympathetic chain, and grey communicating fibres link up nodes in this chain to the corresponding segments of the spinal cord, i.e. linking up with several segments of the voluntary nervous system – from D1 to L3.

From the cord pass back in the white communicating fibres motor impulses to the sympathetic ganglia and on to the viscera, mainly inhibitory of sphincters.

The parasympathetic nervous system subserves much the same function. The cranio-bulbo-sacral outflow is mainly in the vagus and pelvic nerves and the ganglia in this case are in or near the organs concerned.

The organs supplied by vagus include for practical purposes all the viscera (Table A *et seq.*) (Samson Wright and Pottenger).

Table A shows the sensory and motor distribution of vagus (X). The sensory and motor nuclei of the vagus (X) are closely bound by connecting fibres which cause reflex action to be very readily transmitted from the afferent fibres of

one viscus to the efferent fibres of another. Similarly for the cranio-bulbar connections with the sensory division of the Vth cranial nerve. E.g. pressure on the eye-ball reflexly slows the heart. In the chest the vagus (X) forms connections with the sympathetics through the inferior cervical ganglion, forming with them the oesophageal, cardiac and pulmonary complexes.

The area of reference may involve several spinal segments since, according to the strength of the stimulus, few or many neurones may be involved, spreading by the three neurone response system up and down the cord. E.g. the spread of the anginal pain over the areas supplied by cervical 3, 4 and 5, and dorsal 1, 2 and 3, to arm, neck, jaw, shoulder, elbow and fingers, and the area of reference may vary from day to day.

It will be seen, therefore, that there are three possible pathways for pain through the voluntary, the sympathetic and the parasympathetic parts of the autonomic nervous system, with the possibility of a spill-over from one to another and at higher and lower levels in the cord. All this makes for difficulty in locating the cause of a chest pain. The viscera have a high latent pain sensitivity which is provoked by inflammation or distention. The superficial type of pain may be abolished by a local anaesthetic or cooling spray and this is effective even in angina pectoris. Deep pain on pressure follows the muscle groups (myotomes) rather than the dermatomes and therefore is often at a lower segmental level than nerve root emergence. It should be mentioned also that in the case of chest disease there is commonly atrophy of the superficial integument over the area of reference, usually the infra-clavicular and collar region supplied by C3, 4, 5, this even when the disease is remote from this area.

This segment of the spinal cord C3-5 is of greatest importance since it represents phrenic nerve root distribution, the pleural and peritoneal surfaces of central diaphragm, so linking it with upper abdominal conditions.

Vagus (X) C.N. Sensory Supply	Vagus (X) C.N. Motor Supply

1. Base of tongue, palate, pharynx, oesophagus, stomach, duodenum, jejunum, ileum, ascending colon	Large intestine to descending colon, bronchi, liver, spleen

- | | |
|---|---|
| 2. Entire respiratory tract,
epiglottis down | Soft palate, pharynx,
upper oesophagus |
| 3. Heart | Larynx, stomach,
small intestine |
| 4. Biliary tract | Suprarenals and
kidneys |
| 5. Auricles and
external auditory
meati | |

It is, moreover, commonly affected by lesions of the spine, spinal cord and roots at this level. By remembering that its somatic dermatome is the collar and infraclavicular regions, and that it is immediately contiguous below with dermatomes D2 in the pectoral region (the intervening roots going to the arms), many errors will be avoided.

Before returning to the clinical aspect, it is interesting to note that a similar phenomenon known as translocated injury has recently been discovered in other realms of nature. (C.E. Yarwood in *Nature*, Vol. 192, p. 887). Leaves of the Pinto bean, cowpea and National pickling cucumber have been shown to respond in pairs to heating.

If one of a matching pair of leaves is heated and killed, the matching member of the pair sustains substantial injury although the connecting parts of the plant are apparently unaffected. If the heated leaf is cut off within four hours, the damage to the second leaf does not occur. The mechanism here is chemical.

As has been said, pain may appear at an area quite remote from the organ responsible and this gives rise to some of our clinical difficulties in diagnosis. Perhaps the best known example is gall bladder disease expressing itself by pain at the tip of the right shoulder. In this case, as in others to be mentioned, the explanation is that in the embryo the structures were close together and in course of development the organ has migrated away from its area of reference.

The possible sources of origin of pain in the chest are legion, since it may arise from any tissue in the thorax, from several structures outside, and, to make matters more difficult, it is not uncommon to have pain from several sources simultaneously.

Lesions of the skin need only to be mentioned to be dismissed since they are visible and obvious causes.

A neurological cause which has painful cutaneous manifestations affecting the chest wall, herpes zoster, arises insidiously but usually declares itself within 10 days and the burning persistent pain is characteristic of some form of acute neuritis, so should seldom occasion difficulty. Herpes forms the link which reminds us that it may be the harbinger of acute myelitis with corresponding root pains. This in turn reminds us of the many possibilities of spinal cord tumour with similar root pains which may well be referred to the chest.

Fibrositis, fibromyositis and the drooping shoulder syndrome with trigger points locally or at the superior medial angle of the scapula and with distribution to chest by the intercostal nerves, again give rise to confusion quite occasionally, by producing praecordial or left arm pain.

Various forms of myalgia of the pectorals and intercostals can cause difficulty. In epidemic form it is known as Bornholm's disease, but there is usually some constitutional disturbance by which to identify this.

Tenderness and soreness over any of the costochondral junctions (the costo-chondral syndrome), may give rise to much anxiety, being ill defined, recurrent and subject to the same radiation as anginal pain. The 2nd to 4th ribs are most commonly involved. Location of the tender bulbous junctions give the diagnosis and a similar syndrome may be found related to the xiphoid process.

These possibilities have only to be remembered to be recognized at once.

It is seldom that diseases of the breast, being relatively superficial, will give rise to difficulty. Unless where a tiny undetected primary growth gives rise to secondaries within the chest or spine, when root or referred symptoms appear.

A very important group of causes of chest pain are those arising from cervical and dorsal spine, where osteoarthritis, spondylitis, rheumatoid arthritis, vertebral epiphysitis, herniated discs, tuberculosis and metastatic neoplastic deposits may all produce impingement upon nerve roots, the sensory distribution of which is upper chest and may give rise to pain difficult to distinguish from angina pectoris. The pain is often sharp or tearing and it may be precordial and associated with a sense of tightness. In so far as some of these are degenerative diseases they are common accompaniments of degenerative heart disease. Among these the rheumatoid form of spondylitis is quite frequently associated with valvular heart disease, still further complicating diagnosis.

In osteoarthritis of this region, by narrowing of the foramina through which the nerves emerge,

there is a dull ache over the shoulder or pectoral region simulating anginal distribution. Or there may be burning or stabbing over the praecordium from D2-4. Pain in this case is much affected by activity. Osteoarthritis in the neck is commonly initiated by a cervical disc lesion which is usually the result of trauma, especially "whiplash" injury as in car accidents. The onset can be gradual with neck pain later extending into pectoral region, arm, hand and fingers. X-ray and investigation of the electrical reaction of muscles involved will establish diagnosis in these cases. Finally in this group is "straight-back" syndrome where the normal curve of the upper dorsal spine is straightened. This causes confusion because of apparent heart enlargement on X-ray and systolic murmurs, basal in position, produced by compression of the great vessels.

Marked kyphoscoliosis and compression fractures of vertebral bodies are obvious causes of referred pain if only remembered. Usually the difference made to the pain by changes of position will serve to distinguish these. Osteoporotic collapse produces similar effects.

To complete this outline of the extra-thoracic causes of chest pain it is necessary to consider briefly disorders of the liver, biliary tract, pancreas and upper gastro-intestinal tract. The pain pathways for stomach, liver, biliary tracts and pancreas are the same (Table A) hence the difficulty in sorting out epigastric pain.

Biliary tract pain in its acute form has often been mistaken for coronary pain and vice versa, and diseases of gall-bladder and heart are often co-existent.

Unfortunately electrocardiographic changes occur in many functional and organic abdominal disorders, as in spasm and distension of biliary ducts or hiatus hernia. It may be that reflex changes in coronary blood flow are produced by mechanical irritation of vagal fibres. Cardiac discomfort and serious arrhythmias are readily produced in the damaged heart. Where gall bladder disease and coronary disease co-exist, the latter is helped by removal of the gall bladder. (Strangely enough the risk is relatively low, 10-15 per cent, and even Stokes-Adams attacks generally respond.) (Reich and Fremont).

Again acute pancreatitis is often confused with acute myocardial infarction. Both have high epigastric pain, shock and collapse.

Pancreatic pain is usually constant and boring. Posterior radiation and relief on sitting up are characteristic with guarding of the left side of the epigastrium. The serum amylase and lipase levels

may be elevated and are of great assistance in diagnosis.

Amylase well above 200 units/100 ml (Somogyi).

Lipase well above 150 units/ 100 ml (Somogyi).

Electrocardiographic changes are marked due to coronary spasm and electrolyte changes may alter the ST segment and T waves to resemble occlusion. The exact position of the pain depends on the part of the gland affected.

A condition which is being diagnosed with ever greater frequency is diaphragmatic hernia, which gives heartburn, belching, regurgitation and sharp stabbing pain which may in the first instance simulate coronary occlusion. Careful dieting and upright posture relieve the pain. Acute precordial pain radiating to neck and left arm may be present especially after eating (through the phrenic N, entering the cord in C3-5). There is an accompanying oesophagitis with constant burning sensation through to back, neck, shoulders and jaw. In the acute phase the pain may respond to trinitrin and so be confusing. Similar pain can be produced by balloon distension of the oesophagus, and many anginal patients cannot distinguish this artificially produced pain from their anginal pain (Reich). From the above it is clear that different kinds of stimuli pass by the same nerve pathways and the pain response evoked is identical.

The peripheral parts of the pleural and peritoneal surfaces of the diaphragm are supplied by the somatic afferent fibres of the intercostal nerves from 6-12th dorsal. Thus pain arising from this area may be referred below the diaphragm with rigidity in this area, so that diaphragmatic spasm may simulate either a coronary occlusion or an abdominal catastrophe.

Flatulence frequently gives rise of pain in the chest. A gastric "bubble" may or may not be demonstrable radiologically, pushing up the diaphragm on the left side, mechanically interfering a little with the heart action, giving rise to arrhythmias, local discomfort and, by referred pathways, giving pain over a wide region in the chest at the left shoulder and between the shoulders in the general distribution of D6 and 7 (this pain is of course relieved by belching). Aerophagy is often the cause and this excessive air swallowing is usually produced by emotional disturbances, though it is occasionally an accompaniment of nausea or hyperventilation. As has been said, any given episode may be indistinguishable from true anginal pain and unfortunately quite commonly the conditions are co-existent.

A similar mechanism may blow up the hepatic or splenic flexures of the colon, giving pain in right and left shoulder respectively accompanied by tympanitic distension. These are the commonest causes of pseudoangina.

The pain of peptic ulcer is occasionally interscapular or in the chest wall and may be exclusively so. If the ulcer is high up on the lesser curvature it is quite likely to give chest pain. The temporal relationship of pain to eating is helpful in differentiating this from other forms of chest pain. There may be a further double relationship in that peptic ulcer may occur following a coronary occlusion as a stress effect, and coronary infarction or acute coronary insufficiency may accompany haemorrhage from a peptic ulcer. Other diseases and disorders of the stomach may produce very similar effects, notably carcinoid tumours, and other more definite malignancies, also cardiospasm and pylorospasm.

For comparison with all these extra-thoracic causes we must consider one of the main serious intra-thoracic causes, angina pectoris, resulting from myocardial ischaemia, usually accompanying coronary artery disease.

The mechanism of this pain is thought to be like that of intermittent claudication – a common accompanying symptom – due to metabolites formed in ischaemic muscles while functioning (Paul Wood).

Classically the pain is retrosternal, radiating to left shoulder, arm, hand and fingers (see charts). Occasionally the radiation is in the opposite direction. It may also be through to the back, to the left, right side or back of the neck; throat, teeth, jaw or epigastrium. Occasionally the pain is located in the medial aspect of the left elbow or in any one of the above locations only. The forty cases of angina seen recently have among them examples of all these areas of reference.

Analysis of anginal pain (see Table B).

Of the forty cases of anginal pain considered in this series, 29 described the pain as constricting, squeezing, vice-like or strangling, all rather similar feelings, 10 as dull aching, and of these three were milder cases.

In almost every case, the pain was said to last from 2-10 minutes. Almost all said that the pain was brought on by effort or anxiety or both. Cold precipitated an attack in 9 and walking into the wind in 15. Belching gave relief in 11 cases.

In this series there were 18 men and 22 women, but it should be added that the women were in a distinctly higher age group than the men.

Anginal pain is not shooting or stabbing. When this occurs it is probably left inframammary pain, and innocent. While it lasts it is steady though it may wax and wane from 2-10 minutes. Anginal pain is not affected by position, as other types of chest pain frequently are. Blood pressure is raised during attacks, the head throbs and face is flushed. Relief from trinitrin may help diagnostically, but it should be remembered that it also may relieve muscle spasm of the biliary ducts, oesophagus and diaphragm.

It may be accompanied by intercostal spasm, localized sweating, blanching of fingers like Raynaud's syndrome, and nocturnal paroxysmal dyspnoea.

A family history of coronary artery disease, hypertension, Diabetes and gout are important, also signs of premature ageing. On examination 25 per cent of cases are completely normal. There is a tendency to diminution of the first heart sound and the presence of a third sound.

The classical description of angina pectoris first given by Heberden is well borne out by the analysis in Table B of the 70 cases of chest pain whom I have seen within the past three months. There were 40 cases of angina pectoris among them (showing the effect of selection). Of these 22 were severe and 18 mild to moderate cases. From history alone the severe cases could easily be picked out from description and from the diagrams of pain distribution sketched in by the patients. The questions were selected from Kent's *Repertory* to assist in the selection of a remedy.

Inevitably, sooner or later, chronic coronary insufficiency leads to occlusion and myocardial infarction (though there can be an infarction without thrombosis or occlusion).

There is now good evidence that coronary occlusion may follow strenuous exertion and this is now forming the basis of many highly expensive, if slightly dubious, medico-legal claims.

The retrosternal pain may vary from a mild discomfort to an agony lasting for some hours and accompanied by circulatory collapse, nausea, vomiting, and epigastric pain.

In such a case the usual cause of death is ventricular fibrillation, but many other arrhythmias may appear, including ventricular tachycardia.

In hospital practice resuscitation is now being attempted for these cases by defibrillator and closed or open chest compression of the heart.

It will be readily seen that an acute myocardial infarction can resemble closely an acute pancreatitis, having similar early ECG changes of the T wave and ST segment due to electrolytic changes and coronary spasm.

Diagnostic Tests. The SGOT is diagnostic above 40 units. The LAD, a new test, lactic acid dehydrogenase (normal 200-680 units), remains raised for a longer period and so may prove useful. The ESR is raised and usually the white count is raised. Blood cholesterol values are consistently raised to values above 250 mg per cent.

It will be obvious also that any case of chest pain may require a whole battery of tests for its elucidation. X-ray of cervico-dorsal spine, thoracic cage, heart, great vessels and lungs, also possibly gall bladder, stomach and colon are needed to cover the possibilities. An electrocardiogram is also essential in most cases.

From the homœopathic point of view, considering anginal pain symptomatically and for the moment ignoring the patients' constitutional remedy, the anginal pattern is usually as follows (Table C):

As you can see, the most commonly used and most useful remedies in ischaemic heart disease come through in this repertorizing: *Aconite, Aurum, Arsenicum album, Cactus, Kalmia, Latrodectus, Lachesis, Lilium tig., Naja, Spongia* and *Spigelia*, all of which come through but most strongly *Cactus, Latrodectus* and *Kalmia*. These were in fact the remedies most commonly used in this series of 40 cases.

To these I would add *Arnica*, most helpful in the weary heart which has become irregular in rate and volume, whether as the result of an infarction or not, and *Oxalic acid*, for the rather more unusual case where the pain is of a lancinating character through the left lung and radiating into the neck and left arm (often when pericardium is involved).

Many anginal cases are desperately anxious as well as being physically distressed and for these *Aconite* is the obvious remedy.

KENT says of *Aconite*: "Sits up straight and can hardly breathe: Pulse fluttering, weak, full and bounding: Grasps the throat, wants everything thrown off: Hot skin, great thirst, great fear. Worse at night."

Perhaps the most frequently indicated of all the remedies for angina is *Latrodectus mactans*, with its violent praecordial pain extending into axilla, left arm, forearm and fingers with numbness, quick and thready pulse, and this was so in this series.

Although there are many other remedies likely to be indicated I shall only mention one more lest I weary you:

Lachesis. So commonly does one find that the anginal case wakes up in the night or early morning with a cramp-like feeling in the praecordium, accompanied often by palpitation and not a little anxiety, a trace of cyanosis and a feeling that he

wants to unloose any wrappings round the neck. Such a case *Lachesis* fits perfectly.

Of orthodox palliatives the only one which can be relied upon in most cases is the time-honoured trinitrin. One patient in hospital at present was taking no less than 100 tablets (1/300 gr.-0.45 mg.) perweek, on admission.

Finally, in the next Table, D, I have attempted to present a rough table of differential diagnosis of a number of common causes of chest pain, mainly in relation to angina. Unfortunately the exceptions are almost as frequent as the rule.

So from this brief survey it would appear that usually the pattern of chest pain is readily diagnosed. There are many cases, however, where because of multiple pathology, psychological overlay, or because it is possible for different diseases to use the identical pain pathways, there may be simulation of serious disease. This requires painstaking elucidation, but finally there are only a few cases where the solution remains obscure.

REFERENCES:

Henry Head, *Brain*. Vol. 84. Pt. IV., 1961
 Sir James Mackenzie, *B.M.J.*, 1, 147, 1921.
 Pottenger, Francis, *Symptoms of Visceral Disease (USA)*.
Samson Wright, Applied Physiology (Oxford Med. Pub.)
 C.E. Yarwood, *Nature*, 192, p.887
 N.E. Reich and R.E. Fremont, *Chest Pain* (Macmillan Co. NY), 1961.
 Paul Wood, *Diseases of Heart and Circulation* (Eyre & Spottiswoode)

(See Tables B, C, D in the following pages 175-177 = KSS).

TABLE B. Chest pain. Analysis of 40 cases of anginal pain

Intensity or Severity			
Slight	6	Severe	15
Moderate	14	Agonizing	5
Quality of Pain			
Dull Aching	10	Tearing	1
Burning	2	Constricting	20
Cutting	1	Choking	5
Drawing	3	Vice-like	2
Stitching	5	Strangling	3
Pressing	5	Squeezing	5
Soreness	4	Crushing	0
(Some gave more than one descriptive term)			
Radiation to			
Side of neck right	5	Right jaw	2
Side of neck left	15	Left jaw	6
Shoulder right	7	Opposite side of chest	4
Shoulder left	20	Back	8
Right arm	6	Upper abdomen	5
Left arm	26		
Duration of Attack			
Seconds	2	Hours	5
Minutes	27	Continuous	6
Frequency			
Times daily; about daily	6	Afternoon	4
Weekly	0	Night	8
Occasionally	22	Evening	1
Morning	5		
Pain Brought on by			
Effort	23	Colds	9
Walking	21	Walking into wind	16
Climbing	10	Lying down	7
Excitement	12	In night	13
Anxiety	16	Bending forward	6
After meals	9		
Relieved by			
Cold	1	Belching	12
Heat	4	Movement	3
Pressure	0	Rest	30

TABLE C. (Black type in Kent's Repertory only) Praecordial pain

Constrictive	<i>Acon., Arsen., Aurum, Cactus, Kalmia, Latro.m., Lil.tg., Lach., Naja, Spong.</i>
Radiating to	
left axilla	<i>Latro.m.</i>
left side neck	<i>Naja</i>
left shoulder and hand back	<i>Acon., Aurum, Cactus, Cimi., Kalmia, Latro.m., Naja, Spig. Cench., Kali carb., Lil.t., Naja, Spig., Sulph., Ars.io.</i>
Worse from	
lying down on back	<i>Aurum, Spongia</i>
left side	<i>Cact., Crot., Lach., Naja, Spigelia</i>
head low	<i>Spongia</i>
eating	<i>Kali bich.</i>
at night	<i>Arg. nit., Naja</i>
evening	<i>Puls.</i>
Relieved by	
belching	<i>Kali bic., Kali carb., Lyc.</i>
bending forward	<i>Puls.</i>

TABLE D. Comparison of Angina pectoris with some other causes of chest pain

PAIN	Angina	Root Pain (cervical)	Joint Disease (cervico-dorsal)	Hiatus hernia	LIMP
Type	constrictive aching	burning pricking	tightness tearing burning	heartburns dysphagia	sharp stabbing
Radiation	shoulder arm, hand neck, jaw	girdle shoulder hand, chest	according to level	upwards and to back	praecordial inwards
Duration of Attack	2-10mins	fairly constant	induced by movement	episodic 1-2 hours	frequent episodic
Eating Effect of	aggravates	none	none	aggravates	none
Cold Effect of	aggravates	indefinite	aggravates	none	none

Belching Effect of	may relieve	none	none	may relieve	none
Trinitrin Effect of	may relieve	none	none	may relieve	none
Accompani- ments	rise in BP	weakness wasting	wasting	positional heartburn	neurotic
PAIN	Angina	Flatulence aerophagy	Pulmonary disease	Gall-bladder disease	Pancreatic disease
Type	constrictiv aching	colic constrictive aching	dull sharp	colic dull ache	boring burning
Radiation	shoulder arm, hand neck, jaw	all over chest	local or phrenic C 3, 4	R.costal R. shoulder	L.costal L. shoulder
Duration	2-10mins	intermittent	intermittent or constant	intermittent colic and steady ache	prolonged many hours
Eating	aggravates	may relieve	none	aggravates	no appetite
Belching Effect of	may relieve	relieves	none	relieves	none
Trinitrin Effect of	relieves	none	none	may relieve	none

3. A Chapter of Reminiscences
Address of the President of the International
Hahnemannian Association, 1928.
McLAREN D.C. (SIM. XVI, 3/2003)
(The Homœopathic Recorder, Vol. XLIII
Derby, Conn., August 15, 1928. No.8.)

These reminiscences go back to the Civil War when Grant's army was surrounding Vicksburg. A young Army Surgeon was present one evening with a group of officers in the General's tent when the big black cigars for which U.S. Grant was famed, were passed around, and the young man tried his

luck with one of them. It required neither long nor vigorous smoking to produce a prompt though involuntary proving of *Tabacum*, and he was forced to seek relief elsewhere.

The young surgeon was the late Dr. H.C. ALLEN, and this account was given to me by himself. He may have proved other remedies later, but never any quite so quickly and effectually as this one. I fancy he was strictly a non-smoker all his life after. Following the war he lived for some time in Brantford, Ontario and married there. My first acquaintance with him occurred in 1866 and came about as follows:

Homœopathy had only been known in America for about thirty years, but already had created such a wave of popular enthusiasm that no less than two life insurance companies were launched on the basis of insuring strictly homœopathic lives at lower premium rates than others – a quixotic project foredoomed to failure, for one very important reason, viz: - the scarcity of homœopathic physicians at that time. To illustrate, when old Dr. FISHER of Montreal, an eccentric character who used to attend the I.H.A. meetings pretty regularly in the last century, but without offering to become a member, retired from active practice, the homœopathic adherents in Montreal, feeling the need of a qualified homœopathic physician, actually “called,” as it were, the late Dr. WANLESS from London, Ont., and guaranteed him an income of three thousand a year to settle in Montreal.

Dr. H.C. ALLEN in those early days was representing the Albany Homœopathic Life Insurance Co. and in that capacity called upon and insured my father, then living in Guelph, Ont. Father was greatly interested and became a life-long lay homœopath, and this virtually determined the choice of a profession of his son. From that time on we were more or less in touch with H.C.ALLEN as long as he lived. I recall visiting with him at Detroit in 1878 and again at Ann Arbor in 1886, besides meeting him frequently at the annual meetings of the I.H.A.

It was therefore quite natural that after graduating in Medicine at McGill in the Spring of 1880, and betaking myself to old HAHNEMANN in Philadelphia the fall of that year, to be provided by Dr. H.C. ALLEN with a letter of introduction to Dr. Ad. LIPPE, the last prominent survivor of the original Germans who brought Homœopathy to America.

To my great regret, Constantine HERING had passed away not long before my arrival in Philadelphia, and the best I could do was to borrow notes of his lectures taken by an older man, and copy them.

Someone in Montreal also gave me a letter to John WANAMAKER which I soon presented. While waiting in his outer office the clerk said, “Here is a gentleman you ought to know,” and forthwith introduced me to Dr. Walter M. JAMES, and we became fast friends. His first question was significant, “What kind of a homœopath are you going to be?” And then in the course of our conversation as we walked down Chestnut Street he gave me enlightenment on the subject.

Later in the winter I spent several evenings in his office while he filled a pocket case of me with

Jenichen’s potencies, which remains in good order to this day. Doing so, he explained he was only passing on the good work begun by Ad. LIPPE, who, years before, when teaching *Materia Medica* in the college, used to tell the graduating class to come around to his office, and he would give them enough remedies to make them “independent of the shops.”

It was not long before I had occasion to present my letter to Adolph LIPPE and get his treatment for a severe attack of Bronchitis. After it was over he told me the remedies used and thus the indications became indelibly impressed on my memory.

On one occasion LIPPE related to me how he discovered the now classic symptom of *Phosphorus*, “Water is vomited as soon as it becomes warm in the stomach.” It was a case of Typhoid fever in which the other symptoms pointed to *Phosphorus*, but this new and unknown symptom was perplexing; however, there was nothing for it but to use the remedy best indicated and a dose of *Phosphorus* 19M was given. The attending priest upbraided LIPPE for taking such chances with human life! But the remedy turned the tide, cured the case and firmly established the symptom where it belongs, as many have verified in practice.

I once asked LIPPE’s advice about a case of morning diarrhoea. “Oh,” he said, “you have come across one of those cases; there is an epidemic of them in Philadelphia, and the remedy is *Natrum sulphuricum*. He gave me a graft of the CM potency which cured the case, and the potency is still in my pocket case.

Later in the spring I took a troublesome case to LIPPE’s office, and for once the old doctor consulted his books before prescribing and gave *Pulsatilla*. That taught me a valuable lesson: not to be above verifying one’s work as one goes along, even in the patient’s presence. If so great a physician and excellent prescriber as Ad. LIPPE found it necessary to do this much more should the young prescriber not hesitate to do the same.

The following authentic anecdote about Dr. Ad. LIPPE is well worth recording. He had made a remarkable cure of a well-known society lady in Philadelphia who had been the rounds of the allopaths before coming to him. Shortly after, at a social gathering, he was accosted by several of these allopaths, who in a friendly way wanted to know how he had cured the lady in question. “Oh, I just gave her iron,” said LIPPE. “But we had all given her various iron preparations without result,” they replied. “Yes,” said LIPPE, “but you gave her a crowbar and I gave her a cambric needle!”

Here is another bona fide occurrence: LIPPE was such a strict and unswerving homœopath that

he had trained most of his families to the same spirit of exactness. It happened that a case of gall-stone colic occurred in one of his staunchest families. The doctor arrived and prescribed *Lycopodium*, a single powder. The relief was so magical and the patient fell into such a sound, refreshing sleep, that they were convinced, and nothing could alter their conviction, that he must have given morphine, and forthwith changed their doctor!

LIPPE was in poor health that winter and Walter M. JAMES was in charge of his practice and doing his work. One frequently met Dr. E.J. LEE along with Dr. James in LIPPE's office. Dr. LEE was busy at that time establishing the *Homœopathic Physician*, of which he was editor for several years until his death, after which W.M.JAMES took hold of it. As a magazine, it certainly did splendid work for Homœopathy and published from time to time such valuable supplements as LEE's Cough Repertory; HERING's Typhoid Fever, edited by P.P.WELLS; two repertories by Jefferson GUERNSEY, Hemorrhoids, and Desires and Aversions.

LIPPE was, himself, an earnest contributor to its pages in the early years, but no doubt his fighting spirit and strong convictions made more enemies than friends. His controversy with Dr. SWAN of New York, of high potency fame, caused some stir in the early years of this society. LIPPE denounced SWAN's Isopathy, so called, e.g., *Syphilinum* for Syphilis, etc. But one can hardly suppose SWAN was so very crude in his thinking as to suggest such procedure as a general rule, though evidently LIPPE took it that way. Many of us know by experience that there is a good deal of truth in SWAN's ideas.

There is nothing so nearly a specific for the effects of Poison Ivy as our high potencies of *Rhus tox.*; even a good many allopaths are using it in some form for that purpose. I have also seen some remarkable results from *Variolinum* in Smallpox, sometimes aborting and curing a case overnight, but more frequently driving the eruption so rapidly through all its stages that the scales are falling off in 48 hours, naturally with far less systemic disturbance than in the ordinary course.

Dr. Constantine LIPPE was practicing in New York at that time, and I had the pleasure of meeting him once or twice. His health had been injured in the Civil War and he predeceased his father by a few years. He lived long enough, however, to furnish us with a fairly good repertory, almost forgotten now when we have so much better ones.

At old Hahnemann College that winter Dr. E. A. FARRINGTON was the chief tower of strength,

and his lecture room was always full to the doors. His rich soft mellifluous voice lent a charm to the great fund of information he continually poured forth.

Dr. Aug. KORNDORFER was an able teacher of clinical medicine and a good prescriber but he had one fault: when the symptoms of a case were presented to the class he would say, "Now, who guesses *Nux*?" or, "Who guesses *China*?" This created a wrong impression, as if guess work could have any place in homœopathic prescribing. He really meant to say "What remedies have you in mind for this set of symptoms?" It was just a careless form of speech to encourage the students in the all important work of taking the case and finding the remedy.

Dr. Clarence BARTLETT was quiz master to the class, and needless to say he was exceedingly efficient.

Dr. R. McCLATHIN, familiarly known as "Bob," occupied the Chair of Practice. He was a bluff, jolly, agreeable fellow and very popular; a thorough bon vivant and it was enough to make one's mouth water to hear him tell of the first shade of the season! His treatment of Pneumonia was a gem in its way – true, a diamond in the rough that needed a good deal of cutting – "for broncho-pneumonia give *Phosphorus* and for pleuro-pneumonia give *Bryonia*."

It remains to speak of James T. KENT, that giant of American Homœopathy; though known to many of you better than to the writer. His colossal works, the repertory and lectures, besides other writings, have given him well deserved fame. It was my pleasure to meet him at the Syracuse and Richfield Springs gatherings of the I.H.A.

About 1894 or 1895 he honored me with an invitation to come to Philadelphia as his assistant in establishing a post graduate school there, but as I had my hands full nursing an infant practice in Ottawa, nothing came of it. No doubt, had things been different, a period of association with a man like KENT would have been of inestimable benefit.

In conclusion, let me record an anecdote of two Canadian homœopaths, both former members of this Society. My old Confrere, Dr. A. QUACKENBUSH, in his young days suffered greatly from abscesses caused by the itch. Almost in despair he was directed to Dr. TYRRELL in Toronto, who cured him so completely that QUACKENBUSH decided to study Homœopathy. Years later when QUACKENBUSH was practicing at Belleville, Ont., he made a remarkable cure of a sick child back in the country near there. Some months later Dr. TYRRELL was there on a visit, and as they were driving along a country road, they

came to a farm house in front of which were clustered about a dozen children. QUACKENBUSH said to TYRRELL, "See if you can pick out the child I was telling you about." In a moment, without hesitation, Dr. TYRRELL pointed out the right one. "How do you know?" said QUACKENBUSH. "Oh, easy," said TYRRELL, "that's the only healthy child in the lot."

4. The Heart of the matter
 FORD, Joan M. (BHJ. Vol. LXVI, 2/1977)

We are trained scientifically at Medical School to think of the human body as a structure of interrelated organs, held in balance by a chemically organized metabolic system, and empowered by a biomagnetically energized system of stimulus impulses and responses. We are taught to observe disease according to its externally manifest signs, visually, radiographically, and biochemically. Modern techniques have expanded and refined the number of dimensions of man's activity which can be recorded and graphed, compared statistically and evaluated as within or without the bounds of an accepted normality. This approach to the disease of man, through organs weighed, measured and analysed, focuses its attention on the disease process at a physical level.

We realize in practice that we ourselves, and the human beings whom we treat and meet in our daily lives, do not follow the predictable patterns that instrumental records suggest. Symptoms and signs do not always fit readily into one of the disease patterns which we have learnt, and can name. Reactions to the chemical medications which laboratory studies prove to be effective, are not constant in the human being. How from the organic point of view are we to account for these inconstant facts?

Our university prospectus tells us of the Science and Art of Medicine. We learn much of the Science but little of the art.

The art of medicine is the mode of usage of the facts which we have at our disposal. "Art" comes from a word which originally means "mode of use". Each of us at medical school is filled with facts. Each of us in practice has to use the facts at his disposal in the way which seems most efficient to him. In the confrontation with our fellow human beings, we can use nothing except that which we have incorporated into our own selves. In this way our acquired factual knowledge is integrated with our individual temperament and constitution, and from this standpoint we relate to our patients and

their disease. It is therefore not surprising that when we discuss disease, we find as many different approaches to the problem as there are beings involved in the discussion. It is not surprising that in homœopathic practice the remedy selected is not only a function of the patient and his disease, but a function of the physician in relation to the patient and his disease.

Our education includes a category of disease called "psycho-somatic". In this category we find diseases whose exact aetiology is not proven, and whose response to medication is limited. The word psycho-somatic derives from Greek origins, psyche is translated as life-force, breath or soul, and soma as body. The body physical can be weighed, measured and analysed, quantified in every aspect, to the limits of available instruments. The life-force, or breath, can be seen to be present or absent, and its presence detected by instruments, but it cannot be measured in quantity. Its significance lies not in the realm of quantity, but in awareness of quality.

JUNG in his writing uses the word Psyche to mean the totality of man's experience, conscious and unconscious, and so includes every thought, every feeling, and every impulse to action in every situation in which man has involved himself. The totality of man's experience here includes not only the experiences which belong to each man in his lifetime, but also those experiences which are common to the racial patterning, and common to the universal origins of mankind. Psyche therefore includes both personal experience and comprehension of the personal in relation to the universal whole.

JUNG also differentiated between a sign and a symbol. A sign, he says, is meaningless in itself, it denotes the object to which it is attached. A symbol may, but need not be, familiar to us but has specific connotations in addition to its obvious meaning. A sign limits our understanding by focusing the attention on to itself. A symbol expands our consciousness, and transcends our immediate situation, leading us to a broader and deeper field of comprehension.

The science of medicine is the study of diseased organs and their signs, with focus on detailed observation and diagnosis. The art of medicine is the expanded consciousness of the psyche, which observes the symbology of disease in its relation to the wholeness and quality of life. The essence of these different approaches is clearly shown in a study of diseases of the heart.

Examination of the heart as a physical organ will tell us a great deal about the heart as a structure which has a function in health and disease.

Intensive investigation will even show biological changes which precede symptoms and clinical signs of disease. Investigation satisfies our need for information about the immediate condition. We may ask ourselves how much we really know about the cause of heart disease in one man, or of similar disease in another, and how much we really know of the heart of man.

Let us consider the heart as a sign and as a symbol.

The heart as a sign is a physical organ which lies within the chest cavity. We can detect it with our eyes, our ears, our finger-tips. We can explore it by radiography, by electrocardiography, by examination of the pressure and content of the blood which is within it. We know its structure and its function. We may compare analysis of one heart with analysis of another, and draw conclusions from our comparison. We may also find our analysis and its results reassuring to our self-definition as medical practitioners. We focus on the heart and its deviation from "normal". We then administer chemicals which have previously, in other hearts, shown themselves to be biologically active, to correct the demonstrated "abnormality". This is the scientific approach to disease, based on investigation, diagnosis and treatment, and presuming a logical prognosis.

As a symbol, the heart has been known to poets and artists throughout time. The heart is the seat of the emotions, indisputably associated with changes of feeling. The experience of the feeling life - emotional changes, love, fear, anxiety - centres physically in the thoracic zone of the body, and during an emotional experience variations and irregularities of heart-beat are often perceived. The heart somatically focuses our attention. The heart psychologically expands our consciousness to include the totality of the immediate situation, within the universe, and the wholeness of man's experience in his universal situation. We find in using the symbolical or psychological approach to disease, that we are not studying disease, but observing wholeness or health. This wholistic approach which sees the dynamic relation of man in the environment, and at a point in time, may be able to fathom logical processes which underlie and cause disease. A disease process can then be reanalysed as a healthy reaction of a healthy system to a situation which is stressful, so that readjustment of the individual to his environment can effect lasting relief of symptoms. Prevention of recurrence of the cause of a disease prevents recurrence of the disease. Stress in an individual in relation to his life situation reacts within that individual and may be perceived as fear, anxiety,

tension or depression. These e-motions are outward manifestations of a process which prior to its manifestation was inner tension. We tend in this civilized society to repress our inner tensions so efficiently that often we are ourselves unaware of their presence and significance to us. Fluctuations in feeling are subtle in relation to the bombardment of external stimuli which we continually receive. The outward showing of inner tension which we call emotion, we tend to avoid. The motion of this tension is then enclosed or repressed within the being and continues to operate there, manifesting itself ultimately at the physical somatic level as signs and symptoms of disease.

Expanding our consciousness again, we find behind the emotional associations of the heart, the use of the word as the "core" of a situation. The heart of a matter is that which is central to its significance. As the centre of a wheel is a point of stillness within the spin, so we find at the core of man's consciousness is a point of stillness, silent harmony. The use of words to describe its stillness moves us away from the balanced wholeness. The wholeness is that which is sought by philosophers and mystics throughout the ages, and is felt in moments of silent communication.

In the early days of civilization of man, the healing functions of science, religions and philosophy were embodied in certain individuals. The development of thought processes in the scientific era divided the functions, some men focusing their attention on science, and others, on philosophy or religion. The division showed itself in the difference between Eastern introvert religion and Western extravert mechanization. Modern physics has disproved earlier ideas of a materialistic universe and an intangible psyche. Dualistic concepts of somatic and psychological disease will also have to die. Matter can be proved to be a condensation of energy. The atom is not the smallest indivisible particle, but a dynamic relation of positive and negative charges.

If we observe the symbolical as well as the scientific significance of this fact we realize that we can no longer separate in our minds the concepts of one kind of disease which affects the body and another which affects the mind; nor can we, the medical profession, allow our specialist functions to be separated in this way. There is no convergence of energy in any disease process which can affect a mind and leave a body unaffected, nor a bodily process which does not affect the mind. In the wholeness of life the two are simultaneous.

Chest pain is a common symptom, and the differentiation of cardiac pain from muscular tension of other origins can present a diagnostic

problem. Physical examination and investigations will demonstrate the efficiency or inefficiency of cardiac function, and the measurements may be reassuring to the sufferer and to the practitioner, but do not necessarily solve the problem. Solution of the problem to the practitioner is treatment of the disease, through one or several of the therapeutic tools available to him. Our scientific training may lead us to place most reliance on our physical methods of treatment, particularly the multiple available medications. Of equal value we may now see the more subtle weapons, the unwinding of emotional tension which results from verbalization of repressed problems to an uncritical ear, the assessment of the distribution of energies through the course of the day, the comprehensive awareness of fundamental principles of life, and the ability of any living being willingly to affirm and accept, or positively change, any problematic area of his life.

The problem in the patient is the problem in the practitioner.

5. An approach to Ischaemic Heart Disease
 JENKINS, Michael, D. (BHJ. LXVI, 2/1977)

INTRODUCTION

Ischaemic Heart Disease is becoming an increasingly common condition, and is now one of the major causes of death in the civilized world. Although it is to some extent the inevitable consequence of ageing, the alarming increase in coronary events in the younger age groups leads one to suspect that the revolutions in life styles, both physical and psychological, which have occurred in this century, have some bearing on the matter. Once a diagnosis of Ischaemic Heart Disease has been made, the physician is faced with the problem of how best to make use of the available therapeutic agents. To do this, it is helpful to have a clear idea of the aims of the treatment. This implies that the physician needs to have some understanding of the psyche and of cardiopulmonary pathophysiology. By approaching the problem in this way it may be possible to find groups of remedies which act on the heart and correspond to the common clinical presentations. Then, by using mental, peculiar, general and local symptoms, one may choose the most appropriate remedy for the situation. This does not imply that there is no place for constitutional prescribing. On the contrary, but there is no reason for not trying to make a sound clinico-pathological diagnosis and prescribing on that as well. It seems appropriate therefore, to try to develop rational therapeutic

approaches based on what we know and what we believe to be true. In this way, we may come to know a lot more and perhaps justify our beliefs.

When a patient develops coronary artery disease, the clinical picture is largely determined by the site and size of the occlusion or occlusions, the overall state of his cardiopulmonary function, his temperament and his past experience. If there is to be a positive approach to the problem, the physician has to take all of these into consideration. Given appropriate support for the cardiopulmonary function and the psyche, and given modification of unfavourable responses and habits, one may be able to buy enough time for some healing and the formation of collateral vessels to take place. If in addition, one can directly increase the blood supply to the myocardium and actually stimulate the formation of collateral vessels, so much the better: the ultimate objective is of course to find methods of slowing down or even reversing the arteriosclerotic process. Myocardial ischaemia occurs when there is a discrepancy between the oxygen requirements of the myocardium and its blood supply. As soon as this occurs, myocardial function is impaired. If this is severe, the ejection fraction is reduced, the left ventricle becomes stiff and the end diastolic pressure rises. The left atrial pressure must therefore also rise. When this happens, oedema fluid passes into the interstitial tissues of the lung and increases the lung water volume. This results in a disturbance of the ventilation-perfusion ratio and hypoxaemia develops. Hypoxaemia, anxiety and sympathetic overactivity may aggravate the situation further by increasing the heart rate and ventricular irritability. Myocardial oxygen consumption is related to the product of the heart rate and systolic blood pressure. Thus a marked tachycardia after myocardial infarction will tend to favour the extension of the area of damaged muscle. There is now increasing evidence to suggest that morbidity and mortality after myocardial infarction are related to infarct size. It is therefore reasonable in the acute situation to attempt to reduce sympathetic overactivity, hypoxaemia, lung water and tachycardia without further increasing the left ventricular and diastolic pressure. The initial aims of treatment in acute myocardial infarction can be summarized as:

- Relief of pain and anxiety
- Prevention and treatment of arrhythmias
- The maintenance of a low myocardial work load compatible with adequate perfusion of vital organs
- Adequate oxygenation
- Reduction of lung water volume

However, since one of the basic objectives must be to minimize the extension of myocardial damage, the following additional factors should also be considered:

- Prevention of extension of thrombus
- Minimization of haemorrhage into the infarcted areas
- Reduction of peri-infarction oedema
- Reduction of any spasm in the coronary vessels

If it is possible, by means of therapeutic intervention, to achieve these aims, then one may be able to salvage those areas of muscle immediately adjacent to the area of acute infarction.

APPLICATION OF HOMOEOPATHIC REMEDIES TO MYOCARDIAL INFARCTION AND ANGINA PECTORIS ACUTE PRESCRIBING

Aconite

The outstanding characteristic of the *Aconite* state is terror and anxiety. The patient is convinced he is going to die. The drug picture includes praecordial pain radiating into the left arm, tingling in the fingers, a marked tachycardia, palpitations, a full bounding pulse, dyspnoea, and icy coldness of the hands and feet. There is also marked physical and mental restlessness. As with all the *Aconite* pictures, the onset is acute, and therefore the remedy is only likely to be of benefit at the beginning of the first attack of pain. *Aconite* is said not to produce in its provings any tissue change, but rather to produce functional disturbances. It would therefore seem to be indicated at the onset of acute coronary insufficiency where there is marked anxiety and sympathetic over-activity as shown by the Tachycardia and raised systolic pressure and shutting down of the peripheral cutaneous circulation. This is just the type of situation in which potentially fatal Arrhythmias are likely to occur.

Arnica montana

Arnica is usually given routinely in acute Myocardial Infarction, unless another remedy is clearly indicated. It has in its provings oppressive praecordial pain radiating into the left arm, anxiety, dyspnoea and the sudden horror of instant death. The pulse is described as feeble and may be irregular. *Arnica* has two useful peculiar symptoms in this context:

- (i) The patient says there is nothing wrong with him when there very clearly is.
- (ii) He is restless because the bed feels too hard

and the whole body feels sore.

This remedy is usually given in high potency in the initial stages on the basis of the general clinical picture and the possibility that the amount of haemorrhage into the infarcted area may be reduced, or the extension of the thrombus may be prevented. Subsequently, it may be given low to aid healing of damaged tissue, as a stimulant to the myocardium and as an anti-anginal agent. In this latter context the *Materia Medica* describes classical *Angina pectoris*, usually in the more robust physically well developed patient.

Cactus grandiflora

The chest pain of *Cactus* is said to be as if a band were being tightened around the chest. There is radiation of the pain to the left arm, axilla and through to the back. Palpitations and dyspnoea may be marked. The pulse is described as being of small volume, rapid, sometimes irregular and the blood pressure low. *Cactus* is a remedy frequently used in Angina Pectoris and Myocardial Infarction. However, it has in addition cardiac decompensation with an enlarged heart, going on to Congestive Cardiac Failure associated with the mental symptoms of Depression and Anxiety about heart disease. These mental symptoms are more of the nature of melancholia and general ill humour rather than a true depression, and the fear of death does not have the element of terror as found in the *Aconite* picture. *Cactus* then, when used as a heart remedy, seems to have two aspects: firstly as a remedy given high in acute chest pain and secondly as a chronic remedy given low in the burnt-out heart with recurrent attacks of angina. In this second picture, *Haematoxylin* given low is rather similar in its indications, with the difference that the pain is described as a heavy weight across the chest.

Spigelia

The chest pain of *Spigelia* is described as tearing, stabbing, or as if the heart were being compressed by a hand. Anxiety is marked and the patient may complain of pains everywhere, but particularly the jaw, the neck and shoulders. There may be numbness in the left arm. Characteristically the patient wants to be propped up lying on the right side. This remedy is said to be most appropriate in the type of patient with a pallid, chilly, nervous disposition and in the present context is recommended in the literature mainly for inflammatory heart disease and neuralgic pains. However, there are patients with undoubted Ischaemic Heart Disease whose pains are not typically anginal but almost neuralgic in quality. It

is perhaps in these patients that *Spigelia* is of most use in the treatment of acute coronary insufficiency and angina pectoris. It has the modalities of aggravation from cold, eating and exercise.

Spongia tosta

This remedy has an application to inflammatory heart disease but is also used in patients with Ischaemic Heart Disease when the symptoms are appropriate. The chest pain is described as a fullness or bursting, with anxiety, sweating, chilliness and a marked numbness in the left arm. The pain gives rise to a choking sensation and can have the unusual features of being relieved by lying down and worse lying on the right side or bent forward. These positional features suggest the possibility of an element of Pericarditis. Acute Pericarditis does occur after Myocardial Infarction but is usually painless. However, the *Materia Medica* also describes typical paroxysmal nocturnal dyspnoea, pain and anxiety. As one would expect with *Spongia*, the broncho-constrictive element, with a sense of suffocation and restlessness, may be marked. There is a desire for cool air and an aggravation from a warm room. There is a desire for warm drinks which may relieve the respiratory symptoms in particular. As one can see there are several features which are very similar to *Arsenicum*, but the bursting quality of the pain with numbness is quite different. Both types are agitated and may want warm drinks and cool air, but *Arsenicum* is rather more chilly and *Spongia* is likely to have facial congestion rather than the pale drawn collapsed facies of the *Arsenicum* patient.

Spongia is also used as a chronic anti-anginal agent. However, the inner nature of the remedy seems to be more in the realm of inflammatory disease, for example Pericarditis, Myocarditis, perhaps Endocarditis, and right heart strain in association with Bronchitis and Asthma.

Arsenicum album

Arsenicum also has acute and chronic applications.

(i) In the acute episode the outstanding features are extreme prostration, and anxiety with marked restlessness, pallor, sweating and a desire for sips of cold water or warm drinks. The chest pain is described as a constricting or burning oppression in the chest. The pulse is rapid and of small volume. The patient is orthopnoeic, in a state of low output failure, extremely chilly and wants to be kept warm although he also wants cool fresh air on the face to ameliorate the air hunger. It is said that it is wise to follow the first few doses of *Arsenicum* with another remedy, usually *Sulphur* or *Phosphorus*.

What is in effect being described is a state of low output heart failure with high sympathetic activity and anxiety. In this situation the heart to some extent needs the positive inotropic effect of the catecholamines in order to maintain any cardiac output at all. It may well be that while *Arsenicum* may help the peripheral circulatory collapse, unless something else is given to stimulate the heart, the sudden collapse which is described is likely to occur. *Arsenicum album* is used high in these situations.

(ii) In the more chronic situation, *Arsenicum album* may be of use in the rather chilly broken-down constitution with Angina associated with marked anxiety and restlessness, particularly if the chest pain has a burning quality.

Carbo veg.

This remedy has acute and chronic aspects. It is well known as the so-called corpse reviver, with the clinical picture of Acute Circulatory Collapse. The skin is cold, sweaty, and pale rather than cyanosed. There is intense air hunger, the patient wants cool air blowing on him, and despite the extreme coldness of the skin, wants to be uncovered. He cannot stand having the bedclothes up round his neck. The mental features are of confusion and dullness rather than the intense anxiety and restlessness of *Arsenicum*. In the acute situation *Carbo veg.* is generally agreed to be best used in the highest potencies. *Sulphur* and *Kali carb.* are said to follow it well.

In an article on arteriosclerotic heart disease, BOERICKE suggests the use of *Carbo veg.* in what he describes as the chronic anoxaemic state of the obese oedematous sluggish patient with chronic cardiopulmonary decompensation.

The snake venoms: Lachesis and Naja

It would seem reasonable to consider using *Lachesis* or *Naja* in the treatment of Myocardial Ischaemia, on the basis of the symptoms of Orthopnoea, paroxysmal nocturnal dyspnoea, constricting pain in the throat and chest and the bluish congested facies. There is a marked aggravation from heat, after sleep, a tremor and marked aversion to any pressure or constriction as from pyjamas or bedclothes. *Naja* has more numbness than *Lachesis* in its drug picture and is therefore preferred when numbness in the left arm is an outstanding feature in a case which otherwise suggests *Lachesis*. In addition, both these snake venoms have in their drug pictures the ability to aid the resolution of haemorrhagic tissue damage and on the basis of this it has been suggested that these remedies may be given after Myocardial Infarction.

Apis mellifica

Apis has some diuretic action although it is by no means as effective as the allopathic diuretics. It also has the feature of reducing local oedema. These two actions suggest its use in the treatment of Acute Myocardial Infarction to try to minimize Peri-infarction and Pulmonary Oedema, particularly where the general features of a lack of restlessness and fear with thirstlessness are present. These general symptoms differentiate it from *Arsenicum* as a remedy for Pulmonary Oedema.

SYMPTOMATIC TREATMENT IN ANGINA PECTORIS Remedies

Arnica Spongia Haematoxylin Cuprum Cactus Spigelia Arsenicum Latrodectus

Of these remedies all but *Latrodectus* and *Cuprum* have been touched upon in the previous section and it is perhaps rather arbitrary that these two were not included.

Latrodectus

The drug picture is of typical Angina pectoris with retrosternal chest pain radiating into the shoulders and back or into the axillae and down the arms and fingers with numbness. The pain has a cramping quality and is associated with a cold sweat and gasping respiration. The pulse is rapid and the skin vasoconstricted. BOERICKE recommends its use not only in the acute attack but also given between attacks as a prophylactic.

Cuprum met.

Cuprum met. has as its keynote spasm and cramp. It belongs to the *Proteus* group. Its drug picture includes praecordial anxiety and pain, palpitation and asthmatic attacks coming on particularly in the early hours of the morning. It may be of use in the so-called Prinzmetals angina which is thought to be due to coronary artery spasm, usually occurring at rest and causing transient ST segment elevation rather than depression.

LOW POTENCY REMEDIES USED TO SUPPORT THE FAILING HEART

In many patients with Coronary Artery Disease and a failing heart, it may be necessary to give a remedy in material dosage to support the myocardium. Although these remedies are not in any way homoeopathic, they are widely prescribed by homoeopathic physicians and appear to have very low toxicity. As with most of the drugs used by homoeopathic physicians, the efficacy of these compounds has not been scientifically fully evaluated. Nevertheless they do seem, in clinical practice, to be useful remedies.

Arnica montana (3x-6)

As has been discussed above, this remedy is used for its supportive effect on the myocardium and as an anti-anginal agent. It is also helpful in relieving the sense of general fatigue which so many patients with heart disease suffer from.

Crataegus Ø

This is commonly used routinely in patients with Cardiac Enlargement, Hypertension, Atrial fibrillation, and left-sided chest pain particularly below the clavicle. It seems to be helpful in supporting the end-stage heart in which there is marked exertional dyspnoea with poor myocardial function and a relatively rapid heart rate which does not increase markedly on exercise. It is also useful in managing the irritability, apprehension and despondency so often associated with Chronic Heart Disease.

Convallaria Ø

This is recommended in Ischaemic Heart Disease with a long history of tobacco consumption, Angina pectoris, dyspnoea and palpitations from the least exertion, and a rapid irregular pulse. A Bradycardia is also described. Peripheral oedema with a poor urinary output and orthopnoea and ventricular irritability seem to be its main indications. It has also been recommended in rheumatic heart disease. The special characteristic which indicates the use of the remedy is the sensation as though the heart was starting and stopping.

Adonis vernalis Ø

This remedy is indicated in Heart Failure with a low blood pressure and usually a slow pulse, though a rapid irregular pulse is also described. It seems to increase myocardial contractility and to have some anti-arrhythmic properties.

Prunus virginiana (3-6)

This seems to be indicated mainly in right ventricular strain and irritability associated with chest disease. In this context it is very similar to *Spongia tosta* used in low potency except that in *Prunus virginiana* the nocturnal cough is worse on lying down. *Laurocerasus* is another remedy which may be of use in cor pulmonale.

Apocynum Ø

This remedy is also predominantly a right heart remedy with some diuretic action. Thirst, nausea and gastric irritability may be marked.

Some authors recommend it for alcoholic cardiomyopathy.

***Strophanthus* Ø**

This increases myocardial contractibility and slows the heart rate very like *Digitalis*. It has some diuretic effect and is less accumulative than *Digitalis*. It is recommended as an anti-arrhythmic in tobacco, coffee and alcohol users.

THE LONG-TERM MANAGEMENT OF THE PATIENT WITH ISCHAEMIC HEART DISEASE

Some of the foregoing discussion is relevant to this phase of management. The patient needs something to control the anginal attacks and breathlessness, and he may need an inotropic agent, a diuretic or an anti-arrhythmic. In some cases a single remedy may suffice. In others, several different remedies may be required. However, a great deal more can be done and needs to be done if the patient is to return to something approaching a normal life. A lot has been written in the past few years about the beneficial effects of regular exercise, weight reduction, giving up smoking, diet and the control of hypertension. Rather less space has been devoted to the management of the psychological aspects of heart disease. In the rather crude division of people into type A active aggressive personalities and type B passive personalities, there is little doubt that Coronary Artery Disease is more common in the former group. In order to approach the psychological aspects of heart disease I feel that one has to broaden the view, commonly held, that psychosomatic disease is functional and in some way unreal. I believe that it is more than likely that psychological and emotional stress, and **particularly the repression or the gesture of internalization of feelings, may well result in humoral, neurological and metabolic changes which give rise to many forms of degenerative or sclerotic disease.**[Stress mine=KSS] Addiction to food, tobacco and alcohol may be regarded as reflections of an unsatisfactory emotional life, and they certainly increase the rate of the arteriosclerotic process. I am not convinced, however, that these factors are in themselves causal. If there is to be any real amelioration or actual reversal of the process, I believe that not only does there have to be a change in the life style and habits, but also some degree of change in the psyche. To this end, the encouragement of a positive approach to his disease and the control of anxiety and depression should be one of the mainstays of the management of the patient with Ischaemic Heart Disease.

From the point of view of Homœopathy, high potency constitutional prescribing comes into this aspect of treatment. There are, however, a few remedies which have been suggested as being particularly useful and these include *Aurum met.*, *Aurum mur.*, *Baryta carb.* and *Plumbum*.

Aurum met.* and *Aurum mur.

Aurum met. is commonly used in patients with heart disease and associated depression. There is a tendency to hypertension and the drug picture covers the symptomatology of Angina Pectoris, nocturnal dyspnoea, palpitations and peripheral oedema. It has an aggravation from cold weather, but a desire for open air while being well wrapped up. Warm air increases the dyspnoea. The mental features are important. The characteristics of the depression are more a loss of the love of life than a fear of death. In fact, the patient may well feel suicidal in a positive rather than a negative way. The feelings of worthlessness and self-reproach arise from his frustration at being unable to do the things which in the past were well within his capabilities. This contrasts with the *Stannum* type of depression in which there is marked inertia and a negative despondency. The patient with the *Aurum* type of illness has essentially a driving personality; a 'type A' person in the sense discussed above. Although it may be part of the reason he developed heart disease in the first place, a little gold may help to lift the depressive element and allow him to channel his energies into an active approach to his problems.

Aurum mur. has essentially the same mental indications but with perhaps greater anxiety. This may be related to the muriatic radical. The modalities are different: warm air, a warm bed or a warm room aggravate the symptoms, and cold, wet weather ameliorates them. Symptoms of retrosternal oppression and palpitations on exertion, venous engorgement, and peripheral oedema with a rapid and irregular pulse are described. It is grouped with the *Proteus* bowel nosode on the grounds of its manifestations of sympathetic overactivity.

Baryta carb.

This remedy is recommended by BOERICKE in the treatment of the senile hypertensive arteriopathy, particularly where there are features of a co-existing arteriosclerotic dementia, myocardial irritability and intense sweating. Chest pain as such is not a marked feature. It may be helpful in delaying insidiously progressive arteriosclerosis.

Plumbum met.

Plumbum met. is also recommended by BOERICKE in the treatment of the hypertensive arteriopathy. The pulse is said to be slow and of small volume. Associated features are melancholia, slowness of perception and comprehension, constipation, and urinary frequency particularly at night.

CONCLUSION

This article is not in any way intended to be a definitive exposition on the treatment of Ischaemic Heart Disease. It is simply an attempt to formulate a more rational approach to homœopathic prescribing in what is now a very common disease. There is little value in attempting to do clinical studies with any group of patients if one does not have hypotheses on which to design the study. Then, when the studies have been done, one is in a much better position critically to evaluate the original hypotheses.

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6. Drainage remedies and the Liver
 HARLING, Marianne E.
 (BHJ. Vol. LXV, 4/1976)

The idea of drainage goes back to HIPPOCRATES and beyond into medical prehistory. It is the idea that the body rids itself of toxic material, first of all through the normal discharges of urine, sweat and stools, then, if this is insufficient, through increased discharges from mucous surfaces and glands, and finally, if all else fails, by means of abscesses. The laudable function of the true allopathic physician was to assist nature in this process; and herbal remedies are classified as cathartics, diuretics and sudorifics, as well as tonics and stimulants, to tonify and stimulate the “organs of elimination”, i.e. kidney, liver, bowels and skin. This idea was also responsible for the development of such treatments as cupping, bleeding and clysters. Abuse of these, as well as of Mercury and other dangerous drugs, led HAHNEMANN to seek for gentler alternative, which he found in Homœopathy.

HAHNEMANN was not unaware of the need for elimination, but he taught that disease was due to an imbalance in the Vital Force, and that if this were corrected the body would take care of its own eliminatory problems. (It is interesting to note that this is also the principle underlying Acupuncture.) However HAHNEMANN also knew that a patient could become quite ill as a result of the “crisis of elimination” following administration of the similimum.

RADEMACHER, a follower of PARACELSUS and contemporary and pupil of HAHNEMANN, pointed out that certain remedies acted upon particular tissues, organs or systems, and many homœopaths have successfully used these “pathological” remedies in low potency, whilst others preferred to develop high-potency constitutional prescribing.

In England, Compton BURNETT combined the two approaches by treating Chronic diseases, in particular Cancer and Tuberculosis, with high potency constitutional remedies or with Nosodes, alternating with courses of organ-specific remedies in low potency or mother tincture, or with tissue salts. This has remained as a pattern of prescribing amongst many homœopathic doctors in this country, and there can be few, even of the strictest Kentian persuasion, who do not occasionally treat an intercurrent condition, even if it may be an aggravation, with *Arsenicum*, *Nux vomica*, or *Carbo veg.*; and even if the doctor demurs, the patient will probably take it on his own. In fact I believe that patients often know best which are their own drainage remedies. Thus we muddle through in Britain.

Not so in France! There, as can be imagined, the approach is much more systematic.

The Grand Old Man of French Homœopathy, Antoine NEBEL of Lausanne, talked a great deal more than he wrote (like SOCRATES). The consequence of this was that his pupils and their descendants are still divided as to what he really did teach, whilst the most literate of them, LEON VANNIER, usurped the title of Grand Old Man, and his classes at the **Centre Homœopathique Française** have left their stamp on a generation of French homœopaths.

Like Compton BURNETT, NEBEL favoured a mixed Homœopathy, using constitutional remedies and Nosodes in high potency, and organ remedies (remèdes canalisateurs) and drainage remedies in low potency or mother tincture. This attempt at marriage between Hahnemannian and Hippocratic medicine soon degenerated into polygamy. In a modern French manual of Homœopathy we find reference to:

1. The Constitutional Remedy (classically, in NEBEL’s terms, *Calc-carb.*, *Calc-phos.* or *Calc-fluor.*, but according to BERNARD *Nat-mur.* and *Sulphur* too). These cover the mental, general and morphological aspects of the case, and are given in high potencies, which in France are not usually as high as in this country.

2. Isopathic Remedies – Nosodes, given, again in high potency, for reasons connected with family or previous history, as well as for the symptomatic drug picture.
3. Satellite Remedies – given in medium potency. These are the complementary remedies and/or antidotes of the constitutional remedy, and are given to modify the patient’s reaction to the latter.
4. Organ Remedies - Remèdes Canalisateurs – given to direct the vital healing force to a particular organ or system.
5. Drainage Remedies, to promote elimination.

The last two, which may well be the same remedy, are given in the lowest potencies, or mother tincture.

The various remedies are taken on a strict time schedule.

A further elaboration may be the combination of several remedies in a “cock-tail”, an example of which is Hepagalen.

Such practices were and are anathema to the Kentist school of the single dose and the single remedy (of whom there are representatives in France, although the laws governing Pharmacy make it difficult for them, and much easier for the pluralists). I myself would admit that the unicist approach is much more elegant, possibly more scientific, and certainly easier to teach; but does it provide a means of dealing with the patient who comes in great distress with an aggravation following a high potency of the well-chosen similimum, or the person whose mental and general symptoms point to one remedy, whilst his profusion of local signs and symptoms suggest one or several others? Or the one who just does not get better on his single dose? To return to the comparison with Acupuncture, it is said that the more skilful an acupuncturist, the fewer needles he uses, and perhaps that is also true of the homœopath, though I should think that compounding a prescription on the French pluralist formula must require the skill of a computer.

Of course if you are fortunate enough to have a patient whose mental, general, regional and local symptoms all point in the direction of one polycrest, there should be no problem. In this case, as one Frenchman put it, “le simillimum c’est son propre draineur”.

I shall conclude by describing the liver drainage remedies named by Dr.ROLAND ZISSU in his **Manual of Homœopathic Medicine**. Dr. ZISSU, a convinced Hahnemannian, is careful to point out that these remedies must be chosen because of their homœopathic similarity to the

patient’s symptoms, and that, properly speaking, there are no drainage remedies as such; any remedy, particularly any polycrest, can be used as a drainage remedy if the symptoms and signs are appropriate.

IRIS VERSICOLOR - Blue flag

Herbal use, for alternative properties, purifying blood and venereal infections.

EFFECTS on pancreas, thyroid, salivary glands, gastrointestinal system, muscles, membranes.

Frontal sick headache, worse after strain, worse for rest.

Tinnitus

BURNING OF MOUTH AND WHOLE ALIMENTARY

CANAL. Nausea

Salivation increased

Sore liver, cutting pains; BURNING diarrhoea and anus

Pain in left hip joint – (Gonorrhoea)

Herpes. Shiny Psoriasis

WORSE evening, night, rest, RIGHT side

BETTER motion.

CHINA - CINCHONA OFFICINALIS – Peruvian bark (Quinine)

Throbbing headache. Sensitive scalp

Blue circles around eyes. Yellowish sclerotics

Tinnitus

Furred tongue with burning tip. Salty taste

Worse for fruit and milk

FLATULENT COLIC

Gallstone colic. May have jaundice

Frothy yellow stools

WORSE LOSS OF FLUIDS

SENSITIVE TO TOUCH. BETTER FOR HARD PRESSURE

PERIODICITY

Loss of fluids

Liver and Gall-bladder trouble

Flatulence. Anorexia. Bulimia

Malaria.

CHELIDONIUM MAJUS–Greater Celandine

Right-sided headache and face-ache. Icy cold occiput

Lethargy

Yellow tongue with tooth marks. Bitter taste

Dirty yellow Conjunctivae

PAIN UNDER INFERIOR ANGLE RIGHT SCAPULA

PAIN IN RIGHT LOBE LIVER

OBSTRUCTIVE JAUNDICE. GALLSTONES

Nausea

Hard round yellow stools. Itching in anus
Foaming golden urine, like Beer
Generalized aches and pains. Muscular soreness.
Icy fingertips
Dry yellow skin
RIGHT-SIDED
Serous effusions. Hydrocele

CARDUUS MARIANUS–St. Mary’s Thistle

Dull, heavy, apathetic
Migraine which may be relieved by Epistaxis
Bitter taste. Furred tongue. Nausea. Aversion to salt meat
LIVER. PAIN, ESPECIALLY IN LEFT LOBE
TENDER SWOLLEN GALL BLADDER
JAUNDICE. DROPSY
Yellow stools. Alternating constipation and diarrhoea
Piles, varicose veins, varicose ulcers
Thick turbid yellow urine
CHEST pain in R. ribs and front. Yellow patches over sternum
Asthma. Liver affections after Influenza
Pain in hips
TRANSVERSE PAINS (cf CHELIDONIUM, vertical pains)
WORSE lying on LEFT side, after food, after movement
BETTER seated, bending forward, open air

Migraine
Cholecystitis, Cholelithiasis
Jaundice
Portal congestion
Asthma (in miners) with liver damage
Influenza with liver dysfunction

BERBERIS VULGARIS–Barberry

Frontal headache. Listless
Tongue feels scalded
Nausea before breakfast
Stitches in Gall-bladder. Sticking pains in abdomen, down to groin
Catarrh of Gall-bladder, with constipation and yellow complexion
Fistula in ano
Pain in renal angles
Frequency, with pains in loins and bladder.
Burning urine
Red deposit in urine
Backache and lumbago, pain in metacarpals and metatarsals
Flat warts, itchy skin

SYMPTOMS SHIFT RAPIDLY FROM ONE SYSTEM TO ANOTHER, ONE AREA TO ANOTHER
Worse motion, STANDING
Better rest
Left-sided

SOLIDAGO–Golden rod

Bitter taste, worse at night and on waking
Coated tongue
Abdominal distension
PAIN ON BOTH SIDES UMBILICUS, WORSE DEEP PRESSURE
Tender renal angles
Scanty dark urine
Bronchitis
Fibroids
History or family history of Tuberculosis

Renal and hepatic insufficiency
Hay fever

PTELEA–Wafer ash

Bitter taste. Tongue coated white or yellow.
Increased salivation
Stomach: eructation, pain, nausea, vomiting, burning, emptiness
WEIGHT AND PAIN ON RIGHT SIDE
Liver sore and swollen
Pressure on lungs. Asthma
WORSE LYING ON LEFT SIDE, early morning, heat
BETTER lying on right side, acids, fresh air

BOLDO–BOLDOA FRAGRANS

Bitter taste
Loss of appetite
Hypochondriasis
Burning weight in liver and stomach
WORSE after malaria

TARAXACUM –Dandelion

Mapped tongue. White coat, with red sensitive areas
Bitter taste and eructations, increased salivation
Enlarged hard liver
Stitches in left side
Diarrhoea with rectal cancer
Tympanitis
Neuralgia of knees, relieved by pressure
Night sweats
WORSE mornings, rest, lying down
BETTER touch

CONIUM–Hemlock

VERTIGO ON MOVING HEAD, ESPECIALLY TO LEFT
 PHOTOPHOBIA
 Aching in and around liver. Chronic Jaundice
 Better and then worse for eating
 Acid eructations
 Enlarged hard glands
 Hard lumps in breast
 Paralysis of lower limbs
 Yellow skin and finger nails
 INDURATION

7. Heartwarming kids
 McGRAW, Tim (NAMA. 11, 2/2003)

Children often have a peculiarly effective way of communication. Here are a few examples. Perhaps there are a few lessons for us adults as well! Would love to read your responses.

(1)

Author and lecturer Leo Buscaglia once talked about a contest he was asked to judge. The purpose of the contest was to find the most caring child.

The winner was a four-year-old child whose next door neighbor was an elderly gentleman who had recently lost his wife. Upon seeing the man cry, the little boy went into the old gentleman’s yard, climbed onto his lap, and just sat there. When his mother asked him what he had said to the neighbor, the little boy said, “Nothing, I just helped him cry.”

(2)

Teacher Debbie Moon’s first graders were discussing a picture of a family. One little boy in the picture had different coloured hair than the other family members. Another child suggested that he was adopted and a little girl said, “I know all about adoptions because I was adopted.” “What does it mean to be adopted?” asked another child. “It means,” said the girl, “that you grew in your mommy’s heart instead of her tummy.”

(3)

Whenever I’m disappointed with my spot in life, I stop and think about little Jamie Scott. Jamie was trying out for a part in a school play. His mother told me that he’d set his heart on being in it, though she feared he would not be chosen.. On the day the parts were awarded, I went with her to

collect him after school. Jamie rushed up to her, eyes shining with pride and excitement.

“Guess what mom,” he shouted, and then said those words that will remain a lesson to me: “I’ve been chosen to clap and cheer.”

(4)

A lesson in ‘heart’ is my little 10 ‘year’ old daughter, Sarah, who was born with a muscle missing in her foot and wears a brace all the time. She came home one beautiful spring day to tell me she had competed in ‘field day’ – that’s where they have lots of races and other competitive events.

Because of her leg support, my mind raced as I tried to think of encouragement for my Sarah, things I could say to her about not letting this get her down, but before I could get a word out, she said “Daddy, I won two of the races!” I couldn’t believe it!

And then Sarah said, “I had an advantage.” Ah I knew it. I thought she must have been given a head start ... some kind of physical advantage. But again, before I could say anything she said, “Daddy, I didn’t get a head start... My advantage was I had to try harder!”

(5)

An Eye Witness Account from New York City, on a cold day in December: A little boy about 10 years old was standing before a shoe store on the roadway, barefooted, peering through the window, and shivering with cold. A lady approached the boy and said, “My little fellow, why are you looking so earnestly in that window?”

“I was asking God to give me a pair of shoes,” was the boy’s reply. The lady took him by the hand and went into the store and asked the clerk to get half a dozen pairs of socks for the boy. She then asked if he could give her a basin of water and a towel. He quickly brought them to her. She took the little fellow to the back part of the store and, removing her gloves, knelt down, washed his little feet, and dried them with a towel. By this time the clerk had returned with the socks.. Placing a pair upon the boy’s feet, she purchased him a pair of shoes. She tied up the remaining pairs of socks and gave them to him. She patted him on the head and said, “No doubt, my little fellow, you feel more comfortable now?”

As she turned to go, the astonished lad caught her by the hand, and looking up in her face, with tears in his eyes, answered the question with these words: “Are you God’s Wife?”

We all take different paths in life, but no matter where we go, we take a little of each other everywhere.

8. Bonjour Docteur (Good day Doctor)
LAPY, Benoit (RBH. 32, 1/2002)

(Case presented at the Conference of the Belgian School of Homœopathy at Ittre on 9 June 2001)

“Good day doctor,” he said, shaking my hand and entering my consultation room. He unbuttoned his vest and sat on the chair.

What does he wish to say by that? What does it signify?

Here is a caricature of the idea that I wish to make clear in this connection.

Let’s observe that patient, listen to him, note all that appears particular in him as well as in the manner in which he expresses them. Let us try to take the symptoms and find the remedy.

Odile is a charming girl. Born in 1992. I first treated her in classical medicine; then on the insistence of her uncle, her parents asked me during one visit, if it was not possible to treat her with Homœopathy.

Hence there was no “first consultation” in the rigorous sense of the term (complete anamnesis, history ...), but my notes had been taken most of the time during the home visits. I experience more difficulties during visits to maintain a file, to take complete notes and to make a thorough search for the remedy. On the contrary, the patient and in this case the child, is more at ease and has less tendency to adopt an attitude of “well-brought-up-child-who-knows-how-to-conduct-herself-at-the-doctor’s”)

It was particularly interesting to me here to observe well the child and with the help of my notes to very subtly understand her behaviour.

THE CONSULTATIONS:

The **first visit** was on 5 November 1996. The mother reported that Odile suffered from cold and cough which had been there for a long time, especially in a warm room or during exertion like cycling. While the mother was explaining, I noted that Odile was sitting with her mouth open, tongue slightly outside like timid and attentive children. She supported her head against the backrest of the chair. Her face was red, carotids pulsating.

Often she took part in our conversation to say: “I am a big girl”. She is very gentle, her mother told me, and wanted to do everything like adults. When she is sick, she prefers calm activities. Her mother has also noticed that she has become totally indifferent to the cycle which she loved.

On the idea of indifference (S: indifference, joyless) (S=Synthesis), her pride (S: haughty), cough on physical effort (S: cough, exertion), open mouth (S: mouth, open), her pulsating carotids and her desire for calm, I prescribed *Belladonna* 30.

This remedy was given on 3.01.97, during a visit to see her younger sister.

The **second visit** (17.02.97) was for an Otitis. I was surprised on entering the house to see Odile hide behind her doll sucking her thumb and did not want to come and greet me when her mother asked her to.

The mother told me that the pains were capricious, aggravated in the open and in the wind. The pains were shooting accompanied with a reddening of the face. She shrieked with the pain. She slept on the painful side.

Odile was described as very grouchy.

On consulting the rubrics: hide, lying on painful side ameliorates; shrieking with the pain, I confirmed the remedy *Belladonna* which I prescribed in 200K.

On 24.03.97 I again saw Odile.

It was again an ENT problem: cold, no fever, scratching in the throat, sensation of blocked ear, ameliorated when she pulls her ears downwards, dry or productive cough especially in the morning (Odile could not talk when she coughed). The nights were calm.

I reread from my file: She was fussy with everyone in my consultation room and acts like a clown. She is impatient to be undressed and examined.

The mother told me that Odile had been very tired by a fancy-fair. She was in a bad mood and was grouchy. She grumbled whenever anything was asked of her. She answered back when her parents made a remark.

The last prescription had not had a durable effect and on the idea of playing the clown (S: antics, plays), nosing around in my consultation room (S: indiscretion) and answering back (S: audacity), I prescribed *Opium* 30K. The remedy was again given a month later in the 200th potency.

I summarize the notes taken during the two visits of 9.6.97 and 16.6.97.

Again, Odile suffered from an ENT infection: cold, congested bronchial tubes, dry cough on rising, productive cough during the day, cough at night if the child becomes warm, cough aggravated by physical activity especially in the open air, sometimes leading to vomiting.

Headache, but the mother told me that it was “excuse to have the syrup.”

While listening to the mother describe Odile's sickness I noted the child play, jumping on the couch. She was in a very good mood. She then interrupted her mother demanding syrup, saying she had pain in the ear. She then returned to the couch.

She then laughed and cuddled against her mother.

When she talked, she seemed to be cheerful. At times she truly acted like a clown.

On the contrary, when she is tired, she must be left in peace.

The first time I gave *Opium* 200 and when it failed I prescribed *Veratrum album* 30K and then *Pulsatilla* 30K on the idea of tomfoolery and feigning sickness.

I again saw her on 2.10.97. I noted that she entered the consulting room acting like a clown. She stuck her tongue out and was playing with an elastic.

It was again an ENT infection, in all respects comparable to the others.

Odile was described as very changing, sometimes very active, sometimes very exhausted. She had a problem in the school but her mother had not been able to make her talk about it.

She was often distracted, "she dreams".

I prescribed in 30K and felt I had found the correct remedy.

A summary:

There was a rapid cure of the affections, a spacing out of the sickness and of a more benign character – arguments illustrating the good basis of the prescription

18.02.98 – ENT infection – I noticed two more things:

- Odile interrupted us in our consultation and interfered in matters that did not concern her,
- Since 6 months, she needed the lights on while sleeping
- She held herself against her mother and did not easily change her ideas R/idem 30K.

27.06.98 – pain in the groins – No remedy

13.07.98 – cough R/idem 200

20.11.98 – Gastro enteritis – Intolerant towards clothing around abdomen. Inactive. No remedy.

12.02.99 – Viral eruption. No remedy.

17.05.99 – Chill after out-door training. R/idem 30

03.11.99 – Wart – No remedy

17.12.99 – First wart disappeared, but another appeared. No remedy.

No disease after this though I continued to see others in the family ...

ANALYSIS OF THE CASE

These were the rubrics that I based my prescription on:

- antics, plays.
- timidity, bashful
- rest, desire for

which gave the remedy: *Kali bichromicum*

Rereading the case and the **Synthesis** brought out the other symptoms of 24.03.97.

- sulky
- impatient (to undress)
- cheerful

and of 18.02.98

- obstinate
- fear of dark

Not satisfied with the description in **Allen's Encyclopaedia**, I consulted **Hughes and Dake's**.

I remind you that this work takes the pathogenesis according to the provers and chronology of events. Very incomplete, as far as number of remedies is concerned (*Staphysagria* takes only half a page), but for the proving presented (no symptom of HAHNEMANN is taken because HUGHES feels it is not upto him to discuss those provings), this *Materia Medica* is, all the same, very rich in its teachings of certain remedies: the sequence of events – one after the other among the provers (completely destroyed by Allen's presentation), the setting of the complaints and especially an often more complete description of the signs help me greatly in the study of certain remedies. Such was the case of *Kalium bichromicum*.

Let us review some aspects of Odile's behaviour.

1. She says she is a big girl, she is sure of herself, affirmative.

I read the narrative of NEIDHART (No. 20 in HUGHES): countenance fuller, clearer and more intellectual.

2. I note that when she is sick, she does not take much pleasure in her usual games: here it is not a tiredness that prevents her from playing but rather a sort of indifference.

For MARENZELLER (26), I read, '... lassitude with a sentiment of general malaise, sullen and not inclined to attend to one's avocations; averse to society and A "taedium vitae"...' (tired of living, perhaps the best rubric to express this idea: loathing of life?)

3. When she is sick, she desires calm, tranquility. In the same prover, I see... exhaustion, melancholy, desire for calm and rest; ...

4. When I entered during the visit of 17.02.97, she lay on the couch. Similarly in June, she stretched herself on the couch and did not wish to see me.

Her attitude in the face of a problem in her School is very particular: the mother had noticed that something had happened but could not succeed in knowing more.

How to understand this elusive aspect?

I read SCHWARZ (33) express precisely this same reserve: When he walks in the open air, an unusual tiredness, legs heavy as if made of lead, lassitude, bad mood; no inclination for usual occupations; desire to rest. Sensation of heat and tiredness as after heavy exercise; exhausted - incapable of collecting his thoughts; desire to remain seated; indifferent, morose; distracted, desire to cut short all conversation for fear of exposing himself; desire to be alone; feels better in the open air.

Eric Vanden EYNDE made a remark that one used Chrome to hide the metal of the car, a sort of ornamentation to mask the background. A pretty image, very interesting.

5. Her attitude during the sickness is also particular: On one side she has the air of being able to attend to her work; it must be said that her general state is little affected; but on the other side she claims to be strongly ill and demands syrup for a rapid amelioration of her state. I see here a contrast between the perception that she has of her disease, her great desire to be ameliorated and the actual reality. Initially I had thought that she was feigning sickness, which was not the case.

In another place under MARENZELLER, I can read: ... a little better after having slept for an hour; but again exhausted and an indescribable sense of malaise and sickness.

For REISINGER (31): ... great lassitude and malaise which prevents him from sleeping for an hour; sensation as if a real disease would happen.

And finally under SCHWARZ: ... feels sick, paleness of face, confusion of sense, muscular weakness and a strong desire to be ameliorated from this disease to such an extent that he tries to vomit by putting his fingers into his mouth, and brings out a large quantity of mucus...

Here then is a series of traits of the remedy:

- her reliability of self, her indifference to her hobbies, her desire for calm, her reserve, a sentiment of disease and demand to be ameliorated.

A remedy of HUGHES also put into evidence some other symptoms, without doubt very interesting, but of a very weak discriminative value and does not guide us in our prescription.

- DRYSDALE and co. (4): languor, distraction, lazy; less inclined to physical or mental work.

- DUDGEON (19): irritable humour ... while sleeping at night, frequent starting, agitation in the arms, incoherent talk and finally falls asleep snoring.
- ARNETH (23): like in sea-sickness, great prostration and complete indifference .. Sad mood and grief.
- LACKNER (25): griping dreams in the morning, different (of accidents, or of mishaps).
- MARENZELLER (26): sensation of hunger and disgust for food.
- ZLATAROVICH (34): At 4.00 hrs a sort of nightmare: I dreamt that someone was sitting over my chest and pit of the stomach, causing a sensation of constriction; I groaned loudly and awoke, I was covered with perspiration and I had a heat flush.

.. a tickling high up in left nostril, as if a hair were lodged there, and which actually made me automatically pick into the nose..

On reading this, it appears legitimate to make these additions to **Synthesis** with reference as HUGHES (HSI):

- confident or firmness (this last rubric also has *Hypericum* and is to be added with the same reference)
- delirium, sleep, on going to (but present in speech, incoherent, night)
- delusion, disease (with perhaps a connection to fear disease)
- indifference, to avocations
- moaning in sleep
- secretive or hide
- spoken to, aversion
- medicine, desire to take
- stomach, aversion to food with hunger (perhaps in relation with - emptiness with hunger)
- nose, picking
- dream, constricted, chest

CONCLUSION

This case according to me shows how a better approach to the complaints of the patient can lead to a judicious prescription: listen to the complaints, attentively observe the behaviour, understand exactly the problem and translate it into a repertorial language.

And similarly, an attentive rereading of our **Materia Medica** without wishful interpretation can also bring out strong traits for refining our knowledge of remedies. Understand better what the prover has expressed and followingly translate into the repertorial language in order to help us later to find the remedy when we come across the same complaint, such is my intention.

However, it must be remembered that the spirit of this work is only an “illustration”, an “example”.

One cannot draw conclusions, in a hurry, from this approach:

- On the symptom: limiting the **Materia Medica** of a remedy to its symptoms is incorrect. Performing other provings with other provers, in double-blind can bring out other symptoms, other conclusions.
- To give a value to this method over another method is also incorrect. It would be good to compare various methods of work and to study them scientifically.

In one word: an illustration and not a demonstration.

“Good-bye doctor, and thank you once again.” He got up, buttoned his vest, held out his hand to me and turned towards the exit.

What would you like to say by that? ...

9. A Remedy to Take Seriously
HYDE, Rosemary C. (AH. 9/2003)

Crowparsnip, beddepisbloemser, doonhead, couronne de moine, fairy clock, radicchiella, hog snout, odoovanchik, pissabed, dudhal, wilde cicorie, witch’s milk... What are these?

These exotic names in a cross-section of languages – Dutch, French, Italian, Russian, Hindi, German, and, of course, English – might lead to that question. A single plant is designated in many languages worldwide by all of these and about 200 other names.

One beautiful summer day in the French Alps, I was gazing, wide-eyed, at the most beautiful hillside expanse of golden flowers I’d ever seen. I asked the friends I was with the same question, “What are these?”

I was told they were called “pissenlit,” meaning, “wet-the-bed” in French. I leaned down and picked one, and found in my hand the largest, most glorious Dandelion flower I’d ever seen, measuring approximately 2.5 inches across. “Why,” I asked, “would they call a Dandelion ‘pissenlit’?” “Well,” I was told, “if you pick one, it means you’ll wet the bed that night.” Oh!!

I’d certainly never heard that about Dandelions. While my friends snickered, I contemplated the picked Dandelion I was indisputably holding in my hand. In my experience until that point, Dandelions were simply a noxious

weed to be eradicated at all costs. This was the beginning of my education in the many important uses of Dandelion as a medicinal herb.

In folklore, not only do Dandelions have the reputation for causing someone to wet the bed, they also have found fame across the northern hemisphere as an incredible panacea for a wide range of human ailments – while also serving as a thing of beauty and a delicious and nourishing free food. In fact, their Greek name, *Taraxacum*, comes from the words “ailment” (*taraxos*) and “remedy” (*achos*), denoting their broad spectrum of beneficial effects.

Herbal Benefits

Dandelions have been recognized as powerful healing herbs during virtually all of recorded history. A University of Michigan online database reports that Navajo warriors and shamans used the plant as a medicinal treatment for everything from “life medicine” to treating bullet and arrow wounds. A British herbal online source (themodernherbal.com) states that the medicinal properties of Dandelions were listed by Arabian physicians of the tenth and eleventh centuries, and also by British and Welsh physicians of the twelfth and thirteenth centuries. Dandelions are also an important herb in Chinese and Ayurvedic medicine. Renowned British physician, Dr. Nicholas CULPEPER, described Dandelion as a medicine in his **Complete Herbal**, published in London in 1652. He credits “foreign” doctors with promulgating its use, and aims a snide jab at his contemporaries in Britain:

It [*taraxacum*] is of an opening and cleansing quality and therefore very effectual for the Obstructions of the Liver, Gall, and Spleen and the diseases that arise from them, as the jaundice and hypochondrial passion; it wonderfully openeth the passages of the urine both in young and old...jaundice, melancholy, disury, consumption, watching, heat, aug, pestilence – very effectual. And whoso is drawing toward a consumption or an ill disposition of the whole body called Cachexia by the use hereof for some time together shall find a wonderful help... You see here what vertues this common herb hath... And now if you look a little further, you may see plainly without a pair of spectacles that the forraign physicians are not so selfish as ours are, but more communicative of the vertues of plants to people.

In this same piece, CULPEPER talks about eating the plants in the Spring, which people

all over the world do, in salads, sandwiches, potherb stews, and teas.

In my work as a folklorist collecting ethnobotanical lore in the Missouri Ozarks during the 1970s I found frequent mentions of Dandelion as an essential element of “spring greens.” They were cooked with fatback (bacon) and then consumed early in spring as a way to “thin the blood” and dissipate the ill effects of long winter months passed without consuming any fresh green vegetables. My informants were Ozark natives in their 70s and 80s, talking about customs they had learned and used as children and young adults, in the early years of the 20th century, a period that for most lasted through the 1950s.

Dandelion also serves as a base for traditional brews of wine, ale, and beer. Dandelion roots are reputed to be superior to chicory (to which Dandelion is closely related) as an additive to coffee, or indeed as the sole ingredient of a coffee-like brew. One can even find recipes for such delicacies as Dandelion and sorrel salad, Dandelion flower fritters, Dandelion jelly, warm camembert crusts with Dandelion greens and red currants, and curried Dandelion with golden onions and cashews – a panorama of delicacies.

Dandelions contain an amazing range of nutritional and medicinal compounds. Noted botanist and Dandelion expert Peter GAIL, Ph.D., notes that in Bulletin # 8, “Composition of Foods”, 1984, the USDA ranks Dandelion as fourth among all green vegetables in overall nutritional value. He also states that Minnich, in “Gardening for Better Nutrition”, ranks Dandelion as the 9th most nutritious food among all grains, vegetables, seeds, and greens. It even far outranks broccoli, which I had always thought was the undisputed powerhouse of value among all vegetables. Among the notable and unusual nutritional and medicinal compounds in Dandelions:

- Very high Vitamin content: A, B complex, and C particularly, along with a very high Calcium and Potassium content. Dandelion is a diuretic almost indistinguishable in effectiveness from the commonly used drug Lasix, but in contrast to pharmaceutical diuretics, it replaces the Potassium that drains from the body, avoiding many of the undesirable side-effects of diuretic drugs.
- Inulin: Up to 40% of the root consists of Inulin, a form of sugar that converts slowly in the liver to Glycogen, without requiring Insulin.
- Tof-CFr, a glucose polymer similar to lentinan, which Japanese researchers have

found, in preliminary trials with mice, to act against Cancer cells and also to raise resistance against bacterial and protozoan infections.

- Apigenin and luteolin, glycosides that have proven ability to act as diuretic, antispasmodic, antioxidant, agents that also strengthen the heart and blood vessels and have antibacterial and anti-hypoglycemic properties.
- Gallic acid, an antibacterial and anti-diarrheal.
- Essential fatty acids linoleic and linolenic acids, necessary for the body to produce Prostaglandins that reduce inflammation, prevent platelet aggregation and blood clots, and regulate blood pressure and menses.
- Choline, a B-vitamin component which has a proven role in preventing memory loss.
- Sesquiterpene compounds (the bitter agents in Dandelions) that serve as digestive tonics, and are also highly anti-fungal.

The Natural Complimentary Health Council adds to this list carotenoids such as lutein, which is proving vital to maintaining ocular health into old age. They also mention these therapeutic uses for Dandelion:

Dandelion leaf is a very powerful diuretic, its action comparable to that of the drug Frusemide (Lasix). The usual effect of a drug stimulating the kidney function is a loss of vital Potassium from the body, which aggravates any cardiovascular problems present. With Dandelion, however, we have one of the best natural sources of potassium. It thus makes an ideally balanced diuretic that may be used safely wherever such an action is needed, including in cases of water retention due to heart problems. Dandelion root may be used in inflammation and congestion of liver and gall bladder. It is specific in cases of congestive jaundice. As part of a wider treatment for muscular rheumatism, it can be most effective. ELLINGWOOD recommends the root for the following pathologies: chronic jaundice, auto-intoxication, rheumatism, blood disorders, chronic skin eruptions, chronic gastritis, aphthous ulcers.

Other uses for the herb cited in a number of herbal and medicinal sources include treating constipation, Eczema, hepatitis and cirrhosis, gallstones, hypoglycemia, gout, acne, hypertension

with edema, Diabetes, PMS, high cholesterol, heartburn, diarrhea, and even warts.

The alternative health newsletter “Alternative Nature Online” also notes the presence in Dandelions, of coumarins that prevent blood clots. This newsletter describes these further medicinal uses of Dandelion, besides those we have already mentioned:

[Dandelions are] traditionally used as a tonic and blood purifier, for constipation, inflammatory skin conditions, joint pains, Eczema...and liver conditions such as hepatitis and jaundice...gall bladder, kidney, and urinary disorders,...hypoglycemia, dyspepsia with constipation, edema associated with high blood pressure and heart weakness, chronic joint and skin complaints. Applied externally, the fresh juice will fight bacteria and help heal wounds. The plant...inhibits the growth of staphococcus aureus, pneumonococci, meningococci, bacillus dysenteriae, typhi, diphtheriae, proteus. The...plant sap can be used to remove corns and warts. A skin lotion is made from the appendages at the base of the leaf blades...effective in fading freckles.

An interesting aspect of the use of Dandelion herb is that it produces virtually no toxic effects, other than the slight possibility of a skin rash from contact with the latex in the stems and leaves. Thus, herbalists agree that it may be used with no fear of negative consequences.

Homeopathic Proving

One definition of a “weed” is “an herb whose virtues have yet to be discovered.” Obviously, many, many discoveries have been made of the virtues of Dandelion as an herb and a food. With this ancient and distinguished history of medicinal powers, Dandelion or *taraxacum officinale* inevitably aroused the interest of Samuel HAHNEMANN, undoubtedly explaining why it was one of the substances he proved relatively early. Just as relatively inert substances like table salt (*Natrum muriaticum*) and wood charcoal (*Carbo vegetabilis*) proved, when potentized, to be treasure chests of symptoms and accompanying benefits across the whole spectrum of possibilities, *Taraxacum* must, in contrast, have seemed relatively disappointing. Its 265 symptoms listed in *Materia Medica Pura* seem puny when compared with the 815 symptoms listed for the great Polycrest *Sulphur*, which immediately precedes *Taraxacum* in Volume Two of that work. On the other hand, all the well-documented uses of the herb, among which occur some common and

severe disturbances of the human economy, also are cited in the homœopathic provings. The provings have also generated a relatively clear mental and emotional picture for *Taraxacum* and strong, idiosyncratic general symptoms, meaning that the remedy can be used with confidence when the total picture matches. It is not a one-sided or unclear remedy, by any means.

HAHNEMANN’s proving (**Materia Medica Pura**, Vol.2 pp. 638-648) lists symptoms that encompass all systems with the sole exceptions of vision, external throat, and expectorations. JULIAN, in his **Materia Medica** entry on *Taraxacum*, cites subsequent published provings conducted by PISCHEL (1955) and GUTMAN (1956). STEPHENSON, in his **Materia Medica**, mentions, in addition to provings described in HAHNEMANN’s **Materia Medica Pura** and ALLEN’s **Encyclopedia**, provings described by HUGHES (**Cyclopedia** Vol. IV) and MACFARLAN (**Homeopathic Physician**, Vol. 13, pp. 277 and 435.).

General Symptoms

Taraxacum’s mental symptoms show a person who is dull when not working, and also indecisive about starting to work, but who then becomes productive and effective once the work has begun. This is also, according to HAHNEMANN, a person who is cheerful (even inclined to “merry laughter”) and possibly religious, someone apparently content with him or herself and with how life has turned out. In a *Taraxacum* state, a person may perhaps become overly talkative, both to others and to himself or herself (HERING says “muttering constantly to himself.”). The indecision about getting to work is worse in the morning. Carried to a deeper level of illness, the dullness becomes apathy, depression, self-isolation, and moroseness, with nervousness and forgetfulness, and may even lead to fury or, at the other extreme, unconsciousness (JULIAN). This mental picture is clear and even endearing. It resembles the plant, which appears to settle happily into whatever niche can possibly support any kind of producing flowers and seeds with no apparent sensitivity to its outward difficulties, including poisoning, uprooting, and, often, very meager sustenance. The Dandelion flower opens with sunlight in the morning, and closes in the evening after dusk, when its golden brightness dulls to a dead looking gray tuft – “dull when not working” but during the day apparently cheerful and productive amid the most hostile circumstances.

Many of the general symptoms of *Taraxacum* are easy to discern, and several may

even qualify as rare or peculiar. For one thing, the person is likely to have a red, hot face and head, with pervasive chilliness over the rest of the body. The finger-tips may feel icy cold while the soles of the feet and the toes are burning hot. Symptoms are often worse on the upper left and the lower right sides of the body (CLARKE, **Dictionary of Practical Materia Medica**). Pains are typically shooting or stitching, although other sensations, such as aching, burning, drawing, and tearing may also occur. One interesting thing about *Taraxacum* pains is that they typically occur at rest (sitting or standing), and then disappear upon motion, no matter their level of severity. Twitching and trembling are common, and even internally, the patient may feel a sensation of “bubbling,” not only in the abdomen but even in muscles of the back, around the scapula. The patient’s chilliness is likely to be worse in open air or after eating or drinking. And at night, right after falling to sleep, the person may perspire all over, with a perspiration that may irritate the skin. A pervasive bilious, sick feeling (as from a hangover, or, as HAHNEMANN says, “as from debauch.”) is typical of *Taraxacum* states, as is a tendency to yawn and fall asleep during the day while reading or listening to presentations that may be long or complicated (HAHNEMANN says “listening to scientific lectures.”). Overall, a person in a *Taraxacum* state is definitely worse sitting without active occupation, and better moving around actively engaged.

Taraxacum has a marked affinity for the **digestive and urinary systems**. Most of its predominant symptoms and actions relate to these two processes, from start to finish – from mouth to rectum and bladder. The causality of many seemingly unrelated symptoms, such as head and mouth pain and the many pains in the extremities, tends to relate somehow to faulty digestion or elimination. Symptoms may include problems with regulation of fluids, electrolytes, and temperature.

Particular Symptoms

In terms of **particular symptoms**, *Taraxacum* affects virtually all systems and localities.

A patient in a *Taraxacum* state will quite possibly have **head** and **mouth** pain. The head will show either dull, pressive pains from the vertex to the forehead, often with a very tight scalp over the crown of the head, and tense pain around the jaw and in the sterno-clydo-mastoid muscle, from below the ear to the shoulder, worse on the left. The head pain also extends to the eyeball,

more likely on the left. Years ago, prior to learning of homœopathic *Taraxacum*, I experienced frequent severe combination migraine and tension headaches that lasted for up to a week and conformed exactly to this description. No painkiller or other modality could change these headaches. However, I then found, heuristically, that I could dissolve these headaches in an hour or so, thanks to the diuretic powers of herbal dried Dandelion leaf. Once the diuretic action took hold and profuse urination began, the headache would melt away, indicating that fluid retention (what, in Hahnemann’s day, was called “dropsy” – a strong indication for the use of *Taraxacum* in his proving) was one crucial component of these headaches. The *Taraxacum* headaches are also ascribed to liver dysfunction (the aforementioned “debauch”), and also to gastroenteritis, with “dyspepsia” and frequent soft, pasty stools that are hard to expel completely. The mouth pain associated with *Taraxacum* also has a digestive affinity, with an exquisitely sensitive and painful tongue showing what’s probably also going on lower in the digestive tract. The tongue has a peculiar appearance, with a white coating from which deep striations have peeled off, revealing dark red, extremely painful stripes or patches.

As one might expect with a remedy that relates so strongly to the digestive process, *Taraxacum* patients also experience a variety of abdominal pains and other symptoms. The **liver** may be enlarged, sensitive, heavy, even hardened. Stools correspondingly may be white or light colored and the patient may be jaundiced. The patient may also experience tremors in the extremities or even in the back or abdominal muscles. The **spleen, pancreas, or gall bladder** may be painful.

Chronic or acute cholecystitis may occur, with pinching, violent, sharp stitching pains in the center or on the right side of the abdomen and with a sense of nausea, the pain and nausea becoming more severe with ingestion of fats.

HAHNEMANN cites the potential effectiveness of *Taraxacum* in combating Diabetes, with the obvious symptom of frequent painless urging producing copious pale urine, accompanied by increased thirst. The patient may also experience a sour **taste** upon ingesting roasted meat or meat gravy (with fat). And a bitter taste often seems to permeate the mouth upon awakening. This may accompany **stomach** symptoms of repeated bitter eructations and nausea, with anxiety and chilliness. The chilliness may worsen after eating or drinking (CLARKE, **Dictionary of Practical Materia Medica**).

BUCK, in his **Outlines of Materia Medica**, says that Dr. TODD (no further information given) used *Taraxacum* for inflammation of the duodenum and resulting dyspepsia.

The patient may also experience symptoms in the lower **abdomen** and **rectum**: Profuse flatulence resulting in tympanitic distension and with sputtering, bubbling, gurgling sounds, and frequent soft pasty stools that are accompanied by flatus and are hard to expel completely. The stools are ultimately followed by tenesmus, sometimes with a strong itching around the anus and on the perineum.

The **extremities** are an important site for *Taraxacum* symptoms, with twitching, painful muscles, and neuralgic or rheumatic pains. The knee joint is particularly susceptible to this pain. Fingers may be icy cold and feel numb, at the same time toes and the soles of the feet are likely to be hot with burning pain.

The **ear** may be affected, with dulled **hearing** as well as drawing pain and a noise as of “chirping grasshoppers.”

Likewise, the **eye** is likely to show symptoms, such as burning and pricking pains in the eyeballs and lids, and agglutination in the morning.

The **throat** may feel occluded, with a need to raise acid phlegm. The **nose** may bleed and the patient may sneeze frequently. There is a sensation of pressure in the **chest** (CLARKE). This may also induce dyspnea and be accompanied by shooting pain in the back, from the thorax down to the sacrum and loins.

The **genitals** may be affected in both men (chronic erection and involuntary emissions) and women (suppressed menses, also PMS).

The **skin** may be characterized by pimply, itchy, stinging eruptions that may occur anyplace of the face, body, or limbs. This eruption is worse with perspiration.

There may be a slight **vertigo** that produces an unsteady gait when walking outdoors.

The patient is likely to **sleep** restlessly, waking often, with vivid but unremembered **dreams**. A debilitating perspiration all over the body may occur immediately upon falling asleep. (CLARKE).

Comparisons with Other Remedies

The most closely **similar** homœopathic remedies, according to BLACKWOOD and to KNERR, are: *Nux vomica*, *Antimonium crudum*, *Pulsatilla*, *Hydrastis Canadensis* and *Chelidonium*.

Most authors agree that *Taraxacum* should be compared with *Nux vomica*. Obviously,

both remedies show negative effects of substance abuse, concentrated mainly in the digestive system. They both show tremors and also flatulence. They both involve both diarrhea and constipation, and stools that are difficult to expel, although for different reasons. (In *Nux*, the muscle contractions are disordered, and in *Tarax*, the consistency of the stool inhibits complete expulsion.) In contrast, though, whereas the pains of *Tarax* improve with touch or motion and worsen from rest, those of *Nux* improve with rest. Also, *Tarax* has pains worse crosswise from upper left to lower right, while the pains of *Nux* tend to be worse from upper right to lower left. The *Tarax* patient gets chilly after eating or drinking. The *Nux* patient is chilly, but feels better generally after eating or drinking.

Another remedy that seems to resemble *Tarax* in several ways is *Natrum sulphuricum*. Like *Tarax*, *Nat-s.* mingles strong elements both of the psoric and the sycotic miasms. Problems in regulating fluid balances and also disorders of the hepato-digestive system are hallmarks of both remedies. They both show joint pains and skin eruptions as well, with restless unsatisfying sleep. The diarrhea of *Nat-s.*, like that of *Tarax* accompanied by flatulence and gurgling, tends to happen at a particular time each day, in the morning, with stools liquid rather than pasty as in *Tarax*. Also, the moroseness of *Nat-s.* revolves more around emotional losses and a negative way of viewing life in general, whereas that of *Tarax* focuses specifically on being able to work, or not.

Antimonium crudum resembles *Taraxacum* in sensitiveness to pain, as well as in a tendency to somnolence, although the somnolence of *Tarax* relates specifically to daytime and boredom. They both have bitter gastric emanations, with *Tarax* showing mainly eructations, and *Ant-c.* mainly vomiting. Like *Nux-v.*, *Ant-c.* shows an opposite crosswise pain pattern from that of *Taraxacum* – upper right to lower left. *Ant-c.*, like *Tarax*, has frequent urination, but that of *Tarax* is profuse, and that of *Ant-c.* more scanty.

Pulsatilla shares with *Taraxacum* a tendency to melancholy, veering possibly toward dullness and unconsciousness. Motion ameliorates for both remedies, as rest aggravates. Both remedies share a pattern of pains worse on the upper left and lower right, but with the emphasis on the upper left for *Tarax* and on the lower right for *Puls*. Menses tend to be suppressed in *Tarax* and too profuse in *Puls*. *Puls* tends to show scanty urine, contrasting with the profuse urination of *Tarax*. In contrast with *Tarax*, *Puls* improves when sitting and resting.

Hydrastis shares with *Tarax* the sensations of rawness and burning, as well as depression and forgetfulness. Most obviously, the two remedies share a white, painful tongue and a tendency toward bitter tastes in the mouth. The *Hydrastis* tongue, however, tends to be swollen, without the characteristic sore, deep, red striations that characterize *Tarax*. Both remedies share epistaxis and coryza, as well as liver ailments and pain in that region, in addition to a tendency to profuse perspiration. In contrast to *Tarax*, *Hydrastis* is generally worse from motion. The *Hydrastis* patient with noises in the ears would tend to hear roaring rather than the “chirping” of *Tarax*. Whereas the eruptions of *Tarax* may seem syphilitic, the sores of *Hydrastis* are more syphilitic-looking destructive ulcers and tumors rather than warty growths. The patterns of chill are likewise different, with the *Hydrastis* patient experiencing alternating heat and chilliness and the *Tarax* patient showing an uneven distribution of both heat and chilliness at various points of the body.

Finally, *Chelidonium* shares with *Tarax* its focus on the liver and its ailments. The *Chel* head pains and obstruction of the ears also resemble those of *Tarax*, as do a tendency toward a bitter taste and excess salivation in the mouth. Both remedies share a tendency to profuse urination, but whereas the urine of *Tarax* is pale, that of *Chel* is bright yellow. Both remedies share similar genital symptoms – prolonged, frequent involuntary erections for the male and suppressed menses for the female. Head and neck pain are similarly present in both remedies, with the pain extending from ear to shoulder in *Tarax*, and going to the temple as well as down the spine in *Chel*. Both remedies can show jaundice, and both experience night sweats with a sensation of heat over the body. *Chel* does not show the contrasting cold feelings in the fingertips and head of *Tarax*, although *Chel* may exhibit a sensation of one foot being hot and the other cold.

Rubrics Describing *Taraxacum*

Two ways of creating a picture for this remedy are to look at the bold (Grade 3) symptoms, and also to look at small XX rubrics that contain it – especially in the Mind section.

Bold rubrics include:

- Mind: Sitting – inclination to sit
- Mind: Cheerful
- Mind: Delirium, muttering
- Mind: Mirth
- Head: Pain – temples
- Head: Pain – Pressing while lying

- (7 remedies total)
- Head: Pain – Pressing occiput, lying down, after (this is the only remedy in this rubric)
- Mouth: Discoloration – tongue, white
- Mouth: Discoloration – tongue, white patches (5 remedies total)
- Mouth: Discoloration – tongue, white spots, clean (4 remedies total)
- Mouth: Mapped – tongue (48 remedies)
- Mouth: Sensitive – tongue (23 remedies)
- Extremities: Coldness – fingers
- Extremities: Heat – hand
- Extremities: Pain – stitching, joints
- Chill: Chilliness
- Chill: Eating, after
- Fever: Heat
- Fever: Heat – comes on after sleep
- Perspiration: Night
- Perspiration: Sleep – beginning to, on (23 remedies total)
- Generals: Food and drinks – fat agg.
- Generals: Lying – agg.
- Generals: Motion – amel.
- Generals: Pain – jerking, externally
- Generals: Pain – stitching, externally
- Generals: Pain – stitching, joints, in
- Generals: Pain – stitching, muscles, in
- Generals: Rest – agg.
- Generals: Side – crosswise, left upper and right lower
- Generals: Walking – amel.

The small mental rubrics in which *Taraxacum* appears, and which give some idea of unusual mental symptoms that might indicate the use of this remedy, include:

- Mind: Anxiety – sitting (16 remedies)
- Mind: Anxiety – motion amel. (14 remedies)
- Mind: Carefree (15 remedies)
- Mind: Confusion of – with headache (17 remedies)
- Mind: Cheerful – followed by irritability (7 remedies)
- Mind: Delirium – muttering to himself (5 remedies)
- Mind: Irresolution, indecision - laziness, with (4 remedies)
- Mind: Laziness agg. (17 remedies)
- Mind: Late – too late; always (82 remedies)
- Mind: Laziness – started; but works well after having (1 remedy)
- Mind: Loquacity – perspiration, during (9 symptoms)
- Mind: Muttering to himself (2 remedies)
- Mind: Reading (9 remedies)
- Mind: Sadness – unoccupied, when (2 remedies)
- Mind: Sensitive – noise, to, cracking of papers, to (8 remedies)

Mind: Sensitive – noise, to, scratching on linen, silk or strings, to (4 remedies)

Mind: Sadness – unoccupied, when (2 remedies)

Mind: Taciturn – morning (9 remedies)

Mind: Unconsciousness – open air amel. (1 remedy)

Mind: Unconsciousness – semi-consciousness (13 remedies)

Mind: Unconsciousness – sitting, while (10 remedies)

This list clearly shows the picture of a person who is sad and morose, even unconscious or semiconscious when inactive, and who gets dull when reading (physically inactive), who improves and becomes positively cheerful when physically active and especially when working. The person is very self-involved when not working – irritable, muttering to himself, forgetful, distracted, hypersensitive to tiny noises, morose, taciturn with others. Ironically, although work makes the person feel much better once it's underway, he has trouble getting started on work. If he gives in to this disinclination to get started (defined in the rubric "laziness"), he feels worse.

Otherwise, in general, as we saw in the list of bold symptoms, the *Tarax* patient is characterized generally by cheerfulness and even mirth – probably the sort that people may arrive at after suppressing childhood anger (because moroseness, sullenness, impatience and even raging anger are also part of the picture, with changeable moods). The physical symptoms include various stitching pains and contrasting heat and cold sensations in the extremities. It also includes bubbling or gurgling both in the abdomen and in back muscles (a peculiar symptom specific to *Tarax*), and abdominal discomfort or even stitching pain in the areas of the liver, spleen, gall bladder, pancreas, ileum, or colon. If the mouth is involved, a "mapped" painful tongue is another specific symptom of this remedy, along with a bitter taste before eating. The patient is mainly chilly, with flushes of heat accompanied by perspiration, and also experiences restless sleep and vivid dreams. Most importantly, purposeful physical activity ameliorates all symptoms, as sitting inactively or resting worsens them – a hallmark, with mental and emotional symptoms, of Attention Deficit Disorder (ADHD). It's a very specific picture, not all that common. Certainly, however, it's a picture easy to remember when well indicated.

Therapeutic Accounts

In light of its broad sphere of action and its potential usefulness in such troublesome clinical

pictures as those posed by Diabetes, gall stones, liver diseases including cirrhosis, hypertension, ascites, edema, duodenal ulcer, pancreatitis, alcoholism, and Cancer of the liver, bladder, and pancreas – not to mention such minor but common states as hangovers, migraines, dyspepsia with headache, PMS, Eczema, acne, certain types of ADHD, and the common cold – *Taraxacum* appears to deserve more attention than it has received in the homœopathic literature.

A careful search for published cured cases revealed very few, and shows that the remedy has received little modern attention. I did find two cases published in French, which I summarize below, and HAHNEMANN, in **Materia Medica Pura**, recounts a case told to him, which is also repeated almost verbatim in many of the subsequent *Materia Medica* sources.

This very early cured case is repeated by several authors as hearsay. CLARKE gives the most complete version:

COOPER gives me the following case:
An old Indian officer, when in India, suffered much from gall-stones, and was advised to take Dandelion infusion every day. This he did, and soon the symptoms left him and he remained free from them for over twenty years.

This story was also recounted by HAHNEMANN in his *Taraxacum* essay in **Materia Medica Pura**, indicating that its occurrence predated his discovery of potentization.

A more modern case, also using mother tinctures rather than potentized remedies, is reported by Doctor MAX TETAU of Paris. Writing in the October-November 1994 issue of **Cahiers de biotherapie**, he demonstrated the use of *Taraxacum* to lower dangerously high cholesterol. He sums up the remedy's action in this regard as "magnificent!" (the exclamation point is his.). Dr. TETAU's patient was a 59 year-old male business owner, with 3.20g of cholesterol, 25% HDL. He weighed 92 kg (his height was 1m 75). Dr. TETAU prescribed a daily dose of *Tarax* mother tincture for two months alternating with doses of low potency (1D) *Oleander*, with a follow-up every two weeks. The patient wanted no more allopathic drugs, so he was under no other treatment. He also had despaired of dieting, which only made him keep gaining weight, with higher and higher cholesterol. Apparently the patient had told doctor TETAU that already he was "eating nothing." After two months of treatment, his cholesterol had lowered to 2.60 g, with the HDL now at a healthier 37% ratio to LDL. With no

other measures, the patient also had lost 3 kg, and now weighed 89 kilos.

In discussing the case, Dr. TETAU refers to the holistic interrelationship of cholesterol, liver function, and atherosclerosis as predisposing factors to heart disease and stroke. He presented this case as part of an overall argument that homœopathic treatment can assure a better, more complete return to circulatory health without the negative side effects of allopathic medicines. In the article, he cited several other cardiovascular cases, using several other remedies for specific types of circulatory dysfunction: as diuretics, *Pilosella*, *Solidago*, *Lespedeza*, and *Equisetum*; as regulators of the heart and arteries, *Crataegus*, *Poplar*, *Oleander*, *Sorbus*, and *Castanea*; and as cholesterol lowering agents, *Taraxacum*, *Rosemary*, and *Juglans regia*. He sums up the action of these remedies by saying “The results of these drainages are sometimes rapid and very aggressive.”

The fact that *Tarax* is little known or thought of influenced the next case, since the patient experienced worsening symptoms over a long period before desperation forced the reexamination of the case in a search for something out of the ordinary. A Belgian doctor, Marc BRUNSON, reports on an interesting *Tarax* case with a male Siberian Husky puppy, in an article published in *L'Homeopathie europeenne*, 1996. The puppy had been imported from Canada at the age of five months. By the time Dr. BRUNSON was called to see Roscoe, the husky, the dog was three years old, and was moving around like a very old dog, with stiff legs, worse on the left side. From the first Roscoe had shown an “Olympian calm,” letting the other dogs and puppies rough him up, and not engaging spontaneously in play. He also was very oral, always wanting to be chewing or eating something – “very interested in eating” (“*tres gourmand*”). If nothing else was available, he’d even chew and swallow stones. He clung to his mistress, and whined and “spoke” frequently – very vocal. He would start easily from noises. He had had an episode of great thirst and profuse urination, with lots of itching all over his body, but no visible lesions. He preferred to sit rather than stand, and sought to lean on something if he were kept in a standing position. He had great difficulty going up and down stairs – like an old dog. He always needed to be pushed and cajoled to get him moving. His step sounded really heavy when he was walking – the owner could always tell he was approaching by this unique aspect of his stride and the way he seemed to be bearing down on his toe nails, driving them into the floor.

First, based on the puppy’s seemingly “phlegmatic” temperament, Dr. BRUNSON prescribed *Calc*, which did nothing other than stop the eating of stones. Next, based on loquacity and jealousy, he prescribed *Lachesis*, which likewise did nothing. The next prescription, based on the itching and on the notion that perhaps Roscoe felt rootless after having been shipped from Canada to Belgium, was *Mezereum*. This produced a few days’ improvement, then a relapse.

Doctor BRUNSON re-examined the case at this point, and the owner elaborated on Roscoe’s frequent vocalizations and his dependency on her for encouragement. In this interview, the owner described a new clue that proved crucial. She said “when we go on a walk, it’s hard to get him started, but then he goes ahead, and doesn’t want to come back to us like the others. He waits for us to catch up, and then by the end of the walk, we can’t walk fast enough for him.” So he’s hard to rouse into action, but then he gets totally involved, and totally focused on the activity, and doesn’t want to go back or to wait for others.

Doctor BRUNSON still hadn’t made the connection with *Tarax*, and the next prescription was *Calc-phos.*, which, like the preceding remedies, failed to work. An associate who took over while Dr. BRUNSON was on vacation then prescribed *Phos.*—again, nothing happened. By this time, they were at their wits’ ends, and prescribed *Caut.*, in desperation, not having any other likely remedies to suggest. Again, no results.

They then reevaluated the case yet again, and really researched the rubrics having to do with being hard to rouse and then hard to restrain. Based on bold print in two rubrics, “lazy but effective once started,” and “loquacious,” they then prescribed *Tarax*. (All remedies in this case were given at potency 30K). Positive results were obvious almost immediately. Within three months, the case had resolved, and Roscoe was playing, moving well, and enjoying life.

In his follow-up discussion, Dr. BRUNSON isolates four strong characteristics of *Taraxacum*, the herb:

1. Its affinity for the hepato-digestive system.
2. The tongue-shaped leaves (also tooth shaped, as witness its most common name, meaning “lion’s tooth,” “*dent de lion*”).
3. The fact that its seeds need encouragement from a puff of air to get moving.
4. The fact that the plant withers immediately upon being severed from its root.

He also comments on the close biological relationship between Dandelion and Chicory, to

discuss the importance of utility in its daily life, rather than beauty or scent. He sums up *Tarax.* thus: "To flourish, to reach its full potential, it needs to do, to work, but it can't or won't start without difficulty. If it can conquer its own lethargy, everything works out well."

Personal Experience with *Taraxacum*

After researching *Tarax.* for this article, I realized that I would probably be susceptible to this remedy, and decided to experiment with my own proving. I had previously taken *Tarax.* 30c for a sore, mapped tongue, which was reversed overnight with a single dose. I had experienced a number of symptoms that fit a *Tarax.* picture: dull frontal headaches with a very tense scalp, with a sharper extension that settled over the left eye - very similar to my headaches that had responded many years earlier to herbal Dandelion leaf. In addition, my left jaw and SCM muscle were painful. My Chiropractor, upon examination, described the SCM muscle as "like a cable" - very tense. A crop of acne pimples had erupted on my face and upper back. In an acute episode at that moment, my left nostril was oozing blood, and I was sneezing frequently with the nasal irritation. I was sleeping much more restlessly than usual and waking every 45 minutes or so throughout the night, with wild, really vivid dreams that were frightening but also inchoate - difficult to describe because they contained no objective images or recognizable time sequences.

Also, my eyes, for several weeks, consistently had been burning and itching (more painful than itchy) - the lids, the inner canthi, and the conjunctiva. I had tried to treat the eye discomforts first with *Rhus tox*, then *Sulph*, then *Puls*, then with *Lyc*, all of which had corresponded fairly well with various other symptoms of the case, but none of which had worked for more than a few days. I was also finding myself moody and glum for no particular reason, except when I was able to work on something - a real Keynote for this remedy. I was also feeling painful pressure over my sternum, and was experiencing stools of a pasty consistency, hard to expel.

As I studied *Tarax.*, I began to realize that over my lifetime I matched the mental picture of the remedy well - basically cheerful, but with an undercurrent of impatience, a need to work to feel satisfied, chronic lateness, a lifelong compulsion to read leading to social withdrawal in favor of reading. I also have had difficulty starting work - whether the work was physical or mental - but once the task was started, I would be deeply involved and want to finish it. Just like Roscoe, I'd

be virtually impossible to pull away from the task in which I was immersed. In addition, I've had painful knees since adolescence (I'm now 62), which have slowed me down, like Roscoe, particularly going up and down stairs.

I started taking *Taraxacum* 12c diluted in water, once a day. The nose-bleed and nasal irritation - the most recent symptoms to appear - disappeared promptly (within 24 hours.) After five days, it was clear that the remedy was acting. My stools had become normally solid once again, and the flatulence and the abdominal pain along with the pain over the sternum (also a very new development) had essentially disappeared. My dreams became less intense, but I was still sleeping restlessly at that point. My mood lightened up somewhat and I was able to focus less on work and respond better to what was going on around me. The acne started receding, although my facial skin was still reddened and more shiny than usual. The neck pain improved, but the head pain was still about the same, as was the pain in the eyes.

After **ten days**, positive actions from the remedy continued. My sleep and dreams had reverted to a comfortable state. Also the skin on my face looked much better, and my headache had disappeared. The itchy, painful eyes were somewhat better, although that symptom, the first to appear in this acute exacerbation, still persisted to a moderate extent. In contrast to these positive changes, during this period I experienced an emotional aggravation that came up suddenly, when I got very irritable, disturbed, depressed, and actually demonstrably angry - with a prolonged bout of fury accompanied by the desire to beat someone or something to a pulp. This was finally abated by tackling a huge job single-handedly - cleaning out a messy garage storage area, moving a whole woodpile, and throwing away a bunch of stuff - heavy duty work! I hadn't experienced clear anger like this since adolescence. My more common emotional state was gray acceptance. Arguably, despite the discomfort of this incident, it was therapeutically a positive and healing development. *Taraxacum* appears in the rubric "Mind: Anger - beside one-self, being" which describes this unexpected symptom well. It also occurs in "Mind: Mood - changeable." Because re-experiencing suppressed anger is actually a move back to very old former symptoms, this uncomfortable occurrence must be interpreted as part of a strong healing response.

At **15 days**, the emotional change was still apparent, with a lessened need to focus on work and a greater ability to respond as things came up. Also, I was noticing that it was easier to move -

my knees hurt a lot less than they had in decades. In the same vein, it was easier to get up and start doing something, rather than procrastinating to "later". The exacerbation that became very apparent, in exchange for the relief of knee pain was in renewed Eczema, in places I hadn't seen it since adolescence. I've had a lifelong history of Eczema, which had been noted on my feet at birth, had then become severe in the bends of knees and elbows during childhood, had also moved to the fingers during early adolescence, and then had become much more sporadic around age 15, at which time severe pain in my knees had started, along with manifestations of exercise induced Asthma. The Eczema had been suppressed successfully for years with Cortisone ointments, although it still appeared in small patches sporadically, mainly on the trunk and in the groin. By the 15th day of treatment with *Tarax*, the Eczematous spots on my back were fading, and had become practically indiscernible. On the other hand, rather severe, crusty, red, itchy, extremely uncomfortable outbreaks of Eczema had recurred in the bends of knees and elbows. These became moist and burning after scratching and with any perspiration. The discomfort in my eyes was becoming much more sporadic – short bursts of sensitivity, which were lasting no more than 20 minutes a couple of times a day, morning and evening, and then disappearing again. I was also craving chocolate and sweets much less, and was feeling substantially less disturbed by slight dips in blood sugar than had been the case up till now. In general I was feeling more energetic and lively - rejuvenated, although I could certainly do without the severe discomfort of the Eczema.

Finally, the Eczema became so acutely uncomfortable that I was unable to sleep for several nights and had to do something. I selected a very low potency combination remedy, not wanting to resort to Cortisone. The results were fascinating. The Eczema disappeared within 24 hours – quite astonishing. At the same time, it was clear that I had also antidoted the *Taraxacum* because all of the psychological symptoms that had improved returned full force and immediately. In addition, I noticed another symptom in its return that I hadn't noticed had disappeared: a need to fidget constantly, moving a finger or a foot whenever I was otherwise still. The headache also returned, and the nasal congestion. I started taking *Taraxacum* again, at a slower pace this time – three times a week instead of daily. It took hold again, and the symptoms that had returned again disappeared. At this pace, the rapid developments

of my first proving activity have not been noticeable, but the improvements have been holding without the extreme exacerbation of the Eczema. The antidoting experience demonstrated clearly to me that the remedy had in fact been responsible for the improvements I had been seeing, as for the emergence of the severe Eczema.

In these cases, *Taraxacum* has shown an important sphere of action, demonstrating its ability to treat patients successfully at a fundamental constitutional level. Clearly, too, it presents a broad range of deep symptoms, throughout the organism. Interestingly, I have previously experienced a substantial clearing of constitutional symptoms from other remedies, especially a course of *Nux-v*, the remedy that most closely resembles *Tarax* in its modalities and sphere of action. However, the *Nux-v* had stopped short of resurrecting the old Eczema, relieving the painful knees, and addressing those underlying inclinations to sit rather than move and to experience depression in place of anger. I find it fascinating that a little known remedy such as *Taraxacum* has addressed these deeper and earlier constitutional issues more completely than the well-known polycrest.

Conclusion

The fact that recently cured *Taraxacum* cases are so rare in the literature may indicate one or more of several things:

1. *Taraxacum* fails to live up to its potential as a curative remedy in a wide number of frequent, painful and even dangerous conditions.
2. Cured cases of a wider variety of remedies need to be published and made available to the homoeopathic community.
3. *Taraxacum* has not attracted the attention it probably deserves, based on its extensive symptom repertoire in the known provings and on its consistently powerful and broad medicinal uses across many cultures and languages.

Based on the evidence I've discussed in this paper, "1" does not appear to be true. Both "2" and "3" probably are true. If this is so, wider knowledge and broader use of *Taraxacum*'s powers would certainly enrich the range of homoeopathic therapeutics.

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. The ABC Clinical Guide to Herbs, (The American Botanical Council) by Mark BLUMENTHAL, I Edition, 2003.

This well-produced book is on "Rational Phytotherapy", i.e. the concept that scientifically documented herbs and phytomedicinal products should be employed in popular self-care and modern clinical health-care.

The American Botanical Council (ABC) is the America's leading non-profit education and research organization using science-based and traditional information to promote the responsible use of herbal medicine.

The book provides a detailed review of relevant therapeutic and clinical data concerning some of the most frequently used medicinal herbs and their preparation that patients are likely to take. The book can therefore be a reference work in clinical practice, comprehensive data on the herbs and phytomedicines.

Good black and white pictures of the herbs are given and discussed. Overview, Primary uses, other potential uses, pharmacological actions, dosage and administration, contra indications, adverse effects, drug interactions, clinical review are the headings under which the herbs are discussed well. Long list of bibliographical sources come at the end. After this there is a 'table' indicating the 'clinical studies' of the herb.

Over 30 herbs are covered in this book. There is a chapter on 'Proprietary Herbal Product Monographs'.

The book is A4 size, well-printed, clearly readable type.

There is a 'Glossary' and an 'Index' at the end.

The book can be profitably read and used for reference by all practitioners.

- K.S. SRINIVASAN.

2. High Dilution Effects: Physical and Bio-chemical Basis. SUKUL, Nirmal C. and SUKUL, Anirban. Kluwer Academic Publishers, Dordrecht, The Netherlands, 2004. Pp. 130 Hardbound.

The last part of the 20th century saw many experiments of the homœopathic dilutions (potencies) by non-homœopathic persons as well as homœopathic. The furore created in the 'scientific' world by the results of his experiments by Dr. Jacques BENVENISTE (12 March 1935 – 3 October 2004) of France is well-known. The reason for the rejection of Dr. BENVENISTE's results are like the wolf's accusation of the lamb that the lamb which was drinking at lower part of the river was disturbing the water the wolf was drinking at the upper part of the river and so killed the lamb!

However, subsequently more experiments by others have made this 'scientific' community to sit up and take note of instead of refusing to see.

Drs. Nirmal SUKUL and Anirban SUKUL both of Viswa Bharathi University have for years, carried out many experiments of high dilution effects on animals and published in international journals.

In this book under review SUKUL has 4 chapters (Preparation of high dilution drugs, Evidences for high dilution effects, Physical basis of drugs at high dilutions and Mechanism of Action of Potentized drugs). There is an extensive bibliography. The author has dedicated the book to the eminent homœopath Dr. B.N. CHAKRAVARTY, Kolkata.

Printed on good paper and print, this book can be recommended without hesitation to one interested in this subject.

- K.S. SRINIVASAN

3. Homœopathy in Psychiatry by Dr.E. BALAKRISHNAN, Indian Books & Periodicals Publishers, New Delhi – 110 005. ISBN. 2004 81-7467-136-0. Rs.150/-.

The earlier two books of Dr. E. BALAKRISHNAN – 'Homœopathy the Scientific Medicine' and 'Cardio-vascular Disease, and Homœopathy' have been well received by the Profession.

This book on 'Psychiatry' comes out as his third.

Psychiatry – “the part of Medicine which studies mental illness” (Cambridge International Dictionary of English) – is very vast and deep.

Almost every Homœopathy Practitioner has, unaware himself, a fairly good knowledge of Psychiatry because the altered state of Mind of the ill person, must be taken into consideration for prescribing the right homœopathic medicine. Of recent years homœopaths are paying much greater attention to the mental symptoms. The study of the Mind is therefore an every day work of a homœopath.

At a time when the World condemned the mentally ill to the dungeons and caves, chained, thrashed and whipped, some of whom had not seen light for decades, “HAHNEMANN was originating entirely new methods in the treatment of mental patients, independently of his famous contemporaries PINEL and REIL, who were raising their voices about the same time on behalf of a humane treatment of mental patients.” (HAEHL, Vol.I, p.272).

While PINEL, the Frenchman is celebrated as the father of this humane treatment and release of those who were until then were in dungeons, chained and whipped, to breathe fresh, open air as the normal citizen does, HAHNEMANN who in fact perhaps slightly predated PINEL in this is not even mentioned in passing! What a prejudice! In fact HAHNEMANN merits more than PINEL.

It would be invigorating to read HAHNEMANN’s Essay of his treatment of KLOCKENBRING; the observation, the taking in of the details of the ailment and the compassion of HAHNEMANN all come through in this Essay.

Homœopathy can do very well in the treatment of the mentally ill. It is upto the Profession to take up cases and show to the Public how effective, rapid, and gentle and of course less cost, homœopathic therapy is.

The book is in three parts: - Psychiatry, Materia Medica of 25 homœopathic remedies, Cases of Mental Diseases.

Dr. BALAKRISHNAN has worked laboriously through several sources and I am happy that he has given the bibliographical source from which the case report/information was taken.

BALAKRISHNAN’s Chapters on the ‘Study of the language of the Mind’ are brief but quite instructive.

There is a Chapter on ‘counselling’ which is very relevant. No less a person than HAHNEMANN has spoken about the great need for counselling. This is an Art and one must cultivate it. One must also be widely-read and uptodate.

The book is written in easily understandable style. The print is easily readable, the book is hard bound.

Perhaps a more careful proof-reading would have helped avoid errors like *Strammonium* instead of *Stramonium*, *Marcus Aurelius* instead of *Aurelius*, *Hyoscyamm* instead of *Hyosyamus* and few more.

BALAKRISHNAN’s observation that ‘experimental human Pharmacology’ is one of the ‘unique’ contribution of HAHNEMANN to medical thought and that it is closely linked to Psychiatry and medicinal application to mental illnesses is very penetrating.

The book is warmly recommended.

I would like to draw the attention of the readers to SWAMI ABHEDANANDA’s book **Our Relation to The Absolute – A Study in True Psychology**. The Swami says “In the West there is Psychology without a *psyche*, which means the Soul. There is the study of Psychology but the existence of a Psyche is not admitted the Yoga system of Patanjali is the True Psychology There is no system of Psychology in the world so complete as the Psychology of Patanjali. We should know what the true nature of the Soul is, and that we should also discover our relation to the Absolute. The *Psyche* is the pure Ego or the Individuality “which is not a thought, not a function of the mind, not a function of our intellect, not a sensation, not a percept or a concept, but which is the unifying element of all and which makes each one of them related to us.” So, the soul or psyche is not the state of mind or the faculty of the brain, but is the consciousness or the Divine consciousness itself... or We can only find out the source of a thing by going beyond it, by transcending it, by going behind it.

K.S.SRINIVASAN.

OBITUARY

1. Georg von KELLER (30 April 1919 – 8 June 2003): On 8th June 2003 passed away Dr. Georg von KELLER in his 85th year. An outstanding Physician and tireless worker for Homœopathy has left us for ever. His own wish to live and work for 100 years was not fulfilled. Since February 2003 his practice had to be closed due to illness. He began to comprehend Homœopathy when he worked in different Naval Hospitals. He learnt thoroughly from the works of NASH, ROYAL and TRINKS. He was a war Prisoner during the World War II; after release he came back to Germany. In 1949 he was invited by the Shah of Persia where he was for four years. In Persia he was a country physician in a place 2000 meter high where he had to attend thrice large number of population who had never seen a Physician before. Here he treated “as in Hahnemann’s times” such life threatening diseases like Malaria, Anthrax, Paratyphus and Pox with 30c potencies of homœopathic medicines from his Travel case, although modern allopathic medicines were available at his demand. Within four months he learnt so much Persian that he could do practice without an Interpreter.

He came back and settled down in Tübingen where he practiced till his end.

It is very difficult to speak of his works and merits for Homœopathy and still more difficult to speak of its value for future generations. Even in his early days of Homœopathy he had recognized the weaknesses in the Instruments of Homœopathy; the shortcomings of the Repertories, the *Materia Medica* and the homœopathic remedies.

After he studied HAHNEMANN’s writings he decided to apply the Q (50 millesimal Scale) potencies and with that the weak points in respect of homœopathic remedies were not there anymore for him. With regard to the *Materia Medica*, he had worked out a plan to begin with the journals like **Stapf’s Archives**, then **AHZ**. etc. Then he began to collect the English language journals. He spent many holidays in the USA in the libraries there from morning to evening to copy them out and lug them in boxes home. When he had collected sufficient material he began to publish separate monographs. He began with small remedies whose peculiar symptoms and whose sources were comprehensible. The first of these monograph was *Kreosote* and then *Menyanthus*. He did not give up the idea of a **Complete Materia Medica**. But financial support was lacking. 14 monographs were published.

KENT’s Repertory began to become popular in Germany and so KELLER (and KÜNZLI) translated it into German. Classical Homœopathy progressed in Germany with the efforts of KELLER. With the increasing popularity of the Repertory KELLER saw the danger of the remedy selection out of the Repertory alone instead of using it as a help in search. [The fears of Dr. KELLER has come true now as the articles in most of the journals would show = KSS.]. He saw that the KENT was not complete. He used **Bœnninghausen’s Therapeutic Pocket Book**, **Bœnninghausen’s Characteristics and Repertory**, the Repertories of James WARD and H.A. ROBERTS. According to KELLER an ideal Repertory must give the grip of the complete words of the symptoms. He made out a plan in this regard on which he worked till his end.

KELLER was a productive author since decades, in the ZKH and the AHZ. He was not influenced by the new waves in Homœopathy.

He was inspired by LIPPE, whose intuitive prescriptions baffled him. Modesty and helpfulness were his personal marks. In old age he had many new ideas and plans. He had begun a Repertory on the lines mentioned above and a Lexicon of the source substances and their monographs, and also continued to work on verifications. He had a thorough knowledge of Persian, Turkish and English and in old age he began to improve his French.

Georg von KELLER received the **Prof. Alfons Stiegele** price officially in 1987.

A great achievement of KELLER was that he was a very active worker and his great works had no official financing.

The loss of such a great person cannot be replaced. We wish him farewell. [Andreas GRIMM in ZKH. 47, 3/2003.]

2. Dr. Jacques BENVENISTE (12 March 1935 – 3 October 2004) whose experiments supported the homœopathic medicinal action, died on 3 October 2004, while undergoing heart surgery.

An internationally well-known scientist of the INSERM, France, Jacques BENVENISTE became a controversial personality when his experiments (1988) proved that human basophil degranulation is triggered by very dilute antiserum against IgE. In so far as Homœopathy is concerned the results of the experiments were in support of the fact that

extreme dilute (as in Homœopathy) substances have a possible effect on the human body.

When BENVENISTE's article was published in the 'prestigious' journal *Nature* (Vol. 333, 1988) the 'scientific' world took up cudgels against BENVENISTE. All efforts were made to be smear the work of BENVENISTE as 'fraud' eventhough there were similar independent experiments with results similar to BENVENISTE's carefully carried out in other parts of the world.

The 'all-knowing' scientists raised such cry that BENVENISTE's researches were smothered, his budget was progressively cut and finally closing his laboratory!

We know how HAHNEMANN faced 'witch hunt'. We know how GALILEO suffered.

Subsequent to BENVENISTE's findings there has been strong rejuvenation of Homœopathy and during the past decade we see 'scientific' papers on the positive physiological action of high dilutions. As for BENVENISTE, whom we may consider as the person indirectly contributing to the present status of Homœopathy in the scientific world, he continued to work in his own way. In the 'Vital Informer' April 2004, I saw a call from him seeking financial support from the homœopathic world. I do not know the response.

Jacque BENVENISTE is no more. But "Thank you, brother BENVENISTE, we are grateful for your pioneering work. Rest your soul in peace in the knowledge that there are many who remember you with gratitude".

-K.S. SRINIVASAN

REPEDITORISING

Valuable Hints from Dr.KENT, with warnings As To Abuse of Repertory Cards.

The following letter from Dr.KENT is printed by kind permission of Dr. Tyler -(ed. H.W.)

HERING MEDICAL COLLEGE,
 August 26th, 1912.

"DEAR DR.TYLER,- I am glad to get your letter. I know you want me to be frank with you or my advice would not be worth much. Your card system is like ready made shoes that must fit every body, regardless of the misery they cause. The first and highest thought in Homœopathy is the individual. *Our work is individualization.* Your cards will destroy the highest ideal of HAHNEMANN; and my teaching, as it aims to fit or adjust remedies to the masses instead of to each one. The card system destroys growth and progress that must come from working out the case, every case, in the work of every beginner. Give a beginner such a card system and that is the end of him. He will not grow. He will not learn or master the **Materia Medica** I once planned a similar scheme, but I soon saw that I must work out every case, every patient on his own merit in each and every case, making use of fullest repertory accessible, curtailing nothing lest I miss something important, and this meant a life charged against my conscience.

The methods you use, or have printed, are hard and arduous and differ decidedly from mine. You do an enormously larger amount of work than I do in my cases. The student and physician must work to settle the generals, common symptoms and particulars to the fullest extent if he wants to save work. When I worked in a clinic I prescribed for twenty five to forty patients in one and half hours and never neglected anybody. This can be done with anybody, I think, unless he works uphill with his cases. A doctor should know generals, common and peculiars, so that he can use them quickly if he has a large business.

When looking over a list of symptoms, first of all discover 3, 4 or 5, or 6, or as many as existing symptoms that are "strange, rare and peculiar," *work these out first.* These are the highest generals, because, "strange, rare and

peculiar" must apply to the patient himself. When you have settled upon 3, 4 or 6 remedies that have these first Generals, then find out which one of this list is most like the rest of the symptoms, common and particular. Your cards will not suit this plan, so far as I can see in its application. To individualise between these few remedies you must have the fullest repertory than can be found.

When you have taken a case on paper, you must settle upon the symptoms that CANNOT be omitted in *each individual.* If he is worse from motion, you cannot omit that unless it is common, which means if not due to inflammation. Every inflamed and swollen knee or ankle is worse from motion, hence that aggravation from motion is not worth much. Worse from consolation, she hates her mother, she hates her children she is worse from music, she is sad before M. period, she is chilly during menses, during stool, during urination. Eliminate these from she is always too warm, or too cold, worse in a warm room, *craves cool air,* all symptoms come on when she is dressed too warmly, etc. etc." Then see how many remedies you have, perhaps only 3 or 4, perhaps only one. Notice whether there is anything in the case that opposes this one. If there is nothing, then give it. Do not expect that a remedy that has the generals must have all the little symptoms. It is a waste of time to run out all the little symptoms if the remedy has the generals. Nothing disturbs me so much as the long letters I get from doctors who show how they have wasted time on useless particulars. Learn to omit the useless particulars-the common particulars. Common particulars are generally worthless.

Get the strong, strange, peculiar symptoms, and then SEE TO IT THAT THERE ARE NO GENERALS IN THE CASE THAT OPPOSE OR CONTRADICT.

If you see the keynotes of *Arsenicum*, next see to it that the patient is chilly, sensitive to air, fearful, restless, weak, pale, must have the picture on the wall hung straight, and *Ars.* will cure.

Or if the keynotes look like *Pulsatilla*, see to it that she is *not chilly*, that she likes windows open, wants cool air, wants to walk in open air, better from motion, thirstless, tearful, gentle.

Learn what constitute the *Lycopodium* patient, the *Sulphur* patient.

The great trouble with the keynotes is that they are misused. The keynotes are often characteristic symptoms; but if the keynotes are taken as final, and the generals do not conform, then will come the failures.

Your card system will make mediocres out of good men, as it will prevent advancement, growth, maturity in our pupils. There is no way but to continue to use the repertory in each case. The doctor who does this will grow in knowledge of the **Materia Medica**, taking the case, in characteristics, generals, common symptoms, particulars etc. If he uses your card system he ceases to grow, he dwindles. I am now curing cases that were to me incurable ten years ago. Nothing can take the place of mastering the **Materia Medica.** My lectures on **Materia Medica** give the plan of study for each remedy. The **Guiding symptoms** give the plan of study for characteristics and grades as a reference book. The **Encyclopaedia** is the book of reference for a full study of provings. The doctor that dodges any of these will never grow into an artist. I am an enemy of all short cuts to science and art. Prolonged and deep efforts-drudgery only can make an artist in healing or music.

You are doing as I used to do, you are hunting for labour-saving machines.

"The machines are useful in everything but art. They are ruinous to the art of prescribing as they are to music. I want to see my pupils in your country become more than mediocre in their old age. I want them to do what I do. I want them to become masters. Now my dear friend, don't spoil the good work. I am saying these things with the *fullest love for all of you, for our cause, for men, for you.*

I am not surprised that you feel the need of just what you have produced, but I also feel that you are wise enough to see the need of developing the genius of men and women in the art of healing. Some try to shorten the work by the use of keynotes, but the system is destructive to the art, as it is the cultivation of the memory instead of the understanding. It is not the man who remembers much that makes the artist, but the one who knows and understands his art. To know and use is to become wise; to memorise is to become contracted and pinched and shriveled in body and mind and face. The artist knows how to meet every emergency, but the memoriser has forgotten what he has memorized and never understood.

Now let me say that your cards will, in some instances, *cause good results*, but never better than good artistic intelligent work will do. It can never take the place of knowing the **Materia Medica**, and knowing how to use the repertory. If you use repertory right you gain no time with case I might say in sweeping way that this case system may fit your circumstances, taking into account the demands of the hospital and clinic and the inexperience of the young men; yet it seems to me sorrowful that your circumstances are likely to restrain the intellectual growth of these young men. I know very well that some of our young men have not the capacity to grow into healing art such might not be dwarfed by the cards and others have the ability and should be helped in every way to the highest development. I hope you will try to make use of the method of working out such cases as obscure by the only individualizing method known to us, viz. the repertory for the patient. I predict that your card system will be used for a time by some and give... and that most of these will go to a.. condition; only a few will go back ... Repertory for each case.

I fully appreciate your efforts, and quite willing that you should attribute failure to approve your cards to old age and stupidity.

Sincerely yours,
 "J.T.KENT"

(Contributed by Dr.Charan Singh Sandhu, New Delhi.)

Dear Reader,

Dr. Ramanlal P. Patel and his team have been carrying out a Research Project since 45 years. A stage has been reached when a 'Global Study' could be done after which a 'Protocol' for treatment of Cancer by Homœopathy would be prepared.

The following questionnaire has been sent for publication so that practising homœopaths will please respond to him directly and a copy to the QHD.

Thank you,

K.S. SRINIVASAN.

CANCER AND HOMŒOPATHY
Have you got answers to the following
problems? Please help.*

By

DR. RAMANLAL P. PATEL, D.M.S.; D.F.Hom
(London); L.M. (Dublin) etc. Director

1. What is your experiences in the treatment of Cancers in various forms by Homœopathy? No theory, please. We want evidence based practical experiences.
2. What is your concept of treatment?
3. Do you follow any Protocol?
4. What are the results, you have in your clinic or Hospital?
5. How do you manage the case of Cancer?
6. What type of potencies you use in dealing Cancer patient?
7. Do you use Q (Mother Tincture) in Cancer cases? If yes, when?
8. What is the response you get with high and low potencies in L.M., Centesimal and Decimal in Cancer patients?
9. What about auxillary methods of treatment you follow?
10. What is your method(s) to palliate Cancer pains?
11. What is your advise for Diet?
12. Do you have certain remedies with potencies which you prefer to give in certain Cancer conditions?
13. Do you follow Classical way (?), Constitution (?) or miasmatic way to deal with Cancer patient?
14. What if acute condition(s) develop during treatment in a Cancer patient? Do you give medicine for acute condition(s) along with treatment already given?
15. What about pains when your medicine does not give relief?
16. Do you keep records of patients with terminal Cancer, five years survival Cancer and 10 yrs. Curative Cancer?
17. What about Diagnostic Aids – X-ray, MRI, C.T, Sonography?
18. What about Tumour Markers?
19. What about – Blood, stool, urine etc. examinations? Do you keep regular records of investigations to monitor the patient's condition?
20. Do you follow cases? How long?
21. What about Surgery? When? Your opinion, please!
22. What about radiation treatment? Your opinion please.
23. What about Chemotherapy? Do you ask to continue if patient is taking it?
24. What about side effects of Chemotherapy? How do you deal with it?
25. Do you deal first with side-effects or straight away give homœopathic treatment?
26. Chemotherapy, what is your experiences? Results – Palliative, Curative? Or no effect in many cases. Do you get patients who are allergic to Chemotherapy? Then, what?
27. If patient has Chemotherapy and half way patient comes because he cannot tolerate. What is your line of treatment?
28. Do you advise to continue Chemotherapy and give side by side Homœopathy if patient wants?
29. If radiation is given, how long you wait to give homœopathic medicine?
30. Do you advise to complete radiation once started?
31. What about surgical case? Already operated and comes to you. How will you approach in this case? When?
32. Patient comes with Cancer diagnosis but no treatment. How is your approach? In **VIRGIN CASES** what are your results?
33. How are the results with Breast Cancer, Leukemia, Prostate Cancer, Lung, Oesophageal, Stomach and Colon cancers?
34. Do you take pathological changes in the body in selecting medicine?
35. What is your approach – Palliative or curative in Cancer patient?
36. What about terminal Cancer patient?
37. What are the types of terminal Cancer patients you get? What is your approach for treating such cases?
38. What do you do if primary Cancer is unknown?
39. How do you approach if the patient comes with metastasis?

40. What about blood transfusion? When do you advise and in which cases?
 41. Do you advise to continue hormone replacement?
 42. What about anti-epilepsy drugs and anti-inflammatory drugs after brain tumour operation which are already given and other drugs?
 43. What about complicated cases of Cancers with Trauma, Diabetes, Heart diseases etc. come to you?
 44. What about Cancer cases which are running in family members?
 45. What about the use of multiple medicines – Miasmatic, Constitutional(?) Organopathic, pain medicine, Biochemistry (Tissue Remedies) in Cancer patient(s) when indicated? **If we claim to cure cancers in patients by Homœopathy we have to have answers and evidences.**
 46. If the patient has Surgery, Chemotherapy and radiation but he comes with reoccurrence and metastasis?
What is the line of treatment?
 47. Any other problem(s), please add and answer.
We are facing these problems at our clinics and we want also your experiences to put HOMŒOPATHY on a GLOBAL MAP with evidences to treat Cancer and Cancer patients.
- * 1. CANCER CARE CLINIC –
VADODARA, GUJARAT
2. HOMŒOPATHIC CANCER CLINIC –
KOTTAYAM, KERALA.

COMING EVENTS

1. P.G. Students who have taken the subject of **Repertory** for M.D. (HOMŒO.) are informed that a seminar for **two days** on repertorization is being arranged on **Saturday 29th and Sunday 30th of January 2005** at the Institute of Homœopathy, Hahnemann House – Meissen, Atmajyoti Ashram Road, Subhanpura, Vadodara – 390023, Gujarat.
Dr.D.P. Rastogi, Dr.K.H. Matani, Dr.R.P. Patel will conduct the Seminar. Please contact Dr. Jawaharlal R. Patel., Assistant Director, Dr.R.P. Patel Institute of Homœopathy, Hahnemann House – Meissen, Subhanpura, Vadodara 390023. Gujarat. Phone: 0265-2390089, 2390091. Mobile: 0265-3126499.
2. Contribution invited Nationally and Internationally for Dr.HAHNEMANN & Dr. KENT Galleries at Homœopathy History Museum, Hahnemann House – Meissen (Replica of Hahnemann House at Meissen in Germany.) Subhanpura, Vadodara, India.

Any article, papers, old books, photographs of **historical value in originals** which were in the possession or used or handwritten or printed papers, books, photographs etc., of Dr. HAHNEMANN and Dr. KENT are gracefully received and accepted for exhibition in these permanent Galleries having space 3,000 sq.ft. and more. All contributions will be acknowledged with the names of the contributors at the site of Galleries in the **Homœopathy History Museum**. Please send your contributions by registered post to: The Secretary, **Dr.Hahnemann Homœopathic Service Trust**, Hahnemann House – Meissen, Atmajyoti Ashram Road, Subhanpura, Vadodara – 390023. GUJARAT.

3. **13th National Homœopathic Conference 2005 on 22nd & 23rd Jan. 2005. Venue: SANT DNYANESHWAR SANSKRUTIK BHAVAN, AMRAVATI. Organized by Research Society of Homœopathy.** Further details contact: Organising Office: Dr.S.A. Dhole, (Organising Secretary) C/o Principal, Pandit Jawaharlal Nehru Memorial Institute of Homœopathic Medical Sciences, Badnera Road, Amravati (M.S.) Pin. 444 601.

4. **Improving the success of Homeopathy 5 A Global Perspective – London A two day International Conference, 19-20 May 2005.**

Main purposes of the Conference:

- To examine the implications for research and development of globalisation
- Consider how the diverse and geographically widespread elements can be connected
- Review possible applications of homœopathy in agriculture and elsewhere
- Establish where the pitfalls lie and how they can be avoided
- Mapping the way for the healthy development of homœopathy by harnessing synergies while respecting regional particularities.

General Information: Date: 19-20 May 2005

Fee: £250 [concessions may apply] £195 for 'early birds' who register before 15.02.2005

Venue: Institute of Child Health, 30 Guildford Street, London WC1N 1EH

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