

CENTRE FOR EXCELLENCE IN HOMOEOPATHY

CONTINUING HOMOEOPATHIC MEDICAL EDUCATION SERVICES

QUARTERLY HOMOEOPATHIC DIGEST

VOL. XXIV, I & 2, 2007



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

Adyaya I Brahmana 3 Mantra 28
Brhadāranyaka Upamśad

(This service is only for private circulation. Part I of the journal lists the Current literature in Homoeopathy drawn from the well-known homoeopathic 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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Part I Current Literature Listing

Part I of the journal lists the current literature in Homoeopathy drawn from the well-known homoeopathic 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. Warum sollen die Homöopathen nicht auf dem Scheiterhaufen verbrannt werden? Einiges über Paradigmata und philosophische Traditionen (Why shouldn't the homoeopaths be burnt at the stakes - the Paradigms and philosophical Traditions)
NORKOWSKI, lacek (AHZ. 251,1/2006)

It seems that what makes Homoeopathy unacceptable to the other main school is the reference to 'basics'. It seems to be that only the Medicine on the Cartesian basis is 'scientific' and what cannot be fitted into the Cartesian basics deserve to be rejected. However, it is only that the Cartesian model came up before new Paradigm. It is therefore right and proper if the new scientific ideas viz. new paradigms are applied since the new ideas are not only relevant to information technologies but also to Physics itself. [Attention is invited to Ruper SHELDRAKE'S earlier books, 'A New Science of Life', "The Presence of the Past" and his new book "The Rebirth of Nature". Also the well-known book of Fritjof CAPRA "The Tao of Physics". In spite of overwhelming evidence the dominant Medicine still holds on to the Cartesian model. = KSS]

2. Einiges über James Tyler KENT und seine Verbindung zu SWEDENBORG (On James Tyler KENT and his connection to SWEDENBORG)
WEDEPOHL, Wolfgang (AHZ. 251, 2/2006)

This article briefly traces James Tyler KENT'S life, his conversion to Homoeopathy, his Swedenborgian inclination, the influence of SWEDENBORG on KENT'S homoeopathic Philosophy, etc. and the structure of KENT'S Repertory.

[Over the years there have been several articles on this subject. However, decades of Practice and application of KENT Repertory successfully are undeniable = KSS]

3. Zwischen HAHNEMANN und SWEDENBORG - Erweiterung der Homöopathie durch Kent (Between HAHNEMANN and SWEDENBORG - Expansion of Homoeopathy through KENT)
BAUR, Roland (AHZ. 251, 2/2006)

The Spirit sleeps in the Material
Dreams in the Plants,
Wakes up in the animal
And becomes conscious in Men.

HEGEL

SWEDENBORG'S "Doctrine of Analogies" is an essential element of KENT'S **Lectures on Homoeopathic Philosophy**". As the "Lectures" are part of the homoeopathic doctrine, SWEDENBORG'S thoughts influenced the way of Case taking and hierarchisation of symptoms. The importance of mind symptoms for choosing the

remedy can be explained by SWEDENBORG's description of the initiation of diseases.

4. SRP: "Strange, Rare and Peculiar" or "Symptoms, Remedies, and Probability"? DUPREE, Glen and BEAL, Susan (AJHM. 98, 3/2005)

The authors have used the concepts of Mathematics to explain the significance of the Strange, Rare and Peculiar (SRP) symptom. In the analysis of any chronic disease, if the homoeopathy can elicit a symptom from the patient, which is so bizarre and can find a remedy which has that same bizarre symptom in its picture [Proving?=KSS], there will be a high degree of confidence in that remedy for that patient.

One possible explanation lies in the field of statistics and probability. The lower the probability of occurrence of an event, the greater the statistical significance of the event. Thus it is with the Strange, Rare and Peculiar symptom.

Both the authors are Veterinary Practitioners trained under the well-known veterinary Homoeopathy practitioner Dr. Richard PITCAIRN.

5. The Fractal-Like Nature of Miasms SHEPPERD, Joel (AJHM. 98, 4/2005)

Interpretations of Miasms include physical explanations or metaphysical theories. Physical interpretations and the limitations of mechanistic explanations are mentioned in this paper. A model for describing Miasms using the qualitative properties of fractals is proposed. For example, the language of fractals describes the diverse expressions of disease within the oneness of Psora.

6. Principles MARRS, Iain (HL. 17, 4/2004)

The principles that under-pin both hermetic and homoeopathic practice are compared and discussed. The author has placed these in an Enneagram.

7. Miasms - A General Concept in HAHNEMANN'S Epoch and a New and Specific Concept in Homoeopathy JURJ, Gheorghe (SIM. XIX, 2006)

Some of the problematic aspects of the use of the term Miasm by HAHNEMANN are discussed, with the larger idea of framing it within the theoretical general concepts of Homoeopathy. The conclusions so far:

The term **Miasm** was used by HAHNEMANN throughout his writings before the **Chronic Diseases** in the general manner of that era as that of the provoking cause of contagious disease.

Starting with **Chronic Diseases**, in 1828, HAHNEMANN conferred upon this term a particular and specific new meaning, that of a deeper underlying cause of chronic diseases.

HAHNEMANN introduces the notion of Psora and makes the assertion that this Miasm is the cause of the majority of chronic diseases. He also relates this concept of Psora to predisposition or susceptibility.

Unlike the synchronic point of view concerning Miasms at the time [horizontal, spatial transmission], the Hahnemannian perspective is diachronic and involves the pathology's longitudinal evolution in time.

The treatments of miasmatic diseases are seen as a de-suppression and regression in the miasmatic history of the subject, implying strata of pathology that reveal and resolve regressively - unfolding outwards. This latter point also resonates with the concepts of Freudian psychoanalysis.

II. MATERIA MEDICA

1. "von der Tarentel gestochen" - Die Quellen des Arzneibildes von *Tarentula hispanica* ("Stung by the Tarentula" - the source of the drug picture of *Tarentula hispanica*) LUCAE, Christian (ZKH. 50, 2/2006)

The reliability of sources for the remedy picture of *Tarentula hispanica* is investigated by studying the original work of José NUÑEZ published in 1864. Retrospectively, it is impossible to be sure about the type of spider species that was substrate for the Proving. Moreover, the special role of "tarantism" that had its origins in Southern Italy is worked out with the implications on the remedy picture. Regarding the vast uncertainties about the origins of the sources a new Proving with the correctly determined spider is essential.

2. *Oleander*: Rose Laurel OLSEN, Steve (AJHM. 98, 3/2005)

Case 1: Ruthy, 5-year-old girl with Eczema on the hands. Introverted. Rage and then apologize later that day. Sensitive to odors and tastes. Undigested stool. Citrus fruits brought on violent mood and a hot rash developed on her chin. Using

Radar VES, *Oleander* 30 every three days for a month.

After 2 months: 9 days later had rash in the buttocks. Then many of her symptoms rapidly became better in the reverse order in which they had appeared. Within hours her demeanor changed dramatically. Progress in asserting herself. Less aggressive. *Oleander* 30 as needed. 9 months later partial relapse. *Oleander* 30 every 4 days for a month.

Six years later, no headache. Mild headache, could express her emotions.

Five other cases of *Oleander* from old journals are reported.

Mental emotional profile, general symptoms, modalities, confirming symptoms and main areas of pathology extracted from various classical sources are given.

Mental Emotional Profile

Unable to think, feels senseless.

Slow perception, lack of self-confidence, indolence, fits of passion then repents.

Weak memory, confusion when reading, absent-minded.

Lively in afternoon and jumping about.

Screaming, ill-humored.

Fretful, peevish and reserved.

Passionate, but he immediately repented of it.

Intolerant of contradiction.

Anxiety.

Loss of self-confidence, causing sadness.

Disinclination to work or to undertake any other agreeable occupation.

Confusion when reading, if he makes a great effort to understand the book.

Difficulty in grasping the connection when reading a long sentence.

Disturbed by other ideas of his own when reading.

Busy with beautiful images concerning the future when studying.

Loss of memory (*Anacardium*), of the names of his acquaintance.

Stupidity.

Insensibility.

Said to be valuable in the mental condition of slow perception.

General Symptoms, Modalities, Confirming symptoms

Very difficult to wake up in the morning and get out of bed.

Thirst for cold water. Worse from friction of clothing on the skin.

Main Areas of Pathology

Eczema, oozing, bleeding, crusty scalp and behind the ears.

Face pale, blue rings around the eyes.

Undigested stool, constipation.

Weakness of lower limbs - paralysis.

Numbness of extremities.

Swelling, burning, stiffness of extremities.

Reeling vertigo, worse from looking downward.

Cramp-like contraction of fingers and muscles.

Headache better looking sideways or crossing the eyes.

Coldness on sides of chest and feet.

Stiffness better from motion.

General paralytic symptoms supervene, with a weak, irregular pulse.

Lies as if in slumber, but conscious and able to move (*Gelsemium*).

Arms drawn up against chest, lower limbs to abdomen and chin against chest.

Spasm, with cold, clammy skin and barely perceptible pulse.

Spasmodic contractions of all muscles, more in upper than in lower limbs, on attempting to rouse him; amelioration towards the evening, between the spasms he lay on his back, but the superior contractions of left side threw him over on the right.

Tearing in left side of neck and left scapula, alternating with tearing in temple and second left molar, towards evening and in night.

Pinching in several parts of body, of limbs, fingers and toes, as if bones were crushed.

Pressure inward in several parts.

Bad feeling, with weakness in abdomen and chest.

Restlessness.

Stiffness of limbs, agg. left fingers, stiffness of back, so that rising in bed was difficult.

Hemiplegia preceded by vertigo.

Coma, from which she could be aroused by loud talking; speech connected but difficult; as soon as she stopped talking she sank back into coma, with distortion of eyes.

3. *Lac humanum*

BAILEY, Phillip (AJHM. 98, 4/2005)

A detailed description of the psyche of *Lac humanum* is provided. Central elements of the remedy include: issues of inability to receive nurturing, coupled with an improper mother/child bond; a psychical split, resulting in a schizoid personality; separation from emotions; retreat into spiritualism; a sense of isolation and an inability to trust the love of others; a sense of victimization and consequent resentment, which could lead to

activism, especially in support of mothers and children.

4. Black Mamba Musings
On *Dendroaspis polylepis*
NAUMAN, Eileen (HL. 17, 3/2004)

The authoress explains the symptoms of Black Mamba through Doctrine of Signatures - 19 points.

The classification, the habitat and habits of Black Mamba are discussed.

Rubrics from Rajan SANKARAN's Proving are given.

The authoress explains her experience after taking a dose of XM of *Black Mamba*.

5. A Trituration Experience with Persimmon
Diospyros kaki
HYDE, Rosemary C; HOGELAND, Anneke;
SCHRIEBMAN, Judy (HL. 17, 3/2004)

This proving was done by triturating a piece of fruit and leaf from a Persimmon tree that grew locally in California, from a seed unrelated to the individual Nagasaki tree.

The core emotional themes: heaviness, despair, disintegration, destruction, duality and survival requiring a huge effort.

Physically, burning, itching, stabbing, wandering pains predominate.

The dreams involved war, bombs, survival, constantly changing realities, misshapen creatures, deception and lying, ethical conflicts, immense efforts to overcome evil, spiritual breakthroughs and the colors white and grey.

The natural history of this tree is discussed and the symptoms of Proving are given.

6. *Lapis lazuli* - a Proving
Escola Paulista de Homeopatia, Brazil
(HL. 17, 3/2004)

The results of the Proving of *Lapis lazuli* are presented. The Proving followed the protocol adopted for *Brosimum gaudichaudii* (Congresso Nacional de Homeopatia - RS - 1998), further modified to adjust to our group's demands. Also presented is a thematic study of the remedy, its repertorial rubrics, its differential diagnosis and new rubrics that ought to be added to the Repertory. The experience suggested the need for new practical guidelines to be included in the protocol.

7. The Toxicology of *Tityus serrulatus*
The Brazilian Yellow Scorpion
BONNET M.S. (HL. 17, 3/2004)

The signs and symptoms of envenomation by the Brazilian scorpion, *Tityus serrulatus*, have been gathered from medical and biological journals in order to present them as a potential remedy for Homoeopathy.

The biology of the scorpion is presented in order to familiarize the reader with the animal; its description, habitat, behaviour and its maternal compartment are described. This is followed by a section on Venomology and a comparison of the effects of its venom on the cardiovascular system as opposed to that of other dangerous scorpions.

The Materia Medica is based on human envenomation and is presented in a classical homoeopathic manner, more-or-less following the Repertory '**Synthesis**'.

Laboratory tests in haematology, biochemistry and urine are reported and compared with their normal range values.

The paper ends with a small section on the Greek mythology of *Tityus* from which this scorpion genus derives its name.

8. The Argentum group
LOUKAS, George (HL. 17, 4/2004)

The descriptions of Argentum group, beginning with *Argentum metallicum*, which expresses the group's features are given. Then its salts are described: *Argentum nitricum*, *Argentum muriaticum*, *Argentum muriaticum natronatum*, *Argentum muriaticum kalinatum*, *Argentum sulphuricum*, *Argentum chromicum*, *Argentum phosphoricum*, *Argentum arsenicosum*, *Argentum iodatum*, *Argentum bromatum* and *Argentum carbonicum*. 28 new triplex salts of Argentum are mentioned!

III. THERAPEUTICS

1. Homöopathische Behandlung von hyperaktiven Kindern (Homoeopathic Treatment of Hyperactive Children)
FREI, Heiner et al (ZKH. 50, 1/2006)

This article is the outcome of randomized, placebo-controlled double-blind Crossover Study by Heiner FREI, Regula EVERTS, Klaus VON AMMON and André THURNEYSEN.

Between 2001 and 2005 an inter-disciplinary research team at the University of Berne performed a scientifically rigorous randomized controlled trial with homoeopathic treatment of 62 ADHD-patients. In an initial phase of open label treatment the

optimal individual homoeopathic prescription was determined. This "screening-phase" was followed by a randomized double blind trial with cross-over, in which the effects of homoeopathic treatment and placebo were compared. An open label treatment follow-up of a mean duration of 19 months yielded further information on the over-all effects of Homoeopathy in ADHD patients.

The trial yields scientific evidence of the effectiveness of Homoeopathy in ADHD treatment, particularly in the areas of behavioural and cognitive functions.

The author has published a book on the treatment of children with ADHD (Attention Deficit Hyperactive Disorder), Stuttgart, Haug, 2005 (German). Attention is also drawn to an article in the **European JI. of Ped.** 2005; 164 (12); 758-767, by the same authors. [Children with ADD/ADHD are on the increase. In our experience the present day life style of fast foods, Pizzas, Potato chips, Chocolates and Chocolate laced items, hours of T.V. watching, Video games, Cell phones are strong causes for this state. The highly competitive high-marks-scoring schooling, etc. tend to produce this disorder. In homes where both parents go to work and is a single-child home also, this is not unusual. Voluntary life-style changes would help treatment; if the maintaining cause is not removed results may not be positive. Since ADD/ADHD is on the increase in India, Homoeopathy Practitioners would do well to pay attention to this. Feedback is welcome. = KSS]

2. Hypertonic - *Belladonna* als Chronisches Mittel (Hypertension - *Belladonna* as Chronic remedy)
EMMRICH, Peter (ZKH. 50, 1/2006)

A 78-year-old woman with arterial Hypertension and pain in the fifth toe (small toe) has been treated successfully with *Belladonna* Q6/12. Follow-up: She remained free from the complaints.

3. Homöopathische Behandlung der Vögelgrippe - Eine Betrachtung zu einer potenziellen Influenza-Pandemic (Homoeopathic Treatment of Bird Flu - Consideration of a Potential Influenza-Pandemic)
STAHL, Edgar; HADULLA, Michael M.; RICHTER, Olaf (ZKH. 50, 1/2006)

Epidemia and Pandemia are as old as Medicine itself. Also the treatment of these diseases by Homoeopathy are as old as the origin of Homoeopathy itself. A Cholera epidemic came on

soon after the Leipzig battle in the Napoleon Wars, in 1830; this Cholera Epidemic was treated by HAHNEMANN successfully. Also very interesting positive results were obtained in the homoeopathic treatment of the Spanish Influenza in 1918, after the World War I. This Flu was caused by an aviare virus. The authors have quoted extensively from Herbert FRITSCHÉ's book '**Die Idee der Homtiopathie**' (Biography of HAHNEMANN) particularly with regard to the Cholera epidemic and the therapeutics recommended by HAHNEMANN. The "half-homceopaths" of Leipzig called HAHNEMANN "dogmatic", "senile". However when Cholera knocked at the doors of Koethen, HAHNEMANN was prepared with the Genus Epidemicus. "For the latter stages of Cholera he (HAHNEMANN) had remedies like *Cuprum*, *Hellebore*, *Veratrum*, etc. He knew even before the Cholera period the striking peculiarity of *Camphor*; the **Pure Materia Medica** speaks of it. He knew the method by which the Cholera causative organism could be removed viz. *Camphor*. First *Camphor* the aseptic to kill the causative organism and then the individual symptoms - Symptoms of *Bryonia*, *Cuprum*, *Rhus toxicodendron* and *Veratrum* - appear. Two-phased procedure from HAHNEMANN himself!" A.V. GEBHARDT has written "In the years 1830 and 1831 in Saratoff, Tambtoff and Twer in Russia, 1270 Cholera patients were treated homceopathically and 1162 of them were cured and 108 died. This is to be kept in mind, quite a strong positive result; this matches with the experiences in Hungary, Mahern and Vienna. Statistics from many other places are also similar. ... Cholera visited the Caribbean Islands too; in Barbados 2113 persons were afflicted. Of the 346 treated allopathically 154 died and out of 1767 treated homceopathically only 370 died. Of the 1371 persons with Cholera in Raab in Hungary 1217 were treated allopathically of whom 578 perished and of the 154 treated homceopathically by Dr. BAKODY only 6 died."

About 100 years later and yet again after a terrible war a fearful pandemic came: the Spanish Flu.

According to new researches the 1918 Spanish Influenza was actually a Bird Flu virus, which victimized more than 20 million people, a variation of the Bird Flu Virus A/H1N1. Germany alone counted death of almost 300,000 due to the Spanish Flu. In all this, there have been some regions where this Pandemic was controlled and treated by homoeopathic Medicines. Remedies like *Rhus toxicodendron*, *Bryonia alba*, *Belladonna*, *Ipecacuanha*, *Baptisia*, *Arsenicum*, *Eupatorium*

perfoliatum, *Phosphorus*, *Cuprum*, *Veratrum* are some remedies that should be studied after collecting the Totality of the Epidemic.

[It is unfortunate that homoeopathic community has been indifferent to the potentialities of Homoeopathy. They only mouth it and engage in mutual recriminations, unnecessary kite-flying in Signature and speculative theories (as early as 1810 in the I Edition of the Organon HAHNEMANN has warned of such attempts, as futile) and make practice as difficult as it can be made to be. It is time that we wake up = KSS]

It is now necessary that these experiences are collected and studied so that a future epidemic may be successfully handled by Homoeopathy.

4. Kleine interessante Akutfälle in der Kassenarzt-praxis (Interesting Acute Cases in Clinical Practice)
WILD, Stefan (ZKH. 50, 1/2006)

Five acute cases from daily General Practice is presented by the author to show how correct perception of characteristic symptoms from the Anamnesis and observation shows the homoeopathicity of the so-called 'lesser' remedies.

5. Erfahrungen mit der homöopathischen Arznei *Staphisagria* - Teil 2 (Experiences with the homoeopathic Medicine *Staphisagria* - Part 2)
THOMAS, Christoph (ZKH. 50, 1/2006)

Part 1 appeared in the ZKH. 49, 3/2005 (See QHD. 23, 3&4/2006, No. 5, Chapter 'Therapeutics') in which Dr. Christoph THOMAS has listed several 'characteristics' of *Staphisagria*.

In this, Part 2 the author says that a study of our literature revealed that several experiences of his practice were already described in the literature but hardly acknowledged. In the light of these, certain additions to the KENT Repertory and some elevated to higher grade are proposed. [It would be useful to study the whole article - Part 1 & 2 would be translated and provided in Part II of the QHD = KSS]

6. Hahnemanns Therapeutisches Vorgehen in Jahren 1831-1835 (HAHNEMANN'S Therapeutic Procedure in the years 1831-1835)
BUSCHE, Jens (ZKH. 50, 2/2006)

HAHNEMANN'S therapeutical concept is presented extensively through four case histories. Besides, his homoeopathic therapy, HAHNEMANN made use of certain aspects of contemporary dietetics. He not only suggested therapies of his

time, but also tolerated self-medication with household remedies in critical situations. The commitment to the physician was supported by a network of patients and maintained by supporting therapy regimes.

Throughout the Course of Therapy, there are noteworthy differences of evaluation in the notes of both physician and patient.

This interesting article is based on the study and transcription of some 'HAHNEMANN letters' of which over 5500 are preserved in the Institute for History of Medicine, Robert Bosch Institute, Stuttgart.

7. Ein Junge mit Adenoiden, rezidivirender Otitis Media und Mukotympanum - *Staphisagria* (A boy with recurrent Otitis Media and Mucotympanum - *Staphisagria*)
THOMAS, Christoph (ZKH. 50, 4/2006)

This is another case of *Staphisagria* by same author. The further curative range of this remedy is highlighted.

A boy was under homoeopathic treatment from his birth to 13th year without a 'cure'. While the Simillimum was not discovered, the boy became worse in the treatment with different homoeopathic medicines. Ultimately *Staphisagria* cured. This shows the role of *Staphisagria* in inflammatory processes. The remedy was diagnosed via the 'mind' state. As stated in his earlier case reports Dr. C. THOMAS explains that *Staphisagria* is under-represented in the Repertory, and suggests additions. [This is the fascination of Homoeopathy. There cannot be a tight 'grouping' that certain remedies alone are for inflammatory processes; or for that matter any pathology. Ever and ever we find the curative range of the remedy widening and deepening in Homoeopathy = KSS]

8. Integration der Homöopathie in die geriatrische Akutclinic (Integration of Homoeopathy in the Geriatric Acute Clinic)
TEUT, Michael (AHZ. 251, 1/2006)

The article summarizes the author's experience of integrating Homoeopathy in a modern geriatric hospital. 120 geriatric cases were retrospectively evaluated. Mainly patients with severe pathologies were treated with Homoeopathy in addition to their conventional allopathic therapy. Most patients were treated with single remedies and low potencies. The homoeopathic methodology of BCENNINGHAUSEN and BOGER was especially suited to modern hospital conditions. The

perspectives of integrating Homoeopathy in modern hospitals are discussed.

The author feels that the reason for a total absence of homoeopathic hospital in Germany is due to the fact that Homoeopathy is unwilling to be integrated with the Main Medicine (Allopathy). To be integrated it should fit into an integrative model. [While the author's intention is laudable it should be understood that with its completely opposite methodologies Homoeopathy can never fit into any model. Integration means to integrate with the dominant Medicine; after integration there will be no more Homoeopathy as such; its identity will be lost and soon its quality too will get dissolved into the main medicine. There is, however, a strong case for Homoeopathic Hospitals where Homoeopathy will be the Main Medicine, if such an arrangement would at all happen = KSS]

9. 10 Jahre Homöopathie am Dr. von HAUNERSCHEN Kinderspital (10 years of Homoeopathy in the Dr. von HAUNERSCHEN Children's Hospital)
KRUSE, Sigrid; DORCSI-ULRICH, Mina; LUCAE, Christian (AHZ. 251, 1/2006)

The pioneer Project "Homoeopathy in Paediatrics" at the Dr. von HAUNERSCHEN Children's Hospital, University of Munich began in 1995. The aim of the project is the integration of Homoeopathy into daily clinical practice and the work on clinical Trials. The strategy, acceptance, procedure, focus and application of homoeopathic treatment in this hospital are demonstrated by some clinical cases.

10. Homöopathie bei Infectious Krankheiten in der Kinderklinik (Homoeopathy in Infective Diseases in the Children's Clinic)
LUCAE, Christian (AHZ. 251, 1/2006)

The possibilities for homoeopathic treatment of infectious diseases in a Children's Hospital are discussed. Six cases are described with details of different therapeutic approaches and the cooperation with conventional medicine are demonstrated.

The cases are: 1. RSV Infection in a 4-month-old, 2. 12-month-old child with Obstructive Bronchitis, 3. 3/2-year-old child with Stomatitis Aphthosa, 4. Angina Tonsillaris in a 14-year-old girl, 5. Pertussis in a 9-month-old child, 6. Meningitis in a 3%-year-old boy.

Homoeopathy has not been applied exclusively in most of these and only in potency up to 30c. [Cases such as these are normal in a general

homoeopathic consultation in India and homoeopathic medicines are exclusively used and good results are obtained. It would be in the interest of the people if homoeopathic hospitals are encouraged so that Government's health-care (as they call it) costs will be halved at least. = KSS]

11. Krebs und Homöopathie (Cancer and Homoeopathy)
PAYRHUBER, Dietman (AHZ. 251, 1/2006)

The analysis of the periodic table by Jan SCHOLTEN has brought about a quantum leap for homoeopathic Medicine. Already more than one hundred years ago, Constantin HERING demanded a classification of the remedies, in order to be able to study them in comparison, to recognize the important and drop the unimportant elements of Materia Medica. SCHOLTEN elaborated the chemical elements systematically, showed their mental form and offered group analysis. Indeed we compare the energized state of a mineral, which is equivalent to a theme, an archetype, with the mental constitution of the patient. The tumor as a local symptom is the result of the disturbed life force. This method leads to precise prescriptions and to significant results even in cases that have shown to be resistant to conventional Cancer therapy.

12. Lyme Disease: Evaluation and Treatment
HOOVER, Todd A. (AJHM. 98, 3/2005)

Lyme Disease is transmitted through Tick bites. Primary **Lyme Disease** is characterized by Erythema Migrans ranging in size from 3 to 50 cm in diameter. Rash typically occurs at the site of bite. Accompanying symptoms are malaise, low-grade fever, chills and myalgias.

Secondary **Lyme Disease** is marked by inflammation of the joints, with one knee being the characteristic target. Pain, swelling, erythema and stiffness.

Tertiary **Lyme Disease** is divided into Neurological type and Cardiac types. Neurological type causes diminished cognition, memory defects, processing difficulty, depression like symptoms, Bell's palsy, neck stiffness and peripheral neuropathies.

Cardiac type includes arrhythmia or bradycardia, weakness, faintness, palpitations and dyspnoea.

By far, the best treatment for **Lyme Disease** is prevention.

The author argues for "the timely use of antibiotics in the very early stage of Lyme and the suppressive consequences of its are minimal to nil.

In acute stages *Ledum*, *Apis* or *Ferrum phos* may be indicated.

Case 1: A 15-year-old girl with Chronic Lyme Disease. Initial symptoms, two years earlier were expanding red rash on the chest, headache as if bursting, screaming with pain, fever 105°, red face, erratic behaviour during fever, cramping and vomiting. Given antibiotics. Six months later, abrupt onset of recurrence, headache, stiff neck, high fever and weakness, irritable, pounding headache, abrupt episodes of nausea.

Belladonna 200, single dose. Over the next two months, headaches and nausea resolved, fever did not recur and her moods returned to normal. In the next one year, once recurrence with ear pain and responded to *Belladonna*.

Case 2: 44-year-old woman with two episodes of Lyme Disease. Initial symptom was severe fatigue with the positive test. Then twitching muscles, dizziness, frequent urination, insomnia and ringing in ears. Initially antibiotics were helpful, then effectiveness diminished. She had weak memory, hurried nature, anxiety about health and desire for sweets.

Argentum nitricum 200. In the next three months all symptoms resolved very well and in the next four years of follow up no problem.

13. Treating People with Eating Disorders with Homoeopathy
FEINGOLD, Ellen (AIHM. 98, 3/2005)

Dr. FEINGOLD describes the clinical presentation of various eating disorders like Anorexia nervosa, Bulimia nervosa, Binge eating and Night Eating Syndrome.

She then provides a detailed accounting of the relevant rubrics in our repertories, which can be applied to these disorders.

14. Overwhelmed with Worry
GUESS, George (AIHM. 98, 3/2005)

68-year-old man complained of being overstressed. His married daughter was mired in a domestic problem (violence, drugs) and on hearing he was stunned, felt numb all over and chilled. Sleep affected. Unfamiliar anxiety, aggravated every time the phone rang. The reaction to this bad news was capsulized as 'shock', *Arnica* 200, plussed in water, one dose every 6-8 hours until better.

Within few hours of the first dose he felt amazingly better and no relapse. His anxiety level markedly declined. Thinking cleared and no numbness or chill. Later was able to effectively offer help for his daughter.

15. The Homoeopathic Treatment of Pneumonia
SAINÉ, André (AIHM. 98, 4/2005)
Reported by LEVATIN, lanet

(Dr. LEVATIN reports on a Seminar given by Dr. André SAINÉ)

According to Dr. SAINÉ, patients with Pneumonia are easy to treat homoeopathically, regardless of the type of Pneumonia as long as the fundamental principles of Homoeopathy are abided by. He reported 150 cases without a single failure.

- One out of 25 Americans dies of Pneumonia.
- Pneumonia is the leading cause of death from an infectious disease in the United States.
- Prior to the era of antibiotics, the death rate from Pneumonia averaged 30%.
- Presently, the average death rate from Pneumonia is 18%.
- There is a 70-100% death rate from antibiotic-resistant *Staphylococcus aureus* and *Pseudomonas* Pneumonia in hospitals and nursing homes.
- In the United States, Pneumonia is the second most common reason for hospitalization.
- Many experienced homoeopathic practitioners don't dare treat patients with Pneumonia with Homoeopathy, falsely thinking that Allopathy is the treatment of choice or that it is too difficult to achieve success with Homoeopathy in such cases.
- On the contrary, however, Homoeopathy is the treatment of choice for patients with Pneumonia. With pure Homoeopathy, the death rate in patients with Pneumonia, even with the most virulent cases, should be less than one percent.

It is necessary to have a complete picture of the disease and of the patient who has the disease. Then developing the genius of the disease by assembling the most characteristic symptoms in a hierarchy. Search for remedies that are most similar to the genius and then careful differential study to select the similimum. The remedy must be repeated even though the patient is feeling better - for optimal success.

Physical examination is an important part of the history. The pulse rate will start to decrease when the similimum is given because oxygen exchange will begin improving. Try to isolate areas of consolidation or exudation.

For Congestive stage, the remedies indicated are *Aconite*, *Belladonna*, *Bryonia*, *Gelsemium*,

Ferrum phosphoricum, *Sanguinaria* and *Veratrum viride*.

For the Red Hepatization stage, *Bryonia*, *Phosphorus*, *Sulphur*, *Chelidonium*, *Kali carbonicum*, *Lycopodium* and *Ipecac.* *Carbo vegetabilis*, *Arsenicum album*, *Antimonium tartaricum* and *Lachesis* in the late second stage.

For Gray Hepatization, *Sulphur* is commonly used.

For the Convalescence stage, patients probably need their chronic remedies. *Lycopodium* is commonly indicated.

Clinically, it is very important to pay attention to the stage of Pathology the patient is in. The more intense the condition, the higher the potency needed for the case.

16. Aspects of *Arnica*

Lurking in an Original Proving: A Symptom
ROBINSON, Karl (AJHM. 98, 4/2005)

Case 1: 42-year-old woman with Aneurysm of splenic artery underwent Splenectomy and recovered nicely with *Arnica* and *Bellis perennis*. A week later, her energy levels were low, weeping, lost twenty pounds and depressed. She was terminated from job and needed an income.

Sleepless, tossing and turning as bed feels hard. Low-grade temperature since surgery. Warm flushes of heat and loss of appetite.

Using **The Bönninghausen Repertory** (TBR) following symptoms were selected:

Hard, sensation as if surface lain on was hard, flushes, hopelessness and anorexia.

Arnica & *Rhus toxicodendron*. At this **Materia Medica Pura** was consulted; under *Arnica*. "Fears; anxious dread of coming evil." When questioned, she gasped in amazement and told at night she thought terrorists are going to come and take her as hostage.

Arnica 200 daily one dose.

5 weeks later: The medicine acted immediately and bed felt good. Nausea disappeared. Gained four pounds. All thoughts about terrorist ceased.

Three years later, the same woman was in Motor Vehicle Accident (MVA) February 2005, injuring her low back and her neck at C-5. A concussion was diagnosed and was speaking in a confused manner. She took *Arnica* after MVA for 2 weeks.

She was fired from her job and incurred significant debt. At the end of June admitted with 103°F with Diverticulitis. Recovered with antibiotics. Since the MVA, exhausted easily, tense

neck and sore and low back pain. Bed felt hard. Worried about Bill Collectors. Dreamt of terrorists. *Arnica* 10M two doses.

Four days later, neck much looser and back pain 50% better. No fatigue, sleep normal. Bed felt comfortable.

The author suggests addition of a rubric "Fear of financial ruin" with *Am.* in it. [In the Repertory we see *Psor.* also in 'Fear, evil' in higher grade. *Psor.* also has fear of poverty. In this case even the 'hard bed' is covered by *Psor.* Perhaps the concussion decided in favor of *Am.* = KSS.]

17. Homoeopathy and Hemochromatosis:

A Classic Case of Hypochondriasis or a Modern Case for Bloodletting?

PECK, Kathryn (AJHM. 98, 4/2005)

Recent genetic research has found that the previously seldom diagnosed condition, Genetic Hemochromatosis (GH) or Hereditary Hemochromatosis (HH), also called genetic iron overload disease, is in fact the commonest recessive genetic disease in Caucasian populations. Affected population studies show it to be a common cause of morbidity of chronic and insidious onset. Homoeopaths probably consult a lot of these patients. Early diagnosis can lead to curative and preventative treatment in the form of regular therapeutic phlebotomy. The role of the homoeopath may be to initiate early diagnosis, awareness and preventative treatment, complemented with supportive treatment to help patients recover from the shock of phlebotomy and from iron overload damage.

The pathogenesis of this disease extends our picture of the irons and in particular of *Ferrum metallicum*. It confirms the symptoms in ALLEN's **Encyclopaedia** - Extensive rheumatic symptoms of shooting and tearing pains, stiffness, numbness and lameness of the extremities and horrible sensitivity to noise.

Many of Homoeopathy's "Strange, Rare and Peculiar" symptoms suddenly make sense in physiological terms:

- **Here and there and Pains in spots** [locations of iron storage].
- "Better for diarrhea: *Phosphoricum acidum*:" as iron is absorbed from the intestine, *Phosphoricum acidum* has this amelioration despite its weakness from loss of other fluids.
- Better from a small hemorrhage: *Ferrum* and the other *Ferrum* salts [too much iron, without too much blood].
- Pseudo-plethora and easy flushing despite low blood pressure [too much iron, not enough blood].

- Ailments from abuse of iron [e.g. *Pulsatilla*: liver damage].
- *Ferrum* and its salts are leading osteoarthritis remedies.

18. Pyelonephritis: A Case Report
HEMPLER, Sharon (AJHM. 98, 4/2005)

22-year-old female in good health had a chill of sudden onset. It began in back and quickly travelled all over body. Body cold to touch during chill. Within few minutes temperature would rise suddenly with profuse sweat yet chills and heat continued. Restless and anxious during chill. Intense pain in legs.

For 3 days the same pattern continued. Urine analysis revealed Pyelonephritis and started on Ciprofloxacin.

Increased thirst for very cold during chill. She was also constipated with decreased bowel sounds.

Bryonia, *Rhus toxicodendron* and *Phosphorus* had no effect.

On the third day of antibiotics the urine was stinking and next day bed felt hard.

Pyrogenium 200. Five hours later that day woke up and felt better. Appetite was returning. Able to sit up. Chills, temperature and pains disappeared by afternoon. Then had a normal bowel movement. [There is no swifter, harmless, total curative therapy than Homoeopathy = KSS]

19. Treating Summer's Itch - Poison Ivy
DOOLEY, Timothy R. (HT. 25, 4/2005)

The reaction to poison-ivy plant varies in different persons. This indicates individual immune system responses.

Indications for *Anacardium*, *Croton tiglium*, *Graphites*, *Ledum*, *Rhus tox* and *Sulphur* are given.

Other therapies like herb Jewelweed, flowers of the manzanita bush, poultices made from clay, freshly crushed plantain species or golden seal powder are often helpful.

20. My Encounter with Poison Ivy
WINSTON, Julian (HT. 25, 4/2005)

Julian was digging for Podophyllum root with Poison Ivy plants around him for about 3 hours. That night at 2 a.m. awakened by pain in muscles of chest from shoulder to shoulder, better by movement, restlessness and better by hot bath. He realized he was doing a Proving. By morning symptoms cleared. A friend with cold, with restlessness, thirsty for milk and bright red tip of

tongue was resolved by *Rhus tox* 30 in about 4 hours.

21. Stings of Summer
CROCE, Ann Jerome (HT. 25, 4/2005)

For stings of bees and wasps - *Apis mellifica*
First choice in bites and stings - *Ledum palustre*
Sting in an area of soft tissue - *Arnica*
Bites and stings in nerve-rich parts - *Hypericum*
Area around sting is bluish/purplish instead of usual pink/red - *Lachesis*

22. Beekeeper Gets Stung
LILLARD, Joe (HT. 25, 4/2005)

25 years ago, got stung on the temple and within minutes started itching under arms, then in crotch. No > from sitting in creek water. Troubled breathing and was turning even redder.

Apis 6x one tablet at a time, looking for any change in symptoms. Seven doses in next 5 minutes, and all of a sudden calmed down.

23. A Bad Yellow-Jacket Sting
WINSTON, Julian (HT. 25, 4/2005)

A person with multiple stings on the upper arm by yellow-jackets (small wasps) was delirious and horribly swollen arm with burning.

A dose of *Apis mellifica* 200 and a minute later, redness lessened and burning less. A minute later, again burning, another dose. Five minutes later, another dose. This continued with the times between doses getting progressively longer - 8 then 12 then 15 minutes. Two hours later, the swelling, which had totally subsided, was returning. Another dose and his symptoms abated.

24. A Little Palliation Goes a Long Way
How Homoeopathy can help the Terminally III?
CASTRO, Miranda (HT. 25, 4/2005)

Susan, 70-year-old, with diagnosis of advanced liver Cancer. She had none of the typical symptoms of liver Cancer. Left sciatica with hard swelling of left leg since two or three years. Insomnia after 2 a.m. Affectionate, tidy, constantly worried about family. Does not like sympathy at all.

Arsenicum 12 twice daily. Two weeks later, not better and lost her appetite.

Arsenicum LM 1. Two weeks later, her sciatica was worse. Restless with burning pains. As no other remedy was indicated *Arsenicum* was continued.

Two weeks later, some symptoms were better, but her liver Cancer became active. LM 2. Two weeks later, legs more swollen. Vitality dipped, frail, thinner and more lethargic. Ascites. Morphine doses had been doubled to cope up with pain.

Shortly after he was admitted and 5 pints of fluid were drained. Scan revealed metastasis.

Stubborn to help her, **Mac Repertory** and Reference works was referred to. Rubrics - loquacity, childish, conscientious about trifles, dropsy, cancerous affections, affections of the liver were considered and few remedies arrived at and referred to *Materia Medica*.

Carboneum sulphuratum LM1 daily and over the next month her sciatic pain completely cleared. Swelling in legs went down and could walk. *Morphine* 200 to antidote the after-effects of *Morphine*. Nausea and vomiting both cleared up immediately.

Over the next month she continued to improve, to feel better overall, to eat more and even enjoy her meals. Eyes sparkled. A month later, she became tired and for the first time accepted her illness. She gathered her friends and loved ones and said her good-byes. She had a drug-free, peaceful and conscious death at home.

25. Pain Control in Advanced and Terminal Stages of Cancer

An Excerpt from **A Homoeopathic Approach to Cancer**

RAMAKRISHNAN A.U. & COULTER, Catherine R. (HT. 25, 4/2005)

There is a group of pain-relieving remedies that are effective when the Cancer Nosode, organ-specific or constitutional remedy are of no avail. They are *Aconite*, *Arsenicum album*, *Aurum metallicum*, *Cadmium sulphuricum*, *Chelidonium* (Metastasis to liver), *Euphorbium*, *Hydrastis*, *Magnesium phosphorica*, *Nux vomica*, *Opium* and *Plumbum iodatum*.

26. Tending the Dying

Homoeopathy at the End of Life
MOSS, Dale C. (HT. 25, 4/2005)

Marie, 87-year-old woman underwent Laminectomy for a chronic back pain and contracted a Staphylococcal infection and developed Pneumonia and began to fail. She was connected to a stomach feeding tube; an IV for fluids and medications and various monitors. The treatments seemed to be causing her more distress than benefit. There was a flicker of fear in her

eyes. It was decided that Marie was to be removed from feeding tubes and IVS, that she was to be given no more on anti-biotics and not put on dialysis.

Arsenicum 1M in distilled water in a bottle and then applied to moisten Marie's lips occasionally. *Antimonium tartaricum* 30, helped her from the rattling mucus and reduced the need of suction.

Opium 200 for her expression of suffering, her constant sleep and her long and unhappy history with anesthetics and her dependence on narcotics to deal with chronic back pain.

A few pellets of the remedy and she was resting comfortably for the first time in hours. Next day her pulse was dropping, feet were icy cold and mottled dark blue from pooling venous blood. Breathing grew shallower and softly expired her last breath.

27. A Friend in Need

Grief can affect us in many ways.

ROTENBERG, Bonnie (HT. 25, 4/2005)

Deborah, a friend telephoned in an unusual monotone and complained of painful stiffness of neck, exhaustion and has affected her whole mood. Not caring anything.

She is a passionate woman and her indifference was even more notable than her stiff neck. She had diarrhoea and craving for yogurt.

Phosphoricum acidum to be taken once a day for three days. Two hours later the authoress recalled that Deborah had put her beloved dog to sleep five days earlier.

Within a couple of days her stiff neck resolved and return of her vibrancy and joie de vivre.

28. The Homoeopathic Approach to Post-Traumatic Stress Disorder (PTSD)

SHALTS, Edward (HT. 25, 5/2005)

The number of patients with PTSD secondary to 9/11 remains remarkably high. Children with PTSD may worry about dying at an early age; lost interest in activities; have physical symptoms such as headaches and stomach aches; show more sudden and extreme emotional reactions; have problems falling or staying asleep; be irritable or angry outbursts; have problems concentrating; act younger than their age; show increased alertness to the environment.

For acute reactions that occur within minutes, hours, or days of a traumatic event, finding the remedy may be easy. This may not be the usual trauma remedies, may need their constitutional remedy (depending on their reactions?).

e.g. Case 1: Jerry, 16, with severe Migraine headache. His headache started at 12, when he witnessed his best friend being shot and killed right in front of him. Sleepless because of those tormenting thoughts. Reserved, adding extra salt to his food.

A dose of *Natrum muriaticum* 200 eliminated his Migraines.

Case 2: After a minor accident Mary and Ben were visibly shaken. Mary was weeping and wanting to be comforted and hugged whereas Ben was visibly anxious and extremely detail oriented. Mary needed *Pulsatilla* and Ben, *Arsenicum album*.

Case 3: Sam, 13 years, could not concentrate at school, absent minded, delusions that he's possessed, dullness, fear something will happen and cannot be alone. All these since 9/11. Vertigo in morning on rising. *Mancinella* 200. Impressive improvement in about 6 weeks.

29. Prescription for PTSD

SHALTS, Edward (HT. 25, 5/2005)

Indications for *Aconite*, *Arnica*, *Arsenicum album* and *Stramonium* are given.

30. Severe Burn Trauma, Successful Treatment

A Homoeopath on the Front Lines in Remote India

BOVA, Barbara Lynn (HT. 25, 5/2005)

Himalayan Institute Hospital Trust (HIHT) in the state of Uttaranchal is a non-profit state-of-the-art hospital whose mission is to develop integrated and cost-effective approaches to health care. HIHT offers medical services to millions in North India, many of whom are poor and have no access to little or no health care.

BOVA, in association with Plastic Surgeon Sanjay DVIVEDI did a trial study on the treatment of second- and third-degree burns. The study used both homeopathic topical applications and oral remedies, in combination with conventional allopathic treatment.

The results were startling and they are photographically documented. (see www.homeopathytramna.com)

Observations from pilot study.

- Pain, discomfort, and suffering associated with burn injuries are considerably alleviated. Administration of antibiotics and painkillers is often decreased. Calming effect on the general psychological state.
- Healing time is accelerated and recovery time is reduced.
- The risk of infection is reduced.

- The amount of disfiguring scar tissue and incapacitating contractures is considerably reduced.
- The need for grafting is reduced or eliminated.
- Usually 100% acceptance of graft.
- Fatalities and financial burdens are reduced.

Case: 16-year-old Krishna sustained electrical burns - mostly third degree - on his face, neck, chest, legs and feet and admitted to the ICU on May 24, 2003.

From 26th, he was started on oral homeopathic *Arnica*, *Calendula* and *Cantharis* rotated throughout the day with at least one-hour interval between two remedies. *Arnica* and *Calendula* to overcome the shock and assist the healing process. *Cantharis* to soothe the pain of the burns. Continued till 5th June. Distinct signs of improvement over the next few days. Many allopathic drugs were discontinued.

On 2nd June, he was moved out of ICU, his urinary catheter was removed.

From 5th June, *Cantharis* was stopped and *Causticum* was started to help heal deeper burns. *Calendula* tincture locally. On 6th June, necrotic and gangrenous tissues on feet were removed. *Millefolium* tincture orally and *Lachesis* to control bleeding of wounds. *Arnica* was stopped; *Calendula* and *Causticum* continued. *Hydrastis* to boost immune system and assist with general healing, weakness and debility.

Skin grafting on 20th June. Discharged on 28th.

Case: 30-year-old man with flash burns to face, left upper chest and part of back. *Arnica*, *Cantharis*, *Causticum*, *Calendula* and *Plantago* tinctures added to standard dressing mixture. Wounds debrided days later. By 10th day wounds have healed. Discharged in 22 days with minimal scarring.

In 2004, a paper titled "The Role of *Calendula* in the Healing of Partial Thickness Burns" was presented in the **National Association of Burns India Conference**.

With addition of *Calendula*, re-growth of tissue in 10.2 days with less pain and discomfort and rapid re-pigmentation.

Several other pilot studies are being conducted.

31. A Most Dramatic Burn

CASTRO, Miranda (HT. 25, 5/2005)

A couple of years ago, when the authoress travelled to New Zealand, she blew her hand while plugging the computer. A dose of *Aconite* for the shock. The palm and underside of the fingers were black. The main damage was a deep, round hole at the second joint of the middle finger - one quarter of an inch in diameter and depth. It looked as if it

had burnt straight through to the bone. *Causticum* 200, many doses did not relieve. A dose of *Kali bichromicum* 200 provided noticeable pain relief within minutes. Less than three hours, the hole had already started healing. Next day minimal pain and within a week healed with no scar.

32. Attack of the Hot Dinner Plate
RENKERT, Elizabeth (HT. 25, 5/2005)

A very hot dinner plate caused a second-degree burn. The skin of three fingers was becoming red and redder and a blister was forming on two other fingers.

Ferrum phosphoricum 30 was taken and less than a minute later the pain was diminishing and redness began to recede. Within hours the blister formation stopped. Next day no hint of burn or soreness.

Ferrum phosphoricum also cured a woodstove burn and a brush burn from falling stairs.

33. Baking Accident
NAFISA, Rifat (HT. 25, 5/2005)

The authoress **burnt** her hands by grabbing heavy metal bread pan. Searing pain and literally fell on floor. A dose of *Cantharis* 50M and instantly felt complete relief. No pain. No blister. After 30 minutes intense throbbing pain returned suddenly. One more pellet and no more trouble - not even a red mark on her palms.

34. Toxic Thimerosal Can Heal
PROCIUK, Peter J. (HT. 25, 5/2005)

21-month-old Jason was brought for consultation on 29.07.03. Tetanus Toxoid Vaccine was given at the age of 16 months. His immediate reactions were marked redness and swelling at the injection site lasted several weeks.

Over the next few weeks, he became very irritable, his speech development stopped. Prolonged tantrums with screaming, grimacing, clenching, hitting, kicking - many times a day. Restless sleep and fussy eating. *Stramonium*, *Tuberculinum* and *Chamomilla* had no effect.

As the problem started after vaccination, a remedy would be either the offending vaccine or a constituent of the vaccine. So Thimerosal was obtained and potentised.

A dose of *Thimerosal* 200 was given. Jason's tantrums stopped entirely within two days and within a week an explosion in his speech development. By the end of the second week all his behaviors had reverted to his healthy pre-

vaccination state. During the third week he had loose stools several times a day for several days but without change in his energy.

In some cases of infertility where there was prolonged use of the birth control pill, the author has given potency of those drugs and three of his patients have conceived.

A patient developed severe food allergies after exposure to methylene chloride in a lab. After several well-indicated remedies failed, a homoeopathic potency of methylene chloride produced a profuse night sweat that bleached the shirt. Over the course of weeks, she began to tolerate foods.

The approach is an alternative when treating certain complicated cases where traditional homoeopathic remedies seem to fail.

35. Concussion
How to Handle a Serious Conk on the Head ...
It's Nothing to Crack Up About
DOOLEY, Timothy R. (HT. 25, 6/2005)

The author's son Conan was in a motorcycle accident. He was seen sliding across the pavement in his motorcycle body armor. He had a blank, dazed look, asked same questions repeatedly, unable to comprehend or retain the answer. *Arnica* 200 every 10 minutes. No external sign of a head injury and his head did not hurt. No evidence of neck injury. There was some abrasions. His co-worker who brought him home, insisted to go the Emergency Room (ER).

He had classic symptoms of Concussion - confusion, did not remember the accident itself or what had happened immediately before or after.

As the author had years of experience in Emergency Medicine, and after repeated examination, trip to the ER was saved. Herbal salves and bandages for abrasions and he slept well and woke up after 5 hours, markedly improved. His amnesia was resolving and subsequent uneventful recovery.

NB: A head injury is serious when the following signs are there: Loss of consciousness, inability to move or feel part of the body, inability to recognize people or the surroundings, inability to maintain balance, problems with speaking or seeing, drainage of clear fluid from nose or mouth, severe headache, vomiting, paleness, irritability or drowsiness for more than 6 hours.

Indications for *Arnica*, *Hypericum*, *Natrum sulphuricum* and *Opium* are given. *Helleborus*, *Cicuta virosa*, *Zincum metallicum* and *Sulphuricum acidum* may be indicated in the convalescent phase of a head injury.

36. Freedom from Troubling Sinus Symptoms
SHALTS, Edward (HT. 25, 6/2005)

Homoeopathy promises a cure for Sinusitis. The author's personal experience is described. He developed Sinusitis at age four. Antibiotics with limited success. Then frequent headaches throughout childhood. Then surgically draining of sinuses twice in a year. Then practiced Yoga rigorously for many years, which kept Sinusitis at bay. In 1988, with the stress of immigrating to the U.S. and discontinuation of Yoga practice, Sinusitis returned in full force. In 1990 after a homoeopathic remedy completely free for 11 years. In 2001, Sinusitis returned briefly and another homoeopathic remedy and Sinusitis - free ever since.

Indications for *Hydrastis*, *Kali bichromicum*, *Mercurius solubilis*, *Mercurius iodatus flavus* and *Mercurius iodatus ruber* are given.

37. How to Survive and Thrive Instead - From the Stress of Holiday Season
ROTHENBERG, Amy (HT. 25, 6/2005)

Holiday season brings on the stress in the form of family gatherings, travel and dietary indiscretions coupled with anticipation, extra food preparation and cleaning.

Vulnerable patients are to be encouraged to expect less and stop trying to do everything for everyone.

Loren, a mother of three with chronic Sinusitis. Incapacitating headaches at times. Years of Allergy medications. She had copious watery discharge, dry chapped lips and canker sores. Need to withdraw when not feeling well; concern with perfection and neatness and overall sensitive nature.

Nat rum muriaticum helped her over the years. It made her to make relevant life style changes that encouraged and maintained health.

38. Bird Flu Threat

What you need to know to be prepared
PERKO, Sandra (HT. 25, 6/2005)

Research shows that the breeding place for major Flu viruses is in the intestines of wild ducks. The homoeopathic specific Influenza remedy, *Oscillocochinum* was prepared from tissues of wild ducks. Prepared by Dr. Joseph ROY, in France during the 1918-1919 Spanish Flu Pandemic.

In 1997 the H5NI virus - Bird Flu - was detected, which has a 50% Mortality rate.

In case of a Bird Flu epidemic, the remedies that can be considered are *Arsenicum album*,

Baptisia, *Bryonia*, *Eupatorium perfoliatum*, *Gelsemium*, *Influenzinum*, *Phosphorus*, *Rhus tox* as well as *Oscillocochinum*.

If extremely Pneumonia-like symptoms develop with Cyanosis, *Arsenicum*, *Carbo-veg.*, *Ipecac*, *Lachesis* or *Veratrum album* may be indicated.

If there is haemorrhage from lungs or nose, *Arnica*, *Carbo vegetabilis*, *Drosera*, *Ferrum phos*, *Ipecac*, *Phosphorus* or *Stannum* may be indicated.

If there is bleeding from every orifice *Elaps*, *Lachesis*, *Naja* or *Crotallus horridus* may be considered.

NCH Flu Tracker tool at www.homeopathic.ori can help in arriving at the genus epidemics.

39. Homoeopathy for Serious Acute Illness
GOODMAN-HERRICK, Pearlyn
(HT. 25, 6/2005)

Case 1 William, developed Peritonitis after an abdominal surgery. Despite medications he was in great pain. Lying quietly on his back with his knees bent, answering briefly. Every movement was painful. Obstinate constipation. *Bryonia* 1M within 15 minutes he gradually stretched out his legs, became very comfortable and cheerful and had an easy bowel movement. 30 minutes later, return of pain and another dose. Pain did not return, Peritonitis resolved.

Case 2: 43-year-old man with severe Viral Meningitis, lying quietly in a darkened room with excruciating head and neck pain, better by pressure. Lost much weight as he could not eat. Several medical specialists could not relieve him. *Bryonia* 1M. Within 15 minutes he sat up and was shuffling around. Another dose when the headache became intense. Next morning woke up feeling almost normal and a day later totally back to normal.

Case 3: 46-year-old woman with sudden chest pains, diagnosed as Pericarditis. Pains were worse from slightest motion, even inhalation and better by pressure. *Bryonia* 30. 60% better by bedtime. Three doses at three hours intervals and by morning 95% better and ready to travel.

40. The Ripple Effect

SHETYE, Prasad S. & KHARIWALA, Falguni K. (HE. 1, 1/2006)

Six-year-old boy with sudden high fever. 104°F. Delirious with fever. He looked very sick. Lips cracked and picking of lips. Severe abdominal pain. Moaning with fever and pain in limbs.

Sipping lemonade often. *Belladonna* was prescribed.

Ripple effect from the homoeopathic perspective is discussed. A ripple flows from within outwards; in that our exterior and all that surrounds us is a ripple effect of the state. § 3 is the epitome of the ripple effect, says the author.

By reflecting upon with what did the ripple start and what is its effect on one and his surroundings, the state and its projection is understood.

[The authors have been writing against the existing 'speculations' in Homoeopathy when presenting this journal to the profession, but have introduced their own philosophical ideas. A yarn is spun. I do not understand how this helps a Homoeopathy Practitioner = KSS]

41. A Serious Choice §258

SHETYE, Prasad S. & KHARIWALA, Falguni K. (HF. 1, 1/2006)

Case 1: 8½-year-old girl, with frequent cough and fever from IVi-year age. By age 3, full blown Bronchial Asthma, Pneumonia, depending on steroids & bronchodilators. On withdrawing the suppressive drugs, she did get acute attacks which were solely taken care of with homoeopathic medicines. Slowly and steadily attacks became less frequent and general health improved. In December 2005, Pneumonia recurred. Pain in right side of chest on coughing and had to hold it. Also right shoulder pain felt on coughing and had to hold it. Very cold and shivering. T° 103°F with severe headache and weakness. Craving for fruits and ice cream. Lower lip cracks. A week before she was doing very well. *Phosphorus* 6 single minimum dose and "was repeated in attenuations" (?)

Within a day fever came down and no chest pain and cough. An X-ray showed normal.

Case 2: 10-year-old girl in 2001 with severe Asthma since the age of three, dependent on Bronchodilators every day. Her growth was affected. Allopathic medicines were stopped and exacerbations were taken care of only with homoeopathic medicines. In Feb. '05 high fever with severe headache and severe stomach ache. She walked bent forward. Breathless, can't even cough because of pain in stomach and ribs. Shallow breathing. Every movement was painful. After thorough physical examination and investigations, Pneumonia was suspected and *Bryonia* 30 single minimum dose.

Chest X-ray revealed left lower lobe consolidation and collapse. Very next day, she

started feeling better in all her complaints. Two weeks later normal X-ray.

The medicine was repeated in deviated doses as and when required.

42. The Greatest Reward

SHETYE, Prasad S. & KHARIWALA, Falguni K. (HF. 1, 1/2006)

53-year-old man with Cirrhosis of Liver consulted in April 2005 with Ascites and grave deterioration of his liver function. (80% liver damage). Transplant was the only hope.

In 2000, his 24-year-old son died in an accident. This had a devastating effect on him. Alcoholic since 1985. Many ups and downs financially. He was dominating and angered easily. Offended easily. Emotional and sentimental. Fond of sad songs. Hatred for people. Punctual and can't wait. Very poor appetite. Intense craving for sour. Desires spices and meat. Aversion to sweets.

Sulphur 6, single minimum dose and instructions on diet and regimen.

May 2005: Feeling better. Reduced dosage of allopathic medicine. Swelling of body reduced. Blood pressure reduced. Liver function better. (The lab values are given). Blood sugar normal. Abdominal girth reduced.

Over the next three months, he progressively improved and by September 2005, he was in absolute health. In June 2006 - continuing good health. [One dose of *Sulphur* 6 has done so great work = KSS]

43. A Case of *Dendroaspis polylepsis*

BRYSCH, Irene Schlingensiepen (HL. 17, 3/2004)

23-year-old woman with thyroid problem and changes of mood. Sensitive to heat. Nervous. Reproaching self. Holding to the thought of being ill. Fear of being deserted, repudiated. Feeling that people cannot like me. Startled from dreams of falling. Dreams of being deserted. Always the feeling of having to do something to get love and appreciation. Hearing voices. Dreams of being tortured.

Feeling of being repudiated for a deep guilt point to *Iodine* and Leprosy Miasm.

Mercurius iodatus flavus 1M. Clear amelioration for three weeks and then back to her old state. Repeated twice and it did not help.

'Reference Works' was used to find Delusion/Dream/Fear to be in the same sentence as 'tortured'. *Dendroaspis polylepsis* covered almost all the symptoms of the case.

After the first dose of *Dendroaspis polylepsis* XM, her energy improved intensely and could study and concentrate easily. Overall 7 doses of XM were given. Anorexic bulimia was gone and thyroid functioning normally.

[A long tale - the anamnesis. How many among us could take so much time; and the ordering of a rare remedy, which took two months to be procured! And it is not a remedy about which we have a *Materia Medica*. Simple homoeopaths like me have no access to these medicines and surely we have enough in our armamentarium with which we can work out these cases. Personally I gain nothing from reading this Case Report = KSS].

44. Curing Viral Hepatitis with Homoeopathy
BAIG, Mirza Saleem (HL. 17, 3/2004)

The pathogenesis, the types, the signs and symptoms and prevention of Viral Hepatitis are given.

The indications for *Natrum sulphuricum*, *Phosphorus*, *Chelidonium*, *Magnesia muriatica*, *Chelone*, *Chionanthus*, *Lycopodium*, *Leptandra*, *Nux vomica*, *Bryonia*, *Mercurius*, *Arsenicum album*, *Calcarea carbonica*, *Taraxacum*, *Dolichos pruriens* and *Cornus circinata* are given.

45. The Unprejudiced Observer

Realise it or lose it!

SHETYE, Prasad S. & KHARIWALA Falguni K. (HL. 17, 3/2004)

Case 1: 27 year-old man with increased sexual desire with history of masturbation and affairs with impotency. Love sick with emotional upsets. Sentimental, loathing life and suicidal thoughts. Strong desire for pickles. Extremes of temperature aggravate him. Aversion to being touched. *Antimonium crudum* 30. In the next two years infrequent doses of 200, 1M and 10M.

Case 2: 50 year-old man with cracks in corners of mouth and tongue. Burning as from pepper. Dirty, untidy, hair shabby and unwashed face. Frowning often. Delusion of talking to God, religious and praying is the hobby. Egoistic and loquacious. Cravings for sour, pickles, salt and lemon. Blurred vision since 25 years and gas problem. *Veratrum album* 1M.

Two weeks later, he was well combed, looking fresh. Cracks in mouth and tongue 50% better. Another two weeks later, no cracks, no gas problem. Improved vision.

46. Mental diseases

A Case of *Helleborus niger*

PANCHAL, Manish R. (HL. 17, 3/2004)

15-year-old boy brought with behavioral changes. He stopped talking with anyone and avoided eye contact since a cousin entered a room when he was masturbating. Vacant look. Constant frown on face and side to side motion of the tongue. *Helleborus* 1M. Immediately, the whole demeanour and behaviour changed for the better. Started talking with doctors, patients and cousins. He returned to his original self.

47. Surviving with the Help of *Diospyros kaki* *Crevel* The World Tree

CREVELD, Marijke (HL. 17, 3/2004)

On 9th of August 1945, Plutonium bomb was dropped on Nagasaki. Near the epicenter one tree survived the bomb: the kaki tree. The tree signifies survival and the beginning of hope.

The remedy was prepared from the root, bark and fruit of this tree.

The Dream Proving with 200K, produced dreams of topics of survival, insecurity, danger, soldiers and rape.

The remedy is indicated in cases of psychological and physical problems, which are caused by a trauma as a result of war, fire, problems resulting from Chemotherapy, Radiotherapy and from poisoning with chemicals. The remedy enhances detoxification.

Case: Forty-year old woman with posttraumatic stress from burns. Nightmares in sleep. Acute senses. Always tired. Some part of the body itches always. Fluid retention in lower limbs, worse with heat.

A year after the burns from fire, treated for breast Cancer. Recurrent dreams of re-experiencing the traumatic event.

Diospyros kaki Crevel 1M. Three weeks later, dreams less strenuous. Reappearance of old knee problem.

Diospyros kaki Crevel 10M once a week during three weeks. Four weeks later, more energetic, calmer. Improved sleep. Concentration improved. Knees hardly bother. Still feeling of hands on fire.

Diospyros kaki Crevel 50M. In the next one year two more doses. No more complaints.

48. Laws of Cure on the Mental Level

VIEIRA, Gilberto Ribeiro (HL. 17, 4/2004)

The Laws of Cure can also be observed at mental level. To illustrate this the author presents cases of patients admitted in the psychiatric hospital 'Hospital Espfrita André Luiz (HEAL), Brazil, who

received allopathic and homoeopathic treatment simultaneously. The author explains as follows:

The appropriate homoeopathic medicine facilitates cure through the following points:

(1) **From top to bottom:** The remedy provides a new consciousness of himself or of something in his life, establishing healthy objectives or higher ends.

(2) **From inside to outside:** The remedy puts the surface reactions or defence mechanisms off and makes the basic suffering or the existential anguish appear, which was the cause and/or origin of those defenses.

(3) **The last symptom to disappear first.**

(4) **In the reverse order of appearance of symptoms with return of the old ones:** The remedy provides a quick disappearance of the last appearing symptoms, promoting relief and allowing the patient to revive in a spontaneous way or just strongly remember significant facts located in his own past to which the patient attributes an important role in the genesis of his illness or conflict.

Illustrated with seven cases. Very interesting article. Must be read in full.

49. Individualisation

Insight into Aphorism 153

SHETYE, Prasad S. and KHARIWALA, Falguni K. (HL. 17, 4/2004)

A Case of 27-year-old man is narrated and the impressions out of it are as follows: Fearlessness, anger, piercing gaze. Violence, maniacal feeling, desire to kill, want of remorse, dreams of violence, excessiveness in his expressions, disturbed sleep and hot feeling. *Haliaeetus leucocephalus* 6c.

He started feeling better and his liver function tests started improving and in eight months returned to normal levels. Intense anger subsided. Infrequent dreams. Emotionally calm and stable.

Deviated doses of 6c, 30c, 200c given. ['Signature' is used in this "interpretation" as it is the current 'fashion' in Homoeopathy = KSS]

50. A Sense of Territory

A Case of *Tiger's urine*

SHARFSTEIN, Catherine (HL. 17, 4/2004)

A series of sixty questions asked, from the previous answer, forms the case report. Repertory and rubrics did not solve the case [usually only remedies solve the cases=KSS]. Presentation of delusions, energy and gestures and his spontaneous connection of his deepest delusion of not having enough freedom and space (territorial) with his

complaint indicated Rajan SANKARAN's approach.

Tiger's urine. Started improving. In the next 20 months, 200 & 1M given. The rubrics in which the remedy can be included are suggested. [A bewildering approach. Why Tiger's urine. Why not Tiger milk? Or Tiger Feces? **Most** animals, Elephants, Lion, Tigers, Dogs are territorial. Are not humans 'territorial'? How many wars have been fought for territory! Even neighbouring districts refuse to yield a small patch of territory! Speaking of inclusion of rubrics, it is surprising that the author proposes additions merely on the basis of her experience!

Homoeopathy seems to be going too much up in the air. Any imagination is O.K. = KSS]

51. All this has nothing to do with my eye!

A Case of *Platinum*

SHUKLA, Chetna (HL. 17, 4/2004)

A retired executive with left eye blindness and severe retinal problem in right eye had consulted famous eye doctors with no relief. Detailed interaction with the patient was interpreted as following rubrics.

Delusion: humility and lowness of others while he is great, contemptuous of everything, conscientious about trifles, pedantic, obstinate and headstrong, rudeness, quarrelsome, dreams of foreign country. *Platinum* 30. A month later, pain and vision in eye better. Seven months later, reappearance of haemorrhoidal symptoms (of 1972). *Platina* 200.

9 months later, able to read fine print and ego has gone down considerably.

52. Thirty Degrees of the Red Tranquillity

A Case of *Cadmium metallicum*

FATOULA, Olga A. (HL. 17, 4/2004)

71-year-old artist with Bradycardia. Daily heart attacks with severe pain. Impaired cardiac function and scheduled for surgery six months later. Constricting pains, with shortness of breath. Attacks accompanied by livid paleness of face, strong tremors and coldness of legs and arms. Hearing impaired since childhood and ringing noises in ears. Fear of suffocation, insects, intolerance. Passionate of his artwork. Much concerned about organizing, equilibrium, space, harmony, linear compositions and structured drawings. Strived for 10 years and discovered the correct angle at 30 degrees.

Preoccupied with description of his artwork.

Digitalis purpurea 3x daily for two weeks. Amelioration to some extent.

Applying Rajan SANKARAN's classification, Mineral Kingdom and Cancer Miasm, arrived at *Cadmium metallicum* 30. In four months, significant improvement. Chronic corneal inflammation of left eye which was not told also improved.

He had been taking a dose weekly at his own initiative. 8 months later, much better, lively face, no pale skin.

More animated and at ease. Able to hear better. Had only mild attacks. No longer taking Nitroglycerine. Pulse returning to normal. Cancelled his surgery. Morning drowsiness, averse to lying down. *Cadmium metallicum* 200. 14 months later: In all aspects he feels good.

53. *Sabina juniper us*

MOONEN, Resie (HL. 18, 1&2/2005)

Case 1: Mrs. D, 31 years, with a tendency to abortion in the 2nd and 3rd month thrice and delivered a boy once. She wanted to be pregnant again. Copious and protracted menses. Acne worse during pregnancies. Hair loss since 2nd pregnancy. Warm blooded and need of fresh air. Likes juicy things. Skin was sensitive to sun. She likes to work in silence. *Sabina* 200. 7 weeks later, acne gone, menses less copious, no hair fall, felt energetic. Another dose 3 months later when acne returned. 4 months later she was pregnant, her fifth pregnancy. *Sabina* 200, in the fifth week of pregnancy to prevent abortion. She delivered a healthy son. 12 years follow up.

Case 2: Petra, born in 1971, delivered a boy in 1998. The delivery took a very long time. Painful contractions from sacrum to abdomen and groins. Then epidural anaesthesia and then caesarean. Now 2nd pregnancy. In the 24th week, pain in sacrum extension to groin and downward to her knees. *Sepia* 30 and immediate improvement. She delivered a healthy girl. After 6 days metrorrhagia started and continued for four days. She was exhausted, emotional and wept a lot. Had vertigo and palpitations. *Sabina* 200 and she became stable on emotional level and gained energy. Her haemoglobin, which was also very low, recovered fast.

The classification and the symptoms of *Sabina juniperus* are given.

It is especially known for great blood loss:

- Copious menses, gushing, bright red, blood loss with (dark) clots.
- Haemorrhage worse from motion, (dd. *Erigeron*, *Crocus*, *Ipecacuanha*).

- Metrorrhagia between the menses and during climacteric period.

- Also bleeding after menopause: be careful, think about endometrial carcinoma, for which *Sabina* is known!

- Metrorrhagia, thin blood (*Sabina* 3), with clots.
- Metrorrhagia from fibroids, myoma, endometriose.

- Menses irregular, in paroxysms.

- Uterus, bearing-down pain. (3)

- Back pain, sacral region during menses (2), extending to pubes, (3) extending down the thighs.

- Pain, vagina, stitching, extending upward.

- Painful coition.

- Sexual desire increased (2), and violent (KENT), during haemorrhage. (2).

Consider *Sabina* also in cases with:

- Menstrual problems and infertility (Sterility: *Sabina* 2).

- Inflammation of the ovaries and the uterus (3).

- Gonorrhoea.

- Condylomata, itching (2).

Male: Condylomata, butternut-shaped hard growth on the dorsum of the penis (3)

Of course we know the condylomata from *Thuja* in this Cupressaceae family, and HERING writes that *Sabina* is useful after *Thuja* in Condylomata.

Problems with pregnancy:

- Tendency to abortion, especially in the second or third month.

- Threatening abortion.

- Abortion from inflammation of the ovaries (addition of KNERR).

- Long lasting bleeding after abortion or after curettage.

- Bleeding, during pregnancy, menses during pregnancy, bleeding during labour and after birth.

- Unconsciousness, coma, in haemorrhage, delivery, after parturition (2).

- Placenta problems: Placenta previa, placenta retained, placenta retained after abortion.

54. Two Cases of the Compositae Family

Calendula officinalis and *Gnaphalium dioica*

SHUKLA, Chetna; STEVENS, Peter

(HL. 18, 1 & 2/2005)

Case 1: The mother of a six-month-old boy wanted to strengthen his weak immunity. On the 9th day he had physiological Jaundice. At 3 months stomach infection. At 4 months boils all over his body. At 5th & 6th month U.R.T.I.

During pregnancy, mother had infections of wisdom tooth, urinary tract, stomach and vagina.

Calendula 200. Until two years, no new infections. Milestones normal.

Case 2: K.S. 42 years, with pain and a disturbing hairy feeling on swallowing since Tonsillectomy 9 months ago. Iron like feeling in mouth. Candida infection of vagina and intestines. Has numerous scars (20) from injuries and surgeries. Tremendous fear of pain and neck pain constant.

Gnaphalium dioica LM 3. Follow up of 15 months.

[These cases prove that HAHNEMANN and his band of followers are so far from now that we can throw away the methodologies taught in the **Organon** and subsequent authors like WELLS, BCENNINGHAUSEN, HERING, ALLEN, etc. upto and including Pierre SCHMIDT. They are blessed in that they have gone away. That the patients got over their complaints is true. There are so many therapeutic measures and there are as many cures. The efficacy of *Calendula* to heal abrasions, wounds, etc. has been from its use in 'Folk Medicine' (Herbal Medicine), not obtained from Proving. Most of the symptom in the GS are 'clinical' = KSS].

55. 'Sensations as if'

Listen to What is Striking, Singular, Uncommon and Peculiar
SHETYE, Prasad, S. & KHARIWALA, Falguni K. (HL. 18, 1 & 2/2005)

Case 1: 45 years old lady with an unpleasant sensation of globus of hot air rising upwards from vagina to throat since a month, while defaecating. Fear that she will become a burden on her family. *Raphanus sativus* 30. Two weeks later sensation less by 75% and looked happy. Fortnight later, sensation recurred but milder. *Raphanus* 30 deviated dose. No recurrence in a year of follow up.

Case 2: 59 year-old male with severe, chronic, recurrent cough. Worse in the morning. Little expectoration after much coughing. Better for sometime. Feeling as if a worm moving in throat compelling him to cough. Fever with pain in chest and deterioration of health. *Cistus canadensis* 30 in attenuation. Within 3 hours fever came down. General health improved and by the end of the month the sensation and cough disappeared.

56. Ericaceae in Post-lyme disease

SCHOLTEN, Jan; KRAMER, Anton & LEUPEN, Alex (HL. 18, 1 & 2/2005)

Lyme Disease is an infectious disease passed to humans by the bite of an infected tick.

Case 1: 17 year-old woman with complaints after Acute Borelia infection. Muscular cramps starting at the top and descending shooting pains. Fatigue. Mood swings. Difficulty in concentration. Chillier since Lyme Disease. Fear of ghosts.

Mancinella 200. No improvement. Six weeks later, *Kalmia* 200. Six weeks later, more energy. Pains less. Motivation better. Another dose. Eight weeks later, excellent energy level. All symptoms gone.

Case 2: 70 year-old woman, with pain in big toes, hips and shoulders. Could not walk. Lower limbs weak. Right thigh swollen. Lyme disease 4 years ago. Eruption less during bouts of inflammation. *Ledum* 200. 3 weeks later *Ledum* M. After 6 weeks much better. Only skin was problematic *Ledum* M repeated and helped well.

Case 3: 22 year-old woman had Lyme disease 3 years ago. Since then energy low, headache, pain in elbows and knees. Inflamed skin with red spots. *Arbutus* M. Few days later, wept a lot and talked about her troubles. After this she felt better. Energy improved.

57. I am almost there

Two cases of *Rhodium*

LEUPEN, Alex; WOUTMAN, Willem
(HL. 18, 1 & 2/2005)

Case 1: A 50 year-old woman with weakness and pain since 20 years due to Polyneuropathy, with apathy and grief from death of father and best friend, was relieved of 80% pains in three days after *Phosphoric acid* M. Energy not better. Dose repeated but no improvement.

She was a musician and violin maker but felt now it is not possible to reach the top any more with this disability. The stage nine of SCHOLTEN, just before reaching the top and being Musician (creative) pointing to silver series, indicated *Rhodium*. The effect was immediate. Depression and severe pains for two days and then energy came back. Relaxed, cheerful and better sleep. After several months *Rhodium* M for relapse after Flu.

Case 2: 52 year-old woman with severe musculoskeletal pains. COPD and recurrent Bronchitis. Thyroid adenoma removed surgically. Chilly since then. Working hard as a Freelance editor, but 'falling short of the mark'. Stage 9 and Silver series. *Rhodium* 200. All joint and muscle pains disappeared three days after the remedy. Emotionally better. Four more doses in 12 months. Continues to feel well.

58. Linking Two Disciplines
Homoeopathy and Regression Therapy
COLLINS, Deborah & ESSER, Bert
(HL. 18, 1 & 2/2005)

Case 1: A woman of 42 years, ill since birth. Under various treatments. Small and weak, on restrictive diets and also Sjogren's syndrome. Extreme Photophobia, chilliness and exhaustion. Various alternative therapies helped her to develop insight into herself and use her intuition but her physical complaints remained.

During the second regression session, she experienced herself as a five-year-old polish boy in wartime. Travelling in over crowded train nearly blinded by bright lights and people began to fall and crush on him. During this there was a dramatic catharsis with much choking. The patient repeated 'gas' when she was asked how the two lives were related. In spite of repeated sessions, she remained tired. Then it was decided that if 'gas' from previous life was at the root of complaints in this life, to give homoeopathic doses of the same gas. *Hydrocyanic acid*. She improved rapidly and remarkably. When relapse occurs she repeats the dose. Thick and shiny hair grew. Her ability to produce tears, sweat and saliva improved.

Case 2: 38-year-old woman with Ulcerative Colitis, with 20-30 visits to the toilet a day. Fear of dying; leaving children behind. Repeated dreams of being taken away by men in car. Fear of war breaking out. Traditional homoeopathic method unsuccessful. Regression was not done, but the situation was considered as past life and *Hydrocyanic acid* was given. Feeling much stronger. Need to visit toilet once or twice with less pain and no more bloody stools. Cramps of abdomen disappeared. No more panic.

59. Is there a Role for Psychology, Nutrition and Botanicals in the Practice of Homoeopathy?
TESSLER, Neil (SIM. XIX, 2006)

Miasmatic expression can be limited by good care for the body and also the Mind, which can lessen the susceptibility of the organism to the arousal of latent miasmatic influences.

Inability to assimilate, overabundance or lack of elements are all important factors in health.

Homoeopathic remedies balance essential elements by initiating more efficient assimilation or excretion.

Nutritional supplementation and botanicals when carefully applied plays a valuable supporting role, by strengthening particular systems, making up deficiencies.

The author suggests that a modern and practical homoeopathic education should include training in nutritional and perhaps botanical therapeutics, as a part of a holistic and practical approach to patient care.

A few dietary changes or nutritional modifications can have a valuable effect on health and have proven effective in so many cases.

60. *Secale*: Clinical Presentation and Uses
SUBOTNICK, Steven I. (SIM. XIX, 2006)

Steven SUBOTNICK is a Podiatrist and Chiropractor practicing in California. Few cases of Gangrene and Raynaud's syndrome are presented which responded to *Secale*.

The important factor is that the toes felt cold to touch, there is Vasospasm, yet the patients feel warmth within the toes and throughout their body and are better by cold.

61. Homoeopathy: Medicine of the Individual
SAMET, Lisa (SIM. XIX, 2006)

Case 1: 67-year-old woman with Parkinsons since 2003. Complaints better from motion, < from becoming cold. Genital Herpes once a month since 5 years. Also had Herpes around lips. Dizzy from direct summer sun. History of restless legs. Grief. > consolation. Brown tongue.

Rhus toxicodendron 200 one pellet. To repeat after 15 days if there was no change. Three weeks later no change. *Zincum met* 200 and *Sulphur* 200 also did not help. In the next follow up she had vaginal Herpes outbreak. *Rhus tox* 200 every 4 hours, 4 doses. A week later Herpes much better, energy improved, balance and co-ordination better and tired feeling better. Mood was more positive. She had taken 20 doses of *Rhus tox* 200, no < marked improvement. Seven months later, continues to do well on *Rhus tox*.

Key point: If you are fairly sure of the remedy, but no change after one or two doses, increase the doses.

Case 2: Three-year-old boy with an incessant dry cough since a year and half every 2-3 weeks. Conventional medicines relieved temporarily. Cough starts with a clear runny nose, husky voice. Cough chokes him. Cough worse in the mornings, after exertion. Warm blooded. Cravings for sweets, eggs, fish. Very thirsty. Aggressive. During the pregnancy mother had feelings of shock and anger following the desertion by boy friend.

Aconite 200 at the first sign of runny nose. *Aconite* stopped the cough in its tracks. Only once in three months need of other medicine. Episodes

are getting further and further apart. Temperament much improved.

Key point: Always prescribe on the most striking aspect of the case and test 'rules' which may be unfounded.

62. A Case of Arrested Breathing
MEISSNER, Julek (SIM. XIX, 2006)

Several years ago, ten-year-old daughter of a friend, over indulged in sweets, felt nauseous, lying motionless, staring and not breathing. Friend performed CPR and called for an ambulance and admitted. The exhalation was difficult. Nausea after sweets, expiration difficult and staring was covered by *Ipecac*. Over the phone it was told and friend administered it. Within 30 seconds, his daughter was up and talking. Few minutes later doctor found her normal and reproached for wasting his busy time.

63. Out with a Bang
DEACON, Pat (SIM. XIX, 2006)

Paul, 61, suffering from Hypertension and Arrhythmia. Melanoma 12 years ago and recurrence 4 years ago. Had surgery. Two years ago serious head injury and subdural Haematoma and was drilled. Intuitive and violent dreams. Suffocation in a close room. Afraid of heights and spiders. Twice kidney stones, first left then right. Sense of duality and sexuality. *Lachesis*, *Naja*, *Kali nitricum* did not help. He then received a pacemaker. Three years later Melanoma in lung, progressing quickly. Heavy-duty chemotherapy, drugs.

Lot of fluid in lungs, constant cough. *Ars. iod*. No relief. Cancer spread to liver. *Bacillinum* helped him to breathe and feel alive for short period. Recurrent violent dreams. Speech incoherent and scowling. *Plutonium nitricum*. Within 30 minutes confused speech had all but left. Said Good-bye to children and grandchildren and spent time with wife planning his memorial and passed away next morning.

Themes of *Plutonium nitricum*: Radiation, Duality, Sexuality, Dance/circular/spiral, Accidents/danger, Cancer.

64. The Itch that Won't go Away
ULLMAN, Judyth Reichenberg & ULLMAN, Robert (SIM. XIX, 2006)

Tory, nine-year-old boy with recurrent fungal infections, behavioural and attitudinal problems. Quick to anger, easily frustrated, prone to

distractability. Huge appetite even after a meal. Frequent Canker sores on the tongue and inside of the mouth. Chronic dry skin. Recurrent Warts on right big toe. Fascinated by bugs. Annoyed by mosquito bites, itching. Feels puny, poking annoyed him.

Tendency to attract others indicated animal medicine, feeling of being annoyed and tiny indicated insect medicine and a strong predisposition to mosquito bite. *Culex musca* 200. Seven weeks later Wart disappeared. Mood improved. *Culex* 200 repeated and 1M if needed. 4V2 months later attitude better, 80% improvement after *Culex* 1M was given. Less hunger.

Nine months later, 1M if needed. Fourteen months later, happier. Still flitty. Couple of patches of ringworm. Twice *Culex* repeated after exposure to Menthol. *Culex* 10M. Sixteen months later, Tory doing great. Few new Warts but nothing like previously.

65. Homeopathic Approach in the Treatment of Patients with Mental Disability
FILHO, Dolce R.
(HOMEOPATHY, 95, 1/2006)

The author describes his experience in assisting mentally disabled patients with Homeopathy. In these patients' anamneses, common traits shared by some syndromes, pathologies and behaviour, were taken into consideration, mainly to choose the most characteristic symptoms in each case. The study includes 58 cases of patients suffering from this pathology: 28 females and 30 males, ages ranging from 1 to 49 years (mean 20). Forty-seven had some improvement.

Homeopathy is a useful alternative to relieve pathologies associated with mental disability. In those cases in which there were similarities between remedy and whole symptomatology, improvements in adaptation skills and in overall health were observed. 58 cases have been tabulated. Four cases are given in detail.

Case 1: 11-year-old girl with Bechwith-Wiedemann Syndrome (a genetical syndrome associated with Visceromegalies) including congenital hypertrophic cardiomyopathy and delayed neuropsychomotor development. Yellowish thick crust on scalp since 2 years of age, perspires lot on face, prickly heat and blisters, on going to beach. Sleeps on abdomen, talks in sleep. *Medorrhinum* 200. A month later head improved by 70%. *Medorrhinum* 300, 4 months later: relapse since a month. *Medorrhinum* 300.

After a year of treatment and some increasing doses of *Medorrhinum*, she was fine.

Case 2: 23 year old, male with recurring necrotizing mucous periodontitis. Aphthae since 4 months old, worse when constipated, stools large and cylindrical. Perspired when he was nervous. Colds from rainy or cold weather. Afraid of noises. Putrid odor from mouth on sneezing. *Merc, Lye, Ars.* did not help. *Borax* 12 twice a day. A month later, little calmer. *Borax* 30, once a day. A month later: he was better, evacuating every other day. Only one aphthous ulcer. Mood was good.

Case 3: 10 year old female with decreasing level of consciousness and peripheral neuropathies, which made her unable to walk. Cranial CT scan showed discreet cortical-subcortical atrophy. Tonic-clonic seizures during fever on several occasions. Sleepiness after seizures and during fever. Wanted to run away. Likes sweets. *Camphor* 12, once a day from May 2001.

02. 07. 2001. Seizures and peaks of fever since the previous day. Cold hands and snored. *Camphor* 12 administered with plussing. She asked for food, sat on the bed.

06. 08. 01: She was walking, even ran. Only twice seizures. *Camphor* 18, once a day. Until March 2002, she was stable.

In April 2002, she aspired during a seizure, developed Pneumonia and Septicaemia and died.

Case 4: 38-year-old female, with anaemia, refractory to iron replacement. Anaemia from menorrhagia. Episodes of anger and irritability, assaults people, tears clothes, bites and hits - during menses. Flow heavy with dark clots. Feels very hot. *Ferrum metallikum* 200 every week from Jan. 2003. No change in March 2003. *Ferrum metallicum* 1M, every week. May 2003: Menses less heavy and not irritated during menses. Hb - 13.7. To continue medicine. Aug. 2003: Flow less heavy. Assaulted during last menses Hb.6.3. *Ferrum metallicum* 2M once a week. In the next one year Hb gradually improved. Vitamin supplementation.

The 'discussion' part of the article is very interesting. The author observes "among the known homoeopathic therapy strategies, the use of a single individualized remedy is possible and it presents good results in mentally disabled patients"

66. Reiter's Disease Treated with *Nux vomica*
GUPTA, R. and MANCHANDA, R.K.
(HOMEOPATHY, 95, 2/2006)

35-year-old male with fever, joint pain and skin lesions of 6 months duration. Analgesics gave little relief. During the next 2 months, developed thick, heaped up crusted lesions on abdomen which subsequently involved other parts of the body.

During the next six months, developed fever of 38-41°C particularly in the evening. Noticed pain, burning, redness and discharge in both of his eyes and also dysuria. No extra-marital sexual contact. Emaciated and irritable. Multiple joints were tender, swollen and deformed with restricted movements.

Lycopodium 200, three doses at 10 minutes interval. No change during the next week. *Lycopodium* 1M, 3 doses, < of joint pain and no other change. After a month *Lycopodium* 10M, three doses. In the next 20 days, evening < became less regular, and patient became hypersensitive to noise and longing for repose and tranquility.

Nux vomica 200 three doses at 10 minutes interval. No change in next 24 hours, then *Nux vomica* 1M, three doses with some relief in the mental state. Continued to complain of severe joint pains, crusted skin lesions with fever of 41°C. *Nux vomica* 50M, three doses at 10 min. interval. Over the next 15 days, fever decreased, erythema reduced, crusts started falling and joint pains removed.

Nux vomica CM 3 doses. During the next seven days symptoms of eyes cleared. Temperature became normal in 15 days and skin lesion cleared in 3 months. Pain and swelling of joints also improved. With Physiotherapy during the next three months complete disappearance of joint pains. After 6 months, able to walk freely with no skin and joint problem. No recurrence during the next 11 years of follow up. [Every medicine whether 200, M, or even CM, has been given three doses at 10 minutes interval! This is baffling. What is the significance of 10 minutes interval? Why not 15 minutes or 30 minutes or an hour or more? Or for that 5 minutes or lesser interval? It cannot be explained away "it's my way." I have read of a Professor who teaches Post Graduates giving M, XM - potencies 4 doses - one every day - whether young, old, female, male irrespective of the disease. Another doctor gives 5 doses one a day! Each person's whim? When the potentised medicine has transcended the known physico-chemical Laws and its remedial action only felt but not (yet) measurable by a mechanical instrument, how does it matter whether it is given once, twice or several times? Provided it is selected correctly. I feel that cases of this like need to be explained by the authors = KSS]

67. Lending a Homoeopathic Ear
WADHWANI, Gyandas G.
(ADVH. 23, 1/2006)

Case 1: M.N., 23 years old, with chronic discharge of left ear, yellowish, non-offensive since childhood. Stitching pain. Hearing less since 8 years. Sensitive to cold since childhood. < every February & March. Desire for Kebabs and salt. Tired easily. History of Pulmonary Kochs 14 years ago. Thin built, shiny nails, notched teeth, pouting lips.

Calcarea phos. 30, 3 doses. All complaints gradually reduced and subsided totally in 3 months.

The analysis was based on physiognomy revealing Tubercular diathesis on an underlying Syphilitic Miasm.

Case 2: 13 year-old boy with persistent ear discharge since the age of 3 years. CSOM not responding to any medicine. Milky white, offensive discharge. Painful ulcers in mouth often. Halitosis. *Kali chloricum* 200, 3 doses 12 hourly. In 3 months he was normal.

68. Two Typical Cases of Peri Otol Fistulae
CHATTERJEE, Ardhendu Sekhar
(ADVH. 23, 1/2006)

Case 1: Nine year-old boy with Fistula in front of left ear observed since 4 years. Thick reddish discharge. Salivation during sleep, grinding teeth during sleep. Nail biting, fear of dark. *Mezereum* 0/1 upto 0/5. Swelling of fistula increased and more discharges. *Hepar sulph.* M 4 doses in 4 months. *Carcinosin* 200 based on family history of Cancer. Then *Merc sol* M. Then few doses of *M. p. iod* 200, IM and XM. Then *Carcinosinum* IM. Then *Carcinosinum* XM, for a relapse after few months. No further report of fistula and patient was cured.

Case 2: Baby girl aged 4 years with bone growth at lower part of left sterno clavicular junction. Itching of rectum. Fistulous opening above ears first left then right. White offensive discharge. Salivation during sleep, offensive urine and breathe. Violent. *Carcinosinum* 200 two doses. 3Vi months later no discharge and bony projection reduced. *Carcinosinum* M 2 doses. 2 months later, mild relapse and two more doses. Two months later *Morbillinum* 200, two doses and a month later *Carcinosinum* 10M. No more discharge.

Other cases: 26 year-old female with Adenofibroma of both breasts with right sided otalgia relieved by lying on right side. *Lachesis* 0/3, 0/5 > the condition along with breast swelling. Patient again developed otalgia on left side relieved by lying on left side. *Lach.* IM, 2 doses cured.

- Chronic Otorrhoea left to right - *Merc, sol*
8 year-old boy with thick, yellow, offensive pustular discharge of 5 years. Right ear then left.

Examination revealed Congenital Periototal Fistulae. B/I Septic Tonsillitis. Salivation during sleep. *Mercurius solubilis* IM two doses. Symptoms disappeared.

- Post Parotitis Otagia (Left) - *Parotidinum*

8 year-old girl with left sided Parotitis .T°- 102°F, P.R. 140/min. *Pyrogenium* 0/1, 16 doses at one-hour interval. Next day more swelling on both sides. *Pyrogenium* 0/3, at three-hour intervals. Two days later left sided otalgia and right parotid swelling. *Parotidinum*. Next day no otalgia and *Thuja* to clear dynamic in co-ordination.

69. A Case of Vertigo with Rupture of Right Tympanic Membrane
CHATTERJEE, Ardhendu Sekhar
(ADVH. 23, 1/2006)

40-year-old man with history of rupture of right tympanic membrane and discharge of pus, vertigo and intolerance of high sound. Paroxysmal attack of dizziness. Headache with sour vomiting. Midnight thirst. Salivation during sleep. Yellow staining of sweat. Atrophy of right leg. Chronic Cholecystitis and Gastro Oesophageal Reflux Disease. *Merc, cor* 200 two doses. 15 days later, abdominal pain, 3-4 offensive, clay stools. *Merc. cor* 200 one dose with 50 strokes. 10 days later improved. *Merc, cor* IM 1 dose. Two weeks later, thrice vertigo. *Merc, cor* IM. Two weeks later *Bacillinum* 0/5. Three weeks later - abdominal distension, relieved by eructation. Offensive stool. *Bacillinum* 0/8, 8 doses, three days intervals. Five weeks later, *Mer. cor* IM. Two weeks later abdominal pain. *Nux vomica* 30, 6 doses four hourly. 5 days later, anhidrosis, thirsty for ice-cold water, frequent urging for stool. *Nux vom.* 200, 8 doses. Next day problems persist. *Arsenicum album* 0/3, 8 doses. Next day, 4 times stool. Caecal gurgling. *Pyrog.* 0/4, 8 doses. Two days later, *Sulph.* 0/3, 8 doses. In the next three weeks, *Sulph* 0/4, 0/5, 0/6. Abdominal distension and obstruction of throat. *Lyssinum* 200. Three weeks later, stool 7-8 times/day. No weakness. *Acid phos* 0/4, 8 doses. Four months later relapse *Acid phos* 0/6, 8 doses. 3 months later, twitching of eyelids. *Tub. bov.* 200. Six months later, again amoebiasis. *Acid flour* 200, 3 doses. Three weeks later no acute problem.

All problems were minimized with constitutional treatment.

70. A Case of Chronic Sinusitic Otitis Media with Central Perforation
CHATTERJEE, Ardhendu Sekhar
(ADVH. 23, 1/2006)

37-year-old woman with itching and thick discharge from left ear since 3 years. Pain right upper limb < moon phases. Burning soles. Thirsty at midnight, hot, desire salt, bitter, fear of lightning. Mole on right knee. *Natrum sulph* 200, three doses. A month later noise within ear less. *Morbillinum* 200, two doses. A month later swelling within ear > by *Nat. sulph* 30, two doses. Excess Otorrhoea controlled by *Nat. sulph* 30, four doses. Burning sole, nasal obstruction, *Morbillinum* 200, three doses.

71. A Case of Sclerotic Mastoid
CHATTERJEE, Ardhendu Sekhar
(ADVH. 23, 1/2006)

Female, 42 with thick watery discharge of pus with itching. Pain in left ear better by lying on painful side. *Elaps* 30, 2 doses. Relieved in a month.

- A Case of Chronic Mastoiditis

Female, 40, with bilateral Chronic Mastoiditis and right Sinusitis. Right ear pain better by lying on left side. *Lachesis* 0/1, 0/2, 0/3 eight doses of each potency, three-hour intervals. Relapse after six months. *Lachesis* 0/4, 0/5.

72. A Case of Segmented Vitiligo
CHATTERJEE, Ardhendu Sekhar
(ADVH. 23, 1/2006)

Baby boy of 5 months crying aloud for a month, less when carried. Recurring diarrhoea, offensive. Frequent urine and crying before it. Profuse sweat of whole body. Vitiligo in left half of body. Septic Tonsillitis both sides. Paraphimosis. *Chamomilla* 0/1, eight doses one hourly. Next day occasional crying. Stool better. *Chamomilla* 0/2, eight doses, three hourly. Six days later, *Chamomilla* 0/3, 6 hourly, 8 doses. 10 days later, crying only at evening and night. *Chamomilla* 0/4, 8 doses once daily. Two weeks later, skin eruption on scalp, penis, white scales. *Kali bich.* 0/1, eight doses, one daily. 10 days later, crying before urination, salivation during sleep. *Sanicula* 0/1, eight doses. A month later relapse. *Sanicula* 200, two doses. 5 months later, salivation during sleep, vitiligo still. *Syphilinum* 200, 2 doses. 4 months later, Salivation cured, Vitiligo almost nil. *Syphilinum* 1M. He was cured including Vitiligo.

73. An Acute Earache
MARSDEN, Rochelle (ADVH. 23, 1/2006)

72-year-old lady with left ear pain since 10 months and had loads of antibiotics. Pains

extending to head. Throbbing little brown discharge at times. Dizziness. Prefers sour food. *Belladonna* 30 two doses. Verbasicum oil to use in ear before bed. No more problems.

74. Short Cases
CHATTERJEE A.S. (ADVH. 23, 1/2006)

1. 314-year-old baby with fever and inco-ordination of tongue. Mother hanged herself 2 years ago. *Ignatia* 0/3, 16 doses - 3-hour intervals and baby was cured.

2. 32-year-old female with bleeding per rectum though stool was soft. Constant pain and swelling. *Ignatia* 30, 8 doses o.d.

3. Female, 64, with high blood pressure - 230/110 mm of Hg. Husband expired one year ago. *Ignatia* M, 2 doses. Three months later, right knee pain and B.P. 190/110. *Ignatia* M, 2 doses. A month later 190/110, two more doses. Two months later, 150/90. Two more doses.

4. Female baby of nine months with painful constipation. Susceptibility to cold. Poor skin reaction to BCG. *Bacillinum* 0/1, twelve doses and 200, 2 doses cured.

5. 46-years-old with hyperaphic corn at tip of right third toe. Premature emission, itching of body, single paroxysmal cough. Fear of dog. *Tub. bov.* 200, 1M two doses each at 15 days interval.

6. 41-year-old male with Sciatica since 6 months. < after sunset, hot, intolerance to heat of sun. Desires meat, extra salt. *Syphilinum* cured.

7. Female, 57, with Hypertension and Rheumatism with acute left otalgia and > by lying on that side. Large black moles. *Nat. sulph* 10M, two doses and cured.

8. 8-months-old baby with Fistula of rectum since 4 months. Opening hard and sensitive. Restless, redness of lips and around rectum. Desires hot milk. *Hepar sulph* 0/1, 16 doses thrice daily.

9. Female, 53 years, with vertigo, headache, nausea, > lying on left side, hot, anhidrosis, hypertension. *Acid mur* 200 on 8 alternate days and 1M, 8 doses at 7 days intervals. Vertigo disappeared and B.P. reduced and skin eruption developed > by *Ars. alb.*

10. Female 25, with posttraumatic swelling of right knee. Stammering - nervous, painless septic tonsils. Fear of dark. *Stramonium* 200, six doses.

11. Widow, 50 years with post herpetic neuralgia of right face. Vitiligo since 3 years. Hot, thirsty, fond of stormy weather. *Malandrinum*, *Tuberculinum*, *Nat. sulph*, *Conium*, *Thuja*. Mixed improvement. 3 months later, flies sitting on the area of neuralgia. *Caladium*. 9 months later otalgia

with weeping *Pulsatilla* 200, -2 doses, 1M two doses -cured.

75. Kikuchi Fujimoto Disease
JOSffl, Parimal (CCR. 13, 1/2006)

Ashutosh, 9, had sudden fever with chill on 8.8.2004. Paracetamol and antibiotics in the next 4 days did not help. Loss of appetite and tender enlarged cervical and axillary lymph nodes. Lot of weakness. Raised ESR. USG - paracaval lymphnodes on Pancreas. Needle Biopsy - Chronic Non-specific Lymphadenitis. Started developing rashes all over body with raised skin, itching and burning. Lymph node biopsy revealed Kikuchi - Fujimoto disease.

Homoeopathic consultation on 7.9.04. Fever 104°F. Restless physically and mentally. Wanted fresh air. Extremely mild, tearful while answering. Pain in spots changing often. Fever < evening and night. Drowsy, thirstless, rash itching. >Fanning. Nightmares during fever phase. Desires extra salt. Profuse sweat on scalp. Fear of water. *Pulsatilla* 30t.d.s.

10.9.2004: Temperature started decreasing from 8th and no fever from 9th. No itching. Rash reduced. SL.

13.9.2004: Much better overall. No fever, rash and itch. Lymphnodes reduced in size. Tenderness also less.

20.9.2004: Much better. Appetite improved. No tenderness of lymphnodes. *Calc. phos.* 200. USG report on 5.10.04 revealed no lymphadenopathy.

76. A Case of Torsion of Ovarian Cyst treated Homoeopathically
FERNANDES, Anita (CCR. 13, 1/2006)

30 year-old woman with pain in right iliac region since 2 months. < during menses, < touch >open air. Profuse menses, lasts for a week, feeling of faintness. USG revealed partial torsion of right ovary.

Apis 30 tds on 30.10.02. On 2.11.02 felt better. Based on the generals *Lycopodium* 200 on 3.11.02 and 8.11.02. USG on 11.11.02 revealed normal ovaries. Symptoms of ovarian enlargement are discussed.

77. Oligohydramnios - A Miraculous Cure
LOBO, Blany (CCR. 13, 1/2006)

The definition, aetiology, diagnosis, complications and treatment of Oligohydramnios are discussed.

30 year-old female with 6 months of amenorrhoea, breathlessness and oedema of lower limbs with tiredness. USG revealed Oligohydramnios, foetal ascites and sluggish foetal movements. Hot patient. Increased thirst. Desires salt. Obstetrician advised MTP. Burning urination with pus and epithelial cells.

Apocynum mother tincture, 10 drops tds for a week on 20.10.02.

25.10.02. USG - Normal foetal movements. Amniotic fluid. Normal Foetal ascites. Minimal pericardial effusion.

Tiredness, pedal edema and breathlessness better.

Apocynum 30 tds. 5.11.02 USG was absolutely normal. As the critical period was gone, based on the generals. *Natrum muriaticum* 200 was given. Two months later, a healthy male child weighing 2.5 kg. was bom.

78. My Experience as a Beginner in Homoeopathy
GUGALE, Rohit (CCR. 13, 1/2006)

Case 1: Mrs. MG in the 8th month of pregnancy with 10 days of diarrhoea and weakness. Drowsiness ++. *Ars.alb* 30 and *Verat.alb* 30 gave no relief. *Nux moschata* 30 relieved the complaints.

Case 2: Mrs. LB in the 2nd month of pregnancy with severe morning sickness. Bouts of vomiting immediately after eating. Loss of appetite. Fed up with her complaints. *Symphoricarpus racemosa* 30 two hourly for two days. Two days later much better. *Symphoricarpus* 200 tds. Ten days later totally relieved.

79. Case Study
MISTRY D.E. (CCR. 13, 1/2006)

92-year-old female with fracture of left femur from a fall admitted in a multidisciplinary hospital. Surgeons had done nailing and plating. 8 days later yellowish discharge from that site, so plates and nails were removed. Concurrent homoeopathic treatment was started. *Pyrogen* 30, 3 doses for the fever. *Arnica* 30, 3 doses followed by *Symphytum* 6c and *Calendula* 6c. She was vomiting frequently and bouts of stuporous sleep and intermittent spells of consciousness. Desire cold food. Allopathic medication was reduced. Based on her dictatorial, aversion tea, slow healing, *Phosphorus* 30 o.d. for 3 days. *Echinacea* Q 5 drops tds along with *Calendula* Q for dressing. *Calendula* 6c and *Symphytum* 6c were continued.

4 days later felt better. Soft stools 5-6 times a day with a feeling of stool remaining behind. *Nux vomica* 30, 8 doses. Two doses later dry nausea,

easy satiety. *Opium* 30, 3 doses for 3 days. Slight improvement. *Acid phos* 30, 3 doses 12 hourly. Drowsiness reduced. Antibiotics were continued against advice. Operated again without homoeopath's knowledge. Mental deterioration with irrelevant talk and sleeplessness. *Carcinosin* 200 and *Opium* 200. 10 days later patient passed away.

The author suggests to think many times on treating such patients in hospital though the relatives may be pro-homoeopathic.

80. A Case of Right Ovarian Cyst
DEYM. (CCR. 13, 1/2006)

52-year-old female with pain in vertex since 5 years with tremor of body, lethargic and desire to lie down. Dull pain in right iliac region with cramping pain > lying on painless side. Numb feeling of toes. Prefers extra salt. Unsatisfactory stool. Hot patient. USG on 21.05.05 revealed right ovarian cyst.

06.06.05 - *Natrum mur.* 0/1/14

20.06.05 - Improving. No headache. Pain right iliac region \. *Natrum mur.* 0/3/14.

15.07.05. Pain], in intensity, frequency and duration. *Natrum mur* 0/5/14.

No problem in the next four months of follow-up.

81. Scope for Treatment of Keloid in Homoeopathy and Allopathy
PACHEGAONKAR, Uttareshwar
(CCR. 13, 1/2006)

The pathogenesis, clinical features and diagnosis of Keloids are discussed. The homoeopathic treatment and management of patients with Keloids attending the **Homoeopathic Clinic and Research Centre** of Sri Aurobindo Society of Pondicherry are discussed. It is concluded that Homoeopathy had wider scope in treatment of local diseases like Keloid. Colour photographs of treated cases are given.

82. The Law of Repetition of Dose
KISHORE, Ranka (CCR. 13, 1/2006)

The author has covered various aspects of repetition of dose, duration of action of the drugs and concludes that it is based on the fundamentals of the disease, susceptibility and the remedy being given.

IV. REPERTORY

1. Die Quellen von BOGERS, **Boenninghausen's Characteristics and Repertory**" 1905 [BBCR] (The Sources for BOGER's **Boenninghausen's Characteristics and Repertory** 1905 -BBCR)
HOLZAPFEL, Klaus (ZKH. 50, 2/2006)

The BBCR by BOGER is a compilation of the complete repertorial works of BCENNINGHAUSEN whose most important components are the **Therapeutic Pocket Book**, the **Systematic Alphabetic Repertories** and the **Treatise on the Intermittents**. The problematic topics are the inclusion of the treatise on Whooping Cough and the reversion of works of different epochs of BCENNINGHAUSEN's under one title. The approach of the **Therapeutic Pocket Book** (TB) is different from the SRA/SRN. Yet this obstacle is overcome by the clear structure of the book. Especially the additions of DUNHAM, copied from first hand source make it a valuable work for practitioner and the researcher alike.

The Indian Publication of the BBCR needs to be carefully verified with the sources.

2. The **BÖNNINGHAUSEN Repertory**
The Reasons Behind the New English Translation and Re-formation of **BÖNNINGHAUSEN's Therapeutisches Taschenbuch**
DIMITRIADIS, George; DEUTINGER, Bernhard (AJHM. 98, 3/2005)

The authors here justify their labors in preparing a new, more accurate edition of **The BÖNNINGHAUSEN Repertory**. (**The Therapeutic Pocket Book - TBR**) An explication of the origins and evolution of TBR is provided, along with a thorough description of the nature of errors in the earlier editions.

3. Repertory Our Tool? Disaster awaits, if Repertory is Followed Blindly Without Referring to Source Books
SHETYE, Prasad S. & KHARIWALA, Falguni K. (HF. 1, 1/2006)

The number of mistakes under every remedy in our Repertories is enormous. To illustrate the gravity of this, *Magnesia carbonica* was taken as an example for study from the **Synthetic Repertory** Vol. III by Dr. Med. Horst BARTHEL and Dr. Med. Will KLUNKER under 'Dream' Chapter.

Of the 82 rubrics covered by *Mag-c*, 52 are incorrect rubrics, 13 are non-existent. So 65 out of 82 are wrongly entered into the Repertory.

8 authentic additions are given by the authors.

The rubric and the symptom from the source books are given.

Lesson: Take the trouble of verifying in the 'source' *Materia Medica*.

4. Three Homoeopathic Computer Programs Tested

WICHMANN, Jörg (HL. 17, 4/2004)

RADAR, MAC REPERTORY, ISIS are three excellent and highly sophisticated professional programs, each one brilliant in its own right. The different advantages and features for the practitioner to use in their own specific work is reviewed.

REFERENCE WORKS and ENCYCLOPAEDIA HOMCEOPATHICA are huge library programs enabling the homoeopath access to hundreds of old and new homoeopathic books and magazines.

5. A Bayesian Perspective on the Reliability of Homoeopathic Repertories

RUTTEN A.L.B.; STOLPER C.F.; LUGTEN R.F.G. & BARTHELS R.W.J.M. (HOMEOPATHY, 95, 2/2006)

An interim assessment of likelihood ratio of homoeopathic symptoms shows that there are serious flaws in KENT'S Repertory. The system of expressing relationship between symptoms and expected results from medicines by typeface is unclear and unreliable. Bayesian methods can improve this and expand the possibilities of the Repertory including the possibility of interpreting the absence of expected symptoms.

[Please see No. 3 above indicating erroneous entries. A lot of our failures may be due to over dependence of Repertories. A verification with the source references, *Materia Medica Pura*, *Chronic Diseases*, *Encyclopaedia*, HERING's works, etc. are all the mandatory if we wish to succeed more = KSS.]

V. PHARMACOLOGY

1. Some Plants from Arid Zones Used by Homoeopathy

WAIZEL-BUCAJ, José (AJHM. 98, 3/2005)

The purpose of this study was to identify those plants used in Homoeopathy that grow (wild or cultivated) in arid regions, sandy or dry soils; and collect information about their scientific synonymy, botanical family, parts used, place of origin and habitat published in databases, pharmacopoeias, *Materia Medica* and other books and journals. Information was gathered about 162 species related to 65 botanical families.

VI. VETERINARY

1. Fowl Cholera Epidemic!

Homoeopathy Averts a Catastrophe in the Flock

CALABRESE, Joette (HT. 25, 5/2005)

A chicken in a flock of 30, had rigid gait, developed vomiting and diarrhoea, took frequent sips of water, trembling and salivating and dies in 3 hours. Two days later, another one developed similar symptoms and died though *Arsenicum album* 30 was given. Veterinarian diagnosed it as Fowl Cholera.

Two other chickens were lying, salivating with slight tremors. *Cuprum metallicum* was given. 3 minutes later, vomiting stopped, no diarrhoea and they sat. Another dose and they were walking. Third dose, two hours later when they again appear to weaken. Entire flock was given *Cuprum metallicum* 30 as a prophylactic and no further problems.

2. Animals Suffer from Loss and Shock, too

SHALTS, Edward (HT. 25, 5/2005)

Seri was a young female elephant in a New York Zoo. She had a happy relationship with her keeper, Chuck. She was a great pleasure to many of the children visiting the Zoo. In 2002, Chuck got promoted and couldn't have close contact with Seri. It was apparently a great shock to Seri. She had at least three typical symptoms of PTSD: She lost interest in activities, had severe physical symptoms and was irritable and angry.

All efforts to treat with conventional Veterinary Medicine were in vain. The elephant was dying. She gradually withdrew and wouldn't interact. She also developed tremendous swelling and pain in her legs. Ankles were covered with ulcers.

Jack LAWYER, a homoeopath, analyzed according to Paul HERSCU's method of cycles and segments and gave *Natrum muriaticum* M. Soon

afterwards, Seri began to get better. Legs improved and appetite came back and she gradually returned to her former happy elephant state.

3. The Snake

A Slithery Patient, Difficult to Grasp
BLOKLAND, Denise (HL. 18, 1&2/2005)

'Pantera' is a refuge centre in Friesland, Holland specializing in the care and replacement of large cats and reptiles. In Feb. 2002, large number of confiscated rattle snakes were in poor condition - starved, weak and infested with parasites. They refused to eat. Vet predicted they would be dead in few days. *Aethusa*. Within days snakes started improving and against all odds survived.

One of the frequently occurring problems in snakes is burning of skin.

One Boa constrictor had severe burning on skin and was not healing for one year. After each shedding scars started to bleed and wounds formed. *Ignis alcoholicus* 200 once a week for three months and then once a month. After six months, shedding without any problem, except at the scars. No open wounds. Another six months shedding normal. (Photographs given)

Two rattle snakes with shedding problem. Skin greasy and dirty. Had to be forced into water, which usually they like. *Sulphur* 30. Within a few days they started to shed skin without any problem.

Shedding problem in a rainbow boa. Biggest problem was at head. Nose was damaged and shedding not completed at eyes. Six layers of skin covering and compressing the eyes. *Psorinum* 30 once a week for few weeks and the snake shed normally except for eyes. Nose improved. *Psorinum* 200 few weeks. No further improvement.

The most effective route of administration to a venomous snake is in a spray. In the nose, the aerosols are absorbed. In non-venomous snakes, directly in the mouth.

Skin problems in snakes can heal only during shedding.

[This is a very interesting article and confirms the depth of action of a homeopathic potency in reptiles, one of the oldest in biological evolution = KSS].

4. Foot-and-mouth Disease

ELLINGER, Liesbeth (HL. 18, 1 & 2/2005)

In spring 2001, Foot and mouth disease was rampant in the Netherlands. It was treated homeopathically with *Arsenicum album* 200 and *Borax* 30.

The earlier epidemic in 1966-67 was also treated homeopathically.

During cattle plague in 1866-67, Dutch government used the services of a Belgium homoeopath.

The remedies used for treatment and prevention of foot and mouth disease:

BGENNINGHAUSEN: *Arsenicum album*

CLARKE : *Kali iodatum*

MADREWAR : *Arsenicum, Mercurius corrosivus, Variolinum*

GUNTHER and

others : *Phosphoric acid, Helleborus, Mercurius, Arsenicum, Nux vomica, Asafoetida.*

MACLEOD and

others : *Borax*

In Great Britain it was observed that animals were better milk producers after *Borax* and their condition ameliorated.

5. Evaluation of Isopathic Treatment of *Salmonella enteritidis* in Poultry

BERCHIERI Jr. A.; TURCO W.C.P.; PAIVA J.B.; OLIVEIRA G.H. & STERZO E.V.
(HOMEOPATHY, 95, 2/2006)

Background: Salmonellosis is a common problem worldwide in commercially reared poultry. It is associated with human Salmonellosis. No fully satisfactory method of control is available.

Method: Nosodes to an antibiotic-resistant strain of *Salmonella enterica* serovar Enteritidis in D30 (30X) potency were prepared. One-day-old chicks (N = 180) were divided into four groups: two control and two different preparations of the Nosode. Treatments were administered in drinking water for 10 days. The birds were challenged by a broth culture of the same *Salmonella*, by mouth, on day 17. Cloacal swabs were taken twice weekly for *Salmonella enterica* serovar Enteritidis.

Results: Birds receiving active treatment were less likely to grow the strain of *Salmonella* from cloacal swabs compared to control.

Conclusions: Isopathy is low cost and non-toxic. It may have a role to play in the widespread problem of *Salmonella* in poultry. Further research should be conducted. [However, Isopathy is **not** Homoeopathy = KSS]

6. Snake Remedies and Eosinophilic Granuloma Complex in Cats

ABOUTBOUL, Ronit
(HOMEOPATHY, 95, 1/2006)

Eosinophilic Granuloma Complex (EGC) is a syndrome occurring in cats, characterized by lesions affecting the skin and the oral cavity. Conventional treatment is mainly symptomatic and may have undesirable side effects. This paper summarizes homoeopathic treatment with snake remedies of cats suffering from EGC. Snake remedies were chosen by individual repertorizations and administered in different dilutions. Reactions were mostly quick, leading to significant improvements, including complete recoveries. The mind and general symptoms chosen for repertorisation are tabulated. The symptoms of EGC and corresponding rubrics in the Repertory are tabulated. Over a period of 8 years 20 EGC cases were seen; all were treated with homoeopathic snake remedies and there was good response.

Case: Ella, female cat, 2.5 years with itching, red lesions between footpads, erythematous alopecic lesions over the caudal thighs, thinning of fur on abdomen, ulcers on the lower lip and alternating swellings of the paws.

Vipera 30, once a day for 3 days. Started improving immediately, and two months later, with a few repetitions, all lesions were healing well and fur was growing.

Certain questions are raised by the author and we should find answers to them. "Why does a rather small, specific, well-defined group of remedies bring a cure in most cases presenting with same pathology, albeit differing in character, history and even in local symptoms? How do snake remedies affect EGC in cats? What is common to snake venom and the characteristic pathology of EGC? In all these cases the 'Mind' symptoms were taken into account while repertorizing.

VII. RESEARCH

1. Improvement of Flow Cytometric Analysis of Basophil Activation Inhibition by High Histamine Dilutions. A Novel Basophil Specific Marker: CD 203c
SAINTE-LAUDY J. and BELON P.
(HOMEOPATHY 95, 1/2006)

Histamine is known to elicit a negative feedback effect on anti-IgE and allergen-induced basophil activation. A series of experiments performed between 1981 and 1995 using a manual method showed biological activity of highly diluted Histamine. Most of the experiments used Histamine in the range 10^{30} (15C)- 10^{36} M (18C).

These results were confirmed by automated flow cytometry, but this method is based on the selection of Basophils by anti-IgE and analysis of Basophil activation by anti-CD 63, showing significant but relatively low inhibition (approximately 14%), insufficient to convince the scientific community of the reality of the phenomenon.

Objective: We investigated if the use of CD 203c a Basophil specific, earlier marker than CD 63 of the activation cascade, increased the sensitivity of the method, testing two target Histamine dilutions, 10^4 (2C) and 10^{32} M (16C).

Methods: Basophils, obtained from buffy coats, were pre-incubated with the Histamine dilutions and activated by two agonists: anti-IgE and fMLP (formyl-methionyl-leucyl-phenylalanine peptide). Basophil activation was stopped with EDTA. The cells were labelled with anti-IgE, anti-CD 13 and anti-CD 14 for Basophil selection, and anti-CD 63 and anti-CD 203c for Basophil activation. Results were expressed in upregulation percentage for CD 63 or mean intensity of fluorescence (MFI) for CD 203c.

Results: Histamine 10^4 M (2C) and Histamine 10^{32} M (16C) were capable of inhibiting both IgE-dependent (anti-IgE) and IgE-independent (fMLP) Basophil activation. The percentage inhibition depended on the activation marker used. The highest inhibition for Histamine dilution 16C was observed with CD 203c (38%, $P < 0.0001$), approximately half the inhibition observed with Histamine 2C (73%).

Conclusion: These new flow cytometric protocols confirmed that high dilutions of Histamine may inhibit Basophil activation and that the inhibitory effect is not restricted to IgE-dependent activation. The use of CD 203c instead of CD 63 increased the magnitude of the response.

[In the light of the 'Conclusion' does the 'scientific' establishment accept the way in which late Dr. BENVENISTE was pilloried and hounded, was only 'witch hunt'; they should also restore BENVENISTE's name to the place of honor rightly due to him. = KSS]

2. Responses to Homoeopathic Treatment in National Health Service General Practice
ROBINSON T. (HOMEOPATHY, 95, 1/2006)

To assess homoeopathic consultations in NHS General Practice over a 12-month study period; to analyse the conditions treated homoeopathically and assess the responses to Homoeopathy prescribed in a standard 10 min GP consultation.

Methods: Data on each homoeopathic consultation over 12 months were recorded:

including patient details; condition/diagnosis; response score; prescribed medicine; prescribing strategy; medical speciality category. Clinical response was scored using a modified version of the Glasgow Homoeopathic Hospital Outcome Scale.

Results: Over the 12-month study period, a total of 5331 consultations were conducted within the general practice; 489 (9%) of these consultations were homoeopathic. A wide variety of conditions were treated homoeopathically, 78% of patients had a positive clinical response, 19% no response, 3% negative response. Analysis of the prescribing strategies demonstrated that 73% of the homoeopathic prescriptions were issued using the 'problem-based' strategy. The remainder were 'patient-based' (19%), 'context-based' (4%) and 'combined' (4%) strategies.

Conclusions: This study illustrates the varied and successful application of Homoeopathy within the General Practice setting. Response scores reveal the beneficial effects of homoeopathic treatment. This study supports the use of Homoeopathy within NHS General Practice, delivered in a 10 min consultation.

3. Summary Consensus Statement of the Review Board of the Swiss Complementary Medicine Evaluation Programme, (Programm Evaluation Komplementärmedizin, PEK) Regarding the PEK Process and Products
WALACH, Harald; LINDE, Klaus; EICHENBERGER, Reiner; ST ALDER, Hans; KRISTENSEN, Børlum Finn & KLEIJNEN, Jos (HOMEOPATHY, 95, 1/2006)

The international review board was set up as the scientific advisory body of the Swiss Complementary Medicine Evaluation Programme (PEK) in 2002. It has met several times and has given advice with respect to the most important aspects of the programme. It would have been the normal procedure for the review board to have had the opportunity to comment on the drafts of the final scientific products as well as the draft of the summary report, in order to advise on them, before the documents became publicly available and formed the basis for political decision making. But the responsible authorities changed this process. In the following, the review board comments both on this process and on the products. [In this article a question has been raised: "It was observed that an important research question arising out of the data structure of the Primary Care studies is why so many patients prefer Complementary Therapies despite their lack of superior efficacy against

placebo." - Surely the patients are not dumb and dense-headed. The right answer is, notwithstanding the "Trials" which showed that the 'complementary therapies' were not superior against placebo, the fact is that the 'complementary therapies' do better than the conventional therapy! This is true though it is bitter for the dominant School to accept it. = KSS]

4. Homoeopathy and Respiratory Allergies: A Series of 147 Cases
COLIN P. (HOMEOPATHY, 95, 2/2006)

Allergies, especially respiratory allergies, are one of the indications for which homoeopathic treatment is most frequently sought. The progress of 147 cases of respiratory allergy seen in private homoeopathic practice is reported here. Only two cases of ear, nose and throat (ENT) allergies out of a total of 105 showed no improvement, no patients deteriorated. Two cases with worsening and three without improvement were noted out of 42 cases of pulmonary allergies. The constitutional homoeopathic remedies varied, *Lycopodium*, *Pulsatilla* and *Sulphur* were most frequently prescribed for ENT allergies, there was no predominantly prescribed remedy in the pulmonary allergy group.

Thirty-one cases of respiratory allergies consulted only once. The reasons for such a state have been reviewed. If all these cases were therapeutic failures, the success rate of the homoeopathic treatment is 87.6%.

5. An Exploratory Retrospective Study of People Suffering from Hypersensitivity Illnesses Who Attend Medical or Classical Homoeopathic Treatment
LAUNSO L.; KIMBY C.K.; HENNINGSEN, Inge & FØNNEBO, Vinjar
(HOMEOPATHY, 95, 2/2006)

The objective of this study is to describe patients who had treatment for hypersensitivity illnesses by General Practitioners (GPs) or Classical Homoeopaths (CHs) and the patients' self-reported effectiveness of the treatment received. The data stems from an exploratory retrospective study amongst 88 Danish patients (response rate 58%) suffering from hypersensitivity illnesses, who chose treatment from one of six GPs or one of 10 CHs who participated in the project. The patients themselves selected their treatment. The GPs or the CHs considered that the patient's treatment was complete or that the patient was in a situation of current 'maintenance treatment'. The patients'

primary reason for consulting the GP or the CH was that they were suffering from hypersensitivity illnesses.

No significant difference was found between the two groups of patients in relation to age, education and duration of hypersensitivity symptoms. The CH patients were more likely to be employed in teaching, research, health care or the social sector compared to GP patients. The two groups of patients were similar in respect of their health at the start of the treatment, 57% of the patients who consulted a CH experienced an improvement of their state of health compared to 24% of the GP patients. Both groups of patients experienced an improvement of their psychological health after treatment. Logistic regression analysis showed that the GP or CH was the only significant effect variable. The results are based on the patients' retrospective, self-reported effectiveness of the treatments.

The patients' self-reported effectiveness of the treatment by GP or CH was explored through following variables:

1. The time between receiving treatment and experiencing any effect of the treatment.
 2. Changes in symptoms.
 3. The emergence of previous symptoms.
 4. Changes in the use of conventional medicine.
 5. Use of conventional medicine at the time of questionnaire response.
 6. Patient-experienced consequences of stopping the intake of conventional medicine.
 7. State of health 'today' compared to 12 months ago.
 8. Quality of life 'today' compared to 12 months ago.
 9. Self-assessment of psychological conditions (self-confidence, joy of life, ideas to act in new ways, energy, anxiety, optimism, irritation, general well-being, feeling of freedom, the need to avoid certain things or situations, feeling of anger) (An example of a question: "How much self-confidence did you have before treatment and after the treatment?" The patient was asked to answer on a scale from 0 to 10 regarding both before treatment and after the treatment (0 indicated no self-confidence and 10 indicated great self-confidence).
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6. Opinions and Self-reported Health Status of Italians Seeking Homoeopathic Treatment POMPOSELLI R.; ANDREONI C; COSTINI G; DEDOR B.; MARIANI I.; CASTELLINI M.; TOMAIOLI G.M. & TONINIE. (HOMEOPATHY, 95, 2/2006)

The use of Homoeopathy is increasing worldwide. This multi-centre cross-sectional study aims to describe the opinions and self-reported health status of a sample of Italian people seeking homoeopathic care. A self-administered questionnaire including socio-demographic characteristics, knowledge and opinions about Homoeopathy, personal experience with Homoeopathy, and, self-reported health status (SF-12), was administered to a sample of people who had sought Homoeopathy.

Of a possible 1229 individuals invited to participate, 1223 did so. The majority of the participants were female, young (mean age 42 years), well educated (mean 13 years of education). The reason for seeking care was for either physical or emotional conditions. Most participants had fair to good knowledge of Homoeopathy, and the self-experienced effect (subjective judgment on efficacy) was good regardless of the type of health condition reported. The Physical Component Summary (PCS-12) scores were similar to the general Italian population, but the Mental Component Summary (MCS-12) scores were lower in all relevant strata examined.

This study provides information on the characteristics of people seeking homoeopathic care, in particular the results of the SF-12 self-reported health status evaluation.

7. Likelihood Ratio - A Modern Approach to Classical Homoeopathy
STOLPER, Erik; RUTTEN, Lex; LUGTEN, Roland; BARTHEL, Rob
(HL. 18, 1 & 2/2005)

The 18th century Mathematician Thomas BAYES designed a formula that describes how our conviction of the truth of a certain fact increases or decreases by subsequent observations. In Epidemiology this formula is converted to Likelihood Ratio.

The process of applying this technique in Homoeopathy to improve homoeopathic prescribing is discussed.

VIII. HISTORY

1. The Greatness of Samuel HAHNEMANN
MORRELL, Peter (AJHM. 98, 3/2005)

Samuel HAHNEMANN'S exceptional and unique contributions to Science and to Medicine are detailed fully and offered as justification that his

standing within the wider fields of both disciplines, and not solely that of homoeopathic medicine, be elevated. [In fact, HAHNEMANN should receive greater recognition for his unique contribution to Science and Medicine. In fact the serial dilution and potentisation and its benefit to human kind is the greatest scientific activity of the 18th/19th Century = KSS]

The author has quoted from the **Lesser Writings** of HAHNEMANN and from Dr. Otto E. GUTTENTAG.

This article is commemoration to HAHNEMANN on the 250th anniversary.

IX. EDUCATION

1. Materia Medica Validation and Meta-analysis STOLPER, Erik; RUTTEN, Lex; LUGTEN, Roland; BARTHELIS, Rob (HL. 18, 1 & 2/2005)

A Dutch homoeopathic research group, the Committee of Methods and Validation, has developed a post-graduate course the 'Materia Medica Validation' where successful cases can be compared. The data of cured cases are collected and considered them in two viewpoints.

One classifying all the symptoms together and the other formulating a common opinion about the nucleus of the remedy. The procedure is discussed and Materia Medica Validation of *Lachesis* is tabulated.

X. AGRICULTURE

1. Effects of *Cina* on Root-knot Disease of Mulberry DATTA S.C. (HOMEOPATHY, 95, 2/2006)

Root-knot disease of Mulberry is caused by the nematode *Meloidogyne incognita*. It has important economic implications for sericulture. The homoeopathic medicines, *Cina* mother tincture (MT) and potentised *Cina* 200C, prepared from the flowering meristems of *Artemisia nilagirica* (CLARKE) Pamp, were applied by foliar spray on mulberry (*Morus alba* L.) infected with *M. incognita* juveniles (J₂). Pretreatment (ending 6 days before inoculation) and post-treatment (starting 6 days after inoculation) schedules were tested. The two uninoculated control batches were

treated with the same procedure with *Cina* MT and *Cina* 200C.

Both pre- and post-treatment significantly reduced nematode infection in terms of root gall number and nematode population in root. All the treated plants showed improved growth in terms of fresh biomass of shoot and root, length of shoot and root, number of leaves, leaf surface area, root and leaf-protein content. *Cina* 200C is more effective than *Cina* MT in all respects of nematode control as well as growth of the test plants. Pretreatments show slightly better effects than the post-treatments. It is interesting that inoculated and treated plants not only are less affected by nematodes but also have a better growth than uninoculated, untreated control.

XI. GENERAL

1. Dr. Paul Ferdinand GACHET: Kenner des Impressionismus - Kenner der Homöopathie (Dr. Paul Ferdinand GACHET: Expert in Impressionism - Connoisseur of Homoeopathy) SPARENBERG-NOLTE, Anne & NOLTE, Stephan Heinrich (AHZ. 251, 2/2006)

Dr Paul GACHET, Physician and amateur of Fine Arts, became widely known by his portrait painted by the impressionist Painter Vincent VANGOGH. VANGOGH being alcoholic as well as a psychiatric patient, had been supported by GACHET during the last months of his life, but not treated so far. Two homoeopathic Medicine Chests in the Museum of History of Medicine in Paris, give testimony of the homoeopathic Practice of GACHET, who was both friend and physician of many impressionist painters. [In his well-known book 'Lust for Life' by Irving STONE - being a 'romance' of Vincent VAN GOGH, we see reference to Dr. GACHET, it is indeed unfortunate that such a great painter, VAN GOGH suffered from bi-polar affective disturbance, manic-depressive phases and became auto-aggressive in that he cut his own ear, did not undergo homoeopathic treatment and died early = KSS]

2. Gedanken eines Adepten zum 250. Geburtsjahr von Samuel HAHNEMANN (Thoughts of an adept on the occasion of the 250th birth year of Samuel HAHNEMANN) SCHRAMM, Hans-Jürgen (AHZ, 251, 2/2006)

We were happy to celebrate the 250th birth year of Samuel HAHNEMANN during 250th LMHI Meeting in 2005 in Berlin. Very well known personalities took part, gave lectures and discussions.

So much, so good. But let us examine where Homeopathy now is, in the sixth year of the 21st Century. Has it got its rightful place in Medicine? Is it exactly where its founder left in 1843? Is the same climate of disputes, mistrust and contradiction still prevailing?

The homoeopaths are themselves to blame. Much work lies ahead in explaining several phenomenon like the placebo effect, on the psychosomatic nature of illness and the action of homoeopathic medicine on that phenomenon.

3. Mass Fluoridation of Society
Are We Proving It's Not Working?
SHORT, John A. (AJHM. 98, 4/2005)

The continued use of two highly toxic substances, Mercury and Fluoride, by the dental profession is at best unacceptable given the overwhelming scientific evidence substantiating the toxicity they exert on numerous organ systems.

Low level exposure, particularly to highly toxic substances, is of great importance to homoeopaths because of the potential for homoeopathic Provings.

This article focuses upon Fluoride because, it is ingested by persons unaware that their municipal water has been doped.

One of the first visible signs of fluoride toxicity in children is mottling of the enamel in primary and permanent teeth.

Increased brittleness of bone, decreased mental aptitude and behavioral changes in children are other effects.

The symptoms of *Flouricum acidum* reflected in the society are deterioration of the family unit and depersonalization of society, with greater emphasis on accumulation of wealth, high technology business, sexual image and imagery and promiscuity.

The late Dean BURK, former chief chemist at National Cancer Institute concluded, "Fluoride causes more Cancer and causes it faster, than any other chemical." [Some years ago 15-20 years, may be, toothpaste manufacturers were vying with each other advertising that their toothpastes contained Fluoride and it was very good for strong teeth. It is usual for children to lick and swallow a good part of the paste because it was tangy; God knows how many sufferings of the children later were due to this fluoridation. For some unknown

reasons this 'fluoride pastes' are not seen now = KSS]

4. Samuel HAHNEMANN, Hormesis and a Probable Mechanism of Action of Homoeopathic Remedies
MERIZALDE, Bernardo A.
(AJHM. 98, 4/2005)

The author argues that hormesis, a dose-response relationship phenomenon characterized by low-dose stimulation and high-dose inhibition, could prove a useful tool, despite its inexplicably controversial status among many toxicologists and pharmacologists, for demonstrating a probable mechanism of action of low potency homoeopathic medicines.

5. Concerning the Trends and Patterns of Disease
DUPREE, Glen (AJHM. 98, 4/2005)

The allopathic view of disease as a static diagnosis is only one way to conceptualize disease. The holistic view of disease as the trends and patterns of symptoms in the patient is a complementary conceptualization which has the capability to change our medical approach to patient health care.

6. Homoeopathy and Science
SCHOLTEN, Jan (HL.18, 1 & 2/2005)

The place of Homoeopathy as a science is hotly debated topic. There is an urgent need to establish Homoeopathy as a science in its own right. The author discusses his personal views. In sum, he feels that increasing generalization would lead to faster progress of Homoeopathy and more accessible to 'scientists'. [What if Homceopathy is not a 'Science'? Is happiness and health a matter of 'Science'? Are all our activities governed by 'Sciences' and approved by 'Scientists'? = KSS]

7. Homoeopathy and Perfinity
SCHOLTEN, Jan (HL. 18, 1 & 2/2005)

There is a growing tendency in Homceopathy to study families of remedies. This paper brings forth arguments that it is not only justified but also a necessary development. [There have been such studies in the past too. TESTE was one of the earliest. While such studies may enrich one's knowledge, will it improve one's ability to prescribe? Does it lead to correct prescription? =KSS],

8. Convenience has a Price
Jeremy SHERR Interview: Part I
TESSLER, Neil (SIM. XIX, 2006)

The Software Program the **Dynamic Case Taker** developed by Jeremy SHERR has an Index to outline the main features of the case. While typing, symptoms are automatically sorted into affinities, chief complaint, diagnosis, obstacles, simple language, causation, mentals, dreams, food, weather, family history, medication and many more. Lifelines and affinities are displayed as graphs. Successive consultations can be viewed side by side. Any methodology of finding the remedy need to be based on the fundamentals. One method of case taking is to dig deeper, the other is watching what comes up by itself.

The sensation and function, which he calls 'verb', are the top of hierarchy. Affinities are also important.

In his book **Syphilis**, he has explained 'verb' of eleven remedies and has investigated Syphilitic Miasm through Materia Medica. Accuracy is important in recording the symptoms and in Synthesis and comparing them with what needs to be cured in the case to the essential nature of the remedies.

Accuracy is important in assessing the outcome of the case. There is a need to be self-critical about it, as the next prescription depend on this.

The new methods of Homoeopathy are aimed at creating a shortcut to find the remedy. Students should learn the base thoroughly and then can choose to study newer aspects and work with both until they are integrated - otherwise there is a danger of floating into theory land. New ideas are not a replacement; they are a progression built upon the existing foundation.

Kingdoms are generalization of the Doctrine of Signatures. Signatures tend towards isopathic than homoeopathic. The most subtle levels of analogies are cross-kingdom because nature's blue print is a spiral, not a line. The tendency in Homoeopathy today is to generalize towards miasms, kingdoms, periodic table etc. This needs to be balanced with what is individual, characteristic, strange, rare and peculiar in provings. Unique details are lost by swinging towards generalizations.

Provings are the foundation of Materia Medica. The essences and summaries should be built primarily on a base of provings plus many cases, rather than from two or three cases with no Proving. The dynamic aspect is lost when going farther from the proving and focusing on keynotes. He is working on methods to make the study of Provings easier without losing Totality.

9. The Work of Susana GALLE with Two Cases
TESSLER, Neil (SIM. XIX, 2006)

Susana A. GALLE, heads the Body-Mind Center in Washington D.C. She has extensive academic background and trunk load of degrees - in - Clinical Psychology and Neurosciences, Medical Psychology, Clinical Psychiatry, Applied Psycho physiology, Neuro Psychology, Hypnosis and Bio feedback, Vipassana, Hatha yoga, Yoga Therapy, Naturopathy, Nutrition, Homoeopathy, Functional Medicine, Neuro endocrinology, Chinese Medicine, Ayurveda, Clinical Psycho pharmacology.

With this background she has developed a Multi dimensional approach to evaluate and treat patients.

- 1) Description of presenting problems/symptoms (and past treatment);
2. Outline of three major treatment goals, and objective criteria for determining progress or the lack of it;
- 3) Health/illness history and questionnaire with a functional medicine focus;
- 4) Psychological, interpersonal, educational, work history, lifestyle;
- 5) Family constellation;
- 6) Physical/mental typology based on western psychological and ayurvedic principles;
- 7) Energy assessment (chakras);
- 8) Self-report psychological tests focusing on mood (depression & anxiety) and modalities (in the homoeopathic sense);
- 9) Nutritional questionnaire (diet habits and supplementation)
- 10) Medication regimen (if any)

She juxtaposes homoeopathic case taking with the complex collage outlined.

Case 1: 35 year-old male with unrelenting pain in the heart, extending down the left arm to hand. Fearful and depressed. Conflicts with mother in business and with fiancé. Also shallow breathing, irregular sleep and bouts of over eating. Feeling of everything going wrong. Strong sense of duty. *Naja* 30 in aqueous dilution. In the twenty months of follow-up, a dose of 200 and 1M, when there was relapse.

Exploratory Psychotherapy, Orthomolecular Nutrition, Yoga and finally Homoeopathy were used in the treatment of this case.

Case 2: 43 year-old married woman, depressed because of Cystitis and back pain. Also Rheumatoid Arthritis. Painful intercourse. Protracted abuse by husband with little respect to marriage vows. Subdued by siblings in childhood. Always submissive and had trouble in expressing

her anger. Multiple inflammatory conditions in the past. Sleepy in daytime and sleepless at night. Partial Hysterectomy for Fibroids, Benign lumpectomy and cysts in ovary. Burning and frequent urination.

The author analysed this as ravages of chronic self-suppression and allopathic suppression. *Staphysagria*.

LM1 to LM6 over the next seven months. Her physical problems gradually resolved; was emotionally stronger and more assertive. Cysts in ovary disappeared. She enrolled in college to get certification in early childhood education and reshaping her relationship with husband.

She was encouraged to call for further psychotherapeutic work.

10. Poetry and Homoeopathy: An Exploration

MARDON, Jacqueline M.

(HOMEOPATHY, 95, 1/2006)

This paper explores a relationship between poetry and Homoeopathy. It proposes we expand and enlighten our knowledge of the patient and develop our consultation through our experience of poetry. Within each consultation is a poem. Heightened awareness of this and many other aspects can improve the sensibilities of the practitioner and enhance deeper healing of the patient. We are challenged to respond.

11. Eluding Nature's Wrath

ROY S.C. (S&C. 71, 1-2/2005)

Nature's wrath is inescapable. The frequency of the natural disasters is on the rise and as increasingly been having a more severe impact on the world in terms of human and economic cost. Natural disasters are uncontrollable, but the devastation, which follows any natural disaster, is not. There should be a plan for potential natural hazards as a developmental issue, instead of confronting them only as a humanitarian emergency when a crisis strikes.

Even without the Tsunami, what India lacks is the appropriate training of personnel, awareness and maintenance of emergency equipment.

More importantly, a natural disaster serves to remind us about the mortality and frailty of Man. Our ego and pride in our intelligence often blind us to the relative insignificance of Man in the grand design of the Universe, and we are led to believe, that the world revolves around our interests and greed.

12. A Clinico-aetiological Conelation Studied Among Patients of Tinea capitis in Agra DODIA, Sumita (S&C. 71, 1-2/2005)

Tinea capitis, ringworm of the scalp is the most common mycotic infection, which involves the scalp causing asymptomatic hairless patches associated with mild erythema and scales. The study involved 50 patients. The clinical types found out were Grey patch, Seborrhoeic, Blackdot, Pustular and Kerion.

In Agra, temperature varies from 5°C to 45 °C with average relative humidity of 75% almost throughout the year. This forms a very fertile ground for fungal growth and proliferation.

The diagnosis is based on clinical methods, assisted by direct microscopic examination of the fallen hair, plucked hair and scalp scrapings.

XII. BOOKS

1. Horst BARTHEL (Hrsg.): **Synthetisches Repertorium. Gemüts- und Allgemeinsymptome der hombopathischen Materia Medica, 5 völlig überarb. Auflage. (Synthetic Repertory by Horst BARTHEL (editor). Mind and General Symptoms of the Homoeopathic Materia Medica, 5th thoroughly revised edition, Stuttgart. Haug; 2005; 675 Seiten, gebunden. € 179.95 (German) Review by R.F. KASTNER (ZKH. 50, 2/2006): "... It can be recommended as our important standard Repertory of Homoeopathy for homoeopaths and students. It has its rightful place besides the KENT and BCENNINGHAUSEN, for Practice." [The reviewer has given extensive bibliographical references and extracts which are quite interesting = KSS]**

2. ALEX P., **Heilung Borreliosekranker mit Homöopathie. Mit Beiträgen von Bill GRAY, Mathias RICHTER, Alize TIMMERMANN und Frans VERMEULEN (Homoeopathic Treatment of Relapsing Fevers), Grimma: Edition Krannich; 2005: 160 Siten, pb. € 24.50 (German) Review by Berhard ZAUNER (ZKH. 50, 2/2006): Includes contributions from Bill GRAY, Ahze TIMMERMANN, Mathias RICHTER, Frans VERMEULEN. "Borreliose is a chronic disease difficult to treat. Homoeopathic experience, on this are rare and therefore this book is interesting. It is in 3 parts in accordance with § 71 Organon, VI edn. ... At first the author discusses infectious diseases particularly by Spirochaets infection" (Borreliosis). "He compares**

Syphilis which has many similarities and considered as related" ... The author has ventured to determine the "spiritual intelligence" of Borrelian by considering the mental peculiarities of Borrelian affected persons. A list of five remedies is brought up (*Aur.*, *Aur-ar.*, *Led.*, *Lye.* and *Thuja*) which agree with the symptoms of the patients. ... Next Chapter is on prophylaxis with the example of Indian experience in the pertence break out in the 90s of the last Century, which worked out well. *Ledum* is given as the prophylactic for Borrelios because of it's connection to joint complaints and insect stings ... In case of bites by tics *Aurum arsenicosum* is recommended by ALEX. He has made a Proving of *Aurum arsenicosum*. ... 14 cases of humans and one of Veterinary have been presented. ... It may be said that this book interesting aspects. ..."

3. **LANG E., Das neues Repertorium homoeopathicum (The New Homoeopathic Repertory), Worswede: Era Lang 2005: 743 Seiten, geb. £ 182/- (German)** Review by Klaus HOLZAPFEL (ZKH. 50, 2/2006): "This contains 820 Mind and Intellect Rubrics taught by M.L. SEHGAL and his sons in different seminars and books. This Repertory is different from the current ones in so much that it does not only present the Rubrics alphabetically and their remedies but - and this is its specialty - their significance and interpretations in the SEHGAL's way. ... There are patient's expressions given which would make it understood well. ... The basis for the Rubrics and medicines are KENT and SEHGAL's favourite **Synthetic Repertory**, by Barthel & Klunker. These are supplemented from **Synthesis, Complete Repertory**, and MURPHY's **Repertorium Universale** so that critical readers may access them. ... The high price is rightly justified."

4. **The American Institute of Homoeopathy Handbook for Parents by Edward SHALTS, MD, DHt. Josey-Bass/Wiley: San Francisco, CA. 2005 ISBN 0-7879-8033-1 Paperback. 363 pages. \$16.95** Review by George GUESS (AJHM. 98, 4/2005): "A very useful, highly informative source book for parents both contemplating and already committed to homoeopathic treatment for their children. It will simultaneously encourage and reassure parents while helping practitioners in the often tricky task of educating patients in the finer points of homoeopathic treatment."

5. **Homoeopathy in Cancer Treatment Dr. Ranjit K. ROY. Paperback, 252 pages, B. Jain**

Publishers, New Delhi. ISBN: 81-7021-832-2 www.biainbooks.com Review by Heinz WITTWER, Switzerland (HL. 17, 3/2004): "The book of Dr. Ranjit K. ROY is one of the textbooks dedicated exclusively to homoeopathic Cancer treatment. New aspects and ideas to be found in the book are:

A: The great emphasis put on the recognition and homoeopathic treatment of pre-cancerous states as a valuable prophylaxis.

B: The author's idea to use mind rubrics in order to find out which remedies might be useful for the treatment of a given Cancer stage.

The core of the book consists of a section in which the author explains his way of managing and treating Cancer patients. He favors a multi-method approach, which means, that he makes use of organ specific and constitutional remedies as well as Nosodes, according to the stage of the cancerous diseases and the vitality of the patient.

The author especially stresses the fact that the way of treating the patient greatly depends on the stage of his disease, be it pre-cancerous, beginning, advanced or terminal.

The strategy is to first give remedies to overcome the acute situations caused by the tumour. Then, after a certain stabilization and recovery of the patient has taken place, one can introduce a constitutional remedy and later also Nosodes, according to the miasmatic tendencies of the patient. The selection of the remedy should always be based on the actual situation and symptoms presented by the patient.

Absolutely new is the author's idea of classifying the remedies for early, advanced or terminal stages of Cancer according to mind rubrics.

In the foreward, the author states that the book is intended to give an overview of the potential of Homoeopathy in Cancer treatment to interested physicians, students and to the public alike. This goal is certainly achieved by the text and every reader will have to pick out the parts that are of interest to him."

6. **The End of Myasmtion of Miasms Dr. Prafull VIJAYAKAR, Mrs. Preeti VIJAYAKAR. 144, Anand Bharati Co-op. Hsg. Society. Dr. M.B. Raut Road, Shivaji Park, Dadar, Mumbai - 400 028, India Soft cover, 261 pages Price: Rs. 300 (INR)** Review by Dr. Manish BHATIA, India (HL. 17, 3/2004): "The book, like its successors, tries to give a scientific framework to applied Homoeopathy and tries to understand and explore the concept of Miasms from a scientific and mathematical point-of-view.

The clinical approach towards Miasms, explained with cases, is very good and every homoeopath has something to learn from it.

The thrust of the whole book lies in trying to relate Miasm with cellular defense. The author correlates the physiological defense of the cell with Psora, the constructive defense with Sycosis and the destructive defense with Syphilis.

But in his effort to correlate Miasm with cell defense, the author has made so many assumptions that the assertion of the author seems empty. In trying to end all hypotheses' regarding Miasms, Dr. VUAYAKAR has woven some more.

At the end of the book, the author presents his 'Tri-Miasmatic Materia Medica' of some polychrest remedies. This section is again very enriching and adds some useful tools to one's clinical armour."

7. Dynamic Provings Vol. 2 Jeremy Yaakov SHERR and Students of Dynamis School edited by Camilla SHERR. Published by Dynamis Books 2002 ISBN: 1901147053. Hardcover, 841 pages Review by Rene HULTIER, Ireland (HL. 17, 4/2004): "Volume 2 includes the following remedies. Listed with each is the approximate number of pages and the recorded number of provers:

RAPESEED, 54 pages - 11 provers.

BEWICK SWAN, 60 pages - 8 provers.

WHOOPEE SWAN, 224 pages - 21 provers.

OLIVE, 70 pages - 18 provers.

PACIFIC SALMON, 156 pages - 25 provers.

CRACKED WILLOW, 54 pages - 7 provers.

ENGLISH YEW TREE, 114 pages - 16 provers.

PACIFIC YEW TREE, 92 pages - 14 provers."

8. Homoeopathic Dictionary and Holistic Health Reference. Jay YASGUR Paperback 422 pages, Van Hoy Publishers, PO. Box 636, Greenville, PA 16125. ISBN 1-886149-04-6. Price \$ 23,95 Review by Ralf IEUTTER (HL. 17, 4/2004): "Julian WINSTON'S accolade for this book sums it up nicely: 'this book is a necessity for the homoeopathic student. Jay YASGUR has done a great service by bringing the archaic terminology together and defining those elusive terms clearly and succinctly'.

The core of the book is what the title says: A homoeopathic dictionary, defining 4500 terms. Also definitions of other alternative medical disciplines are offered, e.g. bioresonance, EAV, homotoxicology, etc.

After the Dictionary we find two astrological charts, each relating to HAHNEMANN'S two

different times of birth as proposed by K.M. GYPSER and DOBEREINER.

Then there are two body maps, one of the abdominal region and the other of the different planes of the body (median, anterior, coronal, dorsal, etc.), which is followed by a list of remedies and a pronunciation key.

YASGUR also included a very engaging chapter on selected homoeopathic obituaries.

The book is concluded by a section on appellations, journals, associations etc. This is not only an extremely useful book, but also one, which oozes the comforting charm only a collector's passion can instill. He concludes his preface with the word: Be happy and smile. With this book in hand it is just this bit easier to do."

9. Understanding Classical Homoeopathy Heidi GROLLMANN and Urs MAURER. Groma Verlag, Germany 2002 pp. 95, hardback, £ 8.95 ISBN 3-9521004-2-0 Review by Annette GAMBLIN (HL. 17, 4/2004): "This beautifully produced pocket sized book was written by two Swiss homoeopaths (who teach and practice classical Homoeopathy), having sold well over 15,000 copies in its original German text. Their aim was to produce a book for patients, who, through reading it, could gain a better understanding of classical Homoeopathy.

The book is divided into 23 small, accessible sections with separate heading. The first four give a brief biography of HAHNEMANN and introduce the concepts of similars, the vital force (although I would debate the term 'superior' energy), **individual** susceptibility, causation, totality and disease.

The next four sections discuss homoeopathic pharmacy, potency, dosage and the concept of the single dose, using easily comprehensible analogies to illustrate various points. This is succeeded by a discussion of the concepts of acute and chronic, with an in-depth discussion of 'Miasms'.

The next section tries to address the limitations of Homoeopathy. The next two sections discuss the 'healing process', including aggravation and direction of cure.

The remainder of the book seems to be more informative. There is a list of facts we need in the consultation followed by several short chapters entitled 'the constitutional treatment' (really just a reminder of holistic and chronic treatment), 'Homoeopathy during pregnancy', 'Homoeopathy for children', 'Homoeopathy in sport' and finally 'how to take your remedy'.

It is a great achievement to write a book that is so readable and accessible to the lay person."

10. Signatures and Miasms, AIDS Spiritual aspects of Homeopathy Misha NORLAND Softcover 229 pages, \$ 40,- ISBN: 0 9544766 0 3 Published by Yondercott Press Review by DR. J. ROCZENZWAIG. (HL. 17, 4/2004): "If ever a new book on Miasms was needed, it is this one. Instead of repeating what everybody else has already written about Miasms, Misha NORLAND takes a fresh look at them and at the Doctrine of Signatures.

Thirteen polychrest remedies are then reviewed and analysed in the light of their multi-miasmatic belonging, clearly demonstrating that there is not a single remedy exclusively covering a single Miasm, although there are predominances, some of them being major, like *Sulphur* and *Psora*.

The book continues with an analysis of the new AIDS Miasm and it's proving; the interesting approach here is the parallel drawn between the clinical and biological evolution of the disease AIDS and the appearance and behaviour of the Miasm, as reflected in the Proving too.

This is a well-written book I would certainly recommend to everybody who is studying Miasms, without hesitation."

11. Messages from Water. Masaru EMOTO HADO Publishing, www.hado.net. Soft cover. 148 Pages. Price: \$ 45,- ISBN: 4-939098-00-1 Review by Wim ROUKEMA, The Netherlands (HL. 18, 1&2/2005): "Starting from the hypothesis that water can contain energetic information, the author has taken photographs of crystals of frozen water. The crystal structure of the distilled water is clearly different when it is exposed, e.g., to different sorts of music and when different words are affixed on the tubes.

Conclusion: Non-chemical, energetic stimuli can influence the crystal structure of water that is due to be frozen. Water can take up and store energetic information."

12. Dreams, Symbols & Homeopathy Archetypal Dimensions of Healing Jane CICCHETTI Published by North Atlantic Books ISBN: 1-55643-436-7. 261 pages. With index, bibliography and glossary. Price. +USD 18,- Review by Jean Pierre JANSEN (HL. 18, 1&2/2005): "This is one of the few books that tries to bring together the worlds of Analytical (Jungian) Psychology and Homeopathy.

The purpose of this book is 'to help homeopaths and others interested in the relationship between the psyche and healing to use dreams and symbols in their work.'

In part I, CICCHETTI discusses the problem of opposites, and how JUNG and others searched for solutions to problems that arise from the paradoxes of life.

This part ends with an explanation of the theme of the book, the relationship between mind and body.

Part II discusses JUNG's concepts of archetype and collective unconscious.

Part III deals with the application in homeopathic practice: the use of dreams in Homeopathy, perceiving what needs to be healed, and a practical chapter on the technique of dream analysis.

Part IV gives a discussion of some groups of remedies: trees, vines, milks and the seven alchemical metals."

13. The Emerging Science of Homeopathy. Paolo BELLAVITE & Andrea SIGNORI. North Atlantic Books. ISBN: 1-55643-384-0. Paperback. 409 pages. US\$ 27.95. Review by Dr.J. ROZENCWAJG, New Zealand. (HL. 18, 1 & 2/2005): "In 400 pages, with more than 600 references to articles published in conventional scientific and medical journals, the authors walk you through demonstrations of effectiveness and activity of Homeopathy and through hypotheses about the way Homeopathy works according to modern physics and computer science. With a good basic scientific knowledge, it becomes enjoyable and fascinating reading."

14. Sacred Plants, Human Voices. Nancy HERRICK, PA. Hahnemann Clinic Publishing. GrassValley, CA 551 Pages; paperback, \$39.95. ISBN 0-9635368-3-4. Review by George GUESS, USA. (HL. 18, 1&2/2005): "HERRICK's proving method is thoroughly described in the introduction.

The selection of remedy themes had definite criteria: 1) Each theme had to be confirmed by proving entries from at least three different provers, 2) Themes had to come exclusively from the words of the provers, 3) No theme was based on study of the substance proved, 4) A theme was considered very strong if confirmed on multiple levels; i.e., emotional/mental states, events (more about this later), dreams, and physical sensations.

Despite its few flaws, it provides the homeopathic community with quite a large volume of valuable information about interesting new and some existing homeopathic remedies."

15. Temperament types - a Study. Dr. Parinaz HUMRANWALA. Soft cover 48 pages. Price Rs.70/-. Publisher: Nina Foundation. 240/11,

Shankar Sadan, Sion (E) Mumbai - 400 022.

ISBN: unavailable.

E-mail author:

parinaz@bom3.vsnl.net.in

Review by Dr. Munjal Thakar, India. (HL. 18, 1&2/2005): "The book consists of six chapters in all. These are:

- Understanding Temperaments
- Homoeopathy and Temperaments
- Temperament Types
- Homoeopathy Remedies
- Cases
- Conclusion

The first chapter deals with basic definitions and concepts.

In the second chapter, the author delves into the history of the subject and quotes the repertorial references on temperaments.

The third chapter explains and describes each temperament.

The fourth chapter deals with the remedies and classifies them under temperament types.

The penultimate chapter is obviously the presentation of clinical cases where the understanding of temperaments was of great value in deciding the remedy.

The book is very valuable when one is faced with a patient who is less aware and only mentions areas of sensitivity (mentally) but is unable to clearly define the inner emotions - where one has only a Gestalt view of the psyche."

16. Carbon: Organic and Hydrocarbon Remedies in Homeopathy, Roger Morrison MD Hahnemann Clinic Publishing Hardback, 839 pages US \$ 108 Review by Randall BRADLEY (SIM. XIX, 2006): "The book is a massive tome of eight hundred and thirty nine pages and a milestone in homoeopathic Materia Medica. It's divided into sections covering the role carbon based compounds play in our lives, which organic compounds are homoeopathic remedies and their classes, the themes he finds useful to help prescribe these remedies, a brief overview of organic chemistry, and the Materia Medica of one hundred and eighty three remedies. It is an amazing resource, remarkably thorough and organized. The potential to take this information and help some of our previously failed cases is immense.

A brief overview of Roger's system for understanding and utilizing this family of carbon remedies.

The presence of several of the following major mental themes in a case should make us consider an organic compound remedy (of course the book is much more comprehensive):

- Confusion

- Identity
- Value
- Mental weakness
- Sensation of sinking
- Isolation
- Passivity and motivation
- The past

The following minor mental themes are confirmatory if present in a case:

- Fire and explosive
- Ghosts
- Hurry
- Euphoria
- Shock
- Jumping
- Lasciviousness
- Childishness
- Aggression, sarcasm
- Suffocation
- Tight clothing/constriction

ROGER also identified a number of physical characteristics and disorders that suggests the patient may need one of the organic compound remedies:

- Environmental illness
- Fainting
- Flushes
- Sudden complaints
- Weakness
- Searing/frying brain sensation
- Eyes, especially retina
- Cardiac arrhythmia, Palpitations, Bradycardia
- Digestion
- Skin - cracks, urticaria
- Labile temperature (like *Mercurius*)
- Aggravation from sun
- Lack of vital heat

He found the following consistent characteristics for remedies from organic compounds with aliphatic or aromatic structures:

Aliphatics

Passivity

Desire for help

Blandness/invisibility

(Remedies examples: *acet-ac*, *glon.* and *lac-ac.*)

Aromatics

Rapid, excited, compulsive thinking (mentalized)

Loquacity

Lasciviousness

Blood disorders

(Remedies examples: *anil*, *benz-d.*, *benz-n.* and *carb-ac.*)

So the aliphatic or aromatic backbone's characteristics are combined with and modified by the characteristics of the components attached to this backbone. With a process of cross tabulation the best possible remedies can then be considered."

17. The Foundations of the Chronic Miasms in the Practice of Homoeopathy. The Teachings of Henny HEUDENS-MAST Edited by M. Teresa BLAND CCH, with Louise DIVINE. Paperback, 256 pages US \$ 32.00 Book Review by Anneke C.H. HOGELAND MS, MFT, Homoeopathy West (SIM. XIX, 2006): "In this book Henny provides a clear (with an emphasis on clear) description of HAHNEMANN'S three basic Miasms (Psora, Sycosis, Syphilis), plus the newer Tubercular and Cancer Miasms as they relate to each other and show up in practice.

Henny takes us on a meticulous and deliberate journey through these Miasms, and explains them completely, without hesitation or confusion. She differentiates between the source disease, and the miasmatic influence and enumerates why this is an important distinction to make. When we look at a situation miasmatically we are treating the long-standing suppression of the underlying disease.

When a Miasm moves from latent into active, the energetic reaction of a person allows for treatment so that it can go either back to latency, or become further suppressed. Suppression blocks the natural action of the Vital Force, and if there is not enough energy in the system, the person will then move into a deeper, more chronic state of illness.

In each Miasm Henny identifies the characteristic symptoms. She looks at how the Miasm manifests in pregnancy, in infants and children, the kinds of jobs and careers that fit within that particular miasmatic pattern, and she discusses those remedies that express the Miasm most clearly.

For each Miasm, one or more cases are presented and discussed. In the case analyses, attention is paid to the identifying miasmatic symptoms and reactions of the patient, and the remedy selection is made from a deep miasmatic understanding in order to cover the greatest possible Totality in the case.

She presents Miasms as building blocks where one Miasm needs to be present before another Miasm can take hold, etc.

This is a book of solid confidence born of wide experience. There is no theorizing, no thinking of wild possibilities, the situation is viewed until an understanding is reached, and only then does treatment proceed along very straightforward lines, guided by the tenets of Classical Homoeopathy.

This is a book which will greatly assist the student homoeopath in gaining an understanding of Miasms, and it will also give the more seasoned homoeopath a wider view of how to use miasmatic thinking in case analysis and remedy selection.

I recommend this book highly. It feels good, it looks good, it reads easily and yet is rich in practical information. There are some good graphs in the back of the book providing useful comparative summaries for the Miasms. The index is also well done."

18. Case: A Psoric boy - an excerpt from: The Foundation of the Chronic Miasms in the Practice of Homoeopathy HEUDENS-MAST, Henny (SIM. XIX, 2006): "12-year-old, slender boy had Croup several times and is backward in growth. Also suffered earaches, skin problems and wetting his pants. Not enough strength to cope with school life. Weak physically and emotionally. During the pregnancy, there was conflict in the family, she was sad and helpless. He likes gymnastics, religious books and heroes of the past. Long time before he falls asleep because of thoughts and wakes up easily. He wishes to be a server in the restaurant when he grows up. He likes to play with little houses, little animals (mice) and other tiny things. Sweats at night. Weeps easily. Shy, cowers from powerful things.

The boy has received so many homoeopathic remedies with little relief.

Calcarea carbonica 200. 30 minutes after he got headache and stomachache, earache the same evening. Next evening perspired a lot and was soaked. A month later got Herpes on lips. In one month sleep good. Grown emotionally and physically. Two months later, nose block and then runny nose for 6 weeks. Six months later again earache and weeping. *Calc. carb* 200. No change in 4 weeks. *Calcarea* 1M. Within twenty minutes earache gone, weeping gone. Next day felt strong and wanted to go on a scouting holiday. He has grown 15 cm taller in six months and no problem in a year."

19. The Nucleus - Lectures on Chronic Diseases and Miasms RAJENDRAN E.S. Mohna Publications: Calicut, Kerala, India, 2004. Price: Rs.200 US\$ 20, ISBN 8190204807 Review by Russell MALCOLM (HOMEOPATHY, 95, 1/2006): "The author "has applied himself to the subject of HAHNEMANN'S theory of Chronic diseases and their relevance to modern day practice" ... "Many inconsistencies in the book's content" ... "The author gives us little more than a diatribe ... and no references given" ... In spite of

some well-written sections, "it is difficult to recommend this book"

20. e-book: Homoeopathic Family Medicine Dana ULLMAN. Homoeopathic Educational Services 2003, but updated every 3 months. Electronic Download from

www.homeopathic.com Review by WHITMARSH, Tom. (HOMEOPATHY, 95, 2/2006): "The preface tells of its purpose: "... to keep you informed of the latest and best research in the field of homoeopathic medicine." There is a section listing the updates. There is an especially enjoyable summary of clinical homoeopathic research in the 19th century, demonstrating how methodologically far ahead homoeopathic doctors have always been in research. The clinical trials are referenced and fully listed after a discussion of the remedies.

As long as the update promise continues to be delivered on, this is a useful resource."

21. Provings - Volume II Paul HERSCU. The New England School of Homoeopathy Press, Amherst, MA, USA (www.NESH.com). Price: \$36.00 available only as a 2 volume set, with Provings Volume I ISBN: 0-9654004-6-8

Review by RILEY, David. (HOMEOPATHY, 95, 2/2006): "As such it offers a historical perspective that begins with HAHNEMANN and continues to the present day. The issues raised in the homoeopathic drug provings are relevant not only to Homoeopathy but to all of medicine and medical research.... This book is an important contribution to the field of homoeopathic research in general and to homoeopathic drug provings in particular."

22. Clinical Experience with Some Rare Nosodes by GHOSH S.K. Published by P.K. BOSE 11/D Guruprasad Chowdhary Lane, Calcutta 6, 1956 (CCR. 13, 1/2006):

"This is one of the old and rare masterpieces. The author has given the following medicines that he says are some rare Nosodes, used by him in practice whose clinical benefits he has mentioned in various case reports after each remedy. These Nosodes are

1. *Thyroidinum*
2. *Pituitary-Pituitahn*
3. *Insulin*
4. *Lac-vac defloratum*
5. *Variolinum*
6. *B-coli*
7. *Streptococcin*
8. *Staphylococci*'

23. Cancer and Miasmatics by F.J. BRADLEY Published by B. Jain Publishers (P) Ltd. (CCR.

13, 1/2006): "This is an old book reprinted in 1988 where many useful points about Cancer and Miasmatics of Cancer are given.

Chapter-1 deals with HERING's Law of Cure and various passages from KENT'S lectures. Some of the quotations are also from ALLEN's **Chronic Miasms** and ORTEGA'S **Notes on the Miasms**.

Chapter-2 deals with aspects of Microbiology and Genetics, which are being increasingly researched to study RNA and DNA.

Chapter-3 deals with the problem of latency of Miasms and here again giving the views of various people like ALLEN's, KENT, and BURNETT etc.

Chapter-4 is a further continuation of the miasmatic topic and the author states that under great stress and trauma, the human body is compelled to allow its latent miasmatic grouping to rise to the surface.

Chapter-5 deals with the definition of Cancer and its obvious physical manifestations.

Chapter-6 is an important chapter and here the author has said that in UK a 100 yrs ago atleast 3 men were curing Cancer by homoeopathic means and one is aghast that now that base was ignored and not built on. These 3 men were BURNETT, J.K. CLARKE and R.T. COOPER.

Chapter-7, which is the last chapter, deals with Dr. COOPER'S system of Arbor-vital medicine.

In the Appendix to this book the author has mentioned the works of A.H. GRIMMER and the use of Cadmiums."

24. Materia Medica of Glandular Medicine Dr. Y.R. AGARWAL Published by Vijay Publications, F-253, Street No. 23, Laxmi Nagar, Delhi 110 092. (CCR. 13, 1/2006):

"Part I of this book deals with Materia Medica of glandular medicines about 20 in number starting with *Corpus luteum* and ending with *Thyroidinum*.

Book-II consists of Materia Medica of first grade remedies that have been found useful in glandular affections. The remedies range from *Agave tequilana* to *Viscum album*.

This is followed by another small chapter of rare remedies used for the various endocrine diseases clinically with their action on the target gland.

The next chapter deals with organotherapy, which implies extracts from various organs like bladder, bone, capillary, marrow, ovary, pancreas etc.

A special chapter dealing with the seven chakras and its relation to the endocrines given in ancient Hindu texts have been mentioned with a description of the site of chakras and the various

disturbances of these chakras affecting the endocrine glands."

XIII. NEWS & NOTES

I. Abstracts of more papers presented in the LIGA Congress, Berlin. 2005 are given below (AHZ. 250, 2/2005):

1. **Cost Effectiveness of Homoeopathy in Chronic Diseases.** SPENCE D., Bristol Homoeopathic Hospital, Bristol, U.K.: A study was initiated at the Bristol Homoeopathic Hospital to evaluate the effectiveness of Homoeopathy in real-world clinical practice in a large group of patients in secondary care sector of the State Health System in the United Kingdom.

Method: Every patient attending the hospital outpatient department, without exclusion, was entered into the study and their clinical outcome assessed. All clinical diagnoses were classified using ICD 10 coding. Outcome was assessed on a seven point Likert-type scale, incorporating as much objectivity as possible, e.g., increase in peak-flow rates and reduction of intake of beta2 agonists in Asthmatics.

Drug costs are those provided by the Pharmacy services directorate of the main University teaching hospital, which purchases all Pharmacy supplies for homoeopathic outpatients.

A sub-group of patients with inflammatory Bowel disease, who were already listed for surgical intervention, is also examined and the cost savings to the health care community are evaluated.

Results: Over seven years, more than 30,000 consultations have been analysed and it is possible to identify more than 7,000 patients. An analysis of the overall effect of the clinical outcome shows that around 70% of patients experience positive health gain following homoeopathic treatment. Total drug costs show that this treatment is provided at relatively low cost and comparative data in the small sub-group show how much more costly other interventions would have been.

Conclusions: The data presented indicates that homoeopathic treatment provides both clinically effective and cost-effective health care for wide range of patients with chronic disease.

2. **Road Map to the Patient's Core-Conflict,** SPRING B. Berne, Switzerland: In my presentation I will show how information gained in the Interview - beyond finding the right prescription - can lead us to the causative conflict of the patient. We will also see how we can

directly apply our homoeopathic principles in the psychotherapeutic guidance of the patient.

Listening carefully to the disease symptoms and biographical data often reveals a mosaic in which all the pieces find their place. Beliefs, patterns of behavior, hidden dreams suddenly become visible behind the symptoms. The illness becomes a meaning, opens the doors that haven't been there before.

In this perspective we recognize disease as the attempt of self-healing and how the organism strives for a new balance by creating symptoms. And we gain understanding of why we seek healing through similarity.

On the basis of case histories I will point out the questions that guide us to a deeper understanding of the dynamics of illness and to the core conflict of the patient.

We will see how principles like 'similarity', §153 - and 'as-if-symptoms', 'Totality of symptoms' can be applied in a psychotherapeutic way and show an effect similar to the action of a remedy.

This application of our familiar tools presents us with a powerful new instrument for the management and, often, healing of the patient. It also proves the homoeopathic principles to be true in a much broader sense.

3. **The Old Patient and the Homoeopath: between Healing Obstacles and Real Cure,** SWOBODA F., Wien, Austria: When children under homoeopathic treatment get better, this can be observed by parents, the physician and themselves. Their physical and intellectual development will restart too and they will become lively again. Then we can assume that cure has started.

In ageing people, a number of obstacles to cure have to be faced. On the other hand, these obstacles may lead to deeper understanding of the patient, his/her disease and of what has to be cured.

The more we share our ideas, our aims and our weaknesses, the more we learn and can help.

What is cure? This has to be found in the individual patient as well as in ourselves.

There is no greater chance for me to learn than to treat ageing people.

The presentation will give a few examples.

4. **Plagues and Pestilences: Past and Present, Homoeopathy's Approach to Epidemic Diseases,** TAYLOR W., Homoeopathy Deptt, Portland, USA.: The treatment of epidemic diseases has long held a special place in Homoeopathy, dating to HAHNEMANN'S management of the 1799 Konigslutter Scarlet Fever epidemic. Devotion is

given to some of the peculiarities of case taking in epidemic disease in the **Organon**, in Paragraphs 100-102.

A defining feature of epidemic disease treatment is the determination of Genus remedies for these acute miasmata (remedies corresponding to the genus or essential features of a particular epidemic occurrence). We see the latter in HAHNEMANN'S discovery of *Belladonna* as the Genus Epidemicus of the 1799 Königsutter Scarlatina Epidemic, and the former in his suggestion of *Camphor*, *Cuprum* and *Veratrum album* as genus remedies for the Asiatic Cholera.

In the face of emerging epidemic diseases, homoeopaths have the recourses. We can share among us the emerging cases seen, and in this manner build up a community description of the Genus Epidemicus; and before the disease is seen in our offices, we can build up a generic anamnesis of the disease, much as HAHNEMANN did for the Asiatic Cholera, suggesting a small constellation of remedies to be considered in the face of actual cases.

For this latter, the descriptions of disease offered by allopaths - e.g., the case criteria offered by the WHO or CDC, or the symptom descriptions offered in clinical reports - are most often far too general to sense our purposes. We rarely see careful description of sensations or modalities in such reports. The most valuable information we might gain from these resides in concomitance of symptoms which individually are not likely to pass the filter of HAHNEMANN'S Aphorism 153.

With the recognition that most of our epidemic diseases are zoonotic in nature (diseases of domestic or wild animals relatively recently introduced into the human population), we may be able to profit a great deal from our veterinary colleagues. Observation continues to play an important role in veterinary assessment, and careful symptom descriptions are more often found in the veterinary literature than in the allopathic literature on humans.

The Arboviral Equine Encephalitis are examples of emerging human epidemics. West Nile Fever/Encephalitis first appeared in North America in 1999, in New York City, and in 2003 was responsible for 9862 reported human cases of illness, including 2806 cases neuro invasive illness and 264 deaths. With even greater morbidity and mortality in domestic horses and wild birds, and ineffective allopathic treatment, we recognize the need to be able to respond effectively to such emerging epidemics. In my presentation, I will detail an anamnesis of the West Nile Disease, using data first from allopathic case descriptions, and

subsequently from the equine veterinary community. These analyses suggest *Gelsemium sempervirens* as a Genus remedy of this epidemic acute Miasm.

Two homoeopathically treated human cases of West Nile Encephalitis from 2001 presented, one cured with *Gelsemium*, the other with *Spigelia anthelmia*, a remedy closely botanically related to *Gelsemium*, and sharing many of its characteristics. I would propose that remedies of the botanical family Loganiaceae (*Gelsemium*, *Spigelia*, *Nux vomica*, *Ignatia*) be particularly considered as Genus remedies for West Nile Fever/Encephalitis.

5. Cultural Differences of Strange, Rare and Peculiar Symptoms and their Effect on the Selection of a Remedy, UEKI M., Kamiyama Clinic, Tokyo, Japan:

In my homoeopathic practice in Tokyo I treat both German and Japanese patients. Case taking is often easier with German patients because the strange, rare, peculiar symptoms (SRP) are more prominent. In this study two hypothesis were tested: 1) Is there a difference in the SRP appearance between the German and Japanese patients? 2) If so, does it affect the choice of remedy?

Methods: Patient's records were reviewed and checked retrospectively. Only the chronic cases were analysed. SRP is defined in two ways: 1) SRP uniquely characterize the malady, 2) SRP are a heuristic guide to locate the simillimum independently of their pathology.

Results: Eight German cases and eight comparable Japanese cases were reviewed. In two of the German cases clear SRP symptoms were stated spontaneously, whereas SRP in Japanese cases were always drawn out by inquiry and they are not as clear as the German ones.

A few examples of the German cases are as follows:

- Mind; ailments from; domination by others, a long history of; father, of
- Mind; kill, desire to; sudden impulse to; offence, for a slight
- Mind; fear, general; happen, something will; husband will not return home.

The choice of the remedy was influenced by SRP in some of the German patients. The choice of the remedy is more dependent on symptomatology and constitution in the Japanese patients.

Conclusion: Cultural differences might have influenced the choice of the remedy, especially in the light of SRP symptoms.

6. Homoeopathy and Psychoanalysis: Complementary or Adversary? Van

HOOTEGEM H., Koensel, Belgium: I will try to demonstrate how some insights from Psychoanalysis can be very useful in the homoeopathic treatment of some difficult cases. I will discuss three concepts:

1. The working alliance: I will compare a medical alliance with a psychodynamic alliance.
2. The dream function: I will demonstrate how serious somatic disorders can be the result of a blocked dream function, and how the restoration of the capacity to dream leads to the disappearance of those somatic disorders. I will also show how Homoeopathy can help in this case.
3. The transgenerational influence: I will demonstrate how some traumatic but concealed events from the lives of ancestors can influence their descendants. This influence shows itself in some of the dreams, symptoms and behaviour of these descendants. I will speak of the concept of "the phantom", this is the activity in the unconscious of the disgraceful secret of another person (incest, crime, illegitimate child). Its law is the obligation of not knowing.

I will illustrate these concepts with a case of a 23-year-old woman with Chronic Fatigue Syndrome.

7. Medical, Social and Economic Aspects of Homoeopathic Therapy in Children with Profound Mental Impairment and Congenital Defects, WIK A E., Poznan, Poland: When the Rzadkown Welfare Centre was established, its manager decided that the boys living there would not be suppressed by chemical medicines, but be treated with natural methods. Chemical medicines would be given only when absolutely necessary. She invited me to administer homoeopathic therapy. My patients include 40 of the 60 boys living in the Centre.

I began the homoeopathic treatment of those children 10 years ago. I will briefly present the case histories of 13 of the boys, describe the symptoms on the basis of which they received medicines and present their reactions after the therapy.

In the course of my practice I found the following problems:

- Profound mental impairment and necessity of stimulation,
- Problem of convulsions connected with disturbances of the Central Nervous System,
- States after brain injuries and all kinds of their consequences,
- Behaviour disturbances with aggression connected with defects of the Central Nervous System,

- Congenital defects.
- Problems in everyday care caused by profound impairment,
- Infectious diseases.

Among the medicines administered were: *Barium carbonicum* (2 cases), *Cuprum* (1), *Silicea* (1), *Cicuta* (1), *Hyoscyamus* (1), *Tuberculinum* (1), *Helleborus* (1), *Mercurius* (1), *Tarentula* (1), *Carcinosinum* (1), *Angustura* (1), *Calcium carbonicum* (1).

After 10 years of work I conclude that thanks to homoeopathic therapy:

- Mental states and health of children have improved,
- In many cases it has been possible to stop chemical treatment,
- Everyday case has been much easier,
- There has been less need of hospitalization,
- There have been significantly lower costs of care.

Since Homoeopathy is effective and cheap, the Rzadkown Welfare Centre is one of many similar centres in Poland providing affordable medical care and where the boys can live in better health and comfort.

8. The Nature of Autism and the Homoeopathic Approach to it, ZAFIRIOU V., Hellenic Association of Homoeopathic Medical Cooperation, Athens, Greece: Autism is the congenital absence of emotions. The main psychiatric criteria for Autism are: complete indifference and non-responsiveness to human contact and relations, lack of emotional expression and voluntary eye contact, mechanical action, behaviour and speech, language problems, stereotyped, repetitive and ritualistic patterns of behaviour and body movements, restlessness, grimaces, spinning and swinging, aggression, self-injury, aversion to any change, onset before the age of three, coincidence of Epilepsy and mental retardation. Autism is considered to be an incurable disorder.

The disease has to be differentiated from mental retardation, congenital deafness, Schizophrenia with childhood onset, psychosocial deprivation and the very rare Rett's disorder.

At least a part of the coexisting mental retardation in Autism (the part that is not of genetic origin) can be attributed to the indifference to the surrounding world, due to the lack of emotions and the consequent lack of interest.

The correct homoeopathic remedy has to cover the core pathology of the disease, which is the congenital lack of emotions. The remedy that covers most of the aspects of this pathology is *Hyoscyamus niger*, including the aggression and the

Convulsions. Another remedy that also seems to cover the mental picture of Autism as well as the Convulsions and aggression is *Absinthium*. *Bar-c*, *Verat.*, *Care*, *Thuj.*, *Op.*, *Cann-i.*, *Bufo*, *Cact.*, *Ann.*, *Kali-br.*, and *Tub* have also been suggested for autistic patients, but they do not seem to correspond to the fundamental pathology of the disorder, they do not cover the lack of emotions.

Remedies like *Sepia*, *Aurum* and *Phosphoric acid* that are characterized by the stillness of the emotions have not yet been proposed for the treatment of Autism, none of them is known to correspond to patients born emotionless.

Homoeopathy is capable of producing deep curative changes in autistic children within one or two months, as we can see in the video cases.

9. Psychosomatic Aspects of Shame in Homoeopathy, FOERSTER G., Konstanz, Germany: The affect of shame is one of the most common signals between human beings. Shame is primarily an inter-subjective phenomenon.

By means of Heinrich V. KLEIST's famous text "Tiber das Marionettentheater" the role of another person's look as a root of the affect of shame is illustrated. The recognizing or devaluing eye of a beloved person is an important message creating self-confidence.

First the common sources of shame are described using the background of psychoanalytic literature and translated into language of homoeopathic rubrics. There are many expressions of shame in our repertories concerning different themes: being ugly, bodily disfigured, shame about excrement, the odor of the body, as well as feelings of being unworthy, not appreciated, of failure.

The way of communication with other people is more or less affected by conflicts of shame. By focusing the contact to our patients there are a lot of valuable observations that can be translated into rubrics: the kind of moving, the gesture, the voice, the laughing, but also expressions of the body like redness of the face, trembling, perspiration.

The reactions or compensations of shame - the interruption of contact or an exaggerated extroversion, immoderate expressions of feelings, shamelessness, dirtiness, or conversely, fastidiousness - can be interpreted as a form of defence.

Some symptoms of HAHNEMANN'S Proving of *Alumina* are investigated concerning the feelings and expressions of shame. Besides the dreams and delusions of *Alumina* the somatic pathology will be considered in its possible relation to the effects of shame.

My purpose is to make a link between the treasure of observations based on homoeopathic Proving and a psychodynamic approach.

10. Complementary and Alternative Medicine - A Cost-effective Solution in a Health Care System of Transitional Economies, GOLIANI L., Oivivio Holistic Centre, Belgrade, Serbia: Virtually all countries report a gap between the budget allocated for health care and the demand placed on the system by its users. This gap is more pronounced in developing countries, and is even further exacerbated in a transitional country like Serbia and Montenegro (S & M). This country experienced more than a decade of Civil War and international isolation in addition to its transition from communism to a market economy. SWOT analysis has identified the main weaknesses of the S & M Public health care system as insufficient funding, low quality and ineffectiveness, lack of continuing education for medical professionals and their low motivation. Funding pressure has led to a search for cost-containment measures and inevitably results in various forms of "rationing" or "priority setting" which translates into an unequal access to health workers demanding higher pay. Interestingly enough, in Serbia and Montenegro, there appears to be no visible and/or organized patient (citizen) protest to demand improvements in public services.

On the basis of positive experiences in some developed countries (e.g. UK, the Netherlands) and some developing countries (e.g. India), we propose a three-pronged reform model:

- Rationing of health care as a temporary "stop gap" solution,
- General management system overhaul and
- Introduction of Complementary and Alternative Medicine (CAM) as an example of increased resource productivity.

11. Body Language and Homoeopathy, KULKARNI, A. Maharashtra, India: A human being communicates through verbal and non-verbal language. Our bodies are rarely still. Our feet, hands, eyes and heads are moving all the time. Our expressions change. We pull faces, rub our noses, run our hands through our hair and do all sorts of things which, when taken in isolation, seem very odd. However, what is happening is quite straight forward - our bodies are "talking". We can guard tongues - but not so easily shut off our body language.

Research has shown that 35% of the message is carried verbally, while 65% is conveyed non-verbally (Bird whistell). MEHRABIAN suggested

that communication is 7% verbal, 38% vocal and 55% non-verbal.

The study of a human being in Totality involves paying attention to both verbal and non-verbal language. A patient may express his innermost feelings, emotions, dispositions or the mental state to a discerning homoeopath through words and body movements. Perceiving them clearly helps a homoeopath in three areas viz. analysis, evaluation and synthesis.

The study of homoeopathic remedies in *Materia Medica* is a sort of study of HUMANOID (i.e. artificial human being) who has been presented to us (as developed through Proving, Toxicology and Clinical verifications) with its colours and hues. Each homoeopathic remedy has its unique verbal and non-verbal language. Exploration in the field of body language can be of substantial aid in clinical practice.

The issue of 'non verbal consciousness' has great scope in homoeopathic practice. Body language is a peep-hole into patient's hidden conflicts and feelings and will certainly help a homoeopath who must know its limitations and he should be wary of its exclusive clinical application. All body language must be interpreted in reference to the situation, the context, and the culture of the people involved and there can be variations.

12. Homoeopathy in Rheumatoid Arthritis - An Evaluation by Double-blind Clinical Trial, NANDA L.K., Bhubaneswar, India: Rheumatoid Arthritis affects 0.8% of the population globally despite the application of various hazardous allopathic drugs such as Steroids and Immunosuppressants. While reviewing homoeopathic literature, out of many, two research studies of GIBSON et al. (**Br. J. Pharm.** 1979 BJJ 1980) are interesting. The present study aimed at evaluating the effects of homoeopathic medicines administered along with Methotrexin (Group B) where allopathic medicines could not be stopped because of pain or withdrawal.

Methods: Patients in Group A were divided into two sub-groups: patients with peculiar as well as mental symptoms (good prescribing symptoms, GP) were prescribed constitutional medicines and patients with few symptoms (poor prescribing symptoms, PP) were prescribed location-specific drugs. The progress of the patients was evaluated by patients' self-assessment and other parameters like duration of morning stiffness, grip strength, digital joint circumference, demonstration of subcutaneous nodules, RF test, ESR & radiographic findings. The parameters were measured at the first

consultation and at the end of 6-month period and were satisfactorily analysed.

Results: Constitutional medicine, location-specific remedies and mixed treatment showed 64%, 30%, 16% improvement respectively. Constitutional medicines showing marked improvement are *Med.*, *Syph.*, *Phos.*, *Rhod.*, *Bry.*, *Kali-i.*, *Caut.*, *Morg-gart.*, *Morg-pure.*, *Syc-co.*, *Bac. 1*, *Bac. 10*. Medicines found to be effective for PP. i.e. location-specific were found to be interesting, e.g. knee, right: *Jacaranda*, *Physo*, - left: *Arge-mexi.*, *Helianth.*, - Scapula right: *Chen-anthel.*, *Jug-c.*, - left: *Chen-glauc.*, *Onos.*, - Shoulder right: *Icth.*, - left: *Aspar.*, - Elbow: *Ol-j.*, - Finger: *Pip-m.*, *Mane*, - Hip: *Tongo*, - Ankle: *Euony.*, Wrist: *Propyl.*, - Heel: *Arist.*, - Toe: *Daphne*.

Conclusion: There was significant improvement in subjective pain, articular index, stiffness and grip strength in those patients receiving constitutional homoeopathic remedies and Organopathic remedies compared to those who were administered homoeopathic medicines along with allopathic medicines. Patients who received constitutional medicines proved to do better than patients who took organopathic medicines.

13. Scope and Limitation of Homoeopathy in Diabetes Mellitus, PATRA S.K., Diabetes Research Centre, Bhubaneswar, India: WHO estimates that India has more than 35 million D.M. patients; this will be around 57 million by the end of 2025, making India the diabetic capital of the globe. Keeping this in view, a study was made to determine the place of Homoeopathy in the treatment of D.M.

Purpose: To study the prevalence of NIDDM in different socio-economic groups and different cases. Emphasis was also given on analysis of the risk factors for development of NIDDM and the efficacy of Homoeopathy as a treatment with various potencies including Millemsimal and mother tinctures.

Methods: 430 patients were taken and split into two groups from all categories; they were advised to discontinue allopathic medicines.

- Group 1: 215 patients who were under proper diet and exercise.

- Group 2: 215 patients who were given a simillimum after thorough case study.

Result: In Group 1, 65 patients were fully controlled by proper diet and exercise whereas 150 patients did not respond to this and their condition was aggravated. These patients were prescribed a simillimum to which they responded after a month.

While 115 patients showed marked improvement, the rest - 35 - did not improve. In Group 2, 170 patients responded to homoeopathic medicine, 45 developed complications and were referred to allopathic doctors.

Conclusion: The constitutional medicines selected on the basis of the Totality of symptoms collected after proper case-taking are effective for D.M. Some mother tinctures, *Insulin 3x* and Sea buckthorn (Leh-berry) have shown efficacy in controlling the D.M. in different stages.

By the time a patient of Type 2 D.M. gets diagnosed, 50% of his beta cells are destroyed (Lebo-Diabetes Care 1999). Moreover, many patients pay little attention to early symptoms. These patients need careful scrutiny of microvascular and macrovascular complications before starting the treatment. They need Insulin at the beginning to save organ damage and later on should be switched over to the simillimum.

14. Psoriasis and *Natrum muriaticum*, RAJENDRAN E.S. Vinayaka Missions Homoeopathic Medical College, Salem, India: Psoriasis is a common, chronic and non-infectious skin disease characterized by a disorder of keratinisation with slightly raised, dry erythematous maculae's with silvery scale and typical extensor distributions. The basic defect is rapid replacement of epidermis in psoriatic lesion. The exact etiology is unknown, it is generally believed to be a here do-familial disease brought on by physical and psychic stress.

Diagnosis is based on family history of Psoriasis, typical morphology, distribution and histopathology of the lesions, history of previous attacks and seasonal variations.

Generally Psoriasis is considered to be not curable but Homoeopathy offers speedy recovery. Though there are dozens of drugs indicated generally for Psoriasis, I have observed that *Nat-m* is the usual one.

Methods: Initial review, record of a detailed history, arriving at the Totality of every patient using the classical concepts of Homoeopathy, serial photographs, detailed follow-up.

Case 1: 17-year-old female patient with Psoriasis since 9 years, always under allopathic medication. Extensive lesions all over the body. *Nat-m*. 10M totally relieved the patient within a period of 7 months.

Case 2: 40-year-old male patient with Psoriasis since 10 years, under allopathic medication. Lesions started in front of leg and spread all over the body. *Nat-m*. 10M relieved the patient within a period of 6 months.

Case 3: 50-year-old male patient, large scaly patches all over the body since 14 years. Patient was under irregular, allopathic, homoeopathic and Siddha treatment. *Nat-m*. 10M. Patient obtained significant relief within a period of 6 months.

15. Dr. Paul Ferdinand GACHET, van GOGH's Late Physician, a Disciple of HAHNEMANN? SPARENBOG-NOLTE A., NOLTE S.H., Marburg, Germany: GACHET's portrait by VAN GOGH is famous not only a one of the most important impressionistic portraits, but also because it was at the time the most expensive piece of art when it was sold in New York 1990 for 82.5 million Dollars. Paul Ferdinand GACHET (1828-1909) who worked in Paris for 50 years specialized in mental diseases of women and children, was art amateur and friend of many impressionists among them PISSARO who recommended VAN GOGH to him. While GACHET followed a diverse range of medical pathways, such as Electrotherapy, Phytotherapy and many others he obviously possessed a distinct knowledge of Homoeopathy, even though Homoeopathy did not figure on his cards, letters and advertisements.

On December 6th and 7th 2004, we were able to analyze the Pharmacies owned by GACHET and housed since 1990 in the Museum for History of Medicine in Paris, René DESCARTES University. Both carry his name on it: one is a small travel kit containing 12 remedies, the other a larger box containing 98 remedies in glass tubes sealed with cork. The potency and the name of the drug are handwritten or printed on top of the corks. Only few were unreadable. The remedies of the small kit were *Aeon.*, *Ars.*, *Bell.*, *Carb-v.*, *Ipecac.*, *Merc-sol.*, *Nux-v.*, *Phos.*, *Puis.*, and an unidentified tube, mostly in C3 potency. The larger Pharmacy contained remedies from *Led.*, to *Stann.*, with some unidentified and some rare remedies, such as *Merc-cyan.*, *Mur-ac.*, *Rizin.*, *Sabin.*, among others. Most were in C6, but some also in C12, C18, C24 up to C30 potency. Curiously there were often several drugs of the same potency as *Opium*, *Phos.*, *Samb.*, *Staph.*

The discovery of GACHET'S homoeopathic pharmacies, which certainly are part of the homoeopathic remedies he used, because it only runs from "L" to "S", gives insight in the way how a physician who at least sympathized with homoeopathic treatment worked at the end of the 19th century. We suggest that his original pharmacy must have contained 400-500 tubes in 4-5 boxes. From the variety of drugs, the obvious use of the pharmacies with different filling levels, different

tubes and different fonts on the cork we conclude that the user must have had a good knowledge and a broad and subtle use of homoeopathic drugs.

All sorts of Mercury salts may suggest the treatment of Syphilis, while remedies known to be used against Cholera as well as "hysterical women's" remedies indicate GACHET'S intentions to cure homoeopathically in his main subjects. It is reported that CACHET treated many impressionists, such as PISSARO, MANET, CEZANNE and RENOIR, but only PISSARO gives direct testimony of homoeopathic treatment and we can by no means be sure of such treatment in VAN GOGH's case. His unfortunate death cannot be brought in direct relation to a homoeopathic treatment but rather to a fact that GACHET refused him his daughter MARGUERITE he fell in love with. Nevertheless our results invite to journey to the past, back to 19th century Homoeopathy in France and thus near to the spread of the homoeopathic idea after HAHNEMANN'S **Organon** had appeared.

16. Combating Epidemics Through Miasmatic Prescription (Japanese Encephalitis),

SRINIVASULU G., Govt. Homoeopathic College, Cuddapah, India: The recurrence, resistance to Vaccines and Medicines and the rise of infectious diseases is quite alarming in India. One among them is Japanese Encephalitis (J.E.) an endemepidemic acute encephalomyelitis accompanying a viral infection. The first case of JE was detected in 1979 in Andhra Pradesh state. Initially *Belladonna* was administered in a small way with good results, but the Government did not take any effective steps. Since 1990 it had become an unimaginable problem. Between 1993 and 1999 recorded JE cases were 5308, and 1511 children died. In spite of Vaccination, it continued unabated. The Government sought the help of homoeopaths in combating this epidemic in 1999.

As prophylactic drugs, *Belladonna* 200 on 1, 2, 3 days one dose each, *Calcarea carbonica* 200 on 10th day and *Tuberculinum* 10M on 25th day were administered in a phased manner to all children in the age group of 0-15 years in the month of August every year for three consecutive years. Symptom similarity, Complementary relationship, virulence and underlying Miasms were taken into consideration while selecting these drugs. This project was named B.C.T. After its commencement in 1999 the mortality and morbidity rates of JE fell drastically. 343 cases were reported in 2000 with 72 deaths, in 2001 only 30 cases with 4 deaths, in 2002 only 18 cases but no deaths, in 2003 and 2004

no cases were recorded. The Government had officially published the statistics and acknowledged the efficacy of Homoeopathy. This is the first major involvement of Homoeopathy in the field of prevention of epidemic diseases in our country. Neighbouring states, which have not adapted this method, continued to show higher incidence of JE cases. After witnessing the decline in India other nations are showing keen interest in this innovative method.

Endemics and Epidemics should be studied from the miasmatic viewpoint to understand their virulence, change of patterns and recurrence.

17. Evaluation of Certified Homoeopathy in Switzerland - Design of the PEK Study, Programme Evaluation, VON AMMON K., DOENGES A., MARIAN F., THURNEYSEN A., Institute of Complementary Medicine, University of Berne, Institute of Evaluative Research in Orthopaedic Surgery, University of Berne, Switzerland: The PEK study will provide sufficient data to facilitate politicians' definite decision on the further inclusion of these five methods in reimbursable health.

Five methods of Complementary Medicine (CAM), Anthroposophical Medicine, Homoeopathy, Neural Therapy, Herbal Medicine and Traditional Chinese Medicine (TCM - Phytotherapy), are included in mandatory health insurance in Switzerland since July 1999, validated until June 2005, if practiced by certified physicians FMH (Foederatio Medicorum Helveticorum, Swiss Medical Association).

The Complementary Medicine Evaluation Programme (PEK Study) has to evaluate the effectiveness, suitability and economy of these methods. It is a research initiative of the Swiss Parliament, carried out by the Federal Office for Social Insurance, conducted by A & MP consultants, and several institutes of the Universities of Berne and Witten-Herdecke, Germany, respectively.

The PEK study will provide sufficient data to facilitate politicians' definite decision on the inclusion of these five methods in reimbursable health.

The study consists of four parts:

1. A review of the literature will focus on the effectiveness of these CAM methods. Comparative studies deal with Homoeopathy, Herbal Medicine and TCM-phytotherapy. Health technology assessment reports are conducted for all five methods. The PEK steering Committee emphasizes to the suitability of the techniques employed.

2. A recently added study (Component Ia) will assess the complementary and alternative care provided in Swiss hospitals.

3. The cross-sectional study (Component I) analyses the structure of general practitioners' practices in Switzerland. Far more than 650 physicians performing conventional, complementary or alternative Primary Care were evaluated and compared; providing data of technical equipment, education and training, experience, purpose, and philosophy of care.

4. A longitudinal study (component II) provides demographic data about the patients social status, the reasons for the visit to doctors' clinics, the severity and duration of illness, former treatments and their outcome, and the motives to see a specialized or a particular doctor. Patients and doctors fill out separate questionnaires concerning the respective consultation. Four weeks later, patients are asked by a second questionnaire about their treatment satisfaction. Both doctors and patients answer separately to what extent therapeutic goals were achieved. Over twelve months, 333 physicians asked all their patients on four predetermined days for participation in the study, resulting in 14,800 consultations.

The results will be available Spring, 2005.

II. Internationaler Coethener Erfahrungsaustausch (International Exchange of Knowledge in Coethen) by the European Institute for Homoeopathy was held from September 29th to October 1, 2005. The theme was **The Physician's Subjective Factor in Case Analyses, Remedy Choice and Curative Process**. The conscious and unconscious influence of the homoeopath's personality in diagnosis and therapy, the individuality of the therapist, the singular experience and basis and as hindrance to the understanding of the patient and the need for transference and opposition in the homoeopathic remedy choice.

The introductory lecture was by Fernand DEBATS (Maastricht) on **The Inner Reality of the Patient**. In an impressive manner he showed the holistic and material way to the "inner world" of the patient who expresses externally everything, his thoughts, sensations and feelings and intuition. It is for us physicians to decide, said DEBATS, how we as subject meet this internal subjectivity. The causal-analytic thinking searches for cause and reaction, the synthetic thinking books for the pattern and sifts it. Homoeopathy is associated with the indicators of a pattern with the definite therapeutic process. The symptom becomes significant by its position in a pattern. According to

C.G. JUNG can be taken as rational and discriminatory or as non-rational and positional. In the first model the thought differentiates as right and wrong, the feeling as joyful and unpleasant. In the latter case the perception is synthetic and "absolute". Sensations and Intuition are beyond discussion. The symptoms as they are used in Homoeopathy come from all reaches: the thinking, Sensation, Feeling, the bodily and the Intuition.

Giesala FÖRSTER (of Konstanz) spoke on the Transference and the Opposition of it in homoeopathic practice. This particularly unconscious reaction of feeling or treatment sequence between Therapist and Patient play not a seldom important role in the course of a treatment. The experience and perception of this reaction can give information on the nature of the pre-requisites and thereby the approach to the deep feelings of the patient's Themes in transference are reactions for examples of delimitation, separation, bereavement, love and being obliged, resentment and hatred, mortification and appreciation, assault and aggression. With examples of cases from homoeopathic treatment FORSTER shows in what way such phenomenon play in our work as homoeopaths, and in what way somatic reactions take place.

On the morning of the next day Hans BAITINGER (Nimberg) and Matthias OHLER (Heidelberg) staged a dialogue.

The Theme of Ulta SANTAS-KÖNIG (Vienna) was the globulising case - Patient as Therapist, Therapist as Patient. Years ago she had Interview with "some original Homoeopathy Model-Authors" like Karl-Josef-MULLER, Linda JOHNSTON and Massimo MANGIALAVORI, from interest on the phenomenon by the therapists.

Dietrich GRUNOW threw much light with her **The Physician a subjective Factor in Homoeopathy** on the subjectivity in our handling as physicians and their part in the results of the treatment.

Urs ZIMMERMANN spoke on **The Perception of the patient and the self-dogmas**.

III. Committee Markup. Is Homoeopathy Making Inroads in the US Legislature? FRYE, Joyce (AJHM. 98, 3/2005) A Funding Request of the National Center for Homoeopathy has been drafted and presented to the Minority Appropriations Subcommittee Office to be considered for the 2006 Budget bill for Labor, HHS and Education.

IV. Several Remembrances of Julian WINSTON (May 31, 1941 - June 12, 2005) by his colleagues are presented. (AJHM. 98, 3/2005) [No

tribute could fully justify Julian WINSTON'S service to Homoeopathy. Over a period of 50-60 years (right from 1940s to 2005) there has been none like him fighting for genuine Homoeopathy. A true Musketeer for Homoeopathy. He gave his heart and soul to Homoeopathy. An irreparable loss indeed = KSS]

V. LIGA Report 2005: from Berlin to the USA. HILTNER, Richard (AJHM. 98, 4/2005): The 60th LIGA had its annual congress in BERLIN, Germany on May 4-7, 2005. The International Council also celebrated by having their Meeting at Coethen. The primary organizer was German Central Association of Homoeopathic Doctors (DZVhA), which originated in 1829 in Köthen, when HAHNEMANN celebrated his 50th year Doctor Jubilee. The President and National Vice-President (NVP) of each country presented their reports. 114 speakers presented their papers. [Abstracts of the papers have been given in the preceding numbers of the QHD as well as in this issue = KSS]

VI. A Report about the details of the Meeting of Board of Directors of the NCH is given. (HT. 25, 4/2005) The board honored Julian WINSTON with '**Julian WINSTON Homoeopathy Today Fund**' and '**Lifetime Achievement Award**' to continue the tradition of excellence that he began 21 years ago.

VILA Last Editorial - Bowing Out. (HT. 25, 4/2005) The difference between man and animals is that animals accept the sky for what it is, whereas man tries to make sense of it, by constructing models and they all differ. Along the way mankind had some amazing teachers. They have all had the same vision. Sorry to say that their followers have not. The purity of thought has become obscured.

Having stirred a few hornets' nests in his 21 years of editorship he quotes Dr. Alfred PULFORD (1863-1948), who upon his retirement as editor of the **Homoeopathic Recorder**, said: "I have been accused of wielding a trenchant pen, of being dogmatic and of being a grouch. If I appear so it is not because I love my fellow members less but because I love Homoeopathy more."

VIII. Read the books Julian WINSTON (HT. 25, 4/2005). JULIAN was an active participant on the Homeolist and Minutus Homoeopathy email lists. He wrote this message to them at the end of April.
Hello lists,

A difficult one to write to you ...

I was diagnosed with metastatic prostate Cancer in 1998. I've been working with it since. No lectures about therapies please. I've done almost all of them.

In the last month I've had a bit of a "slide." My energy is low, I'm sleeping a lot, I have pain to be managed. Essentially, I'm getting ready (albeit slowly) to shuffle off to another plane of existence.

When? Who knows! Clotho weaves the string, Lachesis measures it, and Atropos cuts it. I'm working on tying up loose ends - trying to get my library database up on my web site.

My thoughts?

I am extremely saddened that there are few out there who have an interest in where we came from. Everyone is looking for the remedy. A poor place to go.

Homoeopathy is about the process. Forget the modern gurus. Go back to the basics. Read the old books. Develop a fondness for DUNHAM and FARRINGTON; LIPPE and HERING; H.C. ALLEN and Erastus CASE. Revere the work HAHNEMANN did. Do not listen to false prophets.

Homoeopathy is simple. Stick to it.

Learn to research on your own. I will not be around forever to hand-feed you answers. The answers exist - but they are buried in the books you do not look at because you are looking for remedies and not reasons. You use the books poorly - you look for answers. Read the books - don't just use Reference Works or **Encyclopedia Homeopathica** (computer programs) to suck out an answer that has no meaning in context.

Do the hard slog that KENT told you about. Homoeopathy rewards those who work at it.

I'll be here for as long as I can manage. After that, it's up to you. Don't fall into the trap of "new is better."

Do Homoeopathy.

IX. In Loving Memory of Julian WINSTON, many have written their tributes to him. (HT. 25, 4/2005)

X. HAHNEMANN Monument Restoration Project. CHASE, Sandra M. (HT. 25, 4/2005) The restoration work in the HAHNEMANN Monument is progressing well.

XI. The 5 Stages of Grief. KUBLER-ROSS, Elizabeth. (HT. 25, 4/2005). The process one typically goes through while healing from loss is - Denial, Anger, Bargaining, Depression and Acceptance.

Homoeopathic remedies prescribed for a grieving person are not meant to abort this normal process. Rather, they may help the person to move through the stages more easily.

XII. NCH Online is a wonderful resource consisting of NCH Member's forum, Homoeopathic Calendar, Homoeopathy in the News, Pro-active Media Campaign News, NCH Flu Tracker, Directory of Homoeopathic Practitioners, Resource Links, NCH Conferences, Directory of Affiliated Study Groups and NCH Store information. (HT. 25, 5/2005).

XIII. Mindfulness, Ethics and Professionalism. EVANS, Gwyneth (HT. 25, 5/2005) The quality and point of listening of a homoeopath within the time frame of the homoeopathic consultation is primarily aimed at understanding the characteristic symptoms of the person's dis-ease, rather than to counsel the patient on how to find a way through their situation.

Deepest understanding can mean that there is a risk of delving more deeply than the patient wishes and frequently much more deeply than they had thought to go.

A balance need to be maintained between the client's needs and wishes as well as in our need as homoeopaths to find the characteristic symptoms.

XIV. A German study showed homoeopathic treatment to be superior to conventional treatments across a range of conditions and with similar cost levels. (**Complementary Therapies in Medicine** June 2005 in HT. 25, 5/2005)

XV. The National Health Service (NHS) Oncology department will link up with the Royal London Homoeopathic Hospital. NHS's Complementary Cancer service offers Homoeopathy, Acupuncture, Massage and Herbal treatments to referred patients - all for free. (**The Times**, JEROME Burne, 11 June 05 in HT. 25, 5/2005).

XVI. The Samuelli Institute for Information Biology in Alexandria, Virginia, is a scientific foundation that is funding research into the use of Homoeopathy to fight bioterrorism, as well as other research into complementary and alternative medicine. (**Washington Post**, Sandra G. BOODMAN, 12 July 2005 in HT. 25, 5/2005)

XVII. A Controlled Clinical Trial concluded that Homoeopathy has positive effects in children with ADHD particularly in areas of behavioral and

cognitive functions. Neuropsychological testing was performed prior to the homoeopathic treatment, prior to the random, double-blind phase and at the end of every test phase. The study was published in the **European Journal of Paediatrics** (July 27, 2005 online edition) (HT. 25, 5/2005)

XVIII. Homoeopathy vs. Placebo FRYE, Joyce (HT. 25, 6/2005) The author discusses about the **Lancet** article dated 27, Aug. 2005 which concluded the homoeopathic effects as Placebo effects. The author concludes that the optimistic interpretation of this report is that the allopathic community must be feeling very threatened in order to justify expending the resources required to generate such a report. There is room in the sea for all kinds of ships. They don't realize that trying to sink ours will not shore up the holes in theirs. They should worry more about trimming their own sails and creating an efficient, effective health care fleet that can take everyone to safer seas.

XIX. Interview with Dr. Jackie WILSON by Kathy COMBS (HT. 25, 6/2005) Jacquelyn J. WILSON is a medical doctor, homoeopath, teacher, consultant and on occasion a carpenter.

She was not content with her medical school, as she could not learn different ways of healing. In Southern California she had a family practice: performing surgeries, prescribing conventional medicines as well as nutrition and food supplements and searching for more sustainable healing.

She added Homoeopathy to her practice in 1976. From 1990 she focused on furthering Homoeopathy and alternative medicine through education and consulting to the pharmaceutical industry. She presented many seminars, talks on radio and television and wrote many articles. From 1998, for three years she made house calls combining homoeopathic and conventional treatment with winning results. She believes that collaboration using integrative medicine is the key to providing the best treatment for patients and is working on projects that will bring health care practitioners together, their common ground being the patient - A model that includes Nutrition, Yoga, Acupuncture, Massage, Reiki, Qigong, Meditation, and support groups.

One such project is the Integrative Oncology Program at the **San Diego Cancer Research Institute** in Vista, California.

In 2002, she joined the Cancer working group for the collaborative on Health and the Environment whose focus is on identifying

environmental toxins that play a role in Cancer and promoting the 'better safe than sorry' principle.

XX. Joint American Homoeopathy Conference will be held on April 7-11, 2006 at San Jose, CA. (HT. 25, 6/2005) Peter FISHER, Iris BELL, Dana ULLMAN, Roger MORRISON, Richard PITCAIRN and Randall NEUSTAEDTER are the speakers.

The title and focus of the conference is **"Homoeopathy in Paediatric and Family Care: Addressing Today's Health Challenges."**

XXI. Unposted Letter. SHETYE, Prasad S. & KHARIWALA, Falguni K. (HF. 1, 1/2006) **Homoeopathy First** is an earnest expression of commitment towards Homoeopathy. Today everyone is running after some formula, some sure shot technique or methodology to make prescriptions quick and easy. What follows is more failures.

Homoeopathy does wonders only if one is strong in the application of its principles. Doing good work always involves hard work, the resultant of which is absolute miraculous results. It is high time that one realizes that speculation has nothing to do with Homoeopathy. [Never were there so many 'teachers', so many 'gurus' as of now, in so far as Homoeopathy is concerned. Like 'cults', each Guru qualifies his/her teaching as 'sure', the right one, etc.; some prefix 'Predictive', some call it 'rediscovered', some 'classical', etc. One Guru says that until he discovered what he is now teaching, homoeopaths were aiming at empty air, and now he has taught to locate the target and hit the bull's eye! Seminars are 'fascinating'! Some participants exclaim that they had a revelation! Psychedeli? It's a hey day for Gurujis. Make the best now! = KSS]

XXII. The Institute for the History of Medicine (IGM) of the 'Robert Bosch Foundation' in Stuttgart, Germany, houses the world's largest collection of original manuscripts of Dr. Samuel HAHNEMANN. Recently, HAHNEMANN'S manuscripts of the second, improved and enlarged edition of the sixth part of HAHNEMANN'S **Materia Medica Pura**, was acquired by IGM in the auction. HAHNEMANN'S manuscripts fetch prices on a par with Goethe. (Martin DINGES of the IGM, Stuttgart) (HL. 17, 4/2004)

XXIII. New Homoeopathic Proving and New Remedies. WICHMANN, Jörg. As full Proving take up much journal space of LINKS, a solution is found by having a column with information on new

Proving and remedies. The full proving will be available on the website www.homoeopathiewichmann.de and also on www.homeolinks.nl and click of 'links'.

The summaries of Proving will be published in Links. (HL. 17, 4/2004)

XXIV. Choosing the Right Partner. LALOR, Liz This article is the chapter on *Carcinosinum* in the book 'A Homoeopathic Guide to Partnership and Compatibility' by the author. [Lot of kite flying and no substance. So much of 'opinions' but facts? =KSS] (HL. 17, 4/2004)

XXV. ECCH 'Crossing Bridges' Conference. Reported by BISAZ, Frances. (HL. 17, 4/2004).

Kentians, Jungians, visionaries, old 'gurus', young students, researchers, individualists, doctors, 'common garden' practitioners. Around 300 homoeopaths from over 23 countries, from India to Canada, Australia to Armenia met for four days on the north coast of Holland to talk, listen, discuss and exchange.

This was the intention of the organizers - the **Dutch Homoeopathic Practitioners Association (NVKH)** and the ECCH - to cross bridges of differences and dissention, to meet each other on the common ground of Homoeopathy, to be open to widely varying approaches and practices.

To illustrate this idea of different approaches, the main speakers were all sent the same conference case on video and paper. They were each asked to present their own analysis of the case. The video was available throughout the conference for all participants to view.

The conference was opened by the chairman of ECCH, Petter VIKSVEEN from Norway. He gave a summary of the state of Homoeopathy in Europe today, using diagrams and graphs. He stressed the importance of not only assessing where we stand today but also to focus on visions for tomorrow.

Jeremy SHERR followed with a lively presentation, 'Living Homoeopathy'. To have healthy people on a healthy planet we all need to 'live' homoeopathically, in all aspects of our lives, in a healthy balance, in harmony with our environment and fellow beings. He also talked of stretching old borders, seeking new horizons without losing sight of the original fundamentals and principles of HAHNEMANN, with particular reference to **Organon** § 9.

Interestingly, the majority of the speakers, regardless of their current form of practice, referred to the importance of **Organon** § 9.

Dr. RAMAKRISHNAN from India, quoting the WHO's definition of health as 'physical, mental

and spiritual health', spoke of the advantage of meditation for the homoeopath, as a way to replenish our spiritual energy - so important when working intensively with sick people, and to 'clean' the inner window (the mind) in order to see clearly into the soul. Well known for his successful treatment of Cancer patients, he reminded us to recognize our ethical limits; to question our responsibility; to differentiate between early Cancer with a good prognosis and late stage, terminal cases, where Homoeopathy can be of great help palliatively.

The patient must be offered other therapeutic options and when under homoeopathic treatment, there must be a clear improvement within three months. He mentioned his use of 'plussing' remedies and using two high potencies combined, quoting HAHNEMANN.

Nandita SHAH, also from India asked in her clear and gentle manner, what is most peculiar about the case? This will give an indication of the miasmatic state. How one perceives one's condition, how one reacts to the disease - for example, with great fear or with resignation - will determine the Miasm.

Alize TIMMERMAN from Holland spoke of her work with the C4 potencies and the resonance established between patient and homoeopath. In her experience, the C4 potencies are especially suited to deep spiritual crises as well as to psychiatric cases. In taking a case, it is helpful to perceive the energy of the person, not to think of pathology or of a specific remedy. In this sense, she quoted HAHNEMANN'S call for us to be 'the unprejudiced prescriber'.

Roger van ZANDVOORT introduced his new **Repertorium Universalis**, a further development from his **Complete Repertory**. He explained that a complete symptom has a phenomenon, a location, a modality and a concomitant. By combining the generalized rubrics of BGENNINGHAUSEN and BOGER with more specific rubrics of KENT, we can create a methodology, which better provides us with rubrics representing the patient's words.

Ian SCHOLTEN explained his ideas on 'Family Thinking in Homoeopathy'. Similar substances will have similar qualities, whether in chemistry, industry or nature. He differentiates between the idea of Doctrine of Signatures, which HAHNEMANN was opposed to, probably because it was often used as a speculative explanation (*Pulsatilla* = yielding, shy) and this concept of families, based on actual, measurable similarities between substances (DNA of plants, chemical make up of drugs).

Referring to his thorough study of HAHNEMANN'S **Chronic Diseases**, Ewald STÖTELER from Holland stressed the importance of integrating the theory of Miasms and classification of diseases into our practical work. He reminded us that according to HAHNEMANN, the kind of disease disturbance and its external or internal cause is decisive in the approach to treating the patient. We need to better understand what HAHNEMANN was saying about these issues in our modern day practice.

The director of the Irish School of Homoeopathy, Declan HAMMOND, quoted the § 9 **Organon's** reference to the 'spirit-like life force' and took us on a shamanistic journey through different cultural healing traditions, where this was the leading principle, along with rituals and psycho-active plants. He talked of his work with the plants *Tabernanthe Iboga*, which contains the alkaloid Ibocaine, used in heroin addiction and of *Ayahuasca*, the *Sulphur* of the 'new age', often indicated in spiritual crises, which may manifest as a skin eruption or Cancer. He spoke of challenges to today's homoeopaths: language, (allopathic/homoeopathic) patients without symptoms or with too much advanced pathology with no individuality.

The lungian homoeopath, Jane CICCHETTI from the USA presented an interesting view of the role of dreams and symbolism in homoeopathic practice. She asks that the patient be allowed to describe their own meaning of their dreams. She described the two main developments of medicine in history; Vitalism (including Homoeopathy) and Mechanism (allopathic direction). These two lines were split and now need to fuse again - for example through synthesis, which is the use of symbolism with rational thought.

Further speakers were:

Andreas BJORNDAL of Norway, one of the founders of the ECCH, talking about a new unified model of Miasms, bridging the gap between the old and modern forms, creating nine different Miasms.

Prafull VIJAYKAR, head physician at the Homoeopathic Hospital in Mumbai, has developed a form of 'Predictive Homoeopathy' based on principles of immunology, genetics, biochemistry and endocrinology, which helps him to predict the path a patient's cure will take.

The five elements, which constitute the human should be represented in the simillimum: energy = acitivity, air = mind, fire = temperature regulation, water = thirst and earth = physical characteristics.

With his question, 'The Totality of Symptoms - What Totality?' Pieter KUIPER from Holland reflected on the confusing variety of emotional and

psychological symptoms and approaches to case analysis that we face in our culture today. He stressed the importance of establishing a clear starting point of the pathology of the case 'here and now' and recognizing the patterns often repeated throughout generations.

Philip ROBBINS, director of an Australian College of Homoeopathy, talked of his developmental models for Homoeopathy, one based on a new extended series of Kingdoms and another model on Miasms. These models were largely based on provings he conducted: *Aqua marina*, *DNA*, *Dioxin* and *Sol*, which presented themes that cannot be classified under existing Kingdoms.

In the true spirit of crossing borders, Peter CHAPPELL gave an animated account of his single-handed work with AIDS victims in Ethiopia. He is well known as former principal of the London College of Homoeopathy and for his pioneering work, helping to establish Homoeopathy in many countries. (See www.peter-chappell.net)

Various parallel sessions were held throughout the conference, covering many stimulating and informative topics.

The Dutch branch of 'Homoeopaths without Borders' organized a meeting with branches from France, Switzerland and Germany. They introduced Catherine GAUCHER from France, founder of **The international organization of 'Homéopathes sans Frontières'**, represented in nineteen countries. She explained briefly about a project HSF are running in Madagascar, where malnutrition and marasmus is a major problem. (Further information: www.hsf-france.com). She briefly summarized the main projects.

The Dutch trauma psychologist Wouter van der SCHAAR, who works with HSF, gave a moving account of his work with people suffering from PTSD (Post Traumatic Stress Disorder) in Bosnia after the war. Up to 70% of medical doctors dealing with war victims suffer from PTSD themselves.

From our German ranks, VKH member Ulrike KESSLER presented 'A Journey through Homoeopathic Literature', explaining the development of our Materia Medica from the early provings up to today.

The ECCH also ran three practical workshops parallel to the main conference.

1. **Homoeopathy and the Media:** How can we improve our ability to inform the media? How to be effective in giving interviews, writing articles, organizing national events (such as National Homoeopathy week)

2. **Research:** How to build research competency and carry out projects; integrating Homoeopathy

into mainstream Homoeopathy; planning an international research project.

3. **Bridge over Troubled Waters:** Linking doctors and homoeopaths. Open discussion chaired by Dr. Klein-Laansma, Dutch representative of the ECH and Stephen GORDON, secretary of the ECCH, looking at ways of improving dialogue and opening up a way for cooperation.

The conference ended with a moving plenum summary by all the speakers and many participants. The overall feeling was that the conference was exceptionally well organized and a great success, with a strong sense of Homoeopathy as the common factor linking us all. Bridges had been built as well as crossed and we had been immersed in four days of stimulating, often, provocative thought presentations and discussions. As usual when homoeopaths gather, there was also much linking over late nights in the bar, walks on the beach, dancing and generally succussing our communal energies!

The Dutch and the ECCH must be congratulated for a wonderful, memorable event.

XXVI. Harry van der ZEE, reports on the seminar of Massimo MANGIALAVORI in Bologna. (March 26 - April 3, 2004) (HL. 17, 4/2004).

This was session IV of the three-year postgraduate course. The course is structured around families of remedies belonging to a certain theme. Then building up ideas about the themes of the families of remedies based on well-known members of that family.

Cases are analysed to themes, then discussed. Training the participants in using computers to explore the enormous amount of information that homoeopathic software libraries offer is part and parcel to the course.

XXVII. Let the Patient Teach Us. Interview of Nancy HERRICK by GROSSMAN, Lauri. (SIM. XIX, 2006) Nancy HERRICK learnt about Homoeopathy in a Yoga retreat in 1973. Joined a Study Circle in California and started practicing. She had done eighteen provings and intensely involved with it. Through the provings the information is absorbed and one really learns it. The controversial aspect of her proving methodology is creating themes out of what the provers said. This has helped a lot in her practice and so plays down the criticism. Studied with George VITHOULKAS in 1980 and with Rajan SANKARAN in 1993. A patient can actually tell us the remedy through sensation, hand gesture, dreams and through expression. A lot can be taught

now about how to practice better than 20 years ago and are much more likely to succeed. The books and the provings are the legacy, which she will leave behind.

XXVIII. The data about *Kali cyanatum* and two cases treated by it are given which is an excerpt from the book '**Carbon**' by Roger MORRISON. (SIM. XIX, 2006)

XXIX. There were eight letters to the editor responding to the Meta-analysis of Homoeopathy published in **The Lancet** of 27 Aug. 2005 shrieking "the end of Homoeopathy". The letters are of great interest. (HOMEOPATHY, 95, 1/2006)

XXX. **Homoeopathy: The Nigerian Experience.** **NWUSULOR E.E.** (HOMEOPATHY, 95, 2/2006) The Federal Republic of Nigeria is in West Africa with a population of over 120 million. The Practice of Homoeopathy commenced here in early 1960's. **All Nigeria Homoeopathic Medical Association** (ANHMA) was registered by the Federal Government in 1980. Homoeopathy was included in the Medical and Dental Practitioners (Amendment) Decree in 1992 and **Nigerian Institute of Homoeopathy** was registered in 1994. No Nigerian University is directly offering Homoeopathy as a course of study/specialization in Medicine. Propagating Homoeopathy is an uphill task in Nigeria.

XXXI. **Ledum palustre** **DUTRON, Philippe** A complete description of this medicine is presented. *Ledum* follows *Arnica* well in haematomas. Patient is chilly, but does not tolerate a warm bed. Restless sleep, dreams of often places changing, of misfortunes, of ghosts, of death. Lot of mind symptoms. (RBH. 3/2005 in HOMEOPATHY, 95, 2/2006)

XXXII. *Argentum metallicum* and *Argentum nitricum* **COLIN, Philippe.** A comparison between these two medicines based on **HAHNEMANN'S Materia Medica**, T.F. ALLEN's **Encyclopaedia** and Constantin **HERING's Guiding Symptoms.** (L' **Homéopathie Européenne** 5/2005 in HOMEOPATHY, 95, 2/2006)

XXXIII. *Veratrum album* **SPRIGG, Richard** The author stresses the psychological symptoms, which suggest this medicine: mainly when a patient is sidelined, feel humiliated or despised. The main clinical indications are Acute Gastroenteritis, Dysmenorrhoea, Hypertension, Knee pains and

Anxiety. Two clinical cases to illustrate these. (L' **Homéopathie Européenne** 6/2005 in HOMEOPATHY, 95, 2/2006)

XXXIV. Moderate Alcoholism: Prevalence, Definition, Diagnosis. **GUERMONPREZ, Michel** In the introduction, the main symptoms of alcoholism are described: reddish face, trembling of hands, hoarse voice, and cerebellar symptoms.

Then some remedies which can help alcoholic patients are described: *Sulphur*, *Nux vomica*, *Lachesis*, *Phosphorus*, *Arsenicum album*, *Aurum*, *Lycopodium*, *Sepia*, *Mercurius solubilis*, *Silicea* and *Luesinum*.

Some complementary remedies are also discussed: *Ethylicum*, *Spiritus glandium quercus*, *Capsicum*, *Carduus mariani* and *Kalium bichromicum* (beer drinkers), *Iris versicolor*, *Sanguinaria* and *Sulphuricum acidum*. Neurological symptoms should make one consider *Zincum metallicum*, *Absinthium* (epilepsy or marked tremor), *Conium*, *Agaricus* (shaking, neuropathies), or *Ranunculus bulbosus* (neuralgias). Some mental features of alcoholism can correspond to *Gelsemium* (anxiety), *Staphysagria* (indignation), *Veratrum album* (euphoria), *Asarum* (hyperaesthesia, feeling of being 'spaced out'), and *Fluoricum acidum* (hypomania, instability, sometimes depravity). (L' **Homéopathie Européenne** 7/2005 in HOMEOPATHY, 95, 2/2006)

XXXV. The Fear of Being Forsaken in Dogs: about Stramonium. **NOTRE-DAME, Didier** The author is a Veterinarian and describes the fear of abandonment in dogs. They become hyperactive and listen for noises which indicate the return of their master. Then they bite and eat everything which carries the odour of their owner and bark in distress. Three clinical cases cured by *Stramonium* 15 illustrate this article. (L' **Homéopathie Européenne** 7/2005 in HOMEOPATHY, 95, 2/2006)

XXXVI. Three Clinical Cases **GRÉGOIRE, Joëlle** *Platinum metallicum*: A woman with paralysis of the leg from Periradicular Fibrosis after Radiotherapy. She was haughty, had an aversion to children and was full of hatred for men. The remedy was *Platina* 200K, which transformed her life; her leg began to tingle, she started walking again with her husband and she changed her wardrobe.

Vipera berus: A 36-year-old woman, who had hemorrhage Rectocolitis following her divorce. She had a dark purple left hand (angioma), and

heaviness in the thighs improved by raising her legs. She dreamt of her children being in danger. The remedy was *Vipera* 200K, then 10,00K. Her diarrhoea (eased, she felt stronger and reconciled with her body.)

Pyrogen: A 25-year-old woman had a 50% third degree burn. She had dreams of becoming huge, she felt rotten, broken, and had lymphoedema with horrible scars. *Pyrogeniwn* 200K, then 10,000 K improved her psychological state and her lymphoedema. (**Cahiers du Groupement Hahnemannien** 7-8/2005 in HOMEOPATHY, 95, 2/2006)

XXXVII. *Plutonium nitricum* FRENDO, Ramon

The author describes two clinical cases helped by this new remedy.

(1) A 59-year-old woman became depressed after surgery for Cancer of the lower eyelid. She had the delusion of seeing from above; she was afraid of others, had dreams about sharks. She thought the world is bad, and wanted to return to the heights, to the light.

(2) A 39-year-old woman with Anorexia Nervosa. She hated her mother but could not leave her. She also had dreams of seeing from above a man in black and children without faces, also dreams of sharks.

The *Materia Medica* of this remedy is described: these patients have a lot of fears (ghosts, Cancer, storm, thieves) and delusions (of being immaterial, or old for example). The patient wants to have penetrating sight, which sets him above others, to know if others are good or bad, and to have the power to rescue children or to fight against evil. (**Revue Beige d'Homoeopathie** 4/2005 in HOMEOPATHY, 95, 2/2006)

XXXVIII. Hydrohysteretic Phenomena of 'extremely diluted solutions' induced by mechanical treatments. A Calorimetric and Conductometric Study at 25°C ELIA V.; MARCHESE M.; MONTANINO M. et al The purpose of this study was to obtain information about the influence of successive dilutions and succussions on the water structure, 'extremely diluted solutions' (EDS) are solutions obtained through the iteration of two processes: 1:100 dilution and succussion. These two processes are iterated until extreme dilutions are reached, so that the chemical composition of the end solution is identical to that of the solvent. We measured the heats of mixing of basic solutions with such EDS and their electrical conductivity comparing with the analogous heats of mixing and electrical

conductivity of the untreated solvent. The measurements were carried out as a function of the age of the samples. We found some relevant exothermic excess heat of mixing, higher electrical conductivity than those of the untreated solvent, also in function of time. The measurements show a good linear correlation between the two independent physico-chemical parameters, underlining a single cause for the behaviour of the extremely diluted solutions. The slopes of the linear trends depend on the age of the EDS. Such a phenomenon could depend on the variation of the shape of molecular aggregates that characterize the two different supramolecular structures of the water at different ages. This behaviour could provide an important support in understanding the nature of the phenomena described here. A really intriguing phenomenon is the evolution of some physicochemical properties with time. This hints at a trigger effect on the formation of molecules aggregates, as a consequence of the succussion procedure. Here we thus show that successive dilutions and succussions can permanently alter the physico-chemical properties of the aqueous solvent the amount of which depend on the age of the samples. (**Journal of Solution Chemistry** 34/2005 in HOMEOPATHY, 95, 2/2006)

XXXIX. The Structure of Liquid Water; Novel Insights from Materials Research; Potential Relevance to Homoeopathy ROY, Rustum; TILLER, Willam A.; BELL, Iris; HOOVER, Richard M. One must begin by distinguishing the different uses of the term 'structure of water' as used by materials scientists, from that used by chemists. The authors present the materials science perspective because they are interested only in the condensed liquid phase. Essentially all previous literature on the structure of water has been dominated by chemists who equate the term 'structure' with the identification of the molecular species present in the water as vapour or as liquid, at its surface, or in some specific environment. Several dozens of such molecular species have been identified, calculated or inferred: i.e. the size and shape of the building blocks of this condensed matter are known. What is very little known, is the materials scientist's approach to the structure of condensed matter: i.e. the arrangement of these building blocks in 3-D space. The authors systematically bring various well-known principles and phenomena from materials research to bear on the topic.

The most telling argument is the core paradigm of materials science, that properties of a phase are determined by structure, not by composition.

Hence the single argument used against Homoeopathy, that because there are no molecules of the remedy left in the final product it cannot be different, is completely negated.

The very well known changes of the physical properties of water with temperature are extraordinarily anomalous, and they cannot be accounted for by any cause other than changes of structure, and several of them even below 50°C. This again fits our model of multiple structures of the solid phases of water (ice). Arguments are provided by analogy with other phases, especially SiO₂ with its close similarity to OH₂, and from the nearly ubiquitous structural heterogeneity in similar covalently bonded elements and their compounds, which form glassy materials, showing the existence of multiple liquid structures of fixed composition. Very useful lessons can be learned from the enormous literature on SiO₂ and silicate minerals and glasses, and they are slowly being re-discovered. The phase diagrams and crystal chemistry of such systems are of direct relevance to the highly anomalous property-temperature relations in water, which have baffled chemists for 100 years.

(Materials Research Innovations Online 9.4: December 2005 <http://www.matrice-technology.com/mri/abstract.php?pid=388> and Mat Res Innovat. 2005; 9: 557-608 in HOMEOPATHY, 95, 2/2006)

XL. Many homoeopaths are not aware of the fact that Sir Jagadish Chandra BOSE (1858-1937) famous for his discoveries and Invention in the field of Electromagnetic Waves and in Plant lives, was also a supporter of Homoeopathy.

Sir J.C. BOSE was a patriot and philosopher. He was very keen that none of his discoveries shall be patented; they will be open and available to the people, free of any royalty, etc.

An article in **Science & Culture, Vol. 71, 1-2/2005** by Prasanta Kumar RAY says "BOSE refused to patent his discoveries. He snubbed British Capitalists who tried to convince him to file patents for his discoveries. ... Two of his lady friends, the British-born Margaret NOBEL (better known as Sister NIVEDITA) and the American-born Ms. Sara Bull, on their own initiative submitted a patent application on BOSE's behalf in 1901, and obtained an American patent in BOSE's name in 1904. BOSE however remained unmoved and refused to encash the patent..."

Reader may please note that Sir BOSE gave an illustrated lecture at the **British Homoeopathic Society** on June 23, 1926, on "**The Action of Drugs on the Response of Matter**". Dr. C.E.

WHEELER in his Vote of Thanks said that they "were only too delighted that so eminent a Scientist should be not only advancing the cause of Science as a whole but also be giving a very conspicuous support to the particular art of Homoeopathy. So much of the work referred to was of the deepest interest and value to all homoeopaths." BOSE gave ample proofs of the effects of diluted and succussed potencies.

XLI. Globetrotting Homoeopaths Give India Shine

Dr. Diwan Harish CHAND of Delhi, Kolkatta's Parimal BANERJEE and few others have lot of patients from abroad and have travelled many countries. Many do consultation over phone and through Net, raking in lot of money. To that extent homoeopaths of India are riding high. (Shobha JOHN, Sunday Times 29/01/06, in CCR. 13, 1/2006).

The Editor however remarks that we all can as homoeopaths reach poorest of the poor and give them the best of our healing art? [I agree wholeheartedly. Simple Homoeopathy should be nurtured as against the pressure of neo-Homoeopathy. **Homoeopathy should concentrate on treating the needy.** Attention is drawn to HAHNEMANN'S Essay "**Socrates and Physon**" in 'Friend of Health' (1792) - **Lesser Writings.** How many homoeopaths are committed to that? = KSS]

XLH. Menaka GANDHI in her article 'Fear Factor'

in the New Sunday Express dated Dec. 11, 2005 writes that in 8 years Since Bird Flu virus was detected, 53 people have died in the world. Are 53 deaths an epidemic or worse a Pandemic? Billions of dollars are amassed by the Pharmaceutical companies, which hold patent for the vaccinations. Money making by simply creating a panic. (CCR. 13, 1/2006) [In the name of containing the "Bird Flu Epidemic" thousands and thousands of birds have been buried/burnt alive! = KSS]

XLIII. Chennai-born Dr. Bharat RAMRATNAM,

an HIV specialist at Brown Medical School, Rhode Island and his colleagues changed the genetic make-up of the bacteria Lactococcus lactis, found in yogurt, so that it generated Cyanovirin, a drug that has prevented HIV infection in monkeys and human cells. This has been tested only in lab dish. (Chidanand RAJGHATTA, TNN 20/01/06, in CCR. 13, 1/2006) [The Primate population is rapidly declining. Over the years, many thousands have been tortured and killed. Dr. MISTRY, the Editor, CCR has rightly condemned the 'tinkering' with genes = KSS]

XLIV. Turmeric Protects Against Prostate Cancer Scientists from Rutgers University's Ernest Mario School of Pharmacy in New Jersey have found that the curry spice turmeric holds good potential for the treatment and prevention of Prostate Cancer, particularly when combined with certain vegetables. (Kounteya SINHA, TNN 17/01/06 in CCR. 13, 1/2006)

XLV. Primary Health Care of Women in Tribal Areas of Paschim, Medinipur District, West Bengal. (S&C. 71, 1-2/2005) Use of medicinal plants is an essential component of biocultural heritage of various ethnic groups especially the tribal ones. They depend on the traditional medicinal systems known to elderly women. An attempt was made to explore this and informations from tribals about the medicinal plants used for various kinds of gynaecological disorders are documented. List of 'medicinal plants used in tribal areas of Paschim Medinipur for women's health care' is given. [Several of these are already in the Homoeopathy Pharmacopoeia = KSS]

XLVI. Following is an **Extract from the Address of Rastirapathi Sri A.P.J. Abdul KALAM, on the 92nd Indian Science Congress, Ahmedabad on 5 Jan. 2005** (S&C. 71, 1-2/2005) "Treatment of Parkinson's Disease ... Prof. Vijay K. VARADAN of Pennsylvania State University, USA, has devised a wireless system for monitoring and control of Parkinson's disease. The system consists of an implantable DNA insert in the head region for generating a pulse to the nervous system; Controlled either by a modified pacemaker or smart hat. A passive polymer based gyro sensor, is implanted in the tremor location. The sensor gets the power from the Pacemaker and the Pacemaker then reads the tremor motion. Then it generates the pulse in the implanted device in the head to control the tremor. Prof. VARADAN has reported that few patients affected by Parkinson diseases had a full recovery. ..."

XLVII. "... Science, Technology and Society: Technology is the non-linear tool available to humanity which can affect fundamental changes in the ground rules of economic competitiveness. Science is linked to Technology through applications. Technology is linked to economy and environment through manufacture. Economy and environment linked to technology promotes prosperity to the Society.

The Scientists and technologists whatever work or mission they do always they have to ask the question, any part of my scientific work will it have

a positive impact on meeting the human needs. ..."(S&C. 71, 1-2/2005)

XLVIII. Mercurius - "rising" becomes "riding".

1853: BGENNINGHAUSSEN, Homoeopathic Domestic Physician: "Inflammation of the brain, with burning, surging and knocking in forehead, with the feeling, as if it is bound by a hoop around, worse during nights in bed, better by rising."

1866: Adolph LIPPE, Text Book of Materia Medica: "Inflammation of the brain with burning and pulsation in the forehead, with the sensation as if the head were in a hoop; worse at night, better after riding."

1888: HERING's Guiding Symptoms: "Inflammation of brain, with hooplike feeling; burning and pulsation in forehead; < at night, > after riding."

1899: Kent Repertory: "Head, Pain, Riding in a carriage, amel."

2003 Adolph LIPPE, Handbook of Homoeopathic Characteristics: "Inflammation of brain with burning and pulsations in the forehead, with the feeling as if hoop around the head; worse nights, better after rising."

2006: Complete Repertory, Synthesis, Repertorium Universale, Repertorium Generale, Kent Repertorium (Keller/Künzli): "Head, Pain, riding in carriage, amel."
(Thomas MICKLER. 'der kleine Kwibus Kalendar 2007')

XLIX. Calcium carbonicum - "Meal" becomes "Meat".

1835: HAHNEMANN, Chronic Diseases: "Pressure in the stomach, fasting and after meal."

1835: BÖNNINGHAUSEN, Characteristics: "Pressing stomach cramp after meal, with vomiting of the ingesta."

1866: Adolph LIPPE, Textbook of Materia Medica: "Pressure and cramp-like pain in the stomach when fasting, or after meals, with vomiting of the ingesta."

1881: HERING's Guiding Symptoms: "Pressure and cramplike pain in the stomach when fasting, or after meals, with vomiting of ingesta."

1899: Kent Repertory "Stomach pain, meat, after"

2006: Complete Repertory, Synthesis, Repertorium Universale, Repertorium Generale, Kent Repertorium (Keller/Kiinzi): "Stomach, pain, meat, after"
(Thomas MICKLER, 'der kleine Kwibus Kalendar 2007')

L. *Lycopodium clavatum* - "Laughing" becomes "coughing"

1835: HAHNEMANN, Chronic Diseases. Symptom 1489: "often she laughs loud in sleep"

1866: Adolph LIPPE Textbook of Materia Medica: "Loud coughing during sleep; screaming while asleep"

1899: Kent Repertory: "Cough, sleep, during"

2006: Complete Repertory, Synthesis, Repertorium Universale, Repertorium Generale, Kent Repertorium (Keller/Kiinzi): "Cough, Sleep, during"
(Thomas MICKLER, in 'der kleine Kwibus Kalendar 2007')

LIST OF JOURNALS

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

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- ADVH:** Advent of Homoeopathy, 37, South Anarkali Extn., Delhi- 110 051.
 - AHZ:** Allgemeine Homöopathische Zeitung, Karl F. Haug Verlag, Hühthig GmbH, im Weiher 10, 69121, HEIDELBERG, GERMANY.
 - AJHM:** American Journal of Homoeopathic Medicine, 801 N.Fairfax Street, Suite 306, Alexandria, VA 22314, USA.
 - CCR:** Homoeopathic Clinical Case Recorder, Dr. Subhash Meher, Near Hotel Chanakya, Anandrishiji Marg, Burudgaon Road, AHMEDNAGAR-414001.
 - HF:** Homoeopathy First, "Classical Homoeopathic research Centre", E-4, Om Motinagar Society, Roshan Nagar Road, Off Chandavarkar Road, Borivaii (West), Mumbai - 400 092.
 - HH:** Homoeopathic Heritage, B. Jain Publishers Overseas, 1920, Street No.10, Chuna Mandi, Paharganj, Post Box 5775, New Delhi - 110 055.
 - HL:** Homoeopathic Links, Homoeopathic Research & Charities, F/s, Saraswat Colony, Linking Road, Santacruz (W), MUMBAI -400 054.
 - HOMEOPATHY:** Formerly British Homeopathic Journal (**BHJ**), Homoeopathy, Faculty of Homoeopathy, 29 Park Street West, Luton, Bedfordshire, LU13BE, UK.

- IIT:** Homeopathy Today, National Center for Homeopathy, 801, North Fairfax Street, Suite 306, ALEXANDRIA, VA. 223 14, USA.
- RBH:** Revue Beige D'Homeopathie, Av. Cardinal Micara 7, 1160 Bruxelles, Germany.
- RESONANCE:** The International Foundation for Homoeopathy, 2366, Eastlake Avenue E, Suite 329m Seattle, WASHINGTON 98102, USA.
- S & C:** Science and Culture, Indian Science News Association, 92, Acharya Prafulla Chandra Road, KOLKATA - 700 009.
- SIM:** Simillimum, The Journal of the Homeopathic Academy of Naturopathic Physicians, P.O. Box 8341, Covington, WA 98042, USA.
- ZKH:** Zeitschrift für Klassische Homöopathie, Karl F. Haug Verlag, Hühthig GmbH, Im Weiher 10, D-69121 HEIDELBERG, GERMANY.

"It was one of those lovely mornings that have never been before. The sun was just coming up and you saw it between the eucalyptus and the pine. It was over the waters, golden, burnished -such light that exists only between the mountains and the sea. It was such a clear morning, breathless, full of that strange light that one sees not only with one's eyes but with one's heart. And when you see it the heavens are very close to earth, and you are lost in the beauty. You know, you should never meditate in public, or with another; or in a group; you should meditate only in solitude, in the quiet of the night or in the still, early morning. When you meditate in solitude, it must be solitude. You must be completely alone, not following a system, a method, repeating words, pursuing a thought, or shaping a thought according to your desire. This solitude comes when the mind is freed from thought. When there are influences of desire or of the things that the mind is pursuing, either in the future or in the past, there is no solitude. Only in the immensity of the present this aloneness comes. And then in quiet secrecy in which all communication has come to an end, in which there is no observer with his anxieties, with his stupid appetites and problems - only then, in that quiet aloneness, meditation becomes something that cannot be put into words. Then meditation is an eternal movement.

I don't know if you have ever meditated, if you have ever been alone, by yourself, far away from everything, from every person, from every thought and pursuit, if you have ever been completely alone, not isolated, not withdrawn into some fanciful dream or vision, but far away, so that in yourself there is nothing recognizable, nothing that you touch by thought or feeling, so far away that in this full solitude the very silence becomes the only flower, the only light, and the timeless quality that is not measurable by thought. Only in such meditation love has its being. Don't bother to express it; it will express itself. Don't use it. Don't try to put it into action: it will act, and when it acts, in that action will be no regret, no contradiction, none of the misery and travail of man.

So meditate alone. Get lost. And don't try to remember where you have been. If you try to remember it, then it will be something that is dead. And if you hold on to the memory of it, then you will never be alone again. So meditate in that endless solitude, in the beauty of that love, in that innocence, in the new -then there is the bliss that is imperishable.

The sky is very blue, the blue that comes after the rain, and these rains have come after many months of drought. After the rain the skies are washed clean and the hills are rejoicing, and the earth is still. And every leaf has the light of the sun on it, and the feeling of the earth is very close to you. So meditate in the very secret recesses of your heart and mind, where you have never been before."

J. KRISHNAMURTI

(From "Meditations" Selections made by Evelyne Blau.)

PART II

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

1. *Carcinosin* - Another Nosode for Recurrent Otitis Media
LEVATIN, Janet (Resonance, 14, 2/1992)

In this article, I would like to continue my discussion of the use of Nosodes for recurrent Otitis Media in Children. I have not always recognized the remedy picture when the patient first presented, but rather have come to the prescription when other remedies have failed to help the patient. I would like to present two *Carcinosin* cases, one in which it took several months to arrive at the correct prescription, and another one in which the remedy was obvious to me within a much shorter time period.

I was first introduced to *Carcinosin* early in my homoeopathic career by one of my colleagues. She helped me learn about this valuable Nosode when I sought her help on the case of a young child with recurrent Otitis Media, recalcitrant to what I thought should be adequate homoeopathic treatment. I learned more about *Carcinosin* by reading the works of Dr. Donald FOUBISTER, who studied *Carcinosin* patients, did Provings, and wrote about the Nosode starting in the 1950's. Reading Dr. Jonathan SHORE'S chapter on *Carcinosin* in the **Proceedings of 1989 IFH Professional Case Conference** also increased my knowledge of the remedy.

The first patient I treated with *Carcinosin* was NC, a 20-month-old girl who had been coming to me for her routine pediatric care since early infancy. NC was quite healthy until seven months of age, at which time she had her first ear infection. I prescribed an acute remedy for her, without success, and so she was treated with a course of Amoxicillin. The same scenario recurred at nine months and then again at 18 months, shortly after her first Tetanus vaccination. In between the acute infection she had less-than-perfect appearing tympanic membranes. She also had a difficult time with teething and was treated intermittently with *Chamomilla*. At 19 months she received *Calcarea carbonica* 200 as a constitutional remedy, which seemed to help her mood but not her tendency to have Otitis.

When NC was 20 months old and still with dull-appearing eardrums, I asked another doctor for help. During the more complete case that was taken, symptoms were elicited which, along with the child's appearance and the family history data, led to the prescription of *Carcinosin*. One of the things I learned from this case was that the general symptoms were more important than the specific or local symptoms; prescribing on the particular symptoms had been fruitless. I also learned about the importance of the family health history.

NC was a delicate-appearing child of average size. Her skin appeared translucent and her sclerae had a bluish tinge. She had a craving for salt and an aversion to milk and eggs. The literature states that *Carcinosin* patients may have a desire for, or an aversion to, one or more of the following: Salt, milk, eggs, fat meat, and fruit. NC slept in the knee-chest position (on her abdomen with her buttocks up in the air) or flat on her back with her arms stretched out. Both of these sleep positions were mentioned by FOUBISTER. The knee-chest is considered normal up to the age of about 12 months, but symptomatic (an indicator for a remedy) after that age. The well-known insomnia of *Carcinosin* was not present in NC's case.

In terms of her mental state, NC was quite an obstinate child. She was described as loving music and dancing. These are some of the traits included in the list of the mental characteristics of *Carcinosin*.

NC's family history was significant in that her mother had a low grade Cancer of the Cervix (Carcinoma-in-situ), which was diagnosed and treated two years prior to her pregnancy with NC. The pregnancy with NC was achieved through an anonymous artificial insemination, so no family history from the paternal side is available.

After the first dose of *Carcinosin* 200, NC did well until four months later, at which time she relapsed with another Otitis episode. This time, however, the infection responded well to an "acute" remedy. Another episode occurred three months later, and once again the infection responded to an acute remedy. When this infection was mostly resolved, *Carcinosin* 200 was repeated. Since that

time, now over three years ago TNC has been free of ear infections. Her general resistance level is much improved. She still gets occasional viral illnesses, but they are mild and self-limited, requiring little or no treatment. She is still described as very strong-willed and obstinate. She has also had a problem with incontinence of faeces, which lately was found to be related to a wheat intolerance. She has also shown a precocious interest in sexual matters, a characteristic which Jonathan SHORE mentions in his chapter in the IFH Case Conference Proceedings.

Another toddler I treated with *Carcinosin* for Otitis Media was SG. He was also a patient who had been coming to me for regular check-ups. He was well until ten months of age when he developed a left Otitis with drainage of pus-like fluid from the ear. I tried treating him with remedies for about ten days without resolution of the discharge, so an antibiotic was given.

At the follow-up appointment, three weeks after the antibiotic was finished, the following observations were made. Like NC, he was noted to have fair, translucent skin and bluish sclerae. He had recently developed a new café-au-lait spot on his trunk (a finding I have noted on at least one other pediatric *Carcinosin* patient). He also was described as loving dancing and music. Although usually a content child, he could be quite temperamental, screaming and hitting when denied something he wanted. When asked about his food desires and aversions, SG's mother told me that he refused to eat, wanting to nurse almost exclusively (this continued until he was well over one year old). However, he did like apples and the salt from pretzels.

The family history was significant since several relatives had Cancer. The maternal grandfather and the paternal grandmother both had Skin Cancers. The paternal grandfather had Lung Cancer. An aunt on the paternal side had died of Breast Cancer. SG's mother and a maternal aunt both had numerous moles (FOUBISTER's original *Carcinosin* children had blue sclerae and numerous moles and café-au-lait spots). There was Diabetes on the father's side and SG's mother and sister both have blood sugar problems (the sister has been treated with *Argentum nitricum* for hypoglycemic symptoms and obsessional behavior). Diabetes and Tuberculosis in the family history, as well as Cancer, are considered as indicators for *Carcinosin*.

SG did well after *Carcinosin*, with only one further episode of mild Otitis at two years of age and occasional mild viral illnesses.

As in NC's case, attention to SG's physical appearance, his general symptoms, and family history were critical in choosing the remedy.

I hope to continue gaining knowledge about *Carcinosin* and Nosodes in general since they can play such a crucial role in promoting the health of our children.

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3. SHORE, Jonathan, "The Emerging Clinical Picture of *Carcinosin*: An Underprescribed Remedy," PP. 91-116, **Proceedings of the 1989 Professional Case Conference**, STEPHEN King, ed, Kendall/Hunt Publishing Co., 1990.

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2. The Influence of Homoeopathic Remedies on Chromatographic Studies of Amino Acids in Human Urines
HUBBARD E.W. and PFEIFFER E.
(JAIH. 58, 3-4/1965)

The Bio-Chemical Research Laboratory, Spring Valley, N.Y., was conducting research in the amino-acid content of human urine as shown by chromatographic tests under a grant from the American Foundation for Homoeopathy. The writer, then director of the Foundation's Bureau of Research, has sent urine specimens of new patients before medication to the above mentioned laboratory. Then the chronic constitutional case having been taken homoeopathically and the customary physical and laboratory examinations having been made, each patient was given the homoeopathic remedy as near the simillimum as was possible to determine. After four weeks and no further medication than the single dose of the 10M potency, a second urine specimen was sent to the laboratory and the results before and after correlated by Dr. E. PFEIFFER, head of the laboratory, and reviewed by the writer.

The purpose of these experiments was to show the influence of a single dose of the simillimum homoeopathically chosen, on the amounts of the amino-acids in the patient's urine. No changes in regimen or in any other controllable factor, nor any other remedy were permitted during the period of these experiments. Most of the cases showed improvement toward the normal in regard to the balance of the 15 amino-acids for which the lab is

at present equipped to test. The review reports show the normal values of urine and those before and after prescribing expressed in milligrams per hundred milliliters of urine. Major improvement, return to normalcy, minor improvement, lack of improvement and regression are also shown. Also noted were the laboratory comments based on their work with a thousand cases, untreated, as to the diagnostic significance of the quantities of the 15 amino-acids and a probable definition of the metabolic causes of the patient's condition based on previous findings of the role of the various amino-acids in physiology.

The only facts known to the laboratory about my patients were age, sex, weight and whether White or Negro. No diagnosis, history or symptomatology was given to the laboratory. A series of control cases was run to whom no remedy was given and in which there was hardly any variation during the four weeks between tests.

For those who are not acquainted with this test it will be interesting to know that the cases divide into absolute or organic amino-acid deficiency which are a nutritional or supplementary problem, and relative or functional changes which are a therapeutic problem. Under the second category come:

A. Enzyme insufficiency (salivary, stomach and intestinal, gall and pancreatic) where cystine, leucine, threonine and valine are out of balance.

B. Liver dysfunctions: arginine, cystine, glutamic acid, glycine.

C. Sugar metabolism: alanine, aspartic acid, glutaminic acid, and histidine.

D. Endocrine: arginine, glycine, phenylalanine and tyrosine.

E. Nerves and brain: arginine, aspartic acid, lysine, phenylalanine, proline, threonine, tryptophan and valine (**high** arginine and aspartic acid show neurological troubles).

F. Emotions, psychogenetic and psychopathic: glutamic acid (petit mal, retarded mentality). Lysine (sound sensitivity, vertigo, nerve irritability, sense perception troubles). Phenylalanine: acute yellow atrophy or mental deficiency.

Low arginine means endocrine failure.

Low cystine means liver toxicity (kidney, pancreas).

Low glutaminic acid means brain trouble.

Low glycine means bile, pituitary, muscle and insulin inefficiency.

Low histidine plus lysine need diet.

Low leucine means digestive enzyme failure.

Low methianine shows faulty fat metabolism (skin, boils, pain, old age).

Low tyrosine means poor thyroid.

Reports On Chromatographic Analysis Of Amino-Acids

Prepared by Biochemical Research Laboratory, Department of Chromatographic Research, Spring Valley, N.Y.

Method used: Descending, one dimensional, Preservative: Thymol. Eluent time 20 hours, with methyl-ethyl-ketone + propionic acid. Developing time 24 hours, ninhydrine positive reaction. (Note: Acids found normal are not listed on charts)

Patient No. 1. Male, Age 49, (B.C.)

File No. 990 Specimen: urine, age 2 days

(See Table No.1) (FileNo.990)

Tentative interpretation: Low enzymatic activity of the digestive system and apparently anemic condition. Malnutrition? Or poor food utilization.

Treatment: *Sepia* 10M, 1 dose, given ^v 1-18-57. (See Table No.2) (File No. 1039)

Tentative interpretation: The disturbances of the metabolism, especially of the digestive system, are of minor importance. With the exception of lysine and cystine, I would consider this pattern near to the normal, considering the age of the patient. The urine was rather acid which points to an acid-alkaline imbalance. In view of the lowered lysine this should be taken care of by dietary regime improvements.

Treatment: *Graph.* 10M, 1 dose, 2-15-57. (See Table No.3) (File No. 1085)

Tentative interpretation: The low enzymatic efficiency of the digestive system and the still lowered detoxification prevail, otherwise some gratifying improvements.

Review: Improvements to normal: arginine, lysine, threonine, Minor improvement: valine.

(See Table No.4) (FileNo.931)

Tentative interpretation: This is not a metabolic or nutritional pattern with the exception of lysine. The major disturbing factor must be in the nervous, neurotic condition.

Treatment: *Sep.* 10M, 1 dose.

(See Table No.5) (File No.984)

Summary: Improvements: Reduced to normal: aspartic acid, histidine, methionine. Raised: cystine - an important improvement. The endocrine balance between thyroid and adrenals has

not changed. The improvements are mainly with the sugar metabolism and the liver function.

(See Table No.6. File No.989)

Tentative interpretation: Cystine, glycine and lysine are the trouble spots. If lysine is low others may be depressed, too. The endocrine imbalance is between pituitary and adrenal glandular functions. Inefficient use of food needs some improvement of the dietary regime.

Treatment: *Nat. mur.* 10M, 1 dose, given 2-8-57.

(See Table No.7. File No.1060)

Tentative interpretation: Much improved situation.

Review: Improvements to normal: aspartic acid, lysine, valine. Minor improvements: arginine, glycine, threonine. Regressed: leucine, pointing to a reduction of enzymatic efficiency of the digestive glands, including stomach, pancreas and of the duodenum.

(See Table No.8. FileNo.1064)

Tentative interpretation: This pattern is most significant for the reduced detoxification of the system, the reduced enzymatic and endocrine efficiency. It is suspicious for a kidney damage (tubular) and retention. In general we see a frequently observed breakdown of most metabolic functions, as it occurs in old age. But the pattern, at the age of 60, is worse than it should be with regard to the age. There might be, therefore, deeper seated causes than just reduced functions.

Treatment: *Nit. acid* 1M, 1 dose, 2-28-57 after test.

(See Table No.9. File No. 1116).

Tentative interpretation: To me it seems that the catabolism is disturbed and the breakdown products not properly removed. This I see on the background of insufficient stimuli from the pituitary, thyroid and especially suprarenal function which slows down the metabolism and exchange.

Treatment: *Thuja* 10M, 1 dose, 3-30-57.

Review: Major improvements, to normal: aspartic acid, cystine and methionine. Minor improvements: alanine, arginine, leucine, lysine, tyrosine, valine. The major problem is still the general detoxification (glycine) the bile-choline function (glycine) and the complete absence of phenylalanine (adrenal function) as well as the niacin-vitamin A deficiency. From observations I know that phenylalanine (suprarenal gland) is slowest to respond. The erythropoiesis might be reduced in this case but not all signs for an anemic

condition are present in this case, i.e., only three out of five possibly.

Comment by physician: Left ovary removed 30 years before for "tumor." Gynecologist on re-examination in the 1950's diagnosed Cancer of the rectum. Papanicolaou test of the vagina reported positive. Brittle white cauliflower-like excrescence on the upper labia. Vagina closed as by a tent. Impossible to palpate cervix. Pinkish bleeding from polyp in vagina. After eight years, the patient has gained weight, does heavy work, and looks and feels in good condition. The labial excrescence and polyp have completely disappeared.

(See Table No. 10) (File No.930).

Tentative interpretation: It is apparent that there is much of a sugar imbalance and inefficient utilization of sugar and carbohydrate, supported by the low cystine which in this connection points to a pancreas inefficiency. The stimulating effects of thyroid and adrenal glands is low. The body is flooded with breakdown products of the metabolism to a toxic level. The stimulating and directional effect of the pituitary is reduced.

Treatment: 12-16-56: *Lye.* 50M. 2-20-57: *Lye* 50M

Tentative interpretation: I find the improvements so far obtained quite spectacular. Cystine, leucine and glutamic acid are the major problems. The urine was rather acid, there should be an adjustment of diet with increase of alkaline forming foods and reduction of acid forming foods.

Review: Improvements to normal: aspartic acid and histidine. Other improvements: glutamic acid, glycine, lysine, threonine, valine. No regression.

Comment by physician: Gynecologist reports right ovarian cyst, grapefruit size, recommends immediate operation. First PFEIFFER urine test shows only two normals out of 16, none above normal, two absent. After the second repetition of *Lye.* 50M, the gynecologist reported the cyst entirely disappeared. No need for operation. Patient was checked at six-month intervals to date without recurrence.

Tentative interpretation: Histidine and glycine are also low in Cancer. We have definitely a toxic accumulation of waste products and an enzymatic inefficiency of the digestive system. Note: Body weight changes significance; if methionine is absent, the interpretation is different if there is overweight. In underweight the presence of kidney damage is more likely.

Treatment: *Sil.* 10M 1-23-57 after urine test.

Tentative interpretation: Minor improvements: glutamic acid, lysine, threonine.

Regressed: aspartic acid, tyrosine, valine.

Comment by physician: Lady of 42, with a breast lump, which I felt sure was cancerous. However, she fanatically refused operation and was treated strictly homoeopathically. The urine studies suggested Cancer but did not definitely indicate it. The test was more discouraging than the patient's apparent condition. In the last test there was only one amino acid which was normal. This patient did very well for some three and one-half years and then went on a visit to her family for three months, with devastating results. On return, she said she never wished to see her sister or mother again. She swiftly went downhill and died with bone metastases and with emaciation, but almost painlessly, after five years.

(For Tables see pp. 84-99)

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3. An Interview with Frederik SCHROYENS
NEU, Rafi (HH. 30, 6/2005)

What is the most significant point of comparison between **Synthesis 8** and **Synthesis 9**?

I will only give you the main points of course. The first one, the big change, is that we integrated the **Boger/Bcennighausen** repertories into **Synthesis**. I am speaking about six repertories: The **Boger/Bcennighausen** repertory itself, the **Therapeutic Taschenbuch**, the **Therapeutic Pocket Book**, the **Systematic Alphabetical Repertory**, which includes the antipsoric and anti-syphilitic remedies, the **General Analysis** by BOGER, and the **Synoptic Key** by BOGER. These six repertories are all totally integrated into **Synthesis**.

The second big step is that we have maintained these repertories as separate books and documents so they can be consulted and used separately from **Synthesis**. Although their content has been integrated into **Synthesis**, it also exists independently, so that people who would like to work with this information alone can do so. In addition to these six repertories, we have I think done 15 other separate repertories, also available separately. These have not yet been integrated into **Synthesis**. In the future though, they will be. They include **Phatak's Repertory**, **CLARKE's Clinical Repertory** and **Sensations As If** by WARD and ROBERTS, to name the main ones. There is also a

series of small repertories focusing on topics such as Pneumonia by PULFORD, and Hair loss, heart problems, Cancer and Warts by DRAKE. These small repertories on specific topics are also available as separate documents.

These are the two main themes for **Synthesis 9**. Firstly, adding the Boger/Bcennighausen information and integrating it in a smart and very transparent way, and secondly, in offering separate repertories as an independent source of information. It was fine in previous editions of **Synthesis**, because you could always see where a particular remedy had come from. Now though, it is even more transparent.

So even if you are unsure of something and you think may be there is a mistake there, you can go into the actual Repertory and see for yourself?

Yes, it will tell you exactly where it comes from; for example, **Boger/Bcennighausen**, page 524, symptom 17. As part of this process of transparency, we invite interaction. This is a part of the way we work, a part of our vision. So that people can tell us "I don't agree, I have found a mistake".

Is there anything else you would like to add on **Synthesis 9**?

Apart from the two main themes I've already mentioned, it is important to mention that **Synthesis 9** will in fact be released in two steps: we will have Version 9 and also Version 9.1. In Version 9.1 we will restructure the Repertory completely, so that different descriptions will be grouped together. You are aware that, at present, the Repertory contains different types of information in different chapters. Traditionally, symptoms are **arranged** in terms of times, modalities, extensions, localizations and then the finer descriptions, of pain for example. All these bits of information are grouped together and they depend on each other. They are present at different levels of the Repertory except for one type of information, which is the description of pain. In the structure of KENT'S Repertory, the description is always present at the third level: i.e., head, pain stitching; ear, pain, cramping; stomach, pain, gnawing, and so on; always the third level, OK? The consequence of this rigid placing is that much information at this third level is hidden in sub-rubrics. Some people, who are used to using the Repertory very often and very expertly, know that this information is hidden down there at the third level. It is true though, that even if they know if they can still miss this information. I use the Repertory all the time and I still miss remedies,

which means that I miss cases. In order to remedy this state of affairs we are now changing the structure of the Repertory, so that the particular description of pain is to be integrated within the last level of the symptom. This means that "Eye, pain, sore, eating while" becomes "Eye, pain, eating while, sore". Consequently, all the rubrics related to pain in the eyes while eating are now grouped together within that modality, whether they describe burning, stitching, or cramping. Whatever the sensation is, they appear together. In the new sub-rubrics you can see where they come from, so, once again it's very transparent and very clear.

Would you say that this system is creating a more generalized sort of rubric, more in the BCENNINGHAUSEN style?

In a way you can say that, but in a way not. It is a generalization but only on one aspect. It represents a generalization away from an isolated description of pain, so that any other type of information becomes more evident. So it doesn't have to do only with the description of pain. Because we have inserted the description within the symptom, modalities will have more remedies, times will have more remedies, certain extensions will appear, localizations will have more remedies, etc. All the rubrics will have more remedies.

Is there a difference when you look at the **Boger/Boenninghausen Repertory** and the other additional Repertories?

Yes, there is an important difference. You will find articles where the Boger/Boenninghausen people fight against the Kentian approach, or where KENT himself criticizes BCENNINGHAUSEN. So there seems to be an opposition. What is the opposition? Well, KENT looked for the individual, specific symptoms. BCENNINGHAUSEN, on the other hand, looked for a way to generalize the information. So it seems that these are two very different approaches. I would like to say that this opposition is not black and white; it does not need to be so strong. In KENT'S Repertory, for example, you have generalizations: "Eruptions, ameliorate" is a general rubric; it doesn't say whether it is the headache, the stomach ache or the back ache which is ameliorated by eruptions. But even outside of the Generals, you will find under Skin, the rubric "Eruption, itching", this tells us that the eruption is itching. It could be any type of eruption that is itching - look at these remedies, even outside of Generals in KENT'S Repertory you have these generalized rubrics.

Looking at it from an opposite direction, in BCENNINGHAUSEN you will find some very

specific symptoms. You have the problems in the head from moving the arms. You have coldness in the stomach at the cardiac end, which denotes a very precise localization. In this sense it is not generalized. So things are not black and white, there are shades. In **Synthesis 9** we integrated the information in such a way that we keep the generalized and the specific rubrics separate, so that they don't get mixed together. We don't put the remedies which BCENNINGHAUSEN has under "Stomach, noon", under the bracket "Stomach, pain, noon"; that is a Kentian rubric and has to remain specific. We leave them as such. But by doing so we offer in **Synthesis** a kind of scale so that you can go from the more general rubric if this applies. If only the pain is worse at noon, but then another time the nausea is worse at noon, for instance, then it has become "Noon, stomach" situation. It's a generalized situation, but you can always move to a more precise rubric. You can go to "Pain, cramping at noon", or even to "Pain, cramping at noon after eating only" which gives you only one remedy. So you can go from the very general to the very precise symptom. This is the scope we try to span in this version of **Synthesis**.

So are you trying to say that there is no real difference between KENT and BCENNINGHAUSEN?

Well there is a difference, but I think that the difference has been exaggerated, because I have heard and read some BCENNINGHAUSEN people lately saying: "Now I use BCENNINGHAUSEN and KENT is the past, KENT is stupid, KENT is dull, KENT is absolutely useless", I think there is no need or reason at all to say this. We should be aware that KENT'S great work has been the main Repertory during almost a century, and millions of cases have been helped through the use of this book. So how does anyone need or dare to say that suddenly KENT'S approach has become useless, simply because there has been a revival of some interesting ideas that might bring some added value to our homoeopathic profession? I think this [the difference between the two approaches] is absolutely exaggerated.

When is KENT'S approach especially useful?

For example, if you have some very specific information, such as, "I have a cramping pain in my stomach, which comes again and again at noon. It comes if I eat, but I don't eat at noon it doesn't happen". Now this is very specific information and KENT says that if you find a very specific individualized symptom you'd better look into the remedy that covers this specific symptom.

And if you were to repertorise the same case with the BCENNINGHAUSEN approach?

The BCENNINGHAUSEN approach would be to take the case, looking at the location of the complaint. So you find the problem is in the stomach OK? Then you have to find out if there is a modality, at which point they tell you, "yes, it is worse from eating". Is there a time when the pain is aggravated? "Yes, it's worse at noon". So then you look at the remedies that are known to affect the stomach, those which are known to work at noon, and those remedies which are known to have an aggravation after eating. You will then have a list of remedies, and you examine these in your search for the similitum. The point is, you go from a generalized principle. In certain cases this may be an interesting approach. In other cases the other approach may be more interesting.

It may seem that the Kentian approach looks only at the specified symptom. If a patient gives you specific information like "there is an improvement in my sore throat from drinking hot milk", of course you will look in "Throat, pain, ameliorated from hot milk" to see if you can find the very symptom. But if it isn't there, if the rubric doesn't exist, then you can generalize by asking the patient if drinking cold milk helps as well. Or you find that hot tea also helps. So then you can ask whether it is the milk that helps, or the temperature of the drink. And the patient tells you, well warm milk or warm water with honey helps too. So you look at "Throat, pain" and look also at "Warm drinks, ameliorate". This is a more general approach. If this doesn't work you need to ask more questions. It may be that any kind of drinking ameliorates the sore throat. By this kind of questioning, even during the interview, you are running up and down the scale of more specific and more generalized symptoms in order to get the correct information out of the patient's mouth. We are using the scale, going from specifics to general all the time in both directions. We have to ask, "What do you drink? When does it improve? Is it only when you drink hot soup? Does hot soup improve the Asthma?" to find the remedy. The renewed interest in the BCENNINGHAUSEN method should make us more aware of how we are, all the time, positioning ourselves in a certain place on the scale from more specific to more general, and that it is possible to find a correct place on that scale.

I have heard that Roger VAN ZANDVOORT is also adding new information from the **Boger/Bcennighausen Repertory** within the structure of his **Universalis Repertory**. Can you tell us the differences between the two books?

Firstly, I would like to state that Roger has the responsibility for his Repertory and I have the responsibility for mine. We are both going down our own roads. But it is also true that, through some coincidences, it happened that we both took similar decisions at the same time, such as integrating the information from BOGER/BCENNINGHAUSEN. As for the differences, I don't think Roger has integrated all the information from BOGER and BCENNINGHAUSEN, whereas we have included all six of their repertories.

There is another difference, and that is that we have, as I have said, created each of these repertories as separate works, and indicated all the links with great precision, in order to allow for easy verification, and also to show the quality of our work.

Regarding the addition of the BOGER/BCENNINGHAUSEN Repertories, for each Repertory we have taken three steps. Firstly, the Repertory is created from the level of symptoms. Only the symptoms are encoded at this first stage, without the remedies. Secondly, remedies are then added to the rubrics of this empty Repertory. This is done by the same people who are involved in checking the first stage of the work. The third step occurs when, upon completion of symptoms and remedies, the Repertory is printed off and checked by a group of people who compare it with the original source book. (In most cases the sources are German, except for a few exceptions, such as BOGER.) This aspect of triple checking makes me quite confident that the BOGER/BCENNINGHAUSEN databases are of a very high quality.

Lastly, I know that Roger has been generalizing the Kentian symptoms in the BCENNINGHAUSEN way, which is one thing I have not done on purpose.

You didn't generalize the Kentian symptoms?

No, no, no! I am concerned that too much generalization might introduce too much vagueness and haziness. I will give you one example: we were checking BOGER/BCENNINGHAUSEN and there was a remedy that was misspelled in the rubric, "Dancing, aggravates". So we searched all the *Materia Medica* for remedies that are generally worse for dancing general, and we found only three or four places where "dancing, aggravates" was mentioned in the entire *Materia Medica*. The actual context was pain in the calves, worse after dancing. Now this information was then entered as an aggravation from dancing on a general level. I am not sure, you know, that this is applicable, that when someone has pain in the calves from dancing,

the same remedy will also cure the person who becomes sad and irritable when he dances, or another who gets a headache from dancing. We can make a little bit of generalization by moving up remedies from the descriptions in the sub-rubrics, but I think we should be careful not to overgeneralise. I want to test this process. We must be sure before we go ahead. Fortunately, we have thousands of users, so it should be possible to get feedback as to whether these rubrics are still useable. The real question is, do they lead to good results? We must be sure that the information that we offer through our Repertory is of high quality and relevant for the practice. So I will not go for generalizing everything too quickly.

What is the number of additions in **Synthesis 9** compared to **Synthesis 8**?

In **Synthesis 8**, we had 763,000 remedy additions, and we have now moved up to 950,000. On the level of author references, in **Synthesis 8** we had 1,070,000 and in **Synthesis 9** this has increased to 1,500,000. With the restructuring of course more rubrics will be copied and visible so 9.1 will have probably an additional 150 to 200 remedies and 200 to 300 thousand author references added to that figure.

Are we not heading to a point where you will get every remedy in every rubric?

Well I think we still have a long way to go to get to that point because we now have over 4000 remedies in the catalogue, and we don't have 4000 remedies in each rubric. The big rubrics like "Mind, anger", "General, weakness", "Mind, sadness" etc. have 400 to 600 remedies and I agree that is too many. But we don't have many rubrics of that size. The second point is, the Repertory, especially the idea of **Synthesis**, is meant to be an index of information which tells you, "this symptom is known, you can find it in the Materia Medica, or wherever, if you want to know more". So the real question is, does **Synthesis** reflect the homeopathic knowledge that is available today?

For example, if you look for a symptom like "Headache from drinking wine" in one of the new Materia Medica programs, you will find more remedies than appear in our repertories under that rubric. J might only have 20 remedies under, "Headache from wine" in the Repertory, and it is a concern and a worry that there may be ten more remedies that have that symptom and so need to be added to that rubric. Enlarging the rubric from 20 to 30 remedies is not such a problem. Enlarging it to 300 remedies would, however, be a problem. But the point is, we need to have more information.

We need to make our Repertory still more complete.

There is a growing tendency to repertorise using Materia Medica software searches. Does this mean we are witnessing the end of the era of the Repertory?

Well, searching in the Materia Medica is a very different process from searching in the Repertory. It will never give the same results.

Could you elaborate on that?

Yes, if I search in the Repertory, I can look through a certain rubric and I know, in principle, that that rubric will hold exactly the information described by its heading. For example, if I go to "Mind, jealousy", I know these are going to be the remedies that have jealousy - that's it. In the Materia Medica search programs, all the searches are based on statistical word analysis and even with one word, I make a statistic of the presence of that word in the Materia Medica. I take the same example of jealousy. You can try this - you type in "jealousy" and you will find all the remedies where this word is written. But it is written in any context and if you do the analysis of jealousy in the Materia Medica you will see that one of the remedies coming up is *Phosphorus*. So if you search for the word jealousy in the Materia Medica, you will find that the remedies that come first are the ones where this word is used most often. That is statistics, OK? To your surprise you will see that *Phosphorus* is one of them. But why is it there? That is because in so many Materia Medica, *Phosphorus* is mentioned as being not jealous as part of a differential diagnosis. So this is just one example of repertorising in the Materia Medica - an expression which is, I think, very misleading - which gives an incorrect result. This method of conducting a statistical analysis based on words needs to be fine-tuned. And we are doing this in many ways. But it always remains an analysis on words. And the problem is even bigger when you take two words. If you search for fear of ghosts, you will find remedies that have fear of ghosts, but you will also get remedies that have fear of everything except for ghosts. So it will lead to a lot of mistakes to believe that you can repertorise with Materia Medica.

Nevertheless we need the Materia Medica to find the information in the first place, but we then need to check the results, and to find out why and how *Phosphorus* is jealous. We will see that *Phosphorus* is, in the context of Materia Medica, not actually jealous, which means that I must not consider *Phosphorus* in this case. So when I search in the Materia Medica I must be critical and I must

check my information. This isn't a quick process; even doing a simple search of a word like jealousy, you should read through all the remedies before you decide whether to consider them or not. So therefore I say there is a place for Materia Medica programs if you want to know more remedies, which include certain words and certain symptoms. If, however, you are sitting in front of a patient who has a fear of ghosts and is jealous, that gives you two rubrics in the Repertory. All you need is a few seconds to repertorise, and you can be sure of all the remedies in the rubrics. Compare this to finding that same information with your Materia Medica program!

So my reply to the question, "Will Materia Medica search programs end the era of the Repertory?" is, "Not at all. It is only ending the life of the Repertory for those people who are not aware of the problem, which is, that you cannot repertorise in the Materia Medica". In the Repertory, you repertorise. Which means that you choose a rubric with the precise label on it; the remedies in that rubric are exact, so you can make a graph and conduct an analysis. In the Materia Medica searches, however, you have an analysis based only on the occurrence of words; you might have a thesaurus, and a facility that shows you the distance between words, and all kinds of other tricks, but it is still a statistical analysis of the words.

Should we not call it a word search rather than a Materia Medica search?

Yes, it is a word search. We cannot use the Materia Medica in this way. Unless you are critical, you will be using wrong information all the time, especially when you search for two or more words. Take for example the symptom "Warm, milk, ameliorates". A Materia Medica search might find an instance of a prover who had warm hands and was feeling cold, so he took some warm milk, which make him feel better. Although the Proving contains the words in your search, it is not at all a symptom of the patient. The more words you have the more problems you have.

Do you feel that some of the experimental work being done in the homoeopathic community at the present time might lead to practitioners prescribing inaccurate remedies?

Well, we are living in a time where there are many experiments and new hypotheses in every field, and Homoeopathy is not different in that sense. I think it is not the main concern though. Many people feel they would like to try something new, to investigate Provings or to find different ways of prescribing etc. I think this has always

happened. Somebody tries something, which appears to work, so other people try to repeat it, and works for them too. The next month, though, it doesn't work anymore. Time will always tell us whether something is true or not. So I am not too concerned.

I believe of course that that basic mechanics of the homoeopathic prescription are still valid and still lead to a prescription that will help. Whether we will find other mechanics, other philosophies, other approaches, now and in the future I am not so sure. I would say is that when something comes up, just try it. I will give an example. There was a time when people advocated that the 50M were the remedies to be used. Even today, 20 years later, there are still people who say, "I use 50M and all my cases work much better. I didn't solve any cases before, but now I solve all my cases because I use 50M". 20 years ago I too decided to use 50M only for one whole year. I can tell you that these remedies work, but I have to admit that, after critically reviewing my practice over this one year, I didn't feel that the 50M remedies touched the patient in the same way that I was accustomed to with the Korasakov potencies. For this reason, I went back to them. Every now and then, however, someone will come up and tell you: "I have changed to 50M and all my patient get well, without any aggravations". So my point comes up again and again: try it and time will tell.

To continue on this theme, would you like to comment on the inclusion of information, which comes from new sources, such as Jan SCHOLTEN's theories on the periodic table, or meditative Provings?

As I have already said, the tendency a first is to increase the information in the Repertory. We should though, also consider the possibility that, with time, some information either disappears, or may be downgraded. For instance, when someone puts forward a symptom that nobody else seems able to confirm. If somebody's hypothesis remains unconfirmed over time, then this information will be downgraded and may be even disappear in a certain Repertory view. I am not worried that this kind of information is present in the Repertory, because you can choose to see it or not, use it or not, and it should not bother anyone. It is there: people can try it and they can see if it worked. If it works, they can confirm it and it may then become more valid.

What are your criteria for deciding the validity of new information?

The criteria have dramatically changed since **Synthesis 8**. Before **Synthesis 8**, and still now, we

aimed for a certain quality for-all our additions. We wanted to know precisely who the source was, and whether their experience was valid etc. With **Synthesis 8** we established the idea of having a sliding scale showing the level of confidence we have in an addition. For example, if the information is very hypothetical, it only deserves a confidence level of one. Ranking goes from zero to ten, with ten being the highest confidence level. [This facility is only available to software users at present. Ed]

In the last years we all witnessed huge expansions of the repertories with every new version coming out. Can **Synthesis** still claim for the high reliability of its information, now that so many additions are done?

I should start by saying that I think that the rubric's main function is to suggest which remedies to be read in the *Materia Medica*. As for the multitude of information and sources of information, from my own point of view, I solved this by creating, in **Radar 8**, two powerful new tools.

One of them is 'View's. This facility enables you to decide up till which historical time you prefer to place your reliance, in terms of sources. The Repertory view is only concerned with the name of the author. The full **Synthesis** includes all remedies and all authors; but suppose you say "I don't like GALLAVARDIN", you can take out this author, and you can view the Repertory so that all the remedies supported by GALLAVARDIN have disappeared. Of course the same goes for all authors. You can increase or decrease the size of a rubric, and hence a repertorisation, with the number of authors you would like to consider or not.

My favourite facility, though, is the 'Confidence level', this uses a numerical degree attached to every single occurrence of a remedy in any rubric in the Repertory. You choose your confidence setting, and than as you change the degrees of confidence you see how remedies come out in your analysis. For me, this means I have control over my Repertory, even when being very permissive with additions made to it. This aspect of a confidence level is the main reason I can still say, in one breath, that I have made almost 200,000 remedy occurrences additions in the coming **Synthesis 9**, and that **Synthesis** is still a very reliable Repertory.

Certain people only want very reliable information and the remedies that have a high confidence level. Others want more or all the information and so even if a remedy has a low confidence level it will be visible, and it can be

used. So the struggle between quantity and quality is resolved by having confidence levels attached or attributed to the different remedies.

We have a tradition of sticking to quality and this implies certain slowness, due to our thoroughness. More and more people, however, want more and more information. In order to resolve these two demands we had to come up with confidence levels. In that way we could put more information into **Synthesis**. In fact if you see the increase of information in the different versions of **Synthesis**, we have gone from 5 to 6, 7, 8 and 9, which is a big jump. The big increase in additions does not bother the people who want reliable information, because with one mouse click they can hide the speculative information.

How do you get so much feedback?

I have always worked with as many people as possible. In fact when I started working on **Synthesis** I wrote a letter called "Request for Collaboration". I still have copies of it if you are interested. I sent it to some hundreds of homeopaths all over the world, telling them I was going to create a Repertory and that, if they wanted to collaborate, I was ready. I got quite a few replies you know. I have always maintained this attitude. So if anyone offers to help, I ask them: "please do!" I think this is one of the reasons we have been able to progress so much, because the amount of work we have been doing over these last ten or twenty years is incredible. I can tell you, it is incredible.

In terms of numbers, we have only six people working in the office, but there is also a much larger group of 150 people who are working with us in many different areas. So that makes it a really big team. I want to extend this idea of a team to the thousands of people using **Synthesis**, because they give us feedback all the time through emails and faxes, sending us their suggestions, corrections and ideas. So this is really a part of our vision.

Have had to make any hard decisions?

Yes: the quality/quantity decision was the hardest I had to make. I was very worried about what the conservative people - that is, the people who really insist on having reliable information - would think about the inclusion of large amounts of new data. Remember explaining the whole idea of Repertory views, and the possibility of hiding certain additions, to Jacques IMBERECHTS, who became the president of the Liga just recently. When I explained people's general enthusiasm for an increase in quantity, he was very phlegmatic. He just said, "If I can hide it, I don't care!" That summarizes my own attitude.

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4. The Ways of Deep Ecology-
AITCHTEY, Rodney
(Contemporary Review, Vol.260, No.1513,
Feb. 1992)

WHAT is Deep Ecology? In 1972, Arne NAESS, the distinguished Norwegian philosopher, extracted the term 'deep ecology' from his longer description: 'the long range international deep ecology movement'. Deep ecology to distinguish it from shallow or social ecology with its humanist standpoint. He described the basic difference: **'The Shallow Ecology Movement.** Fight against pollution and resource depletion. Central objective: the health and affluence of people in the developed countries **The Deep Ecology Movement.** Rejection of the man-in-environment image in favour of **the relational total-field image'.**

To appreciate the need to have an understanding of Deep Ecology it will be salutary to refer to a book published in 1962 by Rachel CARSON which alarmed, for a moment, the English speaking world. When she had finished writing **Man Against the Earth** (her working title) she sent the manuscript to William SHAWN of **The New Yorker** whose enthusiasm buoyed her into noting, 'I knew from his reaction that my message would get across'. She listened to Beethoven's Violin Concerto, 'And suddenly the tension of four years was broken and I let the tears come... The thoughts of all the birds and other creatures and all the loveliness that is in nature came to me with such a surge of deep happiness, that now I had done what I could - I had been able to complete it'. The book, retitled **Silent Spring**, struck home, and attempts were made to suppress it. Arne NAESS said of her book, 'Rachel CARSON went deep and questioned the premises of her society'. In 1964 Rachel CARSON died. In 1969 Arne NAESS resigned as professor in philosophy at the University of Oslo after thirty years, so that he could 'live rather than function'. During his time at the University he had become well known for his work on the philosophies of SPINOZA and GANDHI which he put into practice in direct action in Norway.

It is almost thirty years since **Silent Spring** said, 'What we have to face is not an occasional dose of poison which has accidentally got into some particle of food, but **a persistent and continuous poisoning of the whole human environment'.** (My emphasis.) It is no exaggeration to say that we are now up to our necks in the second part of her statement. And it has taken that time to realize the urgency of measures

needing to be taken. But a thirty-year urgency is too late. There is no going back, but a Deep Ecology response would be to say: this recession-in-material-growth gives the opportunity to take an honest free-of-anticipated-profits look to ensure that no more harm is done. It would entail no more aggravation of the dangerous hole in the ozone shield which is being found daily to be worse than thought, and worsening, by an immediate cut-back to chemical emissions which are hourly contributing to the build-up of perilous 'greenhouse' gases. Until now, man's arrogant scrambling for profits has been at any cost. The cost is what Deep Ecology addresses.

Rachel CARSON said, 'We stand now where two roads diverge ... the road we have been traveling is deceptively easy, a smooth super-highway on which we progress with great speed, but at its end lies disaster. The other fork of the road - the one "less traveled" (Robert FROST) offers our last, our only chance to reach a destination that assures the preservation of our earth'. Rachel CARSON's branch road is the way of Deep Ecology, which is extreme in that it demands a somersault in the mind in one's way of seeing the earth; in that light, to question preconceptions honestly. It will amount to an abandonment of the humanist anthropocentric mind frame.

In a debate transmitted by Norwegian television in 1971 the humanist philosopher, A. J. AYER, agreed with Arne NAESS that, 'the notion of fact is itself a dubious one, itself infected by theory', and he admitted to being 'very near to thinking with a total view'.

Dr. Warwick FOX has recently brought out an important book, **Toward a Transpersonal Ecology** (Shambala, £7.99, paperback), which brings together the ideas behind Deep Ecology and the later synthesis of them. The book has grown out of his Ph.D thesis. He claims to 'provide an almost exhaustive guide to the significant primary and secondary literature on Deep Ecology, invaluable for those who wish to follow up any aspect of Deep Ecology in greater detail'. But how accurate is the greater detail? In his listing of 'spiritual growth/peace/environmentally oriented journals and magazines', he states that Resurgence was founded and edited by Satish KUMAR. It was John PAPWORTH who started the magazine in 1966, and handed the editorship to Satish KUMAR when he appeared after his monumental walk for peace from India to Britain in 1973.

Dr. Warwick FOX has taken on the transpersonalising (what a word) of Deep Ecology in this book, but he also expresses his need for 'ecologising transpersonal psychology' in which he admits anthropocentrism to be pervasive. At the heart of his thesis lies a contradiction. If transpersonal psychology effects the change in perception/consciousness, which is endemic to Deep Ecology there would be no need to transpersonalise it. Deep Ecology's chief distinction from shallow or social ecology is that it has shed anthropocentrism. One safely assumes from Fox that transpersonal psychology does not reach the intuitive knowledge of one's interconnectedness with everything else. Thus, this campaigning book on transpersonalising Deep Ecology may be said to lead to a dead end. But on the way there is much to be taken in and applauded.

In the **Ecologist**, (Vol. 14, Nos. 5/6, 1984), Warwick FOX and Arne NAESS shadow-boxed their differences arising out of FOX's paper. 'Deep Ecology: A New Philosophy of Our Time?' Warwick FOX concluded that 'where contemporary environmental philosophy is dominated by the question, "How do we construct an adequate environmental ethic?," Deep Ecology asks the question, "How do we cultivate a deep ecological consciousness?' Finally he said, 'This attempt to shift the primary focus of environmental philosophical concern from ethics to ontology clearly constitutes a fundamental or revolutionary challenge to normal environmental philosophy.

It is (and should be) Deep Ecology's guiding star'.

What seems to have been eluding FOX is that Deep Ecologists are not pinned down by a specific set of beliefs or practices. A Deep Ecologist has an emotional attachment or expansion of consciousness, which underlies the being and interrelatedness with Nature. It is NAESS' belief that as the self is widened and deepened so protection of Nature becomes protection of the self. The widening and deepening of the self overcomes distinctions so that self and other cease to be considered as separate. NAESS emphasizes 'the responsibility of any integrated person to work out his or her reaction to contemporary environmental problems **on the basis of a total view**'.

In 1972, NAESS proposed 'a remedy for scholarly cramp' (Chuang TZU) in Western philosophical tradition. He urged in the philosophical magazine, **Inquiry**, which he started and edited from 1958 to 1975, that the philosophers of East and West should compare notes because 'many open problems of philosophy such as transcendence evil, logic and theoretical knowledge, are raised by an enquiry into Chinese philosophy. If Chinese philosophy serves to make us critically aware of these problems and to provide alternative ways of thinking, we are more than justified in presenting Chinese philosophy as a philosophy of universal concern and universal significance'.

As well as Taoist antecedents there are SPINOZA and GANDHI. SPINOZA's belief that by knowing Nature one knows God has also been an influence in the works of BERGSON, COLERIDGE, EINSTEIN, GOETHE, HEINE, LESSING, MUIR, RUSSELL, SANTAYANA, SCHOPENHAUER, SHELLEY, THOREAU, WITTGENSTEIN, WORDSWORTH, and ... it cannot be an exhaustive list, though if it were it would be not much longer.

Periodically, it has been NAESS' way to retreat high into the Norwegian mountains for replenishment with Nature. Chuang TZU says: 'There is nothing like the light of Nature ... where contraries are indistinguishably blended'. Deep Ecological thinking is not new, but Arne NAESS has given it a name, one that strikes a very deep note. It has touched the philosophical nerve of the planet in distress. Is this the moment that Edward CARPENTER predicted, one hundred years ago, in **Civilisation, Its Cause and Cure?** He said, 'Man will once more feel his unity with his fellows, he will feel his unity with the animals, with the mountains and streams, with the earth itself and the slow lapse of constellations, not as an abstract dogma of Science or Theology, but as a living and ever present fact'.

In 1976, NAESS' seminal work on Deep Ecology was published in Norway. But it was not until 1989 that it was published here by Cambridge University Press, translated and edited by David ROTHENBERG. Its title: **Ecology, Community & Lifestyle: An Outline of an Ecosophy**. Ecology became Ecosophy to separate it from the 'scientific world-view'. **Eco** for 'earth household' and **sophy** for 'wisdom' - 'a philosophical world-view or system inspired by the conditions of life in the ecosphere'.

Before Arne NAESS' book, Deep Ecology was virtually unknown in Britain, and it has been books by American Deep Ecologists which have alerted us to its importance. But it is in America that Deep Ecology has provoked deeply emotional exchanges, and absurd insults by the highly regarded social ecologist thinker, Murray BOOKCHIN, who certainly could not have read **Ecology, Community & Lifestyle**. He has appropriated Chia HELLERS phrase, 'Eco-la-la'. Which he uses repeatedly, and contemptuously in his writing. He calls NAESS 'the grand pontiff of this mess' which he describes as 'the muck of deep ecology'. Again, certainly it appears that BOOKCHIN would benefit from Chuang TZU's 'remedy for scholarly cramp'.

David EHRENFELD in **The Arrogance of Humanism** has put BOOKCHIN into context, 'BOOKCHIN appreciates the ecological realities of contemporary life. Why then does he embrace the unwarranted optimism of a humanistic cult whose efforts to redesign the world in our own image have given us a lengthy string of ever-worsening failures?' EHRENFELD suggests that 'BOOKCHIN and others like him have fled from reality to an altogether more soothing world of techno-pastoral dreams'. He also quotes **Isaiah**, 47:10: 'It was your skill and your science/that led you astray /And you thought to yourself/'! am, and there is none but me" .

The inhumanism of Deep Ecology would be that of 'not man apart' (Robinson JEFFERS) to take one beyond the relative thought which separates and competes. NAESS says, 'The essence of Deep Ecology is to ask deeper questions,' to get to the root of truth, rather than merely the branches and leaves. 'We question our society's underlying assumptions. For instance, we can see that instead of an energy crisis we have a crisis of consumption.'

In America, Aldo LEOPOLD has been adopted as a forerunner of Deep Ecology, His Land Ethic is much quoted: 'Land ethic simply enlarges the boundaries of the community to include soils, waters, plants and animals, or collectively: the land. That land is a community is the basic concept of ecology'.

Aldo LEOPOLD has acknowledged a debt to his precursor, the Scotsman, John MUIR. It was MUIR who said, 'When we try to pick out anything by itself we find it hitched to everything else in the universe'. For MUIR there was no creature higher or lower than another: everything had an equal right to blossom in its own way and time, 'There is no mystery but the mystery of harmony,' he said.

Human despoliation of the planet has a long history, and it can only be stopped by a change in perception that Deep Ecology demands. The Spirit of Deep Ecology is about and its influence is growing. With its 'total view' it cannot but help in living the authentic, self-reliant life.

Warwick FOX's idea that his term 'Transpersonal Ecology' should displace 'Deep Ecology' could tempt one to substitute 'Gaian Ecology', but there would be no reason to change one's thinking in terms of Deep Ecology. Enough!

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5. Dr. Raj an SANKARAN's Live Seminar Antwerpen, June 3-4-5, 2005.
Minutes of the Seminar written by ir. Johan JASPERS (RBH. 46, 3/2005)

Prefix:

In Homoeopathy:

Take any five symptoms from one patient and by repertorising you find one remedy, for ex. *Lycopodium*. But take another five symptoms from the same patient and you find another remedy like *Sulphur*. That's the maximum truth you get.

The same when you take one keynote corresponding with one remedy, and another keynote with another.

When you come to the core, your doubt vanishes. Every symptom is an expression of something deeper.

When you take a symptom and go deeper and deeper you come to a pattern, which is the fundamental basic of all symptoms.

It is like you see one little structure here one there and there and the rest is all beneath the ground.

If you start digging and go deeper and deeper, The fundamental in every symptom, whether physical, emotional or mental.

The main building of which this symptom is an expression ... and, was a part, will be uncovered; the whole structure.

Going down to the main structure.

All little parts turn as a whole completely exposed and the structure stands in front of you, uncovered.

Not many people will have any doubt about what it is.

This kind of confidence, certainty,

Opposed to: 'maybe', 'possible', 'let's try ..'

Just what I find most appalling in Homoeopathy
"lets try ...

I don't want to be the patient of somebody who tries something on me
How can we reach that purpose? That's the whole thing.

I'm not proposing a new method or revolutionary technique, nothing like this.
No, simply that our knowledge becomes completely validated;
Simply, every symptom totally validated, completely true.
Every delusion we come on is completely validated.
We need to be sure that each symptom is an expression of some delusion.

When we reach that level, we see that, inside of man there is a turmoil; a vital disturbance.
We are treating that disturbance, we don't treat symptoms.

The other important thing to know is:

That turmoil is neither mental nor physical.
There is only one disease in man, not two.
The mind and body are two expressions of that one disease, not two.
Example:
Phosphorus is affectionate and desire ice cream
Sulfur is philosophical and has burning on the toes:

What is the connection?

That means, that what we see as Sulfur is something in the mind, something in the stomach, Something
We get a picture of various features.
The fact is that Sulfur is a dynamic disturbance, inside, which is also expressed in the stomach, in the mind, in the head, etc.
But we are not able to see or link it together.

I became interested in trying to reach that point.
Where can I see them together?; where is the mind speaking exactly the same as body?
I know that this level is deeper than mind and body, this is the level of the vital force.
The person is speaking the same language,
No, difference between mind and body
Important thing: This is not a theory.
I don't like theorizing; theories are the product of intelligence, of the mind.

In past some people trying connect
In connecting mind and body: they start a theory.
Example:

Graphitis has a rough skin, so therefore it has a rough mind???

The interpretation starts about what a rough mind is?

They used to mentalise what an rough, offensive, warm ... mind is...

We are good in developing a theory, no problem but it's not the truth.

The truth is never a theory, nor an intelligent guess.

Truth is: WHAT IS; EXACTLY AS IT IS!

It is going with the patient; going deeper into his mind about physical symptoms;
And with him come to level; where he expresses what is common between mind
And body, in his own words. What is his own experience, is more important.

That's the whole thing.

Every local sensation is expression of a general theme.

Every symptom is expression of a 'generalisation';
No local disease exists. Nothing new!

What happened to me is that it gave me so much more confidence;

You KNOW that you come to a right remedy.

This is a beginning, and our knowledge is not complete,

We still have a lot to learn about so many remedies of different kingdoms:

Minerals ..., sarcodes, imponderables, ...; but:

The philosophical KEY, basic to human nature we have,

The rest I (we) have to find out.

That's what I wanted to share with you.

For that we need a lot of combined efforts, cases,

We need working in the same direction,

Not on symptom bases.

All symptoms come from a vital disturbance, neither from body nor from mind.

At that deeper level, when the person starts talking, the language is not even of a human being.

Example:

P.: pain...

D.: Describe

P.: It start comes goes like. This slow backward comes back.

D.: Tell me little bit more.

P.: It exhausts me, feel tired.

A deeper level; a language: both mental and physical.

I offer the key to the door.

We have to know about so many different remedies, plant, animal, mineral, imponderable, nosodes.

I going around in circles (can be mentally or physical) emotions goes round and round take person to that level and he will talk strange.

It is strange because it is not a human sound, not human specific, strange, nonsense, of no logic any sense at all reference our materia medica:

Our materia medica is full of nonsense

Example

Shooting pain, from stomach upwards, better walking.

From vertigo to dreams.

Though it is true, it is not to understand, not logical;

The definition truth: "what is exactly as it is."

Homoeopathy, is the study of truth;

The study of experiences, patterns.

A remedy is the expression of the spirit of the source; totally nonsense.

Pattern can be mineral, plant, animal

Our Materia Medica and provings are of great help but they are not the information of the source

Complement is the study of the source

Language coming from source different from human being.

What is disease?

Disease is what is not human in man

When you have *Lac caninum*, *Phosphor*, *Bryonia*.... in you.

You are not supposed to have that in you,

You are supposed to be only human

We are talking the language of *Bryonia*....

Disease is something not human within a human being, and is not supposed to be there

How can we study that language deeper and deeper?

By focusing on those words and those gestures, that are not human

Example: patient with headache

Q: describe your headache

A: It is as if something hits me

(making gestures)

And it makes me angry

Q: forget angry, describe me

That (gesture)

This is focusing on that language or gesture that is strange for a human being.

A: It is like this (other gesture), you know.

lust patient says 'this' and now 'this'; (gestures) completely nonsense!

For you the two gestures are not related, but for the patient it is, and for the source it is related.

The source has 'this' and 'this' (gestures)

Q: describe this gesture, what happens?

Then the patient, takes you somewhere else.

You focus on those strange words and gestures, then the patient starts speaking different language

Strange, of a ghost: mineral, or plant animal.

Focus on language you hear the song;

It is a perfect song not belonging in man

That what is not human in human, that is disease,

Disease is a song of something else; that song is perfect, but doesn't belong there

Song ex *Lac caninum* song is perfect song no problem,

Except that there are two songs in a man; the human song which should be there and

The (f. ex.;) *Lac caninum* song.

A human song and a strange one, that should not be there.

It affects your life, work, relationships, nightmares, pains dreams work relationships.

You go to the very depth till you can uncover the whole pattern, structure,

The whole source stands in front of you;

Then you know what kingdom: plant, mineral, animal and the different miasms.

Schema: LEVELS OF SENSATION (7)

1) The patient comes with diagnosis: NAME

The name of the disease

2) The symptoms: FACT

3) FEELINGS emotions

4) DELUSIONS

5) SENSATIONS

6) ENERGY

The energy exists on sensation level; on energy level it becomes undifferentiated.

FACT: is a local symptom

Important:

By observing the gestures when -describing a local symptom, you can bypass the delusion level.

Example:

Q: tell me little bit more

A: Huge pain ... I am so small

And it is so big.

(Notice that it becomes: 'me.'....).

I am so small and it is so big.

You go deeper and deeper

You reach that level and it is not relevant to know

Whether he is married, has children,

This is completely bypassed;

Without knowledge of his life situation, story, dreams, everything.

The pattern of gestures:

The energy pattern is not differentiated

Energy consists of:

MOVEMENT

SPEED

DIRECTION

COLOUR

SOUND

So whatever the patient expresses as movement, speed, direction, sound and colour;

Makes the energy pattern.

On the energy level, it could be everything: plant, mineral, anything.....:

Undifferentiated

But then the patients sensation becomes clear.

Q: Just describe this

A: As if something is ..

By focusing on the energy, sensation comes out clearly:

as. Me vs something else

The gestures are the most important direction.

As you go down it gets more generalized

Situation of the levels

NAME: diagnosis: is about: A PART of a PART of a HUMAN being

Ex.: 'cancer of tongue'.

FACT: is about A PART of a human being

Ex: T have a headache'.

FEELING is about: HIM as a human being, HIM as a whole.

Ex: T am angry', T feel sad'

DELUSION is about him as a PART of human race, humanity

Ex.: I feel like a slave, like a king

It is not about king, but him as part human race

Not about me; part of human race.

SENSATION: is about the entire EARTH (minerals, plants, animals)

Ex.: T could kill the other.....

It is a language common to the earth not human specific

ENERGY is about the entire UNIVERSE

The energy in wind, sun, stars.....;

It connects humanity to universe

The remedy is acting on sensation level (earth)

Dr. Sankaran:

Personally, I hold the sensation level as the most important discovery

Several years I was focused on delusion level,

But with prescription on sensation level I have at least 10 times more result

than on the delusion level, (exponentially)

On sensation level you are confident of the result, the correct remedy is acting on the 'non human sensation 'level'.

How to get there?

First: Look for the 'sensation' word and/or miasm word on whatever level (delusion. Fact...) the patient is talking.

Don't stop until reaching that.

Example:

P.: I'm under a lot of pressure.

'pressure' is a sensation word, because 'pressure' is both mental and physical

and not only human specific; can be mineral,

Take this word and ask what the patient means by the word,

Q: describe pressure:

A:(tells some other story, deviation)..

Take him back and forget the rest,

Just that word to get more information

Q: What is pressure just pressure?
A: Pressure? (pause) pressure, you know... (+gestures)

In the pause the patient goes to a deeper level
Sensation can never ever fully been expressed with words, only approximate, inadequate.

A: Pressure you know ...

Whatever he gives you, goes deeper within the sensation level.

The most direct access is the chief complaint;
Because it is at that moment the most intense expression of the inner state of the disturbance.

What bother him the most at the moment; can be mental, physical ...

Example:

You are one hour late for your appointment, the patient is upset, complaining,

Pt.: O, Doctor you are so terrible late

Q: Explain, how do you feel

Pt.: I'm so angry ...

Q : Tell me about anger...

And this is bothering him at that moment.

So whatever is the most bothering for the person at that time; is the story.

It is not qualified by you; but by the patient.

Take the turmoil that expresses itself the most intense.

Example:

Take a patient with cancer

Q: What bothers you?

Pt.: I have migraine and

Then take that and forget the Cancer, it's not the problem.

The inner truth is a complete nonsense;

A complete and beautiful nonsense.

That nonsense is complete (in itself)

He is talking nonsense.

He can't express it to anybody including himself.

If one tells it to another person, one is regarded as insane, complete insanity, utter nonsense.

Homoeopathy is The science of nonsense.

Method:

What kind of gestures to take; (see characteristics)

On sensation level; That determines kingdom and miasm!

Example (short cases)

Pt.: the problem is a fungus on my toe nail

Q : Tell me about the fungus?

Pt.: My toe nail has separated from my toe, because of a fungus.

Q : What means separated?

A : It was together and it becomes like this (gestures with hands open and close together)

Q : Can you tell me about this and this (repeating the gesture)?

A.: When the two things comes together (hesitate);
The force is very, very big.
When separated like this, the force becomes Weak,

Q: Tell me about this and this gesture?

A: It is finalty, (gesture, torsion movement with hands)

Q : What is finalty

A.: That means, when two things come together (+gestures)

Q : What is this.

Let the patient switch channels, gestures are helping the words

Important point in the consultation:

He starts speaking total nonsense; things completely out of context.

The patient knows it is nonsense but for him it is true;

He doesn't understand, you don't.

Intellectually it makes no sense for the patient either.

But experientially he knows it.

Very important:

The focus here is on you, the physician.

At this point what can happen is you to loose your confidence; then the moment is gone.

You have no familiar ground, no Repertory, Materia Medica,.....

The patient needs you to stay with him. He is trying to switch to something non human.

It is reality, experience it, it is true.

It will all come together beautifully, trust me, you just have to give it time.

The patient will give often the remedy and even the potency.

'Describe., tell me more, what is., Not about you, just this

Don't analyse, don't interpret.

In this process, the mind is our greatest enemy, because the mind cannot deal with the unknown.

Forget the mind; the mind can never know the truth only what is known.

Stay with the patient and let him take you with him. I have no clue where the patient is going to take me.

Q : So describe me this

A.: In order that two things come together, the only way is like this.

Q : In order that two things come together, the only way is like this.

But together, the power is much more than a plus b

Like 2 plus 2 is not 4 anymore, but 2 million

Q : Tell about this process that 2 Plus 2 is not 4

A.: you have to make progress in life, if not there is no sense

You must *not stay*, you have to move, that's the problem to be successful

R/:DNA

When one mentions one after the other, they are connected!

That is the beauty of case taking.

Even if it seems to be completely out of context, they are connected just because mentioned

At the same time.

Connection somewhere at a deeper level.

That's the whole process.

Characteristics of the pattern of sensation level

- ENERGY: gesture: movement, speed, direction, sound, colour,
- NON HUMAN SPECIFIC common between man and nature Global, non local
- OBDURATE: holds, does not move, does not shift into something else when you go deeper.
- QUEER: strange, odd, out of context
- PICTURE: complete, photograph, same in different aspects of life
- SYNONYMS: similar and opposites.

What is basic difference between mineral, plant and remedy?

Mineral:

At the deepest level

A mineral tends to completeness in the (it)self

The most basic experience is: "I lack something"

I am afraid to lose a part of me: my independence, function of body part, family, money ...

or I have lost it.

I don't know who I am, I'm not complete
The structure is/has to be complete.

Plant

'Things affect me

what is the effect of ...-. What circumstance affect?

Who dominates .., who is the victim, ...

Feeling of self worth is important:

"I hate, reproach, shame, ...myself; I cannot stand

ME versus something/one else

Ex.: 'loss of job makes me angry'

Cannot stand the. . . . , not able to ...

Animal

The animal will say: He dominates me and treats me like this ...

Example: *Woman with depression:*

P: My husband puts me down, treats me badly ...

All the time, talking holding a napkin in her hand; weeping and telling

Q: what are you doing (napkin)

P: this is confusion and this is clarity.

Q: tell me about clarity.

P: clarity, you know, I am confused and don't know who I am

The delusion is I'm not complete in myself, if I have this nothing can affect me.

Anymore.

R/: *Alumina*

Different expressions according to the levels:

The sensation is the experience of.

Emotions is feeling.

Delusions is feeling like

The remedy acts on sensation level:

Example:

P: 'He dominates me, treats me bad; I feel like a slave'

This is delusion level

Q: Describe me: a slave.

The experience of slave is sensation level.

P: 'being beaten.

Q: describe that experience

P: 'O it's so painful
The moment he tells that it's sensation and he becomes plant and not animal as one could think at first.

Let the patient describe the delusion on the moment it's stand clear in front of you:

What is your experience of?

An important word: experience.

Then you know the sensation of it, and if it completes the picture.

Example:

Fear of death

Q : describe, tell about

A : as if (delusion)

What happens then, describe the experience

At that point whatever he tells then is very important.

A : it will get the better of me (animal)

A : painful (plant)

A : do not know what will happen to me(mineral)

Short:

Sensation for a plant

Structure for a mineral

Trifle for an animal

The method: important points (summary)

1-EMPTY

Empty of effort.

The more effort, the more struggle, the more contra productive

Its not going the natural direction

Go with the flow, against it means a lot of effort.

Easy and lazy

2-CONNECT

Connect with patient and with what troubles him the most; and connect with the energy and stay connected.

Go back to energy, when deviation

And stay connected.

3-LOOK, LISTEN, ASK

For the gestures: ask the patient what it means.

Don't analyse don't interpret.

'What means?' just describe this....

'Not about you, just this?' Nothing more than this....

Whatever comes up, follow that., forget the previous and connect for him it connects;

Wherever he goes, is important.

The most important gesture, at that situation in the patient, contains the maximum of the energy, therefore don't allow him to backtrack

What is your inner experience? What is the sensation?

4-END GAME

Everything comes together, nothing is left out, a photograph then you can identify the pattern; exactly.

Joke:

About 3 photographs of a criminal on a pamphlet: 'wanted alive or death!

Was sent to every police station in the country.

One week later, fax comes in from a sheriff of a little town:

'Found all three and shot'.

So we want an exact pattern and not an overenthusiastic guess.

It's in the dark how a patient will go, a patient can go from fact to feeling to delusion to sensation, but Often you can go from name to fact directly to sensation.

It's important to confirm, to be sure, ask for an(other) stressful situation .

Go deeper and look for the same pattern, gestures.

Make sure nothing is left out.

There is where we need to be

Who is the person behind the human ?

The remedy is quite clear !

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PART III

(While Part II features articles from other journals, Part III contains the editor's own contribution and other original articles.)

1. Documents of the New Medicine. Summary of the New Medicine (Updated to 2000). Presentation to Comply with the Qualification as Lecturer of 1981, at the University of Tübingen. By Dr. med. Ryke Geerd HAMER.

This book was given to me by Dr. K.S. SRINIVASAN of Chennai. The ideas in this book are so revolutionary, and I freely confess, very difficult to understand, - that I may say so that it has been one of the most difficult books that I have read in my life.

The book is divided into 20 chapters covering 177 pages. I shall try to briefly give you the salient points which is presented by the author whose work was submitted as a thesis to the University of Tübingen in 1981. As the author writes in his Foreword, it was his initial belief of having discovered the connections linking all Cancers. Two years later after doing more on-going research, he noticed that all diseases and not just Carcinomas behaved in accordance with two biological laws. In 1987 the author discovered the 3rd and 4th biological laws on Embryology and Behavioural Sciences - He was able to establish that **these four biological laws can explain all diseases and can be reproduced in each individual case.** This led the author to the breath-taking conclusion. "There is obviously a biological meaning in the diseases of different germ layers, and that they are not meaningless mistakes of Nature that we should fight, but instead are very meaningful events. So I asked myself two questions, one what brought this disease about? (How?) and more important what is it's biological meaning? (Why?)." It then made me ask myself whether our understanding and concept of disease had not been entirely wrong, because of not knowing about the biological purposes of diseases. Here the author has made a statement which is very significant, that the biological reason of diseases depend upon the germ layers. So an entirely different nosological understanding of the concept of disease came about - that we should call disease an "Intentional Programme of Nature".

The DHS (Dirk-Hamer Syndrome) is the first meaningful event that triggers this special programme. I shall very briefly give certain points about the DHS and other aspects of the biological laws presented in this thesis. There are five biological laws in this 'New Medicine' that apply to each and every case of disease of man or mammal. The Five Laws are as follows-

i. Iron rule of Cancer which states that every Cancer or Cancer-like disease originates with a DHS which is a very acute dramatic and isolating shock, experienced simultaneously on the 3 levels of psyche, brain and the individual body organ. At the very moment of DHS, there occurs as the author calls in the brain 'Hammerschen Herd' ('HH') and at the same time as the HH, there occurs the corresponding location of the Cancer or Cancer equivalent organ in the body.

ii. The second biological law states that every disease is a two-phased occurrence, as long as there is a resolution of the conflict. Each disease passes through two phases - a so-called cold phase with cold skin and extremities - prolonged stress and loss of weight and some sleep disorders. The other phase is the warm phase, which is the second phase which the author has described in detail in chapter 6 of this book.

iii. The third biological law is described in detail in Chapter 7 from pages 31 to 43 and the conflicts which the patient has, originating from DHS are further evaluated according to whether they are old brain-directed conflicts i.e. brain-stem and cerebellar conflicts and cerebral directed conflicts.

iv. The fourth biological law will surprise many people because it states that there is a correspondance between embryonic-layer related organ groups and embryonically related groups of microbes. The microbes are not the harbingers of symptoms but optimizers of the healing phase. A paragraph from this particular section states that all microbes are steered from the brain. (A concept so radical which I think will shock many a physician). The so called immune system, the author says, imagined by us as an army fighting the malignant cells and microbes in a grand battle does not exist in this sense. Furthermore the author has said that

following instructions from the brain, the pathogenic microbes become benign - apathogenic, and retreat into a part of the organism where they are not a bother and can be recalled and reactivated by the brain in the PCL phase (Post conflict or Lysis phase) on specific organs.

v. The fifth biological law is really the essence of the four preceding natural laws of the NEW MEDICINE. It is the soul of the New Medicine. Disease as has been defined up till now, according to the author, no longer exists. All so-called diseases have biological meaning. This 5th biological Law makes us finally understand our connection to the Cosmos around us in which we are embedded. It makes our medical thinking and feeling include every microplant and tree, every elephant, beetle, bee and dolphin, infact everything living in Nature. How could we ever regard Mother Nature, he asks, as fallible and have the audacity to believe that she constantly made mistakes and caused breakdowns in the form of malignant, senseless, degenerative cancerous growths? It was our ignorance, arrogance and pride of the thinking processes of the physicians that created such a mind-set and brought upon ourselves this senseless, soulless and brutal medicine. There is an orderliness in Nature, and every occurrence in Nature is meaningful, both individually and as a whole and that that events which we call 'diseases' are not some senseless disturbances to be repaired by sorcerer's apprentices. Nothing can be meaningless, malignant or diseased.

Subsequent chapters describe further elaboration of the DHS & DHH. A patient in DHS can be in two phases: one is known as CA phase - Conflict Active phase and the other is known as the PCL phase - Post Conflictio Lysis phase. This Chapter-3 gives further details of these phases and in this chapter there is a sub-paragraph on the nature of the patient in the healing phase and what he has called as the EC phase or the epileptic/epileptoid crisis. This is a very important chapter which a reader should refer when he goes through this book covering from pages 15 to 20. I would hesitate to review the further pages because then I would be writing the book itself. But I will first in mention that there are various schematic sections of the brain given in the book, which at times I found rather difficult to thoroughly understand.

Pages 71 and 87 contain a tabular summary of attached chart dealing with Psyche-Brain-Organ situation. The readers may skip this as per convenience.

Page 89 gives author's explanation of what he calls the HamerscheHerd - HH

Phenomenon, which is essentially a phenomenon the author discovered by examining thousands of brain C.Ts. There are certain ring-formations in the brain C.Ts which the author found out and which he says have been misinterpreted by radiologists for over 15 years.

There is further elaboration of the HH phenomenon in the CA phase and PCL phase as written by the author from pages 92 onwards to pages 95.

From pages 96 to 125 there are a series of photographs of C.Ts taken of various patients in the CA & PCL phases.

Chapter 14 deals with the therapy in the New Medicine and considers the topics of the therapy where there is a conflict resolution phase and where there is no conflict resolution phase. It also considers the aspects of different conflict syndromes, i.e. when several simultaneous conflicts co-exist at different points in their phases. It further deals with the medications in the New Medicine and the author has talked about what he calls as Cytostatic Chemo-therapy and a word about the use of Morphine for pain and the role of exploratory punctures and exploratory excisions. He also has talked about when surgical intervention may be needed and the role of psychotherapy in the care of the patients. He further mentions various aspects of phenomenon dealing with Depression, Mania, Schizophrenia as seen in the New Medicine and has criticized on page 142 what he has called as a viscious devil's cycle in which the patient undergoes a dangerous mechanism that manifests as relapses and successive conflicts combined with a psychic - self build up - all of which are caused by doctors inducing panic so that the patient falls back into conflict again and again. This he says does not happen with animals because diagnosis and prognosis cannot cause them panic.

On page 145 the author has talked about the biological language of man and animal in which from ancient religions of the Hindus, the Greeks and the German people, they all had very intimate relationship with their animals. Their horses are regarded as their friends and they believed the gods transformed themselves into animals and conceived in animal shape (Just as Lord Ganesh is in our Hindu tradition). Animals had a soul and a language and the Gods conversed with them and now and then some humans were granted this special ability.

(I remember over 35 years ago I had been to visit with a friend a spiritual master on the Gagangad mountain-top near Kolhapur, a very desolate place to live by in those days, and this master told us that he could understand what was

happening in the world through the twittering and chattering of birds which came to the mountain-top throughout the year and revealed to this sage who is essentially a Shaman, as to what was happening throughout the world.)

The Cosmos was not in any way divided. But this picture changed completely and drastically with the birth of Islamic and Christian religions. Plants and animals were treated with disdain and degraded according to the author, and used as purely commercial articles to be used and sold. Human beings often became impoverished and brutal, and even a Saint Francis of Assisi who was a small ray of light in that darkness could not change anything. Animals were denied of their souls and language and were subject to untold tortures even till today. (This reviewer has already written very strongly about the merciless destruction of birds and chicks because of the so called Bird-Flu scare. What about the millions of guinea pigs, dogs, monkeys, mice and other animals all sacrificed at the altar of modern science by white coated inhuman doctors and researchers far more heinous in their crimes against mute and suffering animals than even what Nazis & innumerable dictators have done to human beings). And so the author says, the so-called behavioural research is still incomplete because the same researchers speak only on instinct and behaviour in animals and don't grant them a soul. Yet as the author says in the last para on page 145 that we do share with the animals a language which he calls as inter-animal biological language of our brain. In principle this common language is very understandable because through the CAF scans we are able to have a 'conversation' with any horse or mouse, because the brain's language, specifically the inter-animal language is analogous to human language, especially where it concerns the locality of fears and conflict in the brain. A mother-child conflict, a self-devaluation conflict, and other conflicts **are all in a comparable area in humans and mammals and all create HHs in equivalent areas of the brain and confirm to the course of conflict similar to the human brain.** The author gives C.T. scans of animals from pages 146-151 describing cases of such conflicts in animal brains.

Chapter-16 describes the role of statistics as applied in medicine and is too detailed to be reviewed. The readers can look up this chapter from pages 153-161.

Chapter-17 deals with the various expressions described by patients suffering from PHS. What words they utilize, what is the nature and content of their language is beautifully given in two pages. This chapter further deals with the role of

Psychology, Psychosomatic and Psycho-oncology in our present time.

Chapter 18 is the concluding chapter which deals with the biological unity between man, animals and plants through the medium of self-sustaining Cosmos, and gives moving examples of how we humans have messed up this earth and lost our true connections with animals and plants and disrupted the wonderful balance of nature.

The last Chapter 19 gives certain biographical details which is very shocking. I would advise the readers to read this chapter first to get an idea of author's life and the various trials and tribulations that he underwent. Born in 1935 Dr. Ryke GEERD HAMER began his medical and theological studies in Tubingen. He completed his preliminary examination at the age of 20 and his theological examination at 22. At 24 he became a full-fledged doctor and a daughter and then a son was born called DIRK who would later play a large role in author's life. He had a specific hobby of patenting his inventions which he developed during years of practice in internal medicine for e.g. He invented the non-traumatic Hamer-scalpel for plastic surgery that cuts 20 times more sharply than a razor. He also invented a special bone saw for plastic surgery, a massage table that automatically adjust to the contours of the body and a device for transcutaneous serum diagnosis. Dr. HAMER and his wife SIGRID (she was also a doctor) had 4 children, 2 girls and 2 sons - a completely normal, happy family. Then something terrible happened to them. A crazed Italian prince shot Dr. HAMER's son DIRK who was asleep on a boat anchored on the Isle of Cavallo. DIRK's battle with death almost lasted 4 months with his father by his side day and night. He died on Dec. 7th 1978; two years later SIGRID died from grief; 3 years later this resulted in a loss conflict for Dr. HAMER causing a testicular Carcinoma. He later named this conflict 'Dirk-Hamer-Syndrome', a biological conflict that catches one unexpectedly 'on the wrong foot'. In 1981, Dr. HAMER submitted his thesis on the 'Iron Rule of Cancer' to the University of Tübingen for his post-doctoral thesis to qualify as a lecturer in that University, so that his results could then be tested on equivalent available cases for the benefit of the cases. And now comes the shocking part. In 1982 May the University rejected the thesis on the **interconnection of the Psyche and Cancer** without testing a single case for reproduction, something that they later admitted in the Court of Law. Sadly, Dr. HAMER says, the situation has remained the same for the last 13 years and no University is ready to carry out verification of Dr. HAMER's work. More shameful is the fact that

since the death of his son, Dr. HAMER claims that Lawyers, Agents, Detectives and other Emissaries of the House of Savoy have terrorized both him and his family. Dr. HAMER made many attempts to open a hospital or institution as a refuge for his patients to enable them to benefit from his findings. Orchestrated actions against this always made it impossible. His wife died in 1985 from the grief of loss of her son and demoralized by the constant fear created by the Savoy family. Like HAHNEMANN (this is my understanding) the persecution towards Dr. HAMER reached a high point in 1986 when the district of Koblenz commenced an action to prevent Dr. HAMER to practice Medicine. (Again I am reminded what HAHNEMANN underwent in his life.) Dr. HAMER like HAHNEMANN refused to deny the Iron-Rule of Cancer and flatly refused to convert himself to the tenets of official medicine. Since 1986 HAMER has not been allowed to talk to any patients and a so-called Presiding judge of the District Court of Cologne advised him by a warrant to find at the age of 51 another profession or calling unrelated to medicine! (Isn't this more terrible than what HAHNEMANN suffered. At least he had MELANIE as his 2nd wife and shifted to Paris in his last 10 years of fruitful life?) Dr. HAMER found impossible to continue his research. Having no finances, secretary or assistants he had to obtain CTs and other corresponding records with great difficulty. In 1986 a law court sentenced the University of Tübingen to continue the post-doctoral thesis proceedings of Dr. HAMER. But nothing happened until Jan 1994 when the Court passed a judgement on the University to validate Dr. HAMER's thesis. Such a judgement against the University was a unique process which had never happened before. Till today the author states it is not likely that the University of Tübingen will test the medicine on equivalent cases. Dr. HAMER expanded his system in 1987 to **5 Biological laws** covering all diseases based on the observations of 10,000 cases. He has stated in the last para that "National and International physicians and physician's associations are constantly testing it and verifying through signed documentation that it is correct."

Chapter 20 gives a list of references all mainly in German and few in English.

To summarize, this is a monumental book, but whose applications to Indian conditions is not yet tested and remains to be seen how our patients are made to fit into this new system of medicine. At places the book is very difficult to understand and it took me more than 2 weeks to go through this book of mere 117 pages. I'm thankful to Dr. SRINIVASAN to show me his original copy and

allowed me to make the Xerox of the same. Readers should contact Dr. SRINIVASAN for further information.

D.E. MISTRY

[It is upto us, the Homoeopaths who have been verifying every day and almost in every case the connection between the Psyche and Soma - Mind and Body - to take serious study of this so that people can be released from the clutches of Medical and Pharmaceutical Demons = KSS]

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2. Introduction to Chronic Miasms and Human Relationship (A Research Project with Cases and Comments) The Road Map for the Journey in real Homoeopathy, Dr.Ramanlal P. PATEL, published by the Dr.R.P. Patel Institute of Homoeopathy For Research and Education In Homoeopathy, Hahnemann House-Meissen, Athmajothi Ashram Road, Subhanpura, Vadodara—390023. Rs.250/-.

This book is 100% "hahnemannian". Dr.PATEL has, in explaining the importance of ascertaining the miasmatic load of a patient, called for references of HAHNEMANN and others of very high credentials whose books are all available to us for study. One has to read his Preface carefully and slowly to understand the nature of work before each one of us. The cure that we obtain will become much more.

Dr.PATEL writes that he has not noticed anywhere - and he has travelled all over the (homoeopathic) world - HAHNEMANN'S Theory of Chronic Diseases is taught on clinical and practical basis.

This is true, we have rarely read in the past few years even one case of chronic nature cured on the basis of the Chronic Miasms.

In the Chapter 'Road Map for Journey in Real Homoeopathy' PATEL quotes profusely from two/three 'sources': HAHNEMANN, KENT and J.H. ALLEN. We cannot but accept unhesitatingly that we have not studied the source books - the **Organon** and **Chronic Diseases**, except superficially.

Attention is drawn to §40 of **Organon** 6th edn. and more particularly to the Footnote wherein HAHNEMANN speaks of the original natural chronic disease and the new disease which is the result of previous suppressive treatments. It is undeniable that almost all the Chronic Diseases, which come to a homoeopath fall into this category; yet have we applied the **Organon** to those cases?

In the Chapter 'Introduction to Chronic Miasms' PATEL has given a very instructive diagrammatic chart of the classification of chronic diseases by

HAHNEMANN; it is well worth careful study and picturised in memory.

This Chapter is followed by Chapter on the Psora Miasm. The Miasm and its manifestations, identification and treatment are all explained very well.

The quote from the **Chronic Diseases** given at the end of this Chapter is well-worth given herein: "Let us see what HAHNEMANN has to say. He writes "The cure of an old Psora that has been deprived of its eruption, whether it may be latent and quiescent or already broken out into chronic disease, can never be accomplished with *Sulphur* alone, nor with Sulphur-baths, either natural or artificial. Here I may mention the curious circumstance that in general - with the exception of the recent itch-disease still attended with its unrepressed, cutaneous eruption, and which is so easily cured from within - every other psoric diathesis, i.e., the Psora that is still latent within, as well as the Psora that has developed into one of the innumerable chronic diseases springing from it, is very seldom cured by any single antipsoric remedy, but requires the use of several of these remedies - in the worst cases the use of quite a number of them - one after the other, for its perfect cure."

Next Chapter is on the Sycosis Miasm which is followed by the Syphilis Miasm.

In the following Chapters the treatment of the chronic miasmatic diseases is described.

Chapter IV is on Human Relationship and Chronic Miasm. The possible complications that may arise of marriage between boy and girl with different load of miasm - Psora with Sycosis, Sycosis with Syphilis, etc. are considered and how with Homoeopathy we can obtain good relationships.

Chapter V - Cases and Comments. Here the author gives cases repertorized in the 'normal' method, 'RUPS Method', 'Miasmatic method'. Eleven Cases have been chosen from the 'old masters' right from HAHNEMANN, KENT, PASCHERO, HARVEY FARRINGTON, TYLER, JOHN WEIR, etc., worked out on the 'Kentian Computer Programme'.

Dr. PATEL does not merely theorise in this book. He himself suffered from a chronic disease which was fatal and he got himself cured with the help of homoeopathic anti-miasmatic treatment. And that was 40 years ago. What greater proof do we need?

The publication is strongly recommended to **all Homoeopathy** practitioners.

K.S.SRINIVASAN

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"An Excerpt From "Some Clinical Experiences of Erastus E. CASE", Van Hoy Publishers, USA.)

"A fleshy, brown haired German widow aged sixty years has had chills and fever for four weeks, anticipating tertian, gradually becoming quotidian. *Natrum muriaticum* seemed clearly indicated. Under its influence the chills lessened in severity, the patient regained strength and felt quite comfortable, but every day at 10 a.m. she has just a shiver, followed for a short time by a flush of fever. Why is this?

Intermittent fever in most instances, almost invariably in persons who have for a few years been under good homoeopathic treatment, can be cured as easily and effectually as any other disease. But the complicated cases discourage the physician and may drive him, if he cares more for money than principle, to all sorts of expedients to "stop those chills," as the patient demands shall be done.

The physician's duty is to study his patient, to find the impediment which hinders the action of the remedy, and to remove it. *Sulphur*, *Silicea*, *Calcarea*, or some other constitutional remedy may be needed.

Perhaps one of the Miasms is present requiring *Psorinum*, *Tuberculinum*, *Syphilinum* or *Medorrhinum* to remove it. It may be the effect of some former acute disease, which was improperly treated. In one of my patients the obstacle was removed by *Gelsemium*, which should have been given her for Cerebro-Spinal Meningitis, which the patient had several years before, treated allopathically, and from which she did not make a good recovery. The symptoms of the fever did not call for *Gelsemium*, but the patient's history did call for it, and *Gelsemium* cured her.

In the present patient the search for the impediment was in vain. Knowing that her husband had been an officer in the German army, and that she had borne him only the one child, Sycosis was thought to be the possible cause.

Thuja 2c B. & T., one powder.

The result was fine. She skipped the chill on the next day. On the second day she had a severe chill of the *Natrum muriaticum* type, and good health followed. That was nine years ago, and the chills have not returned."

Table No.1
FILE No.990

PATIENT No. 1. MALE, AGE 4 9. (B.G.)
Specimen: Urine, age 2 days

Date of test: 1.17.57

| Amino acids | Urine findings in mg/100mJ | | | | Significant for |
|---------------|----------------------------|--------|--------------|--------------|---|
| | Normal average | Normal | Above Normal | Below Normal | |
| Alanine | 83 | | | 33 | Intermediate carbohydrate metabolism lowered |
| Arginine | 31 | | 50 | | Synthesis of hormone, proteins increased, usually a liver symptom. |
| Cystine | 89 | | | 17 | Detoxification low, pancreas function low. |
| Glutamic acid | 300 | | | 200 | Detoxification lowered. |
| Glycine | 483 | | | 300 | Bile-choline lowered. |
| Leucine | 23 | | | 5 | Enzymatic efficiency low (digestive system) |
| Lysine | 86 | | | 10 | Dietary deficiency, sometimes connected with growth disturbance and bone trouble. . |
| Phenylalanine | 25 | Abs. | | | Thyroid and adrenal imbalance, anemia. |
| Tryptophane | | Abs. | | | Niacine and vitamin A deficiency anemia |
| Proline | 45 | Abs. | | | Tissue turgor low. |
| Threonine | 54 | | | 33 | Anabolism inefficient. |
| Tyrosine | 50 | | | 33 | Thyroid and adrenal imbalance, anemia |
| Valine | 24 | | | 10 | |
| Total # 16 | Normal Absent | 3 3 | 1 | 9 | Factor X: w. |

Table No.2

FILE No. 1039

Specimen: Urine, age 6 days

Date of test: 2.14.57

| Amino acids | Urine findings in mg/100ml | | | | Significant for |
|------------------|----------------------------|----------------|--------------|--------------|--|
| | Normal average | Normal | Above Normal | Below Normal | |
| Alanine | 83 | | | 33 | Intermediate carbohydrate metabolism lowered |
| Arginine | 31 | norm. | | | Synthesis of hormone protein normal. |
| Aspartic acid | 134 | | | 83 | See alanine. |
| Cystine | 89 | | | 17 | Detoxification of liver low, pancreas low -tubular damage? |
| Glycine | 483 | | | 300 | Bile-choline function lowered. |
| Leucine | 23 | | | 10 | Enzymatic efficiency of the digestive system reduced. |
| Lysine | 86 | | | 30 | Dietary deficiency, excretion of organic acids favored. |
| Methionine | 8 | norm. | | | Normal (fat metabolism). |
| Phenylalanine | 25 | | | 17 | Thyroid-adrenal imbalance, slight. |
| Tryptophane | | | | | Insignificant findings. |
| Proline | 45 | abs. | | | Tissue turgor low. |
| Tyrosine | 50 | | | 33 | Thyroid-adrenal imbalance. |
| Total #16 | Normal Absent | 6 1 | 0 | 8 | Factor X: m. |

Table No.3

FILENo.1085

Specimen: Urine, age 4 days

Date of test: 3.11.57

| Amino acids | Urine findings in mg/100ml | | | Significant for | |
|---------------|----------------------------|--------|--------------|-----------------|---|
| | Normal average | Normal | Above Normal | Below Normal | |
| Alanine | 83 | | | 33 | |
| Arginine | 31 | | | | |
| Aspartic acid | 134 | | | | |
| Cystine | 89 | | | 17 | Detoxification low, pancreas function low. |
| Glutamic acid | 300 | | | 200 | Slight detoxification reduction. |
| Glycine | 483 | | | 300 | Some bile-choline dysfunction. |
| Histidine | 240 | | | | |
| Leucine | 23 | | | 5 | Enzymatic efficiency of digestive organs low. |
| Lysine | 86 | Norm. | | | Normal-important improvement. |
| Methionine | 8 | | | | Normal, reduced importance of glycine findings. |
| Phenylalanine | 25 | abs. | | | Thyroid-adrenal imbalance. |
| Tryptophane | | abs. | | | Niacin and vitamin A deficiency. |
| Proline | 45 | abs. | | | Tissue metabolism and turgor low. |
| Threonine | 54 | norm. | | | Anabolism normal. |
| Tyrosine | 50 | | | 33 | Thyroid and adrenal imbalance. |
| Valine | 24 | | | 17 | See cystine. |
| Total #16 | Normal Absent | 6 3 | 0 | 7 | Factor X: str. |

Table No.4

PATIENT No. 2. MALE, AGE 16. (B.P.)

FILE No.931

Specimen: Urine, age 4 days

Date of test: 12.17.56

| Amino acids | Urine findings in mg/100ml | | | | Significant for |
|---------------|----------------------------|--------|--------------|--------------|---|
| | Normal average | Normal | Above Normal | Below Normal | |
| Aspartic acid | 134 | | 200 | | Liver and neurological symptom. |
| Cystine | 89 | | | 17 | Detoxification low, liver efficiency low. |
| Glycine | 483 | | | 300 | Bile-choline lowered. |
| Histidine | 240 | | 333 | | Dietary imbalance slight, not important in the male. |
| Lysine | 86 | | | 50 | Dietary deficiency, maintenance functions reduced, hyper-sensitivity. |
| Methionine | 8 | | 15 | | Liver congestion. |
| Phenylalanine | 25 | abs. | | | Adrenal and thyroid stimulus low. |
| Tryptophane | | abs. | | | Niacin and vitamin A deficiency. |
| Proline | 45 | abs. | | | Lymphatic tissue metabolism low. |
| Threonine | 54 | | 83 | | Liver symptom and nervous condition. |
| Tyrosine | 50 | | 75 | | Thyroid too strong and adrenals too low. |
| Total #16 | Normal Absent | 5 3 | 5 | 3 | Factor X: str. |

Table No. 5

FILENo.984

Specimen: Urine, age 4 days

Date of test: 1.14.57

| Amino acids | Urine findings in mg/100ml | | | Significant for | |
|---------------|----------------------------|--------|--------------|-----------------|---|
| | Normal average | Normal | Above Normal | | |
| Cystine | 89 | | | 40 | Improved but still lowered detoxification and susceptibility to infections. |
| Glycine | 483 | | | 300 | Bile-choline lowered. |
| Lysine | 86 | | | 50 | Dietary deficiency, indicates sometime growth disturbance and bone trouble. |
| Phenylalanine | 25 | abs. | | | Thyroid and adrenal imbalance. |
| Tryptophane | | abs. | | | Niacin and vitamin A deficiency. |
| Proline | 45 | abs. | | | Tissue metabolism and turgor poor. |
| Threonine | 54 | | 83 | | Liver symptom and nervous mal-adjustment. |
| Total # 16 | Normal Absent | 8 3 | 2 | 3 | Factor X: str. |

Table No. 6

PATIENT No. 3. MALE, AGE 35. (B.G.)

FILE No.989

Specimen: Urine, age 1 day

Date of test: 1.16.57

| Amino acids | Urine findings in mg/ 100ml | Normal | Above Normal | Below Normal | Significant for |
|---------------|-----------------------------|--------|--------------|--------------|---|
| Arginine | 31 | abs, | | | Synthesis of hormone protein low. |
| Aspartic acid | 134 | | | 100 | Intermediate carbohydrate metabolism imbalanced. |
| Cystine | 89 | | | 17 | Detoxification low, protection of liver low. |
| Glycine | 483 | | | 300 | Bile-choline low, pituitary function. |
| Lysine | 86 | | | 50 | Dietary deficiency. |
| Phenylalanine | 25 | | | 17 | Thyroid and adrenal imbalance. |
| Tryptophane | | | | | Insignificant change. |
| Proline | 45 | abs. | | | Tissue turgor low. |
| Threonine | 54 | | | 33 | Anabolism slightly inefficient. |
| Tyrosine | 50 | norm. | | | Thyroid normal, meaning that adrenal function is lowered. |
| Valine | 24 | | | 15 | See cystine. |
| Total # 16 | Normal Absent | 6 2 | 0 | 7 | Factor X: str. |

Table No. 7

FILENo.1060

Specimen: Urine, age 4 days

Date of test: 2.28.57

| Amino acids | Urine findings in mg/100ml | | | | Significant for |
|---------------|----------------------------|--------|--------------|--------------|---|
| | Normal average | Normal | Above Normal | Below Normal | |
| Arginine | 31 | | | 13 | Somewhat reduced efficiency of the synthesis of hormone protein. |
| Cystine | 89 | | | 17 | Reduced detoxification of the liver. |
| Glycine | 483 | | | 400 | Almost normal, pituitary function may be a little lowered. |
| | | | | 17 | Reduced efficiency of enzymes of digestive system. |
| Phenylalanine | 25 | | | 17 | Slight thyroid and adrenal imbalance with emphasis on adrenal function. |
| Proline | 45 | abs. | | | Tissue turgor and metabolism low. |
| Threonine | 54 | | | 45 | Within the limits of normal. |
| Tyrosine | 50 | norm. | | | Thyroid function normal. |
| Total # 16 | Normal Absent | 8 1 | 0 | 6 | Factor X: str. |

Table 8

PATIENT No. 4. MALE, AGE 60. (C.R.)

FILE No.1064

Specimen: Urine, age 3 days

Date of test: 2.28.57

| Amino acids | Urine findings in mg/100ml | | | Significant for | |
|---------------|----------------------------|--------|--------------|-----------------|--|
| | Normal average | Normal | Above Normal | Below Normal | |
| Alanine | 83 | | | 33 | Intermediate carbohydrate metabolism inefficient |
| Arginine | 31 | | | 13 | Synthesis of hormone protein lowered. |
| Aspartic acid | 134 | | | 83 | Intermediate carbohydrate metabolism reduced efficiency. |
| Cystine | 89 | | | 50 | Detoxification of liver lowered. |
| Glutamic acid | 300 | | | 133 | Perhaps slight kidney retention. Detoxification low. |
| Glycine | 483 | | | 200 | Bile-choline and pituitary function low. |
| Leucine | 23 | | | 5 | Efficiency of endocrine and enzymatic processes low. |
| Lysine | 86 | | | 40 | Dietary deficiency. |
| Methionine | 8 | abs. | | | Fat digestion and protection of liver poor. |
| Phenylalanine | 25 | abs. | | | Thyroid and adrenal imbalance low. |
| Tryptophane | | abs. | | | Niacin and vitamin A deficiency. |
| Proline | 45 | abs | | | Tissue turgor low. |
| Threonine | 54 | norm. | | | Anabolism normal. |
| Tyrosine | 50 | | | 25 | Thyroid and adrenal |

| | | | | | |
|-----------|--------|---|---|----|----------------|
| | | | | | imbalance low. |
| Valine | 24 | | | 10 | See cystine. |
| Total #16 | Normal | 2 | 0 | 9 | Factor X: m. |
| | Absent | 4 | | | |

Table 9

FILE No. 1116

Specimen: Urine, age 3 days

Date of test: 3.30.57

| Amino acids | Urine findings in mg/100ml | | | Significant for |
|---------------|----------------------------|--------|--------------|---|
| | Normal average | Normal | Below Normal | |
| Alanine | 83 | | 33 | Intermediate carbohydrate metabolism reduced but not significant in this case. |
| Arginine | 31 | | 25 | Synthesis of hormone protein slightly impaired. |
| Aspartic acid | 134 | norm. | | Reduced importance of alanine finding. |
| Cystine | 89 | norm. | | Reduced importance of alanine finding. Defenses normal. |
| Glutamic acid | 300 | | 133 | Detoxification still low. |
| Glycine | 483 | | 200 | Bile-choline still low; suggestive of a slight pituitary underfunction. |
| Leucine | 23 | | 10 | Enzymatic processes of digestive glands and mucosa inefficient. |
| Lysine | 86 | | 60 | Too close to normal to be |

| | | | | | |
|---------------|--------|-------|---|----|---|
| | | | | | significant in as much as histidine is normal. |
| Methionine | 8 | norm. | | | Fat metabolism and kidney protection normal. |
| Phenylalanine | 25 | abs. | | | Adrenal insufficiency. |
| Tryptophane | | abs. | | | Niacin and vitamin A deficiency, apparently functional. |
| Proline | 45 | abs. | | | Tissue turgor low. |
| Threonine | 54 | norm. | | | Anabolism normal which indicate that the leucine deficiency is with the catabolism rather than anabolism. |
| Tyrosine | 50 | | | 33 | Thyroid and adrenal insufficiency. |
| Valine | 24 | | | 17 | Insignificant in view of the corresponding cystine and threonine norm. |
| Total #16 | Normal | 5 | 0 | 8 | Factor X: v. |
| | Absent | 3 | | | |

Table 10

PATIENT No. 5. MALE, AGE 41. (L.E.)

FILE No.930

Specimen: Urine, age 2 days

Date of test: 12.16.57

| Amino acids | Urine findings in mg/100ml | | | Significant for |
|---------------|----------------------------|--------|--------------|---|
| | Normal average | Normal | Above Normal | |
| Alanine | 83 | abs. | | Intermediate carbohydrate metabolism inefficient. |
| Aspartic acid | 134 | | | 60 Intermediate carbohydrate metabolism inefficient. |
| Cystine | 89 | | | 17 Detoxification low, sugar metabolism low, sometimes a pancreas symptom. |
| Glutamic acid | 300 | | | 50 Detoxification of brain low, sugar metabolism low. |
| Glycine | 483 | | | 83 Bile-choline low. |
| Histidine | 240 | | | 100 Dietary deficiency, again sugar metabolism imbalance. |
| Leucine | 23 | | | 10 Endocrine and enzymatic inefficiency, a liver symptom. |
| Lysine | 86 | | | 50 Dietary deficiency, important because lysine controls all others. |
| Phenylalanine | 25 | | | 17 Thyroid and adrenal imbalance. |
| Tryptophane | | | | Niacin and possibly vitamin A |

| | | | | | |
|-----------|------------------|--------|---|----|--|
| Proline | 45 | abs. | | | deficiency. Tissue metabolism and turgor low. Lymphatic functions low. |
| Threonine | 54 | | | 17 | Anabolism inefficient, might eat a lot but not get what he needs. |
| Tyrosine | 50 | | | 33 | Thyroid and adrenal imbalance. |
| Valine | 24 | | | 5 | See cystine and threonine. |
| Total #16 | Normal Absent | 2 2 | 0 | 11 | Factor X: abs. |

Table 11

FILE No.990

Specimen: Urine, age 2 days

Date of test: 1.17.57

| Amino acids | Urine findings in mg/100ml | | | Significant for | |
|---------------|----------------------------|--------|--------------|-----------------|--|
| | Normal average | Normal | Above Normal | Below Normal | |
| Alanine | 83 | abs. | | | Intermediate carbohydrate metabolism inefficient. |
| Aspartic acid | 134 | norm. | | | Normal; reduces importance of the alanine finding. |
| Cystine | 89 | | | 17 | Detoxification of liver still low. Pancreas? |
| Glutamic acid | 300 | | | 133 | Detoxification of brain and sugar enzymatic process low, though improved. Much improved |

| | | | | | |
|---------------|------------------|--------|---|----|---------------------------------------|
| | | | | | bile-choline situation. |
| Leucine | 23 | | | 10 | Enzymatic inefficiency, stays. |
| Lysine | 86 | | | 60 | Still a slight dietary deficiency. |
| Phenylalanine | 25 | | | 17 | Unchanged. |
| Tryptophane | | | | | Insignificant finding. |
| Proline | 45 | abs. | | | Unchanged. |
| Threonine | 54 | | | 33 | Anabolism weak, improved. |
| Tyrosine | 50 | | | 33 | Unchanged, thyroid-adrenal imbalance. |
| Valine | 24 | | | 10 | See cystine. Slightly improved. |
| Total #16 | Normal Absent | 4 2 | 0 | 9 | Factor X: str. |

Table 12

PATIENT No. 6. MALE, AGE 42. (L.L.)

FILE No.999

Specimen: Urine, age 2 days

Date of test: 1.23.57

| Amino acids | Urine findings in mg/100ml | | | Significant for | |
|-------------|----------------------------|--------|--------------|-----------------|---|
| | Normal average | Normal | Above Normal | Below Normal | |
| Alanine | 83 | | | 33 | Intermediate carbohydrate metabolism somewhat inefficient. |
| Arginine | 31 | norm. | | | Normal, i.e., hormone synthesis normal. |
| Cystine | 89 | | | 17 | Detoxification of liver and protection of liver low, tubular damage possibly. |

| | | | | | |
|---------------|------------------|--------|---|-----|--|
| Glutamic acid | 300 | | | 83 | Detoxification very low, carbohydrate metabolism low efficiency. |
| Glycine | 483 | | | 200 | Bile-choline functions low. Sugar metabolism problems. |
| Histidine | 240 | | | 167 | Dietary deficiency, again points to sugar metabolism anemia. |
| Leucine | 23 | | | 10 | Anabolism inefficient. |
| Lysine | 86 | | | 25 | Dietary deficiency, reducing all other amino acid functions. |
| Methionine | 8 | abs. | | | Fat metabolism low, protection of kidney low, anemia. |
| Phenylalanine | 25 | | | 17 | Imbalance of thyroid and adrenal function, anemia. |
| Tryptophane | | | | | Anemia, otherwise not significant. |
| Proline | 45 | abs. | | | Tissue metabolism and turgor low. |
| Threonine | 54 | | | 10 | Anabolism inefficient. |
| Tyrosine | 50 | | | 40 | Thyroid and adrenal imbalance. |
| Valine | 24 | | | 17 | See cystine threonine. |
| Total #16 | Normal Absent | 2 2 | 0 | 11 | Factor X: ft. |

Table 13

FILE No.1212

Specimen: Urine, age 2 days

Date of test: 5.12.57

| Amino acids | Urine findings in mg/100ml | | | Significant for | |
|---------------|----------------------------|--------|--------------|-----------------|--|
| | Normal average | Normal | Above Normal | | Below Normal |
| Alanine | 83 | | | 33 | Intermediate carbohydrate metabolism. Reduced efficiency. |
| Aspartic acid | 134 | | | | See alanine. |
| Cystine | 89 | | | 17 | Detoxification and protection of liver low. Kidney damage? |
| Glutamic acid | 300 | | | 200 | General detoxification slightly reduced. |
| Glycine | 483 | | | 200 | Bile-choline function lowered. |
| Histidine | 240 | | | 167 | Dietary deficiency; sugar metabolism imbalance; anemia. |
| Leucine | 23 | | | 10 | Enzymatic efficiency of the digestive glands reduced. |
| Lysine | 86 | | | 40 | Slight dietary deficiency. |
| Methionine | 8 | abs. | | | Fat metabolism low; anemia; kidney protection low. |
| Phenylalanine | 25 | | | 17 | Imbalance of adrenal and thyroid function. |
| Tryptophane | | | | | Anemia; otherwise |

| | | | | | |
|------------|------------------|--------|---|----|-------------------------------------|
| | | | | | insignificant findings. |
| Proline | 45 | abs. | | | Tissue metabolism and turgor low. |
| Threonine | 54 | | | 33 | Anabolism lowered, see leucine. |
| Tyrosine | 50 | | | 33 | Thyroid and adrenal imbalance. |
| Valine | 24 | | | 10 | See cystine, leucine and threonine. |
| Total # 16 | Normal Absent | 1 2 | 0 | 12 | Factor X: faint. |

OBITUARY

Dr. R.P.DEY, Father of Dr. M. DEY expired on 6.2.07 at 10.50 p.m. at the age of 77 years after a mild illness at his residence at Barasat, West Bengal. He was born in the village of Abhayanagar, in present Bangladesh. He came of a very poor family.

He was a self-taught and a staunch homoeopath and did many miraculous cures. Kent's Materia Medica, Philosophy and **Organon** (all in Bengali) were his favourite books.

He was honest, simple and a dedicated homoeopath.

May the departed soul rest in peace.