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

Adyaya I Brahmana 3 Mantra 28
Brhadaranyaka Upanishad

(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. Compilation, translation, publication by Dr.K.S.Srinivasan, 1253, 66th Street, Korattur, Chennai - 600 080, India.)
CONTINUING HOMŒOPATHIC MEDICAL EDUCATION SERVICES

QUARTERLY HOMŒOPATHIC DIGEST

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Part I Current Literature Listing

Part I of the journal lists the current literature in Homeopathy 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. The Simillimum concept: Understanding Aphorisms 275 & 276
   LASHKOVA, Zara (SIM. XXI, 2008)

   The whole conceptual meaning of the term simillimum in Homeopathy is still improperly and poorly understood.

   With reference to § 275 & 276, the author concludes that the simillimum is an integration of four major concepts.
   1. The similar remedy
   2. The similar potency
   3. The similar dose
   4. Proper frequency of repetition [Repetition if called for = KSS]

   An interesting article.

2. Homœopathy and Jungian Psychology: Kindred spirits
   NOSSAMAN, Nick (AJHM.100, 3/2007)

   There is a substantial resonance between Jungian psychology and homœopathic medicine. In the latter, we seek to understand the patient in his or her totality by virtue of individualizing features, which guide us to the similar medicine. Likewise in Jungian psychology, the symbolic language of the unconscious – such as is revealed to us in dreams, active imagination and synchronicity – is a reflection of the aspects of the individual still to be discovered. The goal is the same: realization of the potential of each individual patient in terms of physical functioning and psychic expression. This paper addresses the complementary nature of these disciplines in some depth, by way of exploration of the topic of suffering, the mirror as metaphor and alchemical correlates.

3. Proving, Phenomena and Practice
   The evolution of Homœopathic knowledge
   PITT, Richard (AJHM.100, 3/2007)

   Knowledge of Medicines is an essential part of our homœopathic process. Homœopathic provings have been the cornerstone of our methodology to ascertain a knowledge of medicines. Verification through clinical experience has been the other significant form of our development of knowledge. Experience confirms the validity of provings and takes the knowledge into living three dimensional reality. It is testament to Hahnemann’s genius that homœopathic provings and clinical verification, in attaining a “knowledge of medicinal powers” is as valid today as in his own time.

   However, it can be argued that there are other ways to develop our knowledge of medicines and that both homœopathic provings and clinical experience have certain inherent problems, especially if relied on exclusively. Other, more phenomenological methods of attaining medicinal knowledge have been discussed in recent years, creating much debate in the profession. This article seeks to explore the issues around this debate and to find a reasonable balance in our onion endeavor to explore the knowledge of medicinal powers. It argues that a combination of different forms of “knowledge” gives the most confidence in developing our understanding.

4. Miasms: Energy Forces observed by facial features
   BENTLEY Grant (AJHM. 100, 4/2007)
There is too much of assumption and opinion in this article. The author says that Miasms Influence pathology, facial structure, behavior and outlook; therefore know the Miasms of the patient by the patient’s facial structure. Sample sketch diagrams are given.

The author argues for repetition of a remedy for several days, weeks, months! He says “Too many homeopaths, myself-included, have been misled by the ‘single dose and wait’ policy. Obviously HAHNEMANN saw great benefits in the continuous repetition of the medicine; otherwise the LM potency scale would not have been devised.”

[How is it obvious? Irrespective of what any one has said a repetition is called for only when called for by the case in question = KSS]

5. Miasmen, zwischen Wahn und Realität (Miasms, between Delusion and Reality)
   METHNER Roland (ZKH. 51, 3/2007)

   This is a brief study on ‘Miasms’. The author discusses Miasms as propounded by HAHNEMANN (3 Miasms) subsequently expositioned by J.H. ALLEN (4 Miasms, inductive method), ORTEGA, (3 Miasms) MASI-ELIZALDE, SANKARAN, VIJAYKAR (all deductive method), JUS, (4 Miasms) GIENOW (6 Miasms). These Miasm Schools differ from each other in fundamentals. As much deep one studies these authors so much complicated they are.

   The author has made a study of 250 cases over the years and also the connection with Cancer. He felt that the fact lies between J.H. ALLEN and HERING. While Miasm knowledge will help to recognise specific connections between certain infectious diseases and other diseases, the majority of the current authors’ are only their personal observations, fantasies, unproved opinions and inadmissible analogies. An exact verification in this matter is the need now.

6. A study of suppression, Disease and Healing
   POTDAR, Swapna (CCR. 15, 1/2008)

   Suppression can happen in many forms.
   a. An individual may himself suppress his cravings, desires, aversions, emotions, needs and thoughts. This may be due to his fear of losing his image from a conflict of (sycotic) or out of possible consequences (Psoric)
   b. A strong thought which is unexpressed.
   c. Orthodox thinking – suppression at family level.

   Every suppression will have the equal and opposite repercussions elsewhere. (Newton’s Law)

   The suppression of local symptoms, which are manifestations of the inner general disease, affects the inner more vital organs. This confirms a Law in physics – Energy cannot be created or destroyed. It can only be converted from one form to another.

   In §203, HAHNEMANN writes, “this pernicious external mode of treatment, has been the most prolific source of all the innumerable chronic maladies under which man groans.

   Doctors and patients are unreasonably gratified by the disappearance of the local symptoms.

   Homeopaths can cause suppression by focusing on a single symptom without understanding the central disturbance; by giving too many doses of a medicine; wrong potency and even poly-pharmacy.

   Good knowledge of miasms help us to understand the central disturbance better and with correct homœopathic treatment, the susceptibility to the miasms reduces and the subsequent generations are greatly healthier in mind and body.

   This will reduce the crime rate significantly, help the mankind to progress positively and make the earth a much better place to live in.

   We need to be careful, responsible and conscientious when practising Homœopathy.

   A case has been analysed miasmatically and the readers are suggested to suggest rubrics, remedy and potency.

7. Intuition in der Medizin
   (Intuition in the Medicine)
   NAGER Frank (AHZ, 252, 4/2007)

   The significance of intuition in Medicine is inquired in the light of its historical development and its philosophical classification. The role of “raison de la mathématique” is valued and confronted with the “raison du cœur”.

   Conventional Medicine will find its perceptions in a causal, analytical way, trusting in the delusion of measurability. But the alternative Medicine is also one-sided in its own way too, not properly taking into consideration the rational. In Medicine all the four functions of Mind are required: Intellect, Emotion, Sensation and Intuition. Only a good combination of these ingredients will widen the technique of Cure to the Art of Healing.

8. Der Archetyp des Spiegels – Beobachtungen über die Natur von Heilung (The Archetype of Mirror – Observations about the nature of Cure)
NOSSAMAN Nicholas (AHZ. 252, 4/2007)

To this day no one knows with certainty what mechanism is responsible for the healing that takes place when the similar remedy is prescribed successfully in Homœopathy. HAHNEMANN himself acknowledged that: 1. It is unknown, and 2. It is not necessary that it be known for us to have success in prescribing. Nonetheless, he made his own proposal for the mechanism involved. In that spirit of Inquiry this paper explores this topic further, using the metaphor of mirror. Besides its applicability in describing the mode of healing which takes place in Homeopathy, the metaphor is expanded in relation to successful healing experiences in general, incorporating concepts from general systems theory and references to a wide variety of other fields. Jungian Psychology and Dream analysis, Native American healing ceremonies, literature (including the Bible) and Mythology are all touched upon in the Inquiry. In addition, the nature and attributes of the Vital Force, as described by HAHNEMANN, are discussed.

9. Homœopathie- Eine Frage des Stils
   (Homœopathy – a question of Style)
   APPELL Rainer G (AHZ. 252, 4/2007)

Thomas S. KUHN explained anew the term ‘Paradigm’ in his work “The Structure of Scientific Revolutions”. Homœopathy claims to have overcome the disputes about Paradigm. In the light of Ludwig FLECK’s work, the concept of mode of thinking and collective thinking recurs instead. Like the conventional Medicine Homeopathy has its own mode of thinking which should be developed conscientiously. Mutual tolerance is called for.

10. Conceptions of health, illness and treatment of patients who use homeopathy in Santos, Brazil.
    JUSTO Patriani CM & Gomes Mara H dé Andrea (HOM. 97, 1/2008)

Objective: To investigate the conceptions of health and illness, the reasons for seeking Homœopathy and continuing treatment, compliance and the meaning of the relationship between religiosity and health for patients who adhere to homeopathy.

Methods: A qualitative study of 20 adult patients in Santos (Brazil) treated by homeopaths in the public and private sector for at least 2 years. Semi-structured interviews, organized by predefined thematic categories, the content of the interviews was analyzed.

Results: The conceptions of health and illness of the interviewed patients are related to the idea of vital balance/imbalance mediated by body-mind interaction. Dissatisfaction with conventional treatment, family influence and suggestions of others were the reasons for seeking homœopathic treatment. Patients continued homœopathic treatment due to positive therapeutic results, cure without being aggressive to the organism, the holistic integrated approach, the preventive nature of the treatment and low prices of medicine. For these patients, the availability of Homeopathy in the public health sector extends the possibility of access. The need for a wider dissemination of Homeopathy and the difficulties in following the prescription are the main problems involved in continuing treatment. Faith is an important component. We found a correlation between the conceptions of health and illness and the principles of Homeopathy, assimilated through a strong bond between patients and the homœopathic practitioners.

Conclusion: To investigate the beliefs, values and meanings that patients attribute to Homœopathy helps to understand subjective aspects that may interfere with treatment compliance.

11. Truth, proof and evidence Homœopathy and the medical paradigm
    SWAYNE Jeremy (HOM. 97, 2/2008)

The study and practice of medicine, in its most personal and intimate functions, its most sophisticated scientific and technological manifestations, and its philosophical and ethical ramifications, are central to our understanding of the human condition. Homœopathic medicine: its insights, the questions that it begs, and the scientific and philosophical challenges it presents, has a significant contribution to make to this process.

To be actively and seriously engaged with Homeopathy is an adventurous undertaking. It is to be engaged in exploring both human nature and the nature of the world we inhabit. And in that process we are also engaged in the pursuit of truth and the exploration of reality.

This paper deals first with the layout of the playing field on which Homœopathy has to compete to be taken seriously. It then discusses three concepts: reality, truth and knowledge, which are objectives for which we strive and principles that guide us in that striving. In the third part it introduces the concept of ‘personal knowledge’ as an essential ingredient of scientific discovery and the pursuit of truth. And finally it proposes that the homœopathic community in general, and the Faculty of Homeopathy in particular, must expand its vision...
with a definition of a new paradigm, the new model of healthcare and medical science to which the vision aspires.

12. Treating Leick with like: response to criticisms of the use of entanglement to illustrate Homeopathy
   MILGOM Lionel R (HOM. 97, 2/2008)

   In criticizing papers which recently appeared in Homeopathy, Leick claims that no doubts blind randomized clinical trials (DBRCTs) show that Homeopathy is efficacious, and that specific effects of substances diluted beyond Avogadro’s limit are implausible. He states that generalized entanglement models should be able to improve the design of experiments to test ultra-high dilutions, and disparages the authors’ understandings of quantum physics. The paper responds to those criticisms. Several DBRCTs have shown that Homeopathy has effects which are not due to placebo and these are now supported by preclinical work. This area of theory is in its infancy and it is unreasonable to expect it to have generated experiments at this stage. The authors have used accepted interpretations of quantum theory: Leick’s view is colored by skepticism concerning Homeopathy.

   WALACH Harald (HOM. 97, 2/2008)

   Most debates in science and the humanities that cannot be settled are not about truth, nor about data, but about beliefs and world views. Philippe Leick’s comment on entanglement models of Homeopathy are a good example. Because of this, no argument, however convincing to some, will settle that debate. The only thing that can resolve it is a large cultural shift. My own ideas about non-local models, for a whole category of possibly similar events of which Homeopathy is but one example.

II. MATERIA MEDICA

1. Proving of *Rhodium metallicum*
   LUCAS, Joy (SIM. XXI, 2008)

   Three - Two Female and one male – Provers participated in the Proving with 30, 200, 1M potencies.

   Important Themes: A shift in perception; Money; Assertivenesses. Emotional reactions of sympathy, anticipatory but calm; thoughts of mortality, feeling of being healed, Lacking interest in others. Calm versus Chaos – Internal dialogue about this.


   The details about the metal, its use in ancient time, and then Jan SCHOLTEN’s and Peter TUMMINELLO’s views are given. No cases as verification of the symptoms obtained from the Proving, has been given. [There is more mysticism than “facts”, as is common with several modern provings”. The actual proving data should have been given. Interpretation by the author is not called for = KSS]

2. Spiders – Suspended between Earth & Sky
   FRASER, Peter (SIM. XXI, 2008)

   Though the various spider remedies are very similar, each one of them is precise in its action. To find the right remedy we need to know well the features that are general to the spiders, so that we can see more clearly the unusual characteristic to find the particular spider needed.

   2. Hypersensitivity – physical and emotional
   3. Great restlessness. → physically chorea and twitching
   4. Very chilly, generally worse for cold and damp and better for warmth
   5. Secretive as well as attracting attention
   6. Aversion to solid food; sensitivity to smell.
   7. > From smoking
   8. Hypochondriasis and cunningness

   [The author could have substantiated all these with the ‘Proving’ symptoms. As it is, they all seem to me only opinions and imaginations fertile. This article is in true with the current “innovations”. Homeopathy rests on facts. = KSS.]

3. The efficacy of *Coffea cruda* on Insomnia:
   A double blind trial
   KOLIA-ADAM; E. SOLOMON, J. BOND, & M. DEROUKAKIS (SIM. XXI, 2008)

   Insomnia is defined as inadequate sleep intake due to difficulty falling asleep, difficulty staying asleep, waking too early and not being able to get back to sleep. In industrialized nations between 30% - 40% of individuals suffer from at least occasional periods of sleep disturbance. The
significance of sleep lies in its impact on the central nervous symptom as extended periods without sleep result in disturbances in mental function.

The remedy used in this study was *Coffea cruda* 200c. Although there is some research evidence that it has an effect on the sleep of animals, there is no research on its effect on humans.

The aim of the study was to determine the efficacy of the homeopathic remedy *Coffea cruda* 200c in the treatment of insomnia characterized by a difficulty in falling asleep due to nervous excitability and a flow of ideas. The quality of sleep was assessed in terms of duration of sleep and improvement in sleep pattern. The study was a double-blind placebo-controlled study, which lasted for four weeks. A total of thirty participants meeting the inclusion criteria were recruited by means of advertisements. At the initial consultation participants were presented with information on the study and were requested to sign a consent form as well as complete a questionnaire. A homeopathic pharmaceutical company blinded the study, so that when the participants selected their 50ml bottle of medication, they automatically allocated themselves to the experimental or placebo group. Participants were also requested to complete a sleep diary every morning and follow-up visits were conducted on the second and fourth week of the study.

All results were compared with the initial assessment and changes were recorded. Data were analyzed according to the General Linear Model, Mann-Whitney Test, Cross Tabulation, Fisher’s Exact Test and Regression Analysis.

It was found that the experimental group (*Coffea cruda*) reported an increase in sleep duration (p = 0.003) to a greater extent than did the placebo group (0.007). Improvement in sleep pattern elicited by the experimental group yielded a p-value of 0.002 compared with that of the placebo group (p = 0.011). Therefore, on both parameters, the homeopathic group fared better than the placebo group. This study serves as a point of departure for other studies wishing to examine the effect of homeopathic remedies on insomnia.

4. Hahnemann’s Pharmacography

An examination of our primary Materia Record DIMITRIADIS, George (AJHM. 100, 3/2007)

Our written record of provings originated with HAHNEMANN, and whilst the value of his works on Materia Medica may be measured by the subsequent success and growth of Homeopathy, which itself relied on their accuracy, it is remarkable to observe much of this work is now largely unfamiliar to the present-day homoeopath – teacher, student, and practitioner alike. This striking deficiency, coupled with the seeming profusion of more modern (more or less speculative) Materia Medica, which themselves introduce considerable errors of omission, translation, interpretation, and extrapolation, together provide the necessary stimulus for our present article wherein we examine the pharmacography of HAHNEMANN and show the unsurpassed quality, even to this day, of that work.

5. Ein Charakteristikum von *Cocculus indicus*?
   (A characteristic of *Cocculus indicus*)
   HOLZAPFEL Klaus (ZKH. 51, 3/2007)

Two cases which share a peculiar modality, were cured by *Cocculus*. The symptom was: difficulty in protruding out the tongue. The symptom seems to be a characteristic. The author has made a thorough study of the BBCR, Boeninghausen, Boger, Phatak and the Proving symptoms.

   SEUL Brigitte (AHZ. 252, 4/2007)

The remedy *Hydrocyanic acid* was introduced in Homoeopathy as early as 1826, but it is still little known. It has a small number of indications in attacks of suffocation, convulsions and collapse and can be of great benefit in cases of emergency. The essential information about this remedy are summed up here. A case report is given.

7. *Homarus gammarus* – Eine Kasuistik
   *Homarus gammarus* – A Case
   KOLLER-WINKING Anna
   (AHZ. 253, 3/2008)

A case report of a child showing many symptoms of *Calcarea* in which the curative remedy was *Homarus gammarus*. This remedy belongs to the ‘sea remedies’. Allergy to milk and the need for “super-human” protection are the most important criteria for the prescription. Much knowledge is obtained from Massimo MANGIALAVORI.

*Homarus gammarus* was proved by A.CUSHING. However hitherto, this remedy has been used only in respect of milk allergy. Thanks to Dr. Massimo MANGIALAVORI many clinical
symptoms have been added as specific for this remedy. The ‘themes’ are:

- Distance
- Inability to stand on his own
- Immature
- Weakness
- Super-human protection
- Secure surrounding
- Spastic retraction
- Burning pains
- Cramping sensation
- Swelling
- Milk
- Motion
- Water
- Allergy
- Blistery eruption

[In so far as the Materia Medica is concerned we do not find the ‘proving’ symptoms; the above symptoms of Dr. Massimo appear to be based on his vast experience. = KSS]

7. Norwegian Proving of *Rosa canina*
   HAUKAAR Karine (HL. 19, 4/2006)

   Detailed ‘Proving’ symptoms have not been given.
   There is a ‘summary’ of ‘Mind’ and ‘general’ symptoms [without the full data of ‘proving’ there is no purpose in publishing this article = KSS].

8. *Erbium metallicum*
   SCHOLTEN Jan (HH. 33, 5/2008)

   **Case 1:** A man has fatigue problems. He needs a lot of sleep. He is not assertive in contacting people. He feels not recognized. He had a kind of depression inherited from his mother and grand mother.

   *Erbium metallicum* 200 given. The Lanthanides are indicated by his aversion to authority and his philosophical attitude. *Erbium* not interested, not motivated, not assertive. As a reaction he was very irritated for a day by a colleague who had to borrow his Laptop. 4 years later, he is still doing well.

   **Case 2:** A man of 25 years of age has had a heroin addiction for 6 years. Before that he used Cannabis for 5 years, from age 14 to 19 years. He has a wall around him. He had only one good friend. He never complained much even if he fractured his wrist. He is romantic and sensitive, timid, loving. He has tremendous compassion. He could violate his father’s trust by stealing money and buying alcohol, but he never did that to his mother. He likes music very much.

   The nurses and doctors in the hospital gave his mother Pethidine without her permission just saying “Oh this is good for you” and then giving her the injection. It made her numb, particularly her legs so that she could hardly walk from one ward to the other. She felt foolish and was talking rubbish. She was angry but did not show it because of the power situation in the hospital. The labor was very intense because they made her push 3 times instead of 2. She felt rushed and hurried, as if she would burst or explode. The labor was short. He was borne quickly in ½ hour.

   He was fed every 4 hours instead of 3 as the hospital regime was every 4 hours. As he was exhausted he became a bottle fed baby. At the age 2 he retreated and regressed when his brother was born.

   When the mother heard the song “Comfortably numb” from the album “The Wall” her mind went straight back to the same feeling as during birth: powerless and numb. She felt nauseous and uncomfortably numb.

   Lanthanides: Precocius, sensitive, compassionate (with birds) self willed.

   *Erbium:* Irony, distant, no contact, favoile pink Floyd.

   After 3 years, is still off the heroin and has worked for 3 years. He is in a rehabilitation programme for heroin deaddiction.

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III. THERAPEUTICS

1. A woman at odds with her husband
   HATHERLY Patricia (SIM. XX1, 2008)

   A woman in an extreme state of nervous prostration consulted for the distress due to the disappointment in her second marriage. Felt pathetic and childish. Impulse to hit in anger. Felt abandoned by her second husband. Indignation from being blamed. Resentment towards husband. Desires meat and salty food. Dizzy, nauseous with ringing in ears. Cheated when a business was bought for livelihood. Loves the independence of the female lions. *Lac leoni* 200. A month later much stressed out due to worsening business situation. Guilt feeling. *Lac leoni* 1M.

   4 months later, business sold. Lost money, but out of problems; working as a massage therapist.

   9 months later – Exhausted from long hours of work. Feeling empty, lost and angry. Constant
burning feeling in solar plexus. Poor sleep. Desire to drink lot of water.

\textit{Lac leoni} 1M.

5 months later: Gave up massage work. Decided to work as a medical representative. Still hanging on to marriage. Feels positive about future.

10 months later: Walked away from marriage six months ago. Currently working in real estate. Feels free and happy.

[It would have been useful if the relevant “Proving symptoms of \textit{Lac leoni} were furnished to justify the prescribing. “Stories” do not make a Materia Medica. What was the pathology of this patient? Has she been cured?] = KSS.

2. Approach and Methodology in Drug Dependent Asthma

BANERJEA, Subrata K. (SIM. XXI, 2008)

In drug dependent cases of Asthma, Migraine, Hypertension, etc. it is very difficult to get a clear picture of the case. The artificial chronic disease is superimposed on the original natural disease (§ 91), therefore symptoms are contaminated or suppressed and the patient cannot give a clear picture of modalities. In these cases medicines must be based on the local symptoms.

Experience shows that after approximately 50% weaning from the Conventional medicine, suppressed symptoms will resurface and then a prescription can be made.

Indications of eight homœopathic bronchodilators used to wean patients off conventional medication are given. \textit{Amyl nitrosum, Aralia racemosa, Aspidosperma, Blatta orientalis, Eriodictyom glutinonum, Cassdia sophera, Pothos foetidus} and \textit{Solidago virga}.

Approach B: Non suppressed cases: cases with clarity of symptoms.

1. Miasmatic Totality – Ascertain the surface miasm
2. Assess the Totality of symptoms + Essence (should include gestures, postures behaviors etc) + Keynotes and PQRS of the case and formulate the indicated remedy
3. Ensure the indicated remedy covers the surface miasm
4. Administer the remedy which encompasses the miasm as well as the totality of symptoms.

3. Case of Asperger’s Syndrome

SHANNON Tim (SIM. XXI, 2008)

Salvatore, 10 year-old boy with difficult birth. Walked at 17 months, talked at 3 years. Still immature speech. Diagnosed with Auditory Processing Dyslexia. Anxious, counting things, obsessive about rearranging things, very cautious. Loves frogs. Sensitivity to noise, biting clothes. \textit{Bufo rana} 200, 3 doses 12 hours apart.

2 months later: Initial aggravation in behaviour for 10 days and then better. Wrote a note without mistakes. Obsessiveness decrease. Mingles with others. \textit{Placebo}.

One month later: Not biting clothes. Defiance and obstinacy much decrease. \textit{Placebo}.

Over the next 12 months, he progressively improved. Another dose given when there was relapse. Was found to be maintaining the improvement and well when seen several years later. Charts indicating the progress are given.

4. Twins: Identity and Duality – A case for \textit{Alumina}

TICEHURST Tim (SIM. XXI, 2008)

Tyler, 5 years, one of the identical twins consulted for dry tickling cough and a crusty nose. \textit{Rumex crispus} 30. Cough and crusty nose disappeared. His moodiness increased. Much more affectionate. Café-au-lait appearance. Moles removed. Mother benefited from \textit{Carcinosin} so \textit{Carcinosin} 200. A month later, he developed a strange tic, which was there for a while 2 years ago. Aggressive, violent. Gestures of brushing the face with hands, silly. \textit{Hyoscyamus} 200. No improvement. Now he seemed ‘lost’. This was analysed as confusion of identity and idea of duality from the standpoint of being a twin. \textit{Alumina} 200.

Next day tic is gone. Two weeks later, unusual behaviour reducing. \textit{Alumina} 1 M. – Sulky behaviour disappeared. No aggression. Playing with friends. 4 months later Tics relapsed. \textit{Alumina} 1M.

One month later Tics persist. Blind in left eye. Vision score 20/220. Eye doctor advised patching the better eye. \textit{Alumina} covers loss of vision. He was better in general. \textit{Alumina} 10M. Vision improved from 20/220 to 20/30 in few months. He is focused, eager to learn, has real confidence.

5. Treating Hay fever

THOMPSON, Michael (SIM. XXI, 2008)

In 2001 & 2002, the author used combinations of mixed grasses, mixed pollens, mixed weeds and...
shrubs and mixed free pollens together in 30 & 200c.

In 2003, mixed moulds were added to the combination and was called stop and prevent Allergy formula in 30 & 200 potencies.

Another combination remedy containing 27 homœopathic remedies was also used. [How has this article been accommodated in a journal of homœopathics? Where is Homœopathy in this? The combination of several (27 now) pollens and moulds may fit into some other therapeutic methods; merely because of Řpotentising Ř, it does not qualify to be Homœopathy. It is an insult to HAHNEMANN. Moreover, the article contains paragraphs giving all details of the clinic and other facilities offered by the author is also improper. The author calls himself a ‘Classical homœopath’!] The article is worthless for a genuine homœopath = KSS]

6. A case of Menstrual haemorrhaging.
   MEISSNER, Julek (SIM. XXI, 2008)


   Problems began 3 years ago after a tubal ligation with D & C. Treated with hormonal supplements which did not help.

   Ipecac 30 o.d. for 3 days. One month later, normal menses, no pain. No clots. Flow brown and scanty. PMS improved.

   She remained well after that.

7. Homeopathic Ophthalmologist shares secrets of healthy eyes.
   KONDROT, Edward C. (HT. 27, 3/2007)

   Walter, an elderly man with his visual fields becoming more and more constricted due to Glaucoma and difficulty in sleeping for more than 60 years after he saw was his best friend vaporize in a missile explosion in World War II. Ever since this extremely traumatic event among other post-traumatic stress symptoms so many years ago, he had not been able to sleep well at night.

   Several doses of Aconite 10M over a two-week period. His visual fields began to expand and sleep improved. Over the next several months, his visual fields improved to a near normal level.

   Six remedies for sensitive eyes:
   Belladonna: Sudden onset

   Any sudden inflammatory reaction, often indicated in epidemic kerato conjunctivitis. Central retinal vein occlusion which occurs when arteriosclerotic thickening or spasms of the arteries cause a sudden blockage of blood flow in the veins. The result is sudden vision loss, along with marked inflammation of retina. Belladonna stops the haemorrhage, help absorb blood in eye and improve vision.

   Aconite: Arnica of the Eye:

   Conjunctivitis developing after exposure to cold, dry wind.

   Photophobia from Sun light, Solar keratitis responds very well to Aconite.

   Valuable remedy for treating pain experienced after laser surgery – for example, laser surgery to treat nearsightedness.

   Staphysagria: not just for Styes:

   Styes – an infection of the gland at the base of the eyelash. Also Glaucoma & Macular Degeneration responds to Staphysagria.

   A case of loss of vision in her left eye from inflammation of optic nerve (optic neuritis) developed after indignation and dental work was resolved within few weeks.

   Pulsatilla: Infections and more:

   Indicated in common eye infections, worse warmth and better cold.

   A case of retinal hemorrhage with marked loss of vision, wept while narrating her complaints and strong fixed religious ideas was resolved by a dose of 200.

   Hypericum: Soothes pain:

   Corneal injuries such as scratch to the eye, wearing contact lenses too long or surgical procedures that injure the cornea.

   Euphrasia: Heals Eye irritations:

   Remedy for external irritation of the eye. Acrid eye discharge.

8. Expand your view
   You can improve Macular Degeneration
   KONDORT, Edward C. (HT. 27, 3/2007)

   The macula is an oval yellow spot near the centre of retina. It contains the largest concentration of cone cells and is responsible for central vision. It is also specialized for high acuity vision. With Age Related Macular Degeneration (ARMD), central vision gets fainter and fainter. Images may appear dim, blurred or as actual ‘holes’ or black spots. In many cases, extreme light sensitivity and poor night vision precede ARMD. Light to dark adaptation may be slow.

   Case 1: A 78-year-old lady with love for dancing complained of poor vision and dizzy spells. She felt depressed, hopeless and withdrawn about the situation. Sudden giddiness associated with ringing in ears. Sexual drive had never been high.
Thorough eye exam revealed ARMD, with advanced cataracts and poor vision: 20/300 in right eye and 20/700 in the left eye.

Sepia LM 1 for 6 months. 8 months later, 70% improvement in vision: 20/200 in both eyes. Dizziness and ringing in ears gone.

Case 2: Elizabeth, 76, worried about her dim vision. Undergone ten laser sittings for MD. Fear of being alone and anxiety worse at night. Anxious about her health. Eye exam revealed ARMD with cataract and scarring from laser treatment. Loves simple small town life.

Calcarea arsenicosia LM 1. She took LM potencies for 6 months. Energy improved, could easily relax and fear being robbed disappeared. Her vision improved from 20/400 to 20/70!

Case 3: Amelia, 78, with cloudy vision in her left eye since two years. Letters ran together while reading. Disappointed with the rift with her daughter. Anger very quickly. Throwing in anger.

Eye exam revealed retinal pigment atrophy with vision of 20/1400. Also had Hypertension. Staphysagria LM 1. 7 months later, peripheral vision better, overall improvement in vision. Vision now 20/800. Not getting angry.

Remedies which help in ARMD.

Calc. fluorica 8x, Calcarea phosphorica 6x, Kali phosphorica 6x, Natrum muriaticum 6x, Carboneum sulphuratum, Secale, Sanicula, Vanadium and Retina Sarcode.

Dr. Edward C. KONDROT, also suggests the following Tissue Remedies in ARMD.

1. Calc. fluor 8x
2. Calc. phos. 6x
3. Kali phos. 6x
4. Nat. mur. 6x

He further says: Homœopaths should not view Macular degeneration as an incurable disease that will not respond to homœopathic treatment. Yes, Homœopathy can help. Start looking for the Simillimum that will improve their vision and their life.

9. Womanopause

Healthy women, Healthy Menopause with Homœopathy

REICHENBERG ULLAMN, Judyth (HT. 27, 3/2007)

Rae, 48 year-old dance therapist consulted in 2002 for her Eczema, decreased libido and disturbed sleep. She felt superior much of the time. Depression with extreme heaviness of limbs. She had hot flashes, night sweats and digestive disturbances. Platina 1M. Two months later, less driven and Eczema calmed down sleep improved. Leg numbness resolved. Sense of disconnectedness with others gone.

Three months later, libido increased over the next 20 months doses of 10M and 50M. In summer 2004, night sweats continue and hair loss persistent. Again joyless. Tired of taking care of anyone Sepia 200. Seven weeks later, no Eczema, normal ‘sex drive’, minimal night sweats. Over the next one and half years, doses up to 50M. Then in a two hour retake appointment, picture of Lac delphium emerged and a dose of 1M. Sleeping very well.

Indications of Sepia, Lachesis, Pulsatilla, Cimicifuga and Sulphur are given for the hot flashes.

10. From Nursing to Hot flashes

A middle-aged Mom’s dilemma

ROTHENBERG, Amy (HT. 27, 3/2007)

Georgia, 48, mother of a two year-old child with terrible mood swings with irritability and sudden hot flashes. Tendency to be snappish before menses. Bleeding terribly with each cycle. Exhausted at the end of cycle once the bleeding began, she would feel some relief. Migraine worse before her cycle. Belladonna 200c.

Two months later, no Migraine, fewer and less severe hot flashes. Sleep improved. Felt calmness, not exhausted and more patient with her daughter. Another dose a month later and 2 doses of 1M in the next year.

11. Getting at the root of Peptic Ulcer Diseases

Is it stress, food folly, or bacteria?

A homeopath’s point of view


Elaine, 55, with recurrent Stomach Ulcer and anxiety problems. Anxiety worse since Menopause. Fear of heights, dogs and dark. Desire for sweets. Argentum nitricum 30, weekly once and later 200c. She responded very well with markedly reduced anxiety.

Helicobacter pylori 200 weekly once for about a month. Stomach pain went away, so did her bloating, nausea and bursting. Relapse a year later and few more doses resolved it.

Indications for Argentum nitricum, Arsenicum album, Kali bichromicum and Nux vomica are given.

11. All business: The Man who married his job

A case of chronic heartburn and acid reflux

ROTHENBERG, Amy (HT. 27, 4/2007)
52 year-old Harold with years of heartburn and diagnosed as Gastroesophageal reflux. After spicy foods or lying down after a big meal. Since 2 years heat and burning in his upper chest, sour taste in mouth. Gone through a difficult divorce and loss of money due to dishonest employees. He was chilly by nature. Worried about business. Irritable and hurried workaholic. Nux vomica 200. Six weeks later, no bad taste, sleep better, reflux less intense. Four years later continues to do well. Two or three times a year another dose of Nux vomica.

12. Snake bite? A close call!
FULLER, Mati (HT. 27, 4/2007)

Wendy, 43, walked in the dark, 3 miles, late night and she had swollen right leg with disturbed sleep and jittery feeling. Next day her right leg from about her knee to ankle was blue and swollen, hyper-ventilating Pain killers were given in the Emergency room. No change in next few days. Nausea, dizziness and palpitations. Felt like she had been poisoned. Nausea, when she told the ER that there was a possible they dismissed it and gave valium. She then consulted the another homeopath. Her left foot hard and icy cold. Two deep puncture marks were visible. Her symptoms consistent with rattlesnake bite. Her hands and tongue were trembling. Lachesis 200. She started feeling better immediately. Two minutes later, she began to panic and hyperventilate with profuse sweat on face. Lachesis 30 to get over the aggravation of 200th potency. She started relaxing. Within 5 minutes, the color of her leg began to improve. Lachesis 30 with in water doses till there was significant improvement. 8 days later, calm, leg almost normal except for some swelling and hardness at the bite of the shin.
A dose of Lachesis 200 and she continued to improve.

13. Mosquitoes bring more than a buzz to outdoor activities. West Nile Virus: How you can protect yourself this season?
CASEY, Shirley J. (HT. 27, 4/2007)

West Nile Virus (WNV) is a strain of Encephalitis isolated in 1937. It has infected 317 species of wild birds; 18 species of mammals in with WNV along with human casualties.
Symptoms: Fever and chills, headache and body aches, nausea, vomiting, diarrhoea, appetite loss, swollen lymph glands, skin rash on chest, stomach and back, fatigue which lingers.
A 36-year-old woman with sudden headache and fever. Nausea and very dry throat. Belladonna 1M. Within minutes fever decreased. 8-10 hours, another dose as fever relapsed. T.d.s. for 3 days.
Still minor vertigo, tired easily and oversensitivity to light. Calcarea carbonica 200, gradually improved over the day. Two more doses in the next few days and her recovery was much better than neighbours.

46 year-old woman was bitten by a swarm of mosquitoes and 4 days later felt tired and achy. Her body and head increasingly painful and feverish. Dilated eyes with dry mouth. Headache worse with light and sound.
Belladonna 200. Immediately started feeling better. Repeated doses q.i.d. for 2 days.
Now difficulty in breathing and irritability. Phosphorus 200 q.i.d. for 1½ days. Terrible abdominal bloat. Lycopodium 200. Bloat reduced within hours and better overall. 10 days later China 30, 2 doses to help in complete recovery after viral illness.

14. Beware of the Barbecue bugs!
If food poisoning gets you this summer, Homœopathy can help
ASPINWALL, Mary (HT. 27, 4/2007)

Food poisoning results from eating food contaminated with bacteria or other pathogens, resulting in abdominal cramps, generalized Aches, Nausea, Vomiting and Diarrhoea.
Indications for Arsenicum, Carbo vegetabilis, China, Lycopodium, Nux vomica are given.

15. A Toddler’s tale of chicken Burgers
GAHLES, Nancy (HT. 27, 4/2007)

3 year-old son of the author, after chicken burgers, suffered with redness of face, glassy eyes and weakness. Arsenicum album 30. Within 5 – 10 minutes, his glassy eyed look disappeared, sweating stopped.

16. School suffers Salmonella outbreak
How one homœopath helped 100 students?
TREUHERZ, Francis (HT. 27, 4/2007)

In a Jewish boys residential school, about 100 students were affected with Vomiting and Diarrhoea after eating improperly cooked fish and egg. They were found in the most unhygienic condition. The boys lay stinking of their own feces, looking weak and feeble, and emitting clouds of smelly gas. Some wanted fresh air.
Smelliest of boys who also craved air received Carbo veg. for those who were having simultaneous vomiting and diarrhoea – Ars. alb.
The ones who had lost the most fluid and lay about weakly received China.
Next morning, most of them recovered quickly. Chininum arsenicosum for those who improved with Arsenicum.
A few boys with the worst attacks were given Gaertner.

17. After a Pap Test or a surgical intervention
Remedies to speed healing
CASTRO Miranda (HT. 27, 5/2007)

Pap tests and other interventions to examine, biopsy or treat the cervix may be mildly uncomfortable or painful depending on the procedure and bleeding afterwards. Homœopathy excels in repairing damaged tissues after surgical tests or procedures.
Aconite
To be taken before by people frightened of surgical procedures.
Gelsemium
For those who feel jittery before the procedure.
Arnica to bring down the swelling, bruising & excessive bleeding after the procedure.
Millefolium for gushing of bright red blood after the procedure.
Staphysagria for pain due to sensitive cervixes.

18. Irregular Pap tests, Genital Warts & Herpes
How one triathlete overcame all – with help from Homeopathy
ROTHENBERG, Amy (HT. 27, 5/2007)

Sherri, 25, with genital warts and abnormal Pap smear and also Herpes simplex in genititals with monthly outbreaks of pain and itching cared for how others perceived her. Mild depression. Profuse sweat under arms when nervous. Numerous warts removed from both her hands and feet. Chronically oily skin on her face.
Thuja occidentalis 200. two months later, pap tests normal. No Herpes outbreaks. Feeling upbeat. In the next 10 years, only once abnormal pap, which reverted to normal after another dose of Thuja 200.

19. Distressing test results: Cervical Cancer
But after homœopathic treatment, Pap tests comes back to normal!
IHRIG, Sybil (HT. 27, 5/2007)

Laura, 46, with slightly irregular pap since 10 years, but diagnosed as Cervical Cancer 2 days ago. Slight bleeding after sex two purplish ulcerous looking sores in right groin since 2½ months and preceded by painful swelling in that area.
Colposcopy was scheduled 3 months later.
A year and half earlier, mother died of Ovarian Cancer. Two months later Laura’s sister died in an accident. Father died 2 years ago. She felt a profound sense of isolation from the loss of close relatives. Waking frequently at 3 a.m. Dreams of dead parents and sister. Strange memory lapses and trouble in finishing sentences. Dampness and humidity annoyed her, worse before full moon, Headache premenstrual, Bloody nasal discharge before periods.
20 years ago Cryosurgery on Cervix after an affair and a year later genital warts, burned off.
Thuja 1M in water, three times in a single day. Two days later, mentally better, able to think about parents without gloominess. A weak later, sleeping well. Inguinal lesions discharging. Again obsessive thoughts. Thuja 1M. after several weeks continues to be better mentally, but again discharge from groin lesions. Thuja 10M. For the next 3 days discharges increased and swelling subsided and lesions healed. Happy dreams. A few days later, Pranic Healer found normal energy fields. 2 weeks later, intense itching with dry scales. Subsided in 24 hrs.
The Colposcopy revealed no evidence of any dysplasia for the first time in 10 years.

20. Wild fire – Uncontained and on the loose
CASTRO, Miranda (HT. 27, 5/2007)

On average wild fires burn about 4 million acres in the US annually. Smoke particles cause irritation in eyes, nose, throat, inflammation of Sinus, Headaches, Coughs and difficulty in breathing.
Indications for Arsenicum, Euphrasia, Kali bichromicum and Natrum arsenicosum are given.
21. Hear this! You can clear Ear infections ↓
CREEDY Melanie (HT. 27, 5/2007)

Melanie CREEDY a professional homeopath set up the children’s Ear clinic in 2001 in Perth. Many young children with CSOM are on long term antibiotics and have ear tubes inserted. Breaking the antibiotic cycle is the key to long term improvement in this recurrent condition of chronic ear infections.

For acute infections, Aconite, Belladonna or Chamomilla – early stages
Pulsatilla, Mercurius or Hepar sulph – later stages
Kali muriaticum and Pulsatilla – for glue ears.
Calcarea carbonica, Silica, and Sulphur and Thuja – chronic cases
Tuberculinum, Psorinum and Gaertner – as intercurrents.

22. Down for the count: An adult ear infection
CASEY, Allan (HT. 27, 5/2007)

The author experienced Inner ear viral infection with sudden giddiness, vomiting, high fever with chills. Giddiness as soon as I opened eyes. Saline IV, lot of bed rest, recovered in 10 days.

15 months later, similar episode, sudden vertigo with headache, chills with fever, sensitivity to light. Belladonna 200. Fever spiked to 103 degrees for 10 minutes and then suddenly all symptoms gone.

23. Siblings without Rivalry
ROTHENBERG, Amy (HT. 27, 6/2007)

Sibling rivalry can be difficult for parents and children alike, especially for those who don’t handle discord well.

4 year-old Daisy with Asthma, Jealousy, behavioral issues and violence – since infancy. Most of her transgressions were related to hitting, kicking, biting, scratching or abusing her elder sister. Asthmatic during warm and damp weather yellowish green mucus from nose, conjunctivitis several times. Symptoms better in colder months. Mild Eczema worse in summer. Slept in knee chest position and masturbated often. Medorrhinum 200. in the next visit, abuse of her sister, intense temper tantrums and violent outbursts were nearly gone. Several weeks without Asthma. Less masturbation. Eczema clearing up.

She maintained well over the following year with few repetitions.

24. Beat Bronchitis and breathe easily
FIOR, Timothy (HT. 27, 6/2007)

Case 1: Tricia, 53, with a nagging cough after laryngins Awakened by cough from 11 p.m. to 3 a.m. Agg. by cold air. Agg. on waking. Retching with dry cough. Low grade fever. Few doses of Nux vomica 30 did not help. Squilla 200. 2 weeks later, sleeping well. Retching stopped. 95% better with 3 doses.

Case 2: Sally, 11, with recurrent asthmatic Bronchitis. Now constant irritating cough with gagging and retching. Cough better after a bout of Diarrhoea. Sanguinaria 200. Slight improvement. Cough agg. from deep breath; going from a cold to warm room. Eruptions and flatus after coughing. Rumex 200. 2 days later 75% better. 5 weeks later itching and slight cough. Sulphur resolved quickly.


Indications for Phosphorus, Pulsatilla, Rumex, Squilla and Sulphur in the use of Acute Bronchitis are given.

25. The Sleep of Angels
WHOOPING COUGH HEALED
COWARD, Steven (HT. 27, 6/2007)

8 months old Madison with Pertussis not helped by antibiotics and Spongia. Awakened by cough 7-8 times each night. Hard wet cough ending in choking, turn bluish and limp from exhaustion. Also symptoms of Hay Fever, Eczema. Sweat of head during sleep. Antimonium tartaricum 200 in water. A week later much improvement. Sleeping well. Eczema initially worse and then gone. A week later no cough. Few months later, Eczema flared up and cleared with Sulphur.

Indications for Aconite, Drosera, Rumex, Spongia in the use of dry coughs and Antimonium tartaricum, Coccus cacti, Hepar sulph and Natrum sulph in the use of wet coughs are given.

26. Compassionate care at the end of life
HOMEOPATHY AND HOSPICE CAN HELP
BELLO, Lia (HT. 27, 6/2007)

Some caregivers and dying patients are turning to Homeopathy for comfort and relief of symptoms as well as to improve the quality of life in one’s last
days and allow more meaningful, conscious interaction with loved ones.

Paul, a case of Mad cow disease was helped with Nux vomica, Stramonium, Agaricus, Mag. phos and Antim.tart as he gradually slipped away.

The common symptoms of Nausea is relieved with Ipecac, Nux vomica or China.

To soothe the fear of death, Aconite, Arsenicum album, Tarentula hisp. when Ars. fails.

To relieve pains – Magnesia phosphorica, Aconite, Arsenicum, Aurum met. (bonepains) Cadium sulph. (Stomach Cancer and bad effects of Chemotherapy).

Cheldonium (Cancer pain after liver metastasis): Euphorbium, Hydrastis, Nux vomica, Opium and Plumbum iodatum.

For collapse – Carbo vegetabilis

For Breathing difficulties: Arsenicum and Solaninum

For caretakers: Kali phos 6x and Cocculus.

27. Life lessons and managing end-of-life pain with Homeopathy

LUEPKER, Ian (HT. 27, 5/2007)

Ingrid, 73, with stage IV Breast Cancer involving distant metastases retained her supple and clear mind as a result of her choice of Homœopathy for pain relief.

 Burning bone pains at the site of metastasis. Worse at night and initially with movement. > with continued movement. Euphorbium 30 twice a day. Pain eased with every dose.

With metastasis to lungs, she experienced wet cough in bed at night. Responded to few doses of Antimonium tartaricium 30.

28. A homeopathic approach to Acute Pharyngitis

FIOR, Timothy (AJHM. 100, 3/2007)

Case 1: M E, 26-year-old fitness trainer, pregnant 27 weeks with 1-2 loose stools, worse in the morning. Also haemorrhoids, heartburn and mild sciatica. Yellow leucorrhoea, weakness at 10-11 a.m. Craved sweets and apples for the first time in her life. Sulphur 200. Stools formed.

Three weeks later, acute sore throat on waking, worse on left side, swollen neck glands on left side. Hurt to swallow saliva and pain extending to ear constricted feeling. Lachesis 30 every 30 minutes until a change. Next day slightly better. Pain external to left ear while swallowing. Phytolacca 200 every hour until change. Within 4-5 hours, sore throat was 50% better and totally in a day. Culture + for group a Strep.

Case 2: Author’s

In high school had severe sore throat, + ve for Strep and treated with antibiotics. Since then cold commences with severe sore throat, leading to severe cough and Bronchitis. Stitching pain radiating to ears on swallowing. Phytolacca 30, every hour, improved the situation. Since then less susceptible to colds.

Materia Medica of Phytolacca decandra from various sources are given.

29. The Homeopathic Treatment of Cancer

KLINKENBERG Carl Rudolf

(AJHM. 100, 4/2007)

There are few homeopaths today who dare to treat cases of Cancer. Referring to the experiences of past homeopaths, this article shows how one can proceed in the treatment of Cancer today. In part I of this series of articles the principles of the choice of remedy and the prescription of the subsequent remedy on the basis of the Organon are presented. The significance of the local tumor symptoms for the choice of the remedy and how they have been undervalued by KENT will be clarified. Finally the way most homeopaths proceed in cases of Cancer, especially according to the totality of symptoms of the patient, will be discussed, and possible sources of errors will be shown.

The biggest mistakes in the treatment of Cancer can be summarized as follows:

1. The local tumor symptoms (that which is individual about the Cancer) are undervalued.

2. The totality of the patient’s symptoms are included in the choice of the remedy. This can result in palliation if it doesn’t cover the nature of the disease at the same time.

3. The Sphere of action of the remedy, its capacity to interfere with the cancerous process itself, is not adequately taken into account.

30. In Danger (Wolf at the door), I feel peaceful inside

HATHERLY, Patricia (AJHM. 100, 4/2007)

Clinical cases which have themes of Danger and Circles call for consideration of both Lac lupinum and Lac delphinium when deciding on a simillimum. Fossil remains indicate that dolphins and whales were four-footed land animals that lived over 50 million years ago; and, since they are mammals, it is understood that it is from the wolf that they evolved. In a manner of speaking, we all “evolve” as we undergo the tests that life serves up to us. It is possible, as shown in the following case, that moving from the Lac lupinum to the Lac
In the case of a severe case of Schizophrenia of more than 26 years of a female 46 years, cured by *Cenchris contortrix*. Although the patient had previously been treated with conventional medicine and various psychological approaches, she had shown no significant signs of improvement. The exposition of the verbatim expressions of the patient and their precise translation into rubrics of the Repertory, the analysis of the case including the approach strategies used and the treatment are demonstrated. Finally, the importance for Homeopathy to research on the basis of high quality cases are highlighted. The author has given a follow-up period of five years. *Cenchris contortrix* is a very less used remedy. This is one of a series of 7 cases presented by the author in the Berlin Congress in 2005. [Are the ‘evidence-mongers’ satisfied? High potencies up to CM have been used in this case and the patient has been cured and that is fact. = KSS]

32. *Ignatia, Phosphorus, Pulsatilla*:
Mammakarzinom mit Knochenmetastasen (*Ignatia, Phosphorus, Pulsatilla*: Breast Carcinoma with Bone metastasis)
HADULLA Michael (ZKH. 51, 2/2007)

Case-presentation of a young woman with bilateral breasts surgically removed due to Carcinoma of both breasts with bone metastases and at the same the birth of healthy boy. A combined treatment of both Orthodox and Homeopathic medication resulted in healing. (In her own words the patient said “... The Conventional Medicine helped me to overcome the physical consequences and stabilised! However, Homoeopathy helped me in general”).

33. Symptom oder Interpretation – ein Psychiatrischer Fall
(Symptom or Interpretation – A Psychiatric Case) – BOGER Method.
KLINKENBERG Carl Rudolf
(ZKH. 51, 2/2007)

A 52 year-old-man with severe Anxiety and attacks of Vertigo. Case anamnesis, analysis of the symptoms and interpretations are discussed. According to BOGER the symptoms and interpretations must be differentiated, while analysing the case. It is not possible and it is also not necessary for Healing to know the real cause of disease.

With another case of a 34 year-old female, who suffers from paroxysmal attacks of breathlessness, pain in chest ribs, cold sweat of hands, severe dryness of mouth and thirst for cold water, etc. the choice of the striking symptoms with regard to the attacks and her chronic complaints are chosen.

34. Die homöopathische Datenermittlung nach Bönninghausen
(The examination of the Homoeopathic Data according to BOENNINGHAUSEN)
STEINER Urs (ZKH. 51, 2/2007)

The basis of what HAHNEMANN called *Dynamis* is for BOENNINGHAUSEN the biological inseparable networking of all its symptoms. The symptoms therefore, have to be recorded separately, completely. The disease is modified by “modalities” which indicate the individuality for purposes of choice of the right medicine. The symptoms are there identified by a hexameter; these are: 1. Quis?(Who? The individuality of the disease together with its mental and emotional symptoms: only the deviations from her usual and natural state); 2. Quid? (What? The disease (the nature of the disease and its peculiarity); 3.Ubi? (Where? The location of the complaint); 4. Quibus comitibus? (The accompanying complaints, or the concomitants, those which appear in the context of the pathophysiological processes together with the main complaints. These symptoms may be co- incidental with the main complaints, and they are peculiar,
rare, strange); 5. Cur? (Why? The cause, both external as well as the internal); 6. Quomodo? (The modalities. The modifications, which can take place in anything, thus the measure, the rule, the aim, the relations, changes, etc. thus whatever with the exception of Time which is included in the last question of the hexameter. In his last work BOENNINGAUSEN mentions that the opposite indications); 7. Quando? (When? The Time of appearance, the aggravations or ameliorations of the symptoms.

Special attention to record the **complete symptoms** which consists of at least one general symptom (sensation), modality and location of the complaint. The most recent symptoms of the sick weigh more, but most important are the modalities. Medicines have bi-polar signs and modalities, which contain contraindications, and therefore have to be taken into consideration for the exclusion or affirmation of the medicine in question. Every medicine has its **genius** – an individual character – which is mirrored in the entirety of its signs and modalities. The **genius** of a medicine has to be found again in the character of the disease.

35. Rezidivierendes abdominelles Schmerzsyndrom unklarer Genese – **Magnesium phosphoricum**

(Recurring abdominal pain syndrome of unclear origin – **Magnesium phosphoricum**)  
EMMRICH Peter (ZKH. 51, 3/2007)

**Magnesium phosphoricum** in a special dosage form cured a chronic severe abdominal pain syndrome of uncertain and unclear origin. Earlier conventional medicine had failed. The case points out that healing of such cases are possible with simple Homeopathy. It also points out that costwise, and freedom from adverse side-effects, Homeopathy is much more serviceable than conventional medicine.

36. Coarctatio aortae – **Aurum metallicum**  
SRINIVASAN K. S. (ZKH. 51, 3/2007)

The successful homeopathic treatment of a Coarctatio aortae, in a 33 year-old man, is reported. Main remedy was **Aurum metallicum**. The treatment was during the years 1993-94, and the person is well until today (follow-up of more than 14 years).

37. Die Untersuchung der Reaktionen nach Q-Potenzengaben am Beispiel einer Onkologischen Behandlung (Study of reactions after a 50 millesimal Potency – example of an oncological treatment)  
SPINEDI Dario (ZKH. 51, 4/2007)

This article discusses the reactions during a long period of treatment of a 2.5 year-old girl, with Q-potencies of **Phosphorus** in a metastic Teratoma of the Coccyx. The author particularly discusses the way of proceeding with the treatment after the appearance of new symptoms after the administration of Q potencies.

38. Q-Potzen: Verdünnungen für übersensible Patienten (Q Potencies: dilutions for oversensitive patients)  
ADLER Ubiratan C. & CESAR Amarilys de Toledo (ZKH. 51, 4/2007)

As observed by HAHNEMANN, homeopathic aggravations can also occur during repeated Q potencies, especially with hypersensitive patients. In such cases HAHNEMANN advises the reduction of the dose, through dilutions of the homoeopathic medicine. These watery dilutions should be renewed every day by the patient, what is not very practical in these days. The authors report their experience in Brazil with Q potencies dilutions which were stabilized with alcohol in the pharmacy, making their use and transportation easier for the patient.

39. Zur individuellen Dosierung der Q-Potenzen (On the individualization of the Q-Potency dosage)  
BÜNDNER Martin (ZKH. 51, 4/2007)

A new method developed by the author is presented for the administration of Q Potencies which allows the optimization of dilutions and the daily application for the patients which reacts very sensible for homeopathic remedies.

40. Diffuse Autonomie der Schilddrüse – **Iodum**  
(Thyroid autonomy)  
EMMRICH Peter (ZKH. 51, 4/2007)

Normalization of Thyroid parameters in a 52 year-old woman with manifest diffuse autonomy of Thyroid gland under treatment with **Iodum**, as well as cure of the psycho-vegetative ailments. While the T3, T4, TSH showed progressive improvement of the patient up to January 2005 and the patient herself felt quite good, her face was clear, eyes were not protruding and she had put on 5 kg. weight, appetite was good, etc. the Thyroid
Sintigram showed that there was no change between the earlier one and this! The question therefore is: is the patient healthy since the laboratory results show normalising and the patient herself feeling good, whereas the Sintigram shows no improvement! In the light of § 6 of the Organon that the symptoms represent the whole illness of the patient, how far are the pathological tissue changes relevant to the homœopathic disease picture?

41. Eine Q-Potenz-Behandlung bei Aortenstenose und Herzinsuffizienz (A Q-potency-treatment of Aortic Stenosis and Cardiac insufficiency)

SRINIVASAN, K.S. (ZKH. 51, 4/2007)

Treatment of cardiac failure because of Aortic Stenosis with Q potencies of different remedies. A significant amelioration of the patient can be confirmed by medical diagnostics. This kind of reported cure is the best proof for the efficiency of Homœopathy.

42. Post Stress Disorder

BIDANI, Navneeth (HH. 32, 1/2007)

When humans take in new information – phone number, seeing someone killed – the memory is lable at first chemically unstable. But within 6 hours a flood of proteins produced from short term to long term. Emotionally arousing events causes stress. He has given homœopathic approach for verbal reassurance with few remedies from KENT.

43. Constitutional Care and the Infant

BHAVANI SANKARAM Yellapragada (HH. 32, 3/2007)

Many deep-acting and Constitutional drugs based on miasmatic/or symptom totality, when administered in early infancy have the power to correct the deviations and restore the biochemical balance of the individual.

Administration of potentized simillums to the mother during her pregnant period and/or subsequently in exterogestate period helps in correcting the child through the milk and other metabolites supplied to the young one.

44. The Unspoken Language…

KULKARNI Ajit (HH. 32, 4/2007)

“Emotional feelings, instead of finding expression and discharge in the symbolic use of words and appropriate behavior must be conceived as being translated into a kind of organ language”.

Today the modern man has become a speed merchant, driving the motor of his life. Chronic time shortage, changing patterns of activity, greater load of information and more active interpersonal relationships have affected verbal communication.

45. Gestures—Non Verbal Communication with Children

RAVI Singh (HH. 32, 4/2007)

Study in pediatrics involves understanding the mute communications, which comes out in very innocent ways.

Physician should observe every child with all senses open and enquire with parents any particular habit or particular behavior.

46. Memorable Outdoor Cases

RASTOGI, D.P. (HH. 32, 7/2007)

Two small guava-sized growths hanging from nostrils distorted face. Swelling tip of the nose. Discharges: very offensive. Sometimes few drops of pus also dropped from the nose. Thuja 200, 3 doses daily for 2 days. Second day night both the growths dropped on the pillow with a large amount of dirty material which was very offensive.

47. An Analysis of Human Emotions

SHAIK Tarannum (HH. 32, 8/2007)

Emotions, thoughts and feelings – the mental planne on the whole is responsible for a majority of physical ailments. The seed of an ailment is sown in the mind of the patient without his awareness of its existence. It is the duty of the physician then to accomplish the difficult task of identifying the seed and removing it before it can grow any further.

48. Global warming and Vector borne diseases

MOHAN G.R. (HH. 32, 9/2007)

The treatment of epidemic disease has long held a special place in Homœopathy, dating to Hahnemann’s management of the 1799 Königslutter Scarlet Fever epidemic.

49. Global Warming and Emerging Infectious Diseases

KAUR SAINI, Harpreet (HH. 32, 9/2007)

Over the past 200 years, Cholera has become pandemic seven times and also certain skin disorders like photo dermatitis.
40 diseases exist today which were unknown over a generation ago. New threats like Severe Acute Respiratory Syndrome.

Global efforts to control infectious diseases had been “seriously jeopardized” by widespread drug resistance, a consequence of poor medical treatment and misuse of antibiotics.

Homeopaths can easily take care of all infectious diseases including the most virulent ones, rapidly and gently without the fear of any complication, sequella or side effect whatsoever! [In his Essay on Protection against Infection, in Friend of Health (1792), HAHNEMANN says “... excess in venery, anger, grief and care, as also over-exertion of the mind of all sorts, are great promoters of infection.” = KSS].

50. A weighty Issue for Teenage
KAUR Harpreet (HH. 32, 11/2007)

When talking to teenagers about obesity they need to be encouraged not scolded about their weight. A wholesome weight loss regime includes physical activities (active exercise), low fat diet and exclusion of junk food, along with constitutional treatment to control cravings and treatment of pathological conditions.

51. Back to Basics
A Simple way of prescribing with case illustrations
VASANDI, Yogesh (HL. 19, 3/2006)

Case 1: 17 year-old boy with Acute Thrombophlebitis of both lower limbs. Agony due to pain in red, shiny, ecchymotic patches – after standing for hours during a tournament. Relapse even after allopathic treatment. Pain agg. by touch, pressure and walking.

Ganglion on right wrist since a year. Vitiligo on fingers and lips. Based on aversion to vegetables and profuse sweat on nose Ruta 30 one dose given.

Next day pain less, but still swelling. Ruta 30 once a day. A week later much better. Vitiligo patches turned pinkish. In two weeks he could wear shoes. In all 21 doses of Ruta 30. Vitiligo vanished in 3 months. Ecchymotic patches never returned. Ganglion vanished in 2½months.

Case 2: 35 year-old lady with palpitations from sudden noises, after treatment for cervical spondylosis. Eruptions around anus.

Discomfort to the bones from the slightest draught of air. No sleep due to over activity of mind. Fatigue. Coffea cruda 200. Fatigue and sensitivity to noise reduced dramatically. Itching increased and lot of worms came out and then subsided. Second dose after 40 days and no relapse thereafter.

Case 3: A 20 year-old girl with Acne, Scars, Hairloss, Frequent urination and Headache since 3-4 years. Much anxiety before exams with frequent urination. Craving for tangy (sweet + salt + sour)food. Carbo vegetabilis 30. A week later, redness of face reduced. Hair loss subsided and urination normal. A month later, no scars. 4 months later, second dose.

Case 4: 5 year-old girl with Urticaria since 2-3 years, temper tantrums and grinding teeth. Fluctuating moods with negative attitude. Aversion to milk and perspiration of upper lip. Little need of sleep. Rheum 30. A week later grinding teeth reduced by 50%, Urticaria by 80%. Temper tantrums less and sleeping well.

52. The magic of the Repertory

46 year-old lady with biliousness, Headache and pain in right back and shoulder. Slightest noise disturbs her sleep. Left sided Headache with nausea and vomiting. Very sensitive. Feels insulted when scolded. Feels not valued. Cries in sleep. Sensitive to cold. Feels she had made a mistake in choosing her life partner.

Sarracenia purpurea 200. Two weeks later better, no Headaches. Back pain reduced. Biliousness reduced to a great extent. Relapse seven months later and another dose. 8 months later a dose of 1M. In the next 3 years no relapse.

Case 2: A 9-year-old angry boy with pain abdomen and nausea and urge for stool. Nausea from milk which he was fond of a year ago. Sad on waking. Upset if he loses. Plucks scalp hair and eyelashes. Fear of the dark.


53. Internal Focusing – to Explore the Vital Sensation
CHAUHAN, Dinesh (HL. 19, 3/2006)

The author has developed an Internal Focusing Technique to arrive at the Vital Sensation. This technique is explained and illustrated with a case.

In a case of Alcoholism with Neuritis, the Vital Sensations arrived at are jittery, lost, confusion and blank. The tendency to control a sensation belongs to Cancer Miasm. Asarum europaeum 1M. A week later 99% burning reduced. Two weeks later,
no burning. No alcohol, Appetite better. In the next 2 years 110% fit.

54. A case of Chronic Psoriasis  
PANCHAL, Manish (HL. 19, 3/2006)

55 year-old male patient with extensive Psoriasis. Domineering attitude with conscientiousness and sentimental. Craving for sweets, dreams of flying and side to side movement of tongue. Lycopodium 200. Two weeks later itching increased. Lycopodium 1M. Itching slightly reduced. No change. On further case taking Fear of dark, Superstitious, Fear of ghosts. Longing for company and light. Stramonium 1M. 2 weeks later, itching reduced, mentally calm and relaxed. No dream. In the next 3½ years 90% Psoriasis gone with potencies XM, 50M & CM. [What is the purpose of reporting 90% relief. This is no Řcureř. The 10% Psoriasis will again flare up. A cure must hold good for quite long. Otherwise it is no cure and there is no purpose in reporting it. = KSS.]

55. Lupus of Larynx - A case of SLE  
BAIG, Mirza Anwar (HL. 19, 3/2006)

_Thuja_ 200 on 19.1.04. _Nitric acid_ 30/3 doses on 20.1.04.  
On 23.1.04 – better. Able to drink and breathe. Feel energy within.  
In the next 15 months improved with _Lachesis, Nosode II, Sarsaparilla, Nux vomica, Syphilinum, Phosphorus_ and _Muriatic acid_ at various intervals.

56. Non-specific Polyarthritis treated with _Hepar sulphuris calcarea_  
DESAI, Pratik (HL. 19, 3/2006)

30 year-old male with severe hip joint pains since 10 years. Investigations – NAD. He feels like cutting his legs off during pain. Burns spoiled shirts and prays God to kill beggers with physical deformities  
- Based on these the author wanted to select a syphilitic remedy.  

His desire to be appreciated and desire for good appearance led to _Sulphur_. Anxieties about family and money matters led to mineral kingdom and insecurity led to _Kali series_ and _Calcarea_. As _Calcarea sulph_ does not have much violence, _Hepar sulphuris calcarea_ 1M. For 4 days severe pain and then no pain. In the next 13 months 3 more doses and he remains absolutely fine. [What a rationale for selecting a ‘homœopathic remedy!’ = KSS]  

57. _Naja_ treats Hay Fever PUO and Atopic Asthma  
BAIG, Mirza Anwar (HL. 19, 3/2006)

69 year-old patient with fever due to exertion of travelling. _Gelsemium_ did not help. Tongue was dry, bad taste, irregular pulse. Suffocation inside throat feeling of paralysis of tongue. _Naja_ 200. Remarkable response. After _Naja_ XM, he developed a fistula in ano. Nosode II. [{? = KSS}]

58. An immigrant and a Native in the World of Mango: Towards an understanding of §131-132  
SHUKLA, Chetna (HL. 19, 3/2006)

In this article I have tried to express the process that worked to help me integrate the Aphorisms of the _Organon_ (131 – 132) and my personal experience of the examination of Mango in the healthy and in the sick.

59. A case of Senile Dementia  
AMBANI, Bandish (HL. 19, 3/2006)

65 year-old male with severe loss of memory, constipation since 25 years after the surgery of piles. Also insomnia. Koch’s infection at 15 years of age and Bypass surgery 12 years ago. Still had chest pain on exertion. Unusual and excessive love for his brother and laughing without reason indicated _Baryta group_. Sympathetic nature – _Phosphorus_. _Baryta phosphoric_ 200.  
A month later, sleep improved. Constipation reduced and 25% memory better. Over the next 2 years absolutely fine and only once repetition of the dose.

60. _Lac humanum: _A clinical perspective  
HATERLY, Patricia (HL. 19, 4/2006)

The main symptoms of _Lac humanum_ are given with morning sickness.
61. An ocean of grief  
A case of *Lac humanum*  
BAILEY, Philip (HL. 19, 4/2006)


62. Wanderings in the Periodic Table – The Silver Series  
WELTE Ulrich (HL. 19, 4/2006)

The structure of the periodic table of elements has a deep homeopathic significance. Jan Scholten’s ‘element theory of ‘series’ and ‘stages’ has been independently verified by many homœopaths worldwide. We describe twenty of our cases of the elements of the silverseries, thereby showing the dynamics of this series, and one case of the iron series. Further, confirmed clinical symptoms like colour preference and handwriting are included, and it is shown how we use them. [This is a fairly long article. Seven ‘Series’ are mentioned:  
1. The Hydrogen series.  
2. The Carbon series  
3. The Silicium series  
4. The Iron series  
5. The Silver series  
6. The Gold series  
7. The Uranium series  
And “18 stages” are briefly described.  
- [May be these will be lapped up by the ‘neo-homeopaths’ who follow Jan SCHOLTEN. To me these are not “Homœopathy” by any stretch of imagination = KSS]

63. Identifying with Society – *Kali arsenicosum*  
MANGIALAVORI Massimo (HL. 19, 4/2006)

The identification with society is the main theme of the Kali family. For each Kali this theme comes forward in a specific area of life and in a specific way. In a series of thirteen articles, planned to be published in thirteen issues of Homeopathic Links, thirteen members of the Kali family will be discussed. These articles are based on Session Four of the Second Three-Year Postgraduate Course by Massimo MANGIALAVORI, Bologna, March-April 2004. The comments on the cases and the remedies from Massimo MANGIALAVORI during the presentation were noted down by Vickey BURLEY and Harry van der ZEE.

64. When Rolls Talk to each other at the Breakfast Table – *Hypericum*  
SCHADDE Anne (HL. 19, 4/2006)

In §3 of the *Organon*, HAHNEMANN states: the first step is “to perceive what is to be cured in every individual case”. This means we have to find the leitmotiv running through the story – to understand the “Gestalt” of the disease. Thus the analysis begins first with the physical complaints and when going deeper the physical pathology has to be reflected through the sensations and functions of the patient. But there is no general rule about how to approach every individual case since individuality means every case is different and has to be approached differently. In the following case the physical pathology, the sensations and functions were on the same level so that the remedy could be chosen just from one rubric.

65. Neural-Net Based Homeœopathic Treatment Selection Method in Fever with Drug Allergies  

We have successfully devised a new neural net technology-based method to quickly select a correct homeœopathic remedy in fevers combined with drug allergy. This approach can open the door to new ways in performing this important task for other case categories. [The authors say “We used a software package Neuro solutions (Neuro Dimension, Inc. v. 4.23), model Multilayer Perceptions, with the ‘backpropagation’ learning algorithm to create the Fever ANN (Artificial Neural Nets). Electronic ‘images’ of homeœopathic remedies (sphere and time of action, modalities and relationships) present in rubrics ‘Fever, intense heat’ and ‘Generals, allergic constitution’ were loaded in the ANN Memory. ……” [This too is Homeœopathy! = KSS]

66. My Clinical Experience  
DEY, M. (CCR. 15, 1/2008)

**Pseudohypertrophic Muscular Dystrophy**

P.S., 12 year old boy with difficulty in rising from bed; squatting and walking since few years. Susceptible to cold in winter. Past h/o of vaccinosis. Family h/o Syosics. Irritable, fear of dogs. *Thuja* 200/2 doses on 26.6.03.
30.9.03 – Improvement. Now he can ride bicycle. Placebo.
3.11.03 – No further improvement. Thuja 1M/2 doses.
14.1.04 – Improving.
21.704 – Thuja 1M/2 doses
15.12.04 – Boy was walking, riding, playing.

Chyluria
49 year-old female with burning urination, pruritus and white urine. Susceptible to cold since childhood. Once attempted suicide. Past history of Oto-rrhoea, chyluria at 18 years; Meningitis 35 yrs. Unsatisfactory bowels once in 2-3 days. Suppressed grief. Natrum muriaticum 200/2 doses. In the next 5½ months, 2 more doses of 200 and 1M were given. No chyluria. Sulphur 30 and then 200 for burning all over body.

Palmar corns
57 year-old lady with blackish corns on palms. Many homoeopathic remedies did not relieve her problem. Hair loss, bald spots since 6-7 years chilly patient. Exostosis – Frontal head. Carcinosin 200. In the next two months all corns disappeared except one. Exostosis reducing. Two more doses of 200. In the next five months no change. Carcinosin 1M. Next month no corn.

Bronchial Asthma
12 year-old girl with susceptibility to cold since childhood and wheezing since one year. Agg. Night amel. Bending forward. Bedwetting till 3 months ago. Arsenicum album 30/2 doses. Better for 2 months and relapse. 2 more doses. 15 days later, Thuja 200/2 doses. In the next 8 months, four doses of Arsenicum album, Thuja 1M and Tuberculinum 200. No more problems.

67. Anaplastic Carcinoma of Cervix
MISTRY D.E. (CCR. 15, 1/2008)


68. Autism
NIMBARGIKAR (CCR. 15, 1/2008)

3½ year-old NRK, not responding to call, expressing by gestures and delayed speech, irritable, wants to be alone. Destructive, bites and bangs his head against wall in anger. Craves milk and sweets. Aversion to sour food. Restless. Phimosis. Poor eye contact.

Hard stools since 4-5 days. Δ Autism with ADHD. EEG – Post central dysfunction and fronto-parietal seizures. Sensori-neural deafness. Tarentula 200.

In the next 3 weeks much improved and then relapse. Another dose 3 months later another 50% improved in one year of treatment.

Rheumatoid Arthritis
Mrs. V.K., 25, with pain in joints since 2 years. Swelling and stiffness. Occasional itching. Hyperpigmented spots. Thick yellow coating posteriorly. Desire sweets and pungent food. Sweat profuse on forehead. Leucorrhoea before menses. Weeping brooding. Natrum muriaticum 200. In the next 6 months much improved with one more dose of 200 and then one of 1M.

69. The Asthmatic Patient: His Relation to Tuberculinc or Sycotic Miasm
KANJILAL J.N. (HH. 33, 4/2008)

The term of Asthma covers a number of disorders with different clinical, pathological features namely:
1. Cardiac Asthma
2. Branchitie Asthma
3. Bronchial Asthma

Cardiac Asthma – May be related with Psora-sycotic and formative type of tubercular diathesis
Bronchitic Asthma – May be related with Psora-sycotic miasmatic complex.
Bronchial Asthma – May be called secondary Asthma. Clinically and pathologically this disorder is of two types
1. Episodal Bronchial Asthma
2. Chronic Bronchial Asthma

Any idea of relating all types of Asthmatic patients with any single miasm like the tuberculinic or sycotic miasm will be tantamount to oversimplification of an intricate problem leading us to confusion. Hence, we must tackle every case of Asthma with a thoroughly miasmatic analysis on the basis of the three fundamental miasms.

70. Random Thoughts on Pleural Effusion and Homœopathy
MASTER Farokh (HH. 33, 4/2008)

Some of the common causes of the pleural effusion treated with Homœopathy, left Ventricular failure, Cirrhosis of liver, Tuberculosis and malignancy. Another type is Empyema and Septicemia.
“I have used Eriodictyon californicum”. Dr.G.M.PEACE of San Francisco was authority of this remedy in Homeopathy. FARRINGTON also mentioned about the usefulness of this remedy for occipital headaches. Yellowish, greenish discharge from the nose. 

Antimonium arsenicatum – Cardiac dyspnea
Antimonium arsenicatum in paediatric cases where there is lot of congestion in the lungs. Sulphur and Mercurius sulphuricum follow Antimonium arsenicatum. Breathlessness while eating, cannot complete the food, cannot complete the meal has been highlighted by HERING and ALLEN. I have found lying down aggravation and breathlessness, as the main symptom of Antimonium arsenicatum.

71. Euthanasia and Homeopathy
VITHOULKAS George (HH. 33, 5/2008)

The practice of ending the life of an individual suffering from a terminal illness or an incurable condition, as by lethal injection or the suspension of external medical treatment. (From the Greek. A – eu-eu-thanatos).

A problem that concerns everyone and which is a worldwide conversation type.

Whether Euthanasia is ethically right is a question of global interest, however it seems that so far no answer has been found. The justification of keeping a patient alive under sedation for several days would cost millions to himself, to the State, or to insurance companies. In this way, conventional medicine has passed a dilemma created by itself. We should accept the fact that man has the right to live his last hours being as alert as possible as the processes conducted in his consciousness during his last days or hours are undoubtedly of cosmogonic importance to him.

Homeopathic practice has shown that those who have chosen Homeopathic medicine have suffered less, while their awareness before death was optimal. Homeopathy might be helpful for the dying patient with least possible suffering but with maximum awareness.

72. Symptomarme Fälle in der Kinderheilkunde
(Paediatric cases with paucity of symptoms)
NIEHOF Klaas (AHZ. 253, 2/2008)

By means of paediatric case examples it is shown that in respect of cases with paucity of symptoms, a wide attention to the patient, history, surroundings, and to the practitioner’s inner process in contact with the patient can sometimes be useful to find symptoms on which homoeopathic prescription can be made. The author is of the opinion that we may use several other methodologies like Sehgal method, Masi Elizalde’s, Massimo Mangialavori’s, etc., in such cases.

73. Homöopathie als Konstitutionstherapie bei Kindern mit Enuresis (Homeopathy as Constitutional therapy in children with Enuresis)
GNAIGER-ROTHMANNER Jütta (AHZ. 253, 2/2008)

Enuresis as a functional disease mostly gives little concrete symptoms which can be applied to select the correct homeopathic remedy. Therefore considering the constitution for diagnosing the homeopathic remedy has great significance. Anamnesis includes all the non-verbal signs observed in the child, and the child is considered as a whole. The non-verbal signs are complemented and proved by the data which are expressed in words and the clinical findings. Three types of children are mentioned as examples and these are signified by three remedies:

- The phlegmatic, withdrawn, irritable child – Petroleum
- The restless, roughhousing child – Medorrhinum
- The charming, glamorous child – Tuberculinum

74. “Sexuelle Freiheit” und Bufo rana
(“Sexual freedom” and Bufo rana)
PFEIFFER Herbert (AHZ. 253, 2/2008)

Bufo rana is a valuable remedy for normalizing maturation of children. It is applied in primary and secondary retardation or hindering of evolution. Early sexualisation can be a cause which seems to appear more by the changed basics of education during the development. A secondary disorder often appears as a result of violation of the child’s intimate region. Children who suffer from such a disorder and have been seduced into sexual practices will then seduce other children.

The problem and its homeopathic treatment especially with Bufo rana is respect of four patients is described. The drawing by the children, of a man, assisted in diagnosing for assessment of progress of cure. Also Hering’s Law can be seen in it.

75. Die homöopathische Behandlung von Psoriasis als Chance für eine neue Lebensqualität
(Homeopathic Treatment of Psoriasis as a chance for a new life with quality)
WILLIG Gabriele (AHZ. 253, 3/2008)
Homeopathic treatment of patients with Psoriasis Type 1 takes long time and requires much patience on the part of both the doctor and the patient. This case of a man, 38 years, with psoriatic patches on the scalp, abdomen and extremities with whitish scales. Taking into consideration the totality he was prescribed Lycopodium in various potencies (both C and Q) over a period of 5 years and the patient was cured in the order of above downwards. The patient needed some other acute remedies in intervals which were given without in any any way interfering with the action of the constitutional remedy, Lycopodium.

76. Neurodermitis im Kindesalter: Zwei Kasuistiken
(Neurodermatitis in childhood: Two cases)
HADULLA, Michael M. and PFEIL, Timo A.
(AHZ. 253, 3/2008)

Two cases of children with Neurodermatitis cured with Homoeopathy. The first was a child of 6 months. The mother was in despair because the child scratched and scratched. The case was carefully studied and Calcarea carbonica Q3 was given but there was no improvement. The case was reconsidered and with the history Tuberculosis in the family, the child was given Tuberculinum D200. The sweat on head was gone and no more flatulence. After returning from holiday the child developed the skin lesions with all intensity. The symptoms were retaken and now Sulphur Q1 and it was raised to Q3. The progress was rapid and complete. The child remains well.

Three month-old boy, with much skin eruptions in the entire integument. The child looked as if scalded, or as if suffered burns. The scratching was severe. Hands and feet were cold. Treatment by Paediatricians and Dermatologists couldn’t help. After a thorough repertorisation, Arsenicum album Q3 and 6, were given. Because the eruptions were crusty and began on the head, the extremities were cold, Silica Q 6 was given. There was rapid improvement. At 2 year age, the child was brought again, now for difficult breathing, wheezing. The Pulmonologist had diagnosed it as spastic-obstruction Bronchitis. The mother was not willing to give Cortisone or Broncho-dilator and brought the child here. The child drank much, was happy, walked in and about in the house naked and barefoot, was given a dose of his constitutional medicine Sulphur Q 6. The child remains well.

77. Homöopathie in der Allgemeinarztpraxis - Eine Neurodermitisbehandlung mit Höhen und Tiefen
(Homoeopathy in General Medical Practice – Treatment of Neurodermatitis with high and low)
TROST Thomas (AHZ, 253, 3/2008)

Main topic is the progress of cure of an Atopic Eczema in a two-year-old boy, with intermittent asthmoid Bronchitis. Besides, general problems of a homeopathic treatment by a family doctor are discussed and clarified.

The author says in conclusion: “My learning process, like every other homeopathy Practitioner’s is, never-ending and hopefully HAHNEMANN’s “new” scientific knowledge which he has put down in his Organon (not only in the 6th edition) and Chronic Diseases must be comprehended properly. [The author writes further that such ideas as those of SCHOLTEN and others which are dismissed, should not be so, but we should adapt whatever useful in them for our Practice. He also quotes Karl MARX “Proletariates from all lands, unite”, we should also say “Homeopathes of all Lands, unite”. We agree with this call with this “note” “hahnemannian homeopathes of all Lands, unite”. Certainly, what is repugnant to genuine Homoeopathy cannot be embraced; there should some demarcation somewhere. Past experience should warn us. It is not “unity at any cost”. Surely HAHNEMANN did not say “cure in any way and every way”. Busy Practice, which the learned colleague gives as an excuse, cannot be accepted. Once one adopts ‘trade tricks’ it will be never-ending. HC ALLEN, AD. LIPPE and some like them, had very busy Practice, as much as 50, if not more, patients in a day. Surely, they did it well. We too should strive towards that. = KSS]

RATHMANNER J Gnaiger-, SCHNEIDER A, LOADER B, BÖHLER M, FRASS M, SINGER SR & OBERBAUM M.
(HOM. 97, 2/2008)

This study is based on 25 well-documented reports of cases which responded well to treatment with Petroleum. Materia medica data were compared with results in contemporary clinical practice. Many patients had characteristic skin problems; children often had recurrent or chronic upper respiratory tract problems. The most prominent mental feature is a quiet, withdrawn or
stubborn disposition. The mental symptoms may be difficult to recognize.

Detailed documentation in daily practice can be helpful for preserving data of the effect of a medicine; confirmation of statements given in Materia Medica; improving understanding of homeopathic medicines and differentiating the indications for medicines.

79. Morning Sickness
   CHAUKKAR Samir (HH. 33, 7/2008)

Morning sickness usually begins during the first month of pregnancy and continues until the 14th to 16th week, although, some women can have nausea and vomiting through their entire pregnancy. Morning sickness is very common and does not hurt the baby in any way.

In extreme cases, known as Hyperemesis gravidarium, hospitalization may be required to treat the resulting dehydration, which occurs in about 1% pregnancy.

The exact cause of Nausea and Vomiting is unknown. May be due to changes in hormone levels. Rising level of Oestrogen may heighten sense of smell.

Evolutionary adaptation is a change that occurs in an organism in order to make it better adapted to its environment.

An increase in hormone Estrogen, Progesterone sensitivity to odors, + bowel movement. The body’s effort to detoxify thoroughly for the health of the unborn child.

No one knows for sure what causes nausea in pregnancy.

Homeopathic remedies such as Asar, Colch, Jatr, Kreo, Lac acid, Nat sulp, Nux m, Nux v, Sep, Tab. can be very helpful to a woman with morning sickness and are safe to take during pregnancy.

80. Psoriasis – A Dreadful Disease
   CHAUKKAR Samir (HH. 33, 8/2008)

Psoriasis is a disorder which affects the skin and joints. It commonly causes red scaly patches to appear on the skin. Psoriasis is a common chronic disease that affects the life cycle of skin cells. The cause of Psoriasis is not known but it is believed to have a genetic component.

Symptoms, Types, Treatment and Lifestyle and Home Remedies are given. Homeopathic Management of Psoriasis are Arsenicum album, Arsenic iodatum, Calcaria carbonicum, Graphites, Mercurius solubilis, Mezereum, Petroleum, Rhus toxicodendron, Sepia, Staphysagria, Sulphur.

81. The Medicinal Solution
   LITTLE David, (HH. 33, 8/2008)

HAHNEMANN intended that the various editions of Organon and The Chronic Diseases should be read together as they form a complete picture of the latest developments in Homœopathy.

The best way to adjust each individual dose of a remedy to the sensitivity of the individual constitution is to use the medicinal solution. By replacing the single unit dose with the new split dose it became impossible to use one pill several times.

Some may ask why go through all the trouble to use the medicinal solution? The answer is quite simple. Do you want to treat the most chronically ill and the most hypersensitive persons? Do you want to use Hahnemann’s most advanced methods and walk in his footsteps?

If you do, then a little more effort on your part is well worthwhile.

82. Homœopathic Management of Atypical Angina
   MASTER Farokh J. (HH. 33, 9/2008)

Angina is caused by insufficient blood supply to the heart muscle. In unstable angina chest pain is unexpected and usually happens when one is at rest.

Micro-vascular angina causes chest pain but without apparent blockage in a coronary artery.

**Case 1:** He suffered from heavy sensation in the area of precordium along with piercing pain in the throat pit, upper abdomen and left shoulder. A local physician suspected heart attack. His B.P. was 90/70 mm of Hg. Coldness in the feet ascending upwards was noted and Aconite 30 few pills dissolved in water was given every few minutes. He was better within few doses. This remedy was chosen from Allen’s Encyclopedia memory. Most striking feature is coldness, the collapse and heavy feeling.

**Case 2:** 50 year-old man. Acute distension of abdomen and severe chest pain that he could not breathe properly. He was constipated prior to this incident he had quite a big phobia of heart attack even when he was normal because he used to indulge himself in rich fatty food and non-vegetarian food. Now there was definite history of indulgence in food in a wedding. Natrum nitricum 200, few pills dissolved in water every few minutes was given. He passed a huge quantity of gas which relieved his cardiac anxiety. This remedy is useful for lazy lethargic children.
Case 3: 18 year-old girl. Severe chest pain with trembling, agony, restless in pain. Her extremities were restless. She will bend the knees and straighten it up. This unique symptom with anxiety to die made me think of Muschus. Muschus 30 in a glass of water few doses relieved her. The remedy was chosen from “Expanded work of NASH”

83. Hemorrhoids and its Management

CHAUKKAR Samir (HH. 33, 10/2008)

Piles are normally enlarged and dilated blood vessels around the passage of anus. Hemorrhoids are common in women in adolescent age group and old women who are highly tensed. There are two types of hemorrhoids. 1. Prolapsed hemorrhoids and strangulated hemorrhoids. Prevention includes drinking more fluids, eating more dietary fibre. For some very light-weight underwear or without underwear gives relief. Kegel exercises may prove helpful. Management and Homœopathic treatment is given.

V. PHARMACOLOGY

1. The Regulation of Homœopathic Drugs as Complementary and Alternative Medicine Products: The Role of the Homœopathic Pharmacopoeia of the United States.

BORNEMAN. J.P. (AJHM. 100, 4/2007)

FDA classifications and regulation of allopathic drugs, homœopathic drugs and dietary supplements are contrasted. The role of the HPCUS in regulation of homœopathic medicines is described, and the HPCUS drug approval process is detailed.

2. A Brief History of Potentization

MORRELL Peter (AJHM. 100, 4/2007)

Amply supported with a wealth of quotation material in footnotes drawn from a range of authoritative sources, this short article delineates a brief history of the processes used to prepare homœopathic drugs and the evolving rationale of Hahnemann’s methods.

This brief survey indicates that potentisation was a method HAHNEMANN was obliged to adopt through experimentation in order to obtain safer and gently curative action from single drugs when employed on the basis of similars. His views on dosage evolved considerably through time, endless experimentation and sharp observation. The evolving rationale of Hahnemann’s methods. There is a fairly large reference sources quoted. This is an interesting and detailed study.

3. Herpes Zoster: A case

GUESS George (AJHM. 100, 4/2007)

74 year-old woman with Shingles over right buttuck, genitalia and medial thigh. Itching and burning. Worse from contact with clothing and better cold applications. Fiery hot pains in the joints of right leg. Mezereum 200, one dose every 12 hours as needed. Five days later: exclaimed that pain vanished in 8 hours and rash rapidly disappearing.

4. Woher bezog Hahnemann sein Petroleum (Wherefrom did Hahnemann obtain his Petroleum)

PÖTTERS Hedwig (ZKH. 51, 3/2007)

With regard to the Pharmacological Book which has laid down the pharmacological preparation of Petroleum for homœopathic medicine purposes, the author has made detailed
study of the source of HAHNEMANN’s preparation and stock used for the Proving which is different from the original substance. It was the clear, yellowish Naphtha from the Nirano bei Modena. However the substance mentioned in the Pharmacology Book is different.

5. Some Cactaceous and Succulent Plants used in Homoeopathic Therapy
WAIZELO - BUCAY José (HL. 19, 4/2006)

The raw materials to prepare homœopathic remedies come from whole plants and animals, or some of their parts or secretions, as well as minerals and isolated and purified organic or inorganic chemicals. Most of the materials originate from a variable number of plants (from 390 to 750 or more), according to different pharmacopoeias and Materia Medica. The purpose of this research is to provide knowledge of some cactaceae and other succulent plants employed in Homœopathy and collect related information published in databases, pharmacopoeias, Materia Medica and other books.

The technique followed to obtain the information was bibliographic screening by keyword (scientific name and botanic family). Information was found about 14 species related to 7 botanic families. Here their clinical uses are presented, as well as parts employed, and some of the chemical compounds and secondary metabolites that could be responsible for their pharmacological activity.

6. Pondering views
Bulk of Homœopathic Industry
VARMA, P.N. (HH. 33, 6/2008)

Bulk of Homœopathic Industry is working against Homœopathy.

State Drug controllers have been liberal in granting manufacturing licences and more liberal in granting product licences of combination products without any clinical trials.

Perception of Homœopathy gets a dent by Bad products.

Is public aware of single or complex homœopathic medicines?

The origin and rationale of combination. This is mainly only with a view of commercial interest.

Homoeopaths can help alleviate the situation and promote Homœopathy in its scientific form.

If the industry comes out with a new drug evaluated on scientific parameters – it will be definitely welcomed.

VI. VETERINARY

1. Osprey with injured Eye Regains a – Bird’s Eye view.
CASEY, Shirley J. (HT. 27, 3/2007)

A young Osprey (Pandion haliaetus) flew into a barbed wire. It was rescued and transported to rehabilitator. Aconite 200 in water, as it was showing signs of distress. Bird calmed down in 30 minutes. Arnica 1M for the bruises. No fractures, only numerous small punctures on the wings and the body. Hypericum 200. after several weeks of care, it was noticed that it had a traumatic cataract in right eye (veering to right when attempting level flight) and also dull than normal and also somewhat reluctant to groom after getting wet. Silica 30. within few days, the bird seemed to be flying straighter!

Ten days later, only traces of Cataract was found. The Osprey was released back to the wild with no visual, behavioral, or flight impairment.

2. Another eye injury, Another Remedy
CASEY, Shirley J. (HT. 27, 3/2007)

A full grown saw whet Owl had been hit by a car and was bruised and undoubtedly sore. Haemorrhage in the left eye. Aconite 1M and Arnica 1M and it improved within two hours. But the eye was still full of blood. More ‘case taking’ repertorizing, Materia Medica studying and Lachesis 200 given for eye haemorrhage; within three hrs. noticeable improvement and fully recovered in 5 days! Photographs published.

3. Mosquitoes bring more than a buzz to outdoor activities. West Nile Virus: How you can protect yourself this season?
CASEY, Shirley J. (HT. 27, 4/2007)

American Buff goose suddenly stopped eating and was lying down and unable to move. Found to be feverish with dilated eyes and difficulty in swallowing. Belladonna 1M tds for 4 days and the goose was normal. It was then observed that the goose was eating ravenously and drinking normally but was having difficulty maintaining weight. In addition the goose had yellow wrinkled skin beneath her feathers and a very stiff neck. Natrum muriaticum 1M and the goose recovered and lived three more years. (most American Buff geese have a life span of 18-20 years.)
4. **Rescued Blackbird Free to fly again. After Homeopathy helps to heal an ear infection.**

   CASEY, Shirley (HT. 27, 5/2007)

   A frightened baby black bird with rapid respiration and heart rate was given *Aconite* 200. An hour later it was calm and stable and ate eagerly. 10 days later cranky and less eager to eat. Swelling over the left ear opening. *Ledum* 30 did not help. Next day swelling more painful and right ear region also swollen. Offensive white pus. *Hepar sulph.* 30. 4 hours later, less irritable, willing to eat. Swelling localised. Large plug of thick white pus came out and swelling subsided. Four hours later, swelling right ear also subsided with discharge of pus. Over the next days no problem. Two weeks later mild recurrence. A dose of *Hepar* 30 and released into wild.

5. **Willy our one - Œ- eyed wonder cat.**

   LYKE, Karen (HT. 27, 5/2007)

   17 year-old cat was hit and dragged by a car. X-ray revealed displacement between spine and pelvis and fracture of left ankle. Vet dressed the wound with antibiotic salve, IV drip and oral antibiotics. He was given a homœopathic combination remedy orally and another combination accident remedy was applied. Eight days later he was moving about with little difficulty.

6. **Lachesis als chronisches Mittel bei Warzen**

   (Lachesis as a chronic Wart remedy)

   WÜSTNER Ines (ZKH. 51, 4/2007)

   A 15 year-old Mare with moist and bleeding Warts since two years. The Warts were in the head, and near the ears. The Warts were moist and bleeding, heavily at times and the Mare was finding much disturbance as it was frequently shaking its head because of disturbances by flies. She could not be bridled due to these. *Thuja* as a locally oriented prescription brought about relief extensively but without a lasting cure. There was a new growth near about the navel. The case was taken afresh in great detail and repertorised, and *Lachesis* came up. It was given in C 30, two doses at an interval of two days. Improvement set in, and the remedy was given in steps of 200 and then 1000, and the Mare was 'cured'.

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**VII. RESEARCH**

1. **A Demonstration of the compensatory Response Theorem in the Action of Homœopathic remedies**

   KATIRAI, Foad (HL. 19, 3/2006)

   The following is an attempt to provide a demonstration – not an empirical proof – of the theorem of compensatory response, based on the understanding of that principle in pharmacological kinetics, in the action of homœopathic remedies. Although not a proof in itself, a demonstration of the expected results provides an efficacious theoretical model from which empirical tests and experiments can then be constructed to provide such proof. It is in the hope of adding such a theoretical precursor to the literature of Homœopathy that this demonstration is proffered.

2. **Seven years of Homœopathic training for medical students in Austria**


   Since 1997 more than 1400 human and veterinary medical students have either partially or fully taken advantage of the SIH student training course in classical Homœopathy. This paper outlines the development, success and future potential of this training programme – one that is unique in Europe. We will demonstrate that starting homœopathic training while still studying medicine makes sense and that demand exists both from students solely wanting information as well as those wishing to complete the entire homœopathic training programme. The project has been running for seven years and all functionaries give their time on an honorary basis. The quality of the programme meets international norms regarding standards both in terms of the curriculum and the lecturers.

3. **Datensamlung in der homöopathischen Praxis**

   (Data collection in homœopathic Practice – a Systematic prospective Case documentation)

   HUBER Heinz (AHZ. 253, 3/2008)

   A Multi-centre, prospective, practice-based, long time observational study was conducted in 16 specialised homœopathic Primary-care centres in Germany and Austria. 1322 patients were enrolled, of which 16.9% suffered from acute and 80.7% from chronic diseases. Patients’ and treatment data
were documented by using a simple questionnaire and entered via the Internet into a database. In the majority of patients the homeopathic treatment resulted in a significant improvement of their health status. The practical experiences from this project regarding time and cost of systematic case documentation are discussed.

S. WEBER, PC ENDLER, SU WELLES, E SUANJAK-TRAIDL, W SCHERE-PONGRATZ, M FRASS, H SPRANGER, G PEITHNER and H LOTHALLER  
(HOM. 97, 1/2008)

Background: Previous experiments show that amphibian larvae are responsive to homeopathically prepared Thyroxine.

Methods: We studied the effect of a highly diluted and agitated Thyroxine solution exposed to various electromagnetic fields on metamorphosis in highland Rana Temporaria. The devices tested were: microwave oven, mobile phone, airport X-ray, and a red-light barcode scanner. Animals were treated either with homeopathically prepared Thyroxine (10^{-30} parts by weight, 10^{-35} in the water in which the animals were kept), or analogously prepared blank solution, or analogously prepared Thyroxine exposed to the electromagnetic field of one of the devices tested. Solutions were administered at 48h intervals according to a standardized protocol.

Results: Animals treated with the standard test solution Thyroxine 10^{-30} metamorphosed more slowly than the control animals, i.e. the effect of the homeopathically prepared Thyroxine was opposed to the usual physiological effect of molecular Thyroxine. The cumulative number of test animals that had reached the four-legged stage at most of the points in time. This was found independently by all three research teams involved.

In contrast, this effect did not occur when the Thyroxine solution had been exposed to the field of the early model microwave oven, or mobile phone. There was no difference between aqueous or alcoholic solutions were used, and there was, if any, only a small protective effect from aluminium foil. Airport X-ray and red-light barcode scanning did not diminish the effect of the homeopathic solution. [PC ENDLER, et al have been carrying out research with Thyroxine in homeopathically potentised solution with frogs, over several years and so far the articles published in this journal and elsewhere have shawed nothing but the conclusion given in this Report. The skeptics should open their eye. = KSS].

4. Treating hot flushes in menopausal women with Homœopathy-Results of an observational study.  
BÖRDET MF, COLAS A, MARIJNEN P, MASSON JL & TRICHARD M  
(HOM. 97, 1/2008)

Objective: There is great controversy concerning treatment for menopausal symptoms. We evaluated homeopathic treatments for hot flushes and their effect on quality of life in menopausal women.

Methods: Open, multi-national prospective, pragmatic and non-comparative observational study of homeopathic treatments prescribed and their effectiveness, observing their impact on quality of life.

Results: Ninety-nine physicians in 8 countries took part in this study and included 438 patients with an average age of 55.

Homeopathic medicines were prescribed to all patients; 98% of the prescription lines were the most prescribed. A non-homeopathic treatment and/prn food supplement prescribed for 5% of the patients.

This observational study revealed a significant reduction ($p<0.001$) in the frequency of hot flushes by day and night and a significant reduction in the daily discomfort they caused (mean fall of 3.6 and 3.8 points respectively, on a 10cm visual analogue scale; $p<0.001$).

Ninety percent of the women reported disappearance or lessening of their symptoms, these changes mostly taking place within 15 days of starting homeopathic treatment.

Conclusions: The results of this Observational study suggest that homeopathic treatment for hot flushes in menopausal women is effective. Further studies including randomized controlled trials should be conducted.

5. Homœopathy-quackery or a key to the future of medicine?  
GOLD Peter W, NOVELLA, S ROY, R MARCUS,D, BELL, I Davidovich N and SAINÉ A.  
(HOM. 97, 1/2008)

This is an edited transcript of a debate held at the University of Connecticut Health Center, Farmington, Connecticut, USA on 25 October 2007. Homeopathy is a widely used but controversial form of complementary and alternative medicine. Six distinguished
international speakers, including advocates and skeptics concerning Homeopathy, debated the plausibility, theoretical principles, clinical and basic research evidence, ethical and other issues surrounding Homeopathy.

6. Changes of RAPD profile of Trypanosoma cruzi with Canova and Benznidazole.

ALEIXO Denise Lessa, FERRAZ Fabiana Nabarro, DE MELO Carolina Sundin, GOMES Mônica Lúcia, TOLEDO Max Jean, KANESHIMA Edilson Noboyoshi, BERASNI-AMADO Ciomar Aparecida & ARAÚJO Silvana Marques (HOM., 97, 1/2008)

Chagas disease, caused by the protozoan Trypanosoma cruzi, involves immune mediated processes. Canova (CA) is a homeopathic treatment indicated in the diseases in which the immune system is depressed. This study evaluated the Random Amplification of Polymorphic DNA (RAPD) profile of T. cruzi under the influence of CA and Benznidazole (BZ). Mice infected with the genetic lineage of T. cruzi (Y strain) were divided into 4 groups:

- Infected animals treated with saline solution (control group); treated with CA; treated with BZ; treated with CA and BZ combined.

Treatment was given at the 5th-25th days of infection (D5-25). The parasites were isolated by haemoculture in Liver infusion Tryptose (LIT) medium: at D5 (before treatment), D13, 15 and 25 (during treatment) and D55 and 295 (after treatment). DNA was extracted from the mass of parasites. RAPD was done with the primers λgt11-F, M13F, M13F-40 and L15996, the amplified products were electrophoresed through a 4% polyacrylamide gel. Data were analyzed by the coefficient of similarity using the DNA-POP program.

163 markers were identified, 5 of them monomorphic. CA did not act against the parasites when used alone. The RAPD profiles of parasites treated with BZ and CA + BZ were different from those in the control group and in the group treated with CA. The actions of CA and BZ were different and the action of BZ was different from the action of CA + BZ. These data suggest that CA may interact with BZ. The difference in the RAPD profile of the strain of T. cruzi produced by BZ, CA + BZ and the natural course of the infection suggest selection/suppression of populations.

7. Effects of homeopathy in mice experimentally infected with Trypanosoma cruzi.

DE ALMEIDA Luciana Rodrigues, DE OLIVEIRA CAMPOS Mônica Caroline, MIRAGLIA HERRERA Heitor, VILLANO BONAMIN Leoni and Adivaldo DA FONSECA Henrique. (HOM. 97, 2/2008)

**Aim:** The aim of this study was to evaluate the action of homeopathic treatment on mice experimentally infected with Trypanosoma cruzi.

**Methods:** Eighty adult male C57BL/6 inbred mice were randomly allocated to five groups treated with biotherapy (nosode) of T. cruzi 12dH (12X) pre- and post-infection; Phosphorus 12dH post-infection; infected control treated with control solution and uninfected control. The biotherapy was prepared by the Costa method from the blood of mice experimentally infected with the Y strain of T. cruzi. Phosphorus was used because of its clinical and reportorial similarity to Chagas disease. T. cruzi (10^4) sanguineous forms were inoculated intraperitoneally per animal. Parasitaemia was monitored, leucocyte and serological response were evaluated at 0, 7, 14 and 42 days after infection. The prepatent and patent periods of parasitaemia, maximum of parasitaemia, day of maximum parasitaemia and mortality rates were compared between groups.

**Results:** A significantly shorter period of patent parasitaemia was observed in the group treated with the biotherapy before infection (p<0.05) than in the other groups. This group also had the lowest parasitaemias values at 9, 13, 15 (p<0.05), 17 (p<0.05), 22, 24 and 28 days, a lower rate of mortality and a significant increase of lymphocytes compared to the infected control group. The Phosphorus group had the longest period of patent parasitaemia, higher maximum parasitaemia, and a significant reduction of lymphocyte numbers, but no mortality. The infected control group had the highest mortality rate (not statistically significant), and the highest IgG titres at 42 days post-infection (p<0.05).

**Conclusions:** The results suggest that pre-treatment with biotherapy modulates host immune response to T. cruzi, mainly during the acute phase of the infection. Phosphorus shows an action on the pathogenicity by T. cruzi infection. Homeopathic treatment of T. cruzi infection should be further investigated.

8. Effects of Nux vomica and Agaricus muscarius on the Neuronal Activity in Rats

JUSSAL, R.L. (HH. 33, 6/2008)
Advances in Science and Technology have helped the development of a variety of vital medicines to treat the diseased conditions effectively. Two drugs *Nux vomica* and *Agaricus*.

1. The experiments have been performed to determine changes in the neurotransmitter enzymes
2. Changes in the Electroencephalographic (EEG) activity.

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**VIII. HISTORY**


   The choice of remedies and also the lay use of Pocket-Home- and Travel- Pharmacies is a major issue in current homœopathic training. The composition of remedies of historic pharmacies has not been extensively studied. We describe and list 24 remedies of a historic pharmacy attributed to HAHNEMANN himself in his last Paris years. This is conserved in the German Pharmacy Museum in Heidelberg castle since 2002. Its original provenience is not known, the last ownership was the private collection of Wilhelm DÖRR (1902 – 1952), a pharmacist whose passion was the collection of pharmaceutical antiques. Its composition does not considerably differ from current recommendations.


   PAULLINI was born 365 years ago (25 Feb,1643). He studied Theology and then Medicine. PAULLINI used earth, ash and also such remedies as *Ambra*, *Ziber*, *Moschus*. He appears to have been a careful observer, and paid attention to strange, peculiar symptoms. Reading his note one feels as if studying the homœopathic Repertory, for example some entries: Blindness, from severe terror; a Mason reported that he vomited as often as he heard music; delirium from bean flowers; Apoplexy from suppressed menses; etc. PAULLINI appears to be well-connected with both microcosm and macrocosm, ideas of analogy, connect all symptoms especially the peculiar, etc.

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**IX. EDUCATION**

1. A Curriculum Based on Levels in Case-Taking VERVARCKE Anne (HL. 19, 4/2006)

   Ranjan SANKARAN presented his theory on ‘The Levels’ in *Les Herbiers 2002*. As he demonstrated with three *Argentum nitricum* cases, different patients can experience the same remedy at different levels. He illustrated that there is something ‘deeper’ than the level of delusion, which in turn is beyond the emotional and factual level. These levels of understanding and experience can be applied in homeopathic education. In this way the future homeopath gradually gets familiar with the level of the data, gets to master the anamnesis techniques to delve into these levels and to aim at prescribing at the vital level, where all diseases are located. Often one can dive into the vital or sensation level by probing the main complaint. This links HAHNEMANN’s words to today’s most advanced Homeopathy. In this series of articles, examples of prescriptions based on different levels of experience are given.

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**X. GENERAL**

1. Where do the BEES be? World’s hardest workers quit ASPINWALI, Mary (HT. 27, 3/2007)

   Hot on the heels of Global warming, the Bee population of many countries are disappearing. There is speculation that cellular phone towers, high voltage transmission lines, electro magnetic fields, genetically modified crops and pesticides may interfere with the innate ability of Bees to find their way back to their own hives.
   “This is the biggest threat to our general food supply”, said Kevin HACKETT, the national leader of USDA’s Bee and pollination program.

   Two cases of Wasp stings, a case of allergic skin infection and a case of Gall stone colic treated by *Apis mellifica* are given.

   SAVE THE BEES
   So, what can one man or woman do to help the beloved bees?
   ● Give up insecticide sprays.
- Eat pesticide-free food. Avoid genetically modified crops.
- Plant the right kind of flowers.
  “These tend to be traditional cottage garden plants such as lupins, hollyhocks and lavender,” says David GOULSON of the Bumblebee Conservation Trust in Scotland. “They offer a ready supply of pollen and nectar from flowers that are easily accessible to passing Bees. Of less use are cultivated annual bedding plants that have been highly bred. These often produce no nectar or have double-headed flowers that make access impossible for insects.” You can find a list of plants favored by North American Bees and more great information at: www.bumblebee.org/FlowerlistUS.htm
- Grow flowers all season long.
  “It’s important to have flowers on the go from early spring through to autumn so the Bees have a constant supply of nectar,” says Adrian Knowles, an ecologist. You can further reduce Bee stress by supplementing their nectar with a mixture of roughly 30% honey to 70% water during the early cold days if there has been a frost or strong wind that has damaged flowers. Put a little of the mixture onto a small container (e.g., the top of a lemonade bottle or the cap of a pen), and put this among the flowers.
- Educate yourself and others.
  Dr. MARLA SPIVAK, an entomologist specializing in Apiculture with the University of Minnesota Extension, advises: “Don’t panic. Educate yourself … Spread the word about the benefits of Bees … Or learn to keep Bees yourself.” You can learn more by visiting www.extension.umn.edu/honeybees/
UPDATE: Organic Bees not Affected
By Mary ASPINWALL
In the last issue of Homeopathy Today, I wrote about the terrible plight of the honey bees [‘Where Do the Bees Be? World’s Hardest Workers Quit”]. Since then I have heard from the Organic Consumers Organization that: “A crucial element of this story, missing from reports in the mainstream media, is the fact that organic beekeepers across North America are not experiencing colony collapses. The millions of dying bees are hyperbred varieties whose hives are regularly fumigated with toxic pesticides by conventional beekeepers attempting to ward off mites.”
http://www.organicconsumers.org/bees.cfm
ROSS CONRAD, author of Natural Beekeeping (ISBN-10: 1933392088) agrees: “The best thing beekeepers can do to combat CCD [colony collapse disorder] in my opinion is to use beekeeping management practices that support and strengthen the bee’s immune system and thus, the hive’s immunity overall, rather than use methods that weaken it. This includes not feeding bees artificial diets, stop exposing them to toxic chemical compounds, providing enough genetic variation to prevent inbreeding, and discontinuing the use of antibiotics.
“From the very beginning, I have always refused to use toxic chemicals in my hives. My stubbornness caused me to lose many hives in the early days, but by persevering have proven to myself that it is possible in this day and age to keep honey bees without resorting to the use of dangerous synthetic chemical compounds.
“Since the Honey Bee exerts such a powerfully beneficial influence on the natural world around us, it seems logical to assume that our own efforts to help the Honey Bee thrive can indirectly benefit all of nature.”
MARY ASPINWALL is registered with the Irish Society of Homeopaths and can be reached at www.homeopathyworld.com.

2. Homeopathy and Complementary Medicine in Tuscany, Italy: integration in the public health system.
ROSSI Elio, BACCETTI Sonia, FIRENZUOLI Fabio, & BELVEDERE Katia (HOM. 97, 2/2008)

The healthcare programmes of the Region of Tuscany, Italy have contained references to various types of non-conventional medicine since 1996, and the last three Regional Health Plans have included a chapter on non-conventional medicine that arguably represent the greatest degree of integration of such therapies in the public health care system achieved thus far in Italy. The plan aims to guarantee definitive integration in the Regional Health Service of types of non-conventional medicine which are supported by a sufficient level of scientific evidence to allow them to be defined as forms of Complementary Medicine (Acupuncture, Herbal medicine, Homeopathy and Manual medicine). Moreover, in 2007 the Regional council of Tuscany, for the first time in Italy, approved a regional law disciplining the practice of complementary medicines on the part of Doctors, Dentists, Veterinarians and Pharmacists.

3. Medicine, rhetoric and undermining: managing credibility in homeopathic practice.
CAMPBELL C (HOM. 97, 2/2008)
This article examines homeopathic practitioners ‘real life’ accounts, and illustrates the ways in which they negotiate their homeopathic practices as contingently formulated ongoing social events in research interview settings. Interview transcripts were analysed in a qualitative framework using discourse analysis. The findings show that practitioners construct Homeopathy and defend their own individual practices either by ‘alignment-with-medicine’ or by ‘boosting-the-credibility-of-Homeopathy’. Homeopathy is also negotiated and sustained as an ‘alternative’ to notions of conventional medicine, which is the accepted yardstick for practice or as a practice that is portrayed as problematic. Overall, managing personal credibility is accomplished through specific ways of accounting that tend to marginalize homeopathy. Developing and establishing homeopathic practice further as a discipline in its own right is offered as a ‘nucleus’ to reduce continuing marginalization.

4. British media attacks on Homœopathy: Are they justified?  
VITHOULKAS George (HOM. 97, 2/2008)

Homœopathy is being attacked by the British media. These attacks draw support from irresponsible and unjustified claims by certain teachers of homeopathy. Such claims include the use of ‘dream’ and ‘imaginative’ methods for proving. For prescribing some such teachers attempt to replace the laborious process of matching symptom picture and remedy with spurious theories based on ‘signatures’, ‘sensations’ and other methods. Other irresponsible claims have also been made. These “new ideas” risk destroying the principles, theory, and practice of Homeopathy.

5. Who is to be blamed?  
MUKHERJEE, P.K. (HH. 33, 6/2008)

The great revolution towards Homeopathy from past to modern era is marvellous and has spread awareness regarding Homeopathy amongst a number of people. So knowledge of physician is important.

Prejudice practice in the field is a great obstacle for the development of science.

Physicians are misguided with the patents by the pharmaceuticals but we were taught that Homeopathy means use of single and simple medicine for treatment of condition.

Gradual decreasing standard of the lecturer and the student of the institutions. Once the lecturer and the practitioner of the institution showed their selfless service to create successful results. In addition they were able to produce intelligent scholars of Homeopathy who later on worked as a successful practitioners. The selfless attitude of the learned physician made a success in getting the support not only by the government but also by the national and international societies for the sake of Homeopathy. This uplifted the spirit of Homeopathy. When the institutions get several advantages and grants to develop medical colleges and secured job in government service, then why the professors of the institution, show negligence in their services. Few reports confirm that the dispensaries which were once very popular and had enormous number of patients but now have few patients visiting. Students usually blame their teachers for the failure.

So before criticizing the science one should mend one’s ways. Institutions and teachers should impact their theoretical and practical knowledge to their students and students should work hard to grasp the subjects.

Laboratories – Misleading the system:  
When any company’s M.R visits, he may show a list of mother tinctures or potency whose quality nobody can judge.

Till a homeopath is ignorant of standardization of the medicine he will have to face problems in his practice. Despite his best selected remedy it won’t act properly because of being sub standard.

Stand up, awake and try to come alive with the eternal power given by that God, and accomplish the mission as physician.

XI. BOOKS


VAIKUNTHANATH DAS KAVIRAJ began his homeopathic work with plants in Switzerland in 1986 when a friend suggested he try treating a row of apple trees that suffered from bright red rust. To everyone’s surprise, the homœopathic remedy Belladonna cleared the rust and left a much better-tasting apple than the trees had produced before. This experience inspired years of subsequent research in Australia and Europe, which form the basis of this book.

The first quarter of the book consists of a brief review of Homeopathy and agriculture. The author begins by quoting sections of Hahnemann’s...
Organon and putting agriculture into this context. Throughout his discussion, he puts the plant at the center of the treatment regime and, when discussing control methods, he does pick up on an important point that even “organic” control methods miss the point of the real problem – the fact that plants are still being attacked. The plant is obviously having a problem and it needs to be treated rather than the pests and diseases attacking it. Organic farmers would go further, perhaps, and say that the soil or local environment is at fault and that these need to be addressed first. But, the plant is the organism which manifests changes as a result of soil deficiencies and provides the means of selecting suitable remedies, so it is not surprising, perhaps, that this is the obvious target for treatment.

The author attacks “chemical” farming and genetic engineering and highlights the phenomenon of insects developing resistance to the pesticidal qualities of genetically modified crops. KAVIRAJ contrasts these problems with the advantages of homoeopathic treatment: only one dose is usually required so it is economical in terms of labor, and cost of the remedy is negligible; only minute doses are used so there are no residue problems; no resistance develops; and finally, the plant is treated, not the disease.

The author is keen on intercropping and companion planting and uses remedies of suitable companion plants to protect against pests and diseases pertaining to them. He also, not surprisingly, uses micro- and macro-nutrients (e.g., boron, potassium, phosphorus) as homoeopathic remedies.

The first part of the book ends with a brief review of the structure of the soil and the nutrients therein, and of plant structure. Finally, instructions are given on how to use the remedies – they are prepared in water using the 6X potency and sprayed onto plants.

The bulk of the book consists of a Materia Medica in which a “clinical description” of each remedy details the symptoms and/or pests and diseases. Also a “general description” gives the history of each remedy’s use and indications. Further details such as the appearance of plants and their various parts, relations with other remedies, and antidotes are often given. At the beginning of this section, I would have found it interesting to read about the author’s own proving work and been given more information about where he obtained other details for the Materia Medica because the book implies that it did not all come from his own experimental work.

The book concludes with a Repertory where conditions can be matched to remedies.

The author has accumulated a great deal of useful information here in a groundbreaking book. The Materia Medica and Repertory are easy to follow and the selection of a suitable remedy should not pose too much difficulty. This technique is certainly worth trying as it is neither expensive nor time-consuming and will not have an adverse effect on the environment.

Mark MOODIE, Publisher of Homeopathy for Farm and Garden, has created a website to collect and share information about using homoeopathically prepared substances for plants and on related topics (e.g., biodynamic gardening). Visit www.considera.org.

“The Homeopathic Physician’s Guide to Lactation is a work of scholarship and keen experience. Miss HATHERLY, a homeopathy and lactation consultant, has penned a book essential for all practitioners who deal with breast feeding ……this book offers valuable information about three milk remedies – Lac caninum, Lac humanum and new information on Lac maternum.

3. Rachel ROBERTS: Mat Med Cards (Packs 1 & 2) Review by George GUESS (AJHM. 100, 4/2007): “Mat Med Cards are Materia Medica Flash Cards, one side of each card containing several characteristics of a remedy organized in any of five categories – modalities, foods, Miasms, ‘in a nutshell’ (a one sentence summary), and ‘top tips’ (clinical hints, comparative Materia Medica, and remedy relationships); the other side containing ‘minipictures’ – abbreviated Materia Medica descriptions – of the remedy. The cards are divided into two packs, each containing 60 cards. ……Practitioners might use the cards to refresh their memories of basic Materia Medica. Used for these purposes, Mat Med. Cards would be a useful purchase…..”

“After six years now the third edition of the opulent work on individualized Pædiatrics by SOLDNER and STELLMAN is available for purchase. The spectrum of pædiatric diseases in the light of anthroposophic Medicine and Homeöopathic Medicine so completely, scientifically, precisely and indeed with care has been so well done in this book. In the centre of the book are several cases and over 500 medicaments which one can learn alongwith. The book reads less as a text book but rather as a very interesting criminal novel, wherein the interest held so well that one would read till the last page. . . . This book has built many bridges between classical Homeopathy and Knowledge of Anthroposophy Medicine. We must be thankful to the authors with their large experience and ripe practice as doctors have removed the distance between these two Medicines. As a matter of fact, STELLMANN and SOLDNER have presented us with the “Organon” of modern Pædiatric Practice”.

Homeopathy Cat lovers will be glad. After her book on dogs Carolin QUAST has taken up the Cats. . . . The cartoons by Julia Drinnenberg complements the text in its own way.”

“In the Repertory the Symptoms are splitted and they will be connected and perceived as complete symptoms. This is what the authors have done. MANGIALAVORI develops his model. To study a remedy in context outside of it in a reductionist manner is not right, the remedy has a history, toxicology, pharmacology and mythology, and has to be studied from all these aspects. Thus is gained the ‘totality’.

In Bd. 2 Giovanni MAROTTA discusses different psycho-physisch organisations models. In the background of the ‘Drug’ remedies she depicts life strategies, which contains amongst others the themes of dependance and fixity groups and the states of schizoid, paranoid, depressive, border-line neurotic.

Gabriele BENDAU who underwent practical training from Gerhard KÖHLER for three years, decided to do something sensible and therefore she prepared a work on Skin which has now come out in book form. Skin diseases are explained and diagnosis and colour pictures of the different pathlogies give a good idea, and the medicine is also given. . . . Overall the pictures are very good and impressive. . . . The book is both a gift to the reader and at the same time a homage to Gerhard KOEHLER from whom she learnt to: to clearly look, taste, smell, hear and track. With HAHNEMANN we should say: “Follow me intelligently and honestly”.

“. . . Among the small number of text books in Homeopathy, the two volumes of Gerhard KÖHLER (1916-2002) takes an exceptional place. KÖHLER leads the beginner by the hand and goes about with him in the homeopathic Cosmos, then brings the foundations close, then the method, etc. . . . A work that is again available which maintains the foundations in spite of many ‘modern’ streams. These volumes must be taken up in all studies.”

“No disease picture comes so much along the phenomenologically thinking homeopaths, as dermatological, which unfortunately does not signify that it is easy to treat and to be grasped. . . . . Interesting is the hints on contact allergies. ROßDEUTSCHER is vehement in opposing the often expressed opinion that Steroids and homeopathic treatment are not compatible; the Q
potencies will take care of this. With regard to the specificity of the repertory rubrics the author advises to observe primarily how the patient is going about with his skin disease. That decides ultimately how we should go about with the patient.”


“As he left this world in 1885 at 38 year age, Ernest Arthur FARRINGTON left to us a work which has not lost its value, perhaps now rightly grasped and hopefully well appreciated. . . . . . Without PC, Laptop, Repertorisation Programme, and based on the well-known, experienced knowledge of the Materia Medica he has built this single handedly which draws our respect even today. The present work is not a new one, but it has been well gone through and errors corrected and with an expanded Index of the remedies according to their themes, etc., by competent A. SEIDENEDER. With this book which one should not miss, we need not depend on secondary literature, but obtain it from the original source.”


“Pharmacists have been feeling the need to integrate “Homœopathy and Nature cure procedures” in their profession. Pharmacists must be trained to manufacture single homœopathic remedies as also rare ones. . . . . . The book is recommended as a Standard work.”

12. ENSINGER, T.: Leitfaden zu Kents Repertorium (Leaders to Kent’s Repertory), 8 unveränd. Auflage. Stuttgart: Haug; 2008: 287 S., kart., Preis Eu.34.95 (German) review Rainer APPELL (AHZ. 253, 3/2008): ” . . . . . In spite Synthesis, Phatak, Complete, Universale and/or Murphy, there are still those who work with Kent. . . . . . . . ENSINGER’s Leaders to Kent Repertory has, in the meantime, gone into the 8th edition; this means that there is much need for a ready-at-hand reference.”

13. Materia Medica of Homeœopathic Remedies with sub-headings and Cross-references. James Tyler KENT, edited by Henny Solberg HAUGEN, Hardcover, 952 pages. £49.99. Homeœopathic Book Service, Sittingbourne, Kent/UK, 2005, ISBN 1-869-975-286. Review Francis TREUHERZ (HL. 19, 4/2006): “… Entirely overlooked in the homeœopathic world is this 100th anniversary year of the first publication of Kent’s Materia Medica. This book is an edited version of two original publications. … The best way to really review this book is to use a quote…. probably written by John Henry CLARKE: ‘Dr. KENT has in an eminent degree the faculty of apprehending what BURNETT calls ‘the true inwardness’ of a remedy, and of tracing that inwardness in its outward expression in symptoms…. The vitality of Kent’s work consists largely in this, that it is unmixed – undiluted – with allopathic notions…..Dr. KENT does not present his work as a complete Materia Medica, but for giving vivid picture of remedies it has no superior. This work is well got up and is printed on paper which is not too shiny. …”.

14. Accurate Homeœopathy, Sanjay MODI, 220 pages $30. Krupa Publications. Review Ralf JEUTTER (HL. 19, 4/2006): “… The intention and hope of the book is to study Homeœopathy in such a fashion that may fill up some gaps in our thinking and yield us a fairly clear outline to guide our future work. The author sets out to provide the ‘right map’ to find our way through, what has become in recent times a maze, the genuine principles and practice of Homeœopathy. He has chosen a broad range of topics to do this…. Anyone who dares to know, and likes to have his own homeœopathic prejudices challenged, should read this book. It will undoubtedly set on the right path all who sincerely want to gain clarity in Homeœopathy.”

15. A Homeœopathic guide to partnership and compatibility, Liz LALOR, paper back 275 pages. ISBN – 1- 55643-528-2. $18.95. Review Jay YASGUR (HL. 19, 4/2006): “… This 275 page quality paperback consists of three sections; an introduction, constitutional summaries, and partnership combinations. … This volume is well laid out, with one page of bibliographical resources…..”

17. Into the Periodic Table – The Second series, Jayesh SHAH, Hardcover 262 pages, Schroder und Burneister Verlag. 2005. Hamburg, Germany ISBN 3-9809626-0-1. Review Dr.J. ROZENCWAJG (HL. 19, 9/2006): “This book is a printout of a Seminar held by Dr. Jayesh SHAH in Munster, Germany. He presents fifteen cases, all treated with remedies from the second series of the Periodic Table. And as is the case in this type of teaching, the cases have been selected according to the remedy used and not according to their interest, difficulty or therapeutic approach. …… There is an abundance of remarks like “by then I knew the remedy very well”. ……There is almost no repertorisation in the way, we, the proletarian homeopaths, would do. I wonder what the choices would have been if a regular use of rubrics had been made?....”

[That such a ‘Seminar’ was held at Münster – von BOENNINGHAUSEN’s place of all – indicates the decay Hahnemann’s Homoeopathy has gone into = KSS].

18. Miasmatic prescribing – Subrata Kumar BANERJEA. Hardback, 256 pages, Allen College of Homeopathy, Essex, England, 1st ed., 2001, US $24/-. Review IvoWIESNER (HL. 19, 4/2006): “…Lots of people start thinking about Miasms only in an emergency, when the case has got to the point of no progression and well-indicated remedies have failed. … The book starts with ten basic principles describing the phenomenon of a Miasm, pointing out that it is a dynamic energy in every living creature on Earth. It has a tendency to join other already existing Miasms in the body after entering it, thus creating multiple layers of Miasms. … There are six main sections in the book …. The core of the book is represented by a large number of comprehensive tables. … These are also tabulated miasmatic tips … Each table in the book presents tremendous diagnostic information and these are long tables included…. it worth mastering Miasms in our daily homeopathic practice, for the well-being of our patients. This book will help us to be accomplish this task.”

19. Imagine Homeopathy – A book of Experiments, Images, and Metaphors, Chris KURZ. Softcover, 328 pages. 20 illustrations. Eur.39.95 Thieme 2005. Review Dr. Atena Ioana ANTONESCU (HL. 19, 4/2006): “…written for people who want to take the time to understand things at a deeper level”, says Julian WINSTON in his foreword to the book. How so? Chris KURZ offers us a unique experience …. The 17 chapters take us on a journey through a landscape of Homeopathy, starting with the Basics, … all the way to topics like vaccination and homeoprophylaxis, it leaves little unexplored…. A book of solid classical homeopathic knowledge, it looks into the core and is creative in a true sense, respecting its integrity, and not inventing a “new” Homeopathy. … Personally, I experienced “Imagine Homeopathy” as a really interactive book. … This is a book that you will read and (live through) with pleasure …”

20. The Second Simillimum, Peter CHAPPELL, Homeolinks Publishers, 216 pages. €40/-. ISBN 807103-3-4. Review Ashley ROSS (HL. 19, 3/2006): “This is an intriguing, unsettling and inspiring book!… This beautifully presented book provides an overview of the philosophical and practical evolution of the ‘method’ which gave rise to PC1, and the many disease-specific PC remedies which followed… He argues that many of our homeopathic ‘ideas’ derived from Hahnemann’s teaching (and 19th Century understanding!) are evidently less than we would like to believe them to be; that present-day classical homeopathic practice, in most cases, is inadequate in producing fundamental change in advanced chronic pathology, and it is time for a re-think of some of the most basic and dearly-held assumptions… the Second Simillimum is essential reading for any serious homeopath…”

21. Monera-Kingdom Bacteria and Viruses Spectrum Materia Medica Vol. I, Frans VERMEULEN Emrys Publishers, hardcover, 848 pages, €64/-. ISBN 90-76189-15-3. Review J. ROZENLCWAJG (HL. 19, 3/2006): “Another masterpiece by a master writer and master homeopath…. Monera is the first volume of a series of six entitled Spectrum Materia Medica. Frans’ idea is to go systematically through the animal kingdom from the smallest to the biggest ones, through the Periodical Table, the plants, the synthetic substances, the imponderables, using the
modern scientific taxonomy so that nothing is missed.... Monera is about microscopic life forms: Viruses and bacteria; it is the ‘Book of the Nososes’; all of them, once and for all ...... The Bowel Nosodes are integrated in their rightful place, ... I could rave for pages about this book. Just read it: it is worth every cent and when you finish it, I am quite sure you will preorder the next volume.

22. Lacs in Homœopathy, Farokh J. MASTER Lutra Services BV. 195 pages 2002, US $46. ISBN 90-74456-10-3. Review Jay YASGUR (HL. 19, 3/2006): “This short book, which is based on his seminars and Power Point Slides, details nine Lacs: caninum, caprinum, delphinum, equinum, felinum, humanum, leoninum, lupinum and vaccinum defloratum. Dr. MASTER states that there are about 24 Lacs which have been made into homoeopathic remedies .... This book contains a number of interesting caveats ....”


24. Autism: The Journey Back – Recovering the self through Heilkunst, Rudi VERSPOOR and Patty SMITH. Self-published, softcover, 199 pages, ISBN 0-9685166-9-6. Review J. ROZENCWAJG (HL. 19, 3/2006): “This book is obviously about treating Autism through Heilkunst. But as seen while addressing the ever-increasing phenomenon known as Autism.... Now here is an opportunity to read in fewer than 200 pages about the basis of Heilkunst, what it is and how it is supposed to work. Once you have read this book, then you are on firm ground to either accept it, criticize it or research it. .... Its main appeal would be for parents of autistic children as a demonstration that there are ways to cure them; and one of the ways is though Heilkunst, as reported here. ....”

25. A Drug-free Approach to Asperger Syndrome and Autism: Homeopathic Care for Exceptional Kids, Judyth REICHENBERG-ULLMAN, Robert ULLMAN, Ian LUEPKER. Picnic Point Press, US$ 22.95. 290 pages. Review Patricia KAY (HL. 19, 3/2006): “.... I was amazed that the book truly is useful for lay readers and professional homeopaths alike. However the authors do point out that this book is not self-help book for lay people. ... Three doctors describe 17 cured cases that elucidate the salient features of remedies used to treat this syndrome... This book is well-researched, compassionate, practical, realistic and inspirational. ....”

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OBITUARY

1. Dr. Ernst A. BAUER (1914 – 2007):
On the 4 July 2007 passed away at the age of 93 years, the Swiss homoeopathic physician Ernst BAUER. He was born on 13th February 1914. He was an excellent physician and an outstanding person. Ernst BAUER practiced a wide spectrum of Natural Healing Methods and he remained classical Homœopathy practitioner. He was a longtime student of Pierre SCHMIDT, who from 1946, taught him besides Homœopathy, Accupuncture and other methods. A particular mark of BAUER was that he remained a leaner throughout his life and he went about learning from competent teachers. He was open to all new methods and he was quick to learn FREUD’s Psychoanalysis and was very good in it. Since he followed Pierre SCHMIDT he used high and very high potencies upto MM for which he had a particular Pharmacy. He made the anamnesis in Pierre SCHMIDT prescribed Model and he confirmed the choice of the medicine by applying the Weihe’s Pressure Points. In one of his earlier Practice he gave to a woman with acute Mastitis Puerperalis a dose of Bryonia C 200. There was the classical Bryonia symptom but it did not produce the expected result and he had to use Penicillin. When he asked Pierre SCHMIDT why Bryonia did not work, Dr. SCHMIDT told him that in such an acute case 200 was like water, and he should have chosen a XM.

Another important thing to him besides Homeopathy was, Nutrition. He had patients from all over the world who either fasted or received from him raw (uncooked) food. In the light of his

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Greg was the founding Editor of the American Homeopath. For the cover of the journal, he sourced or commissioned masterpiece paintings of historical figures in Homœopathy. Sir Edmund HILLARY, slept in Greg’s bed before he set out for Mt. Everest. In 1995, he, along with Julian WINSTON, discovered the final home and resting place of James Tyler KENT. He proved Raven’s blood.

3. JBL AINSWORTH (9 Sep. 1919 - 31 Aug. 2007) (HOM. 97, 1/2008)

The Homeopathic community has lost a great supporter in the passing of JBL AINSWORTH FRPharmS, FFHom (Hon). Who died peacefully in the early hours of Friday, 31 August 2007 at Kingsacre Nursing Home in Devon, the county in which he was born in 1919. He made an outstanding contribution to homeopathic pharmacy for more than 30 years.

John’s Chemistry degree was interrupted with outbreak of World War II and he joined the Devon Regiment in Exeter and finally invalided out the army due to a serious leg wound.

John’s wife Peggy, whom he married in 1942, had a family connecton with Dudley EVERITT, a Director of A Nelson and Company, homeopathic pharmacists of London and he secured employment there. He took a 2-year pharmacy course and joined the Register. He stayed in the company for many years and eventually becoming a Director. Following the tragic death of his two fellow Directors, Mr and Mrs. Dudley EVERITT, John started his own pharmacy on 6 June 1978. Until John’s retirement in April 1989 (when the staff had grown to 56 from 6), Ainsworth’s Homeopathic Pharmacy prospered and enjoyed considerable professional and public support. The pharmacy served three Royal Physicians, Dr. Margery BLACKIE, Dr. Charles ELLIOTT and Dr. Ronald DAVEY and a host of other influential clients and celebrities as well as members of the public in the UK and overseas.

John supported the work of the British Homeopathic Association enthusiastically throughout his professional life. He contributed to early work on the European Homeopathic Pharmacopoeia. He held a very eminent and different positions.

Steven KAYNE, a pharmacist in Glasgow, who knew John for more than 40 years says, “His dry wit and storytelling skills were greatly enjoyed by all.”

John is survived by his three children Vivienne, Hilary and Philip.

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XIII. NEWS & NOTES


This project is being done to encourage well-trained experienced domestic and foreign homeopaths to become certified and help strengthen our profession.

II. Student Homœopath visits KENYA. ReSenDEs, Barbara (SIM. XXI, 2008)

This is personal experience of the author’s visit to Kenya in 2007. She worked with Didi RUCHIRA in Nairobi. She attended various mobile clinics in different parts of Kenya.

Combination remedies are the order of the day in Kenya.

A variety of holistic courses are taught at Didi’s school. Over the past 9 years, Didi has trained many Kenyan Students to become homeopaths. Funding for her many projects and clinics comes from donations by groups, companies
and individuals throughout the world. There are some good photographs.

III. The London Homeopathic Hospital, Dr. Frederick QUIN’s Legacy and an appeal on behalf of Camlis. BISSELS Gerhard (SIM. XXI, 2008)

The London Homeopathic Hospital was founded by Dr. Frederick QUIN in 1849. It irrefutably proved its worth to British Parliament in 1854 London Cholera outbreaks.

It was doomed to close few years later, but thanks to the prudent management and generous support from its subscribers, it rose phoenix–like from the ashes.

Quin was adamant that a homeopathic hospital could only exist in conjunction with a central homeopathic library and teaching facilities.

The Royal London Homeopathic Hospital, to this day Europe’s largest provider of Complementary and Alternative Medicine (CAM), and the Research Council for Complementary Medicine have joined forces to found the Complementary and Alternative Medicine Library and Information Service (CAMLIS). For more information e-mail Gerhard.bissels@nhs.net

IV. Man’s greed has no bounds.

Blind rage of the nature is taking place all around us. The Corporate Sectors do it with the only motive: profit at all costs. Greed, destruction, etc. are all pathologies.

A trial is to begin in the New York court which an oil giant Shell stands accused of crimes against humanity over its activities in the oil-rich Niger Delta, of Southern Nigeria.

The Nigerian ‘activist’ Ken Saro-Wiwa was protesting against the activities of the oil giant Shell since these activities ruined the lives of the Ogoni people. With the help of a military regime the protests were crushed and Ken Saro-Wiwa was tried by a military court and executed in 1995.

Political situation in Nigeria has changed. Ken Saro-Wiwa Jr. is fighting for compensation for his father’s cruel death. Of course nothing can compensate the devastation of the Ogani peoples environment.

[Ref.: The Hindu, Chennai 28 May 2009]

V. The end of Homœopathy?

No, our time is now! BOYCE, Carol (HT. 27. 3/2007)

The Royal London Homeopathic Hospital (RLHH), was transformed into a state of the art healing environment in 2005, in a $40 million revamp. This hospital is under threat of closure, with other UK homeœopathic hospitals also at serious risk. Cost cutting is cited as the reason, but total expenditure for all homeopathic hospitals together is less than .005 percent of the total annual healthcare budget. [In so far as Medicine is concerned if cost is to be cut more homeopathic hospitals have to be opened and in due course close down more and more allopathic hospitals = KSS]

There has been an orchestrated campaign using flawed science, ridicule and fear tactics in UK & USA. [Some of the actions of the doctors of the Hegemony medicine borders on rabidity and sheer hatred of other systems of medicine = KSS]

In this scenario, we need to improve further our practices, clear to our code of ethics, demand and develop appropriate research methodology, look to quantum physics, the new biology, materials science and the latest research into potentisation.

VI. Arnica & Quick Recovery Facelifts.

New York Facial plastic surgeon Andrew JACONO, performs a short scar incision facelift and uses Arnica Montana three days before surgery to speed recovery time.

- Medical Devices and Surgical Technology Week, February 18, 2007.

VII. Fighting Flu: Today show cites Homœopathy.

In Feb. 2007, NBC’s today show with Matt LAUER and Joy BAUER talked about the homeopathic remedy Oscillococcinum for Flu as seven controlled studies showed that it was able to reduce Flu-like symptoms. - NBC News transcripts, Feb. 13, 2007.

VIII. Spanish Homeopathic Market Growing.


"Homeopathic medicines are becoming increasingly popular in Spain, and the market is growing at 10 – 15% annually.” - Europa Press reports.

IX. Homœopathic Alternatives to Hormone Replacement Therapy (HRT)

Report on a presentation by Dr. A.U. RAMAKRISHNAN. (HT. 27, 3/2007)

Since 2002, prescriptions for HRT declined rapidly following highly publicized reports of increased risk of Breast Cancer, Heart disease, Stroke, blood clots and urinary incontinence.

At the 2nd Annual Joint American Homeopathic Conference in Denver, Colorado, on April 14, 2007, Dr. RAMAKRISHNAN presented “Homœopathic Alternatives to HRT”.

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To soothe the menopausal complaints, he suggests Sepia, Lachesis, Pulsatilla, Cimicifuga, Crocus sativa, Nux vomica, Sanguinaria, Trillium pendulum, Ustilago maydis, Valerian and Oophorinum.

For Osteoporosis or Osteopenia: Calcarea fluorica 3x or 6x, Iodium, Phytolacca, Flouricum acidum and Aurum metallicum.

He has found Oophorinum remarkably effective in normalizing hormonal imbalances. 3x or 6x, 2 pellets twice a day for 3 months.

For women with bone density problems, Oophorinum 3x or 6x for 6 months followed by a bone density scan. Once bone density normalizes, Oophorinum is discontinued and the patient’s constitutional remedy is given to help maintain bone density.

X. Groundbreaking New Research shows: There is something in that medicine after all! (HT. 27, 4/2007)

The team of Rustum ROY, Ph.D., Professor of solid state materials science at Pennsylvania state University, Iris R. BELL, M.D., Ph.D., Director of Research for the Integrative Medicine Program at University of Arizona College of Medicine and Mid/sized companies announced that its group medical plan will offer discounts upto 30% on alternative medical treatments in 38 disciplines including Homeopathy. (HT. 27, 4/2007)

XI. The Guardian Life Insurance Company of America, a leading insurance provider to small and mid-sized companies announced that its group medical plan will offer discounts upto 30% on alternative medical treatments in 38 disciplines including Homeopathy. (HT. 27, 4/2007)


Chris HURST, a homeopath & artist based in Wales, UK is offering a “Collection of concise loose leaf” folios with evocative images of homeopathic remedies designed to give a strong visual aid to working memory”. Available online at www.artofHomeopathy.co.uk.


81 year-old Robert (Bob) LUZADER with macular degeneration drove solo 2,460 miles round trip to attend the Joint Annual Homeopathic Conference in Denver, Colorado. Naphthaline 6x prescribed by Dr. D.P.RASTOGI. With this his vision is better and needs only reading glasses. In 1987, his degenerative Arthritis of over a year cured with Rhus tox 30 o.d. for 6 weeks. He completed every course offered by NCH and studied overseas with many classical practitioners in many countries. For 20 years, he nurtured his organic Farm in Florida. After meeting D.D. DUBY, a soil scientist and homeopath of Indore (India) he used remedies in his Farm and succeeded in reviving a bark of a peech tree with Sulphur 30; sprayed Psorinum 30, over Avodado trees when danger of frost was imminent: He continues to explore the uses of homeopathic remedies on plants. 2 years ago diagnosed with basal cell Carcinoma. Following Dr. Ramakrishnan’s protocol, he alternated doses of Arsenicum bromatum 30 with Carcinosin 30. After 12 months, all evidences of skin Cancer gone. Even two years later, no recurrence.

His curiosity, energy and desire to learn clearly keeps him going and serves as an inspiration to others as well.


National Institutes of Health (NIH) organised a “Stake holders dialogue” on its Campus in Bethesda, Maryland in June 2007. National center for Complementary and Alternative Medicine (NCCAM) has a yearly budget of $121 million to put toward CAM research, training of researchers and public education. More than 100 CAM practitioners from a wide variety of modalities discussed about the possible areas of research and its difficulties.

XV. A Vaccine for Cervical Cancer: Does your Daughter need it? Sixth grade girls targetted: A homeopath’s perspective on the HPV vaccine. NEUSTAEDTER (HT. 27, 5/2007)

The goal of Human Papilloma Virus Vaccine is to prevent Cervical Cancer from sexually
transmitted disease before girls become sexually active.

Though the statistics indicate that only a small percentage of those woman infected with HPV actually develop Cervical Cancer, 1600 adverse reactions have been reported.

A group of researchers in an article in August 2007 issue of Canadian Medical Association journal concluded that a Mandatory HPV vaccine program is premature and could have unintended negative consequences.

XVI. “FREE ANTI-RADIATION PILL TENNESSEE” (U.S.): ‘The Hindu’ Madras, dated November 20, 1981:

State health officials are going house to house handing out free potassium iodide pills to residents living within 8 km of a nuclear plant as a precaution against accidents. Each of the estimated 7,000 families living near the nuclear facility will get a vial containing 14 of the pills to prevent thyroid cancer which can occur as a result of exposure to radiation. The pill has a useful life of about a year-UPI”.

[Evidently the pills mentioned above are, what we call, the ‘crude’ drug. The Homeopathic Materia Medica clearly indicated that “Kali iod acts prominently on fibrous and connective tissues, producing infiltration, edemas, etc.; Glandular Swellings. Also Glands enlarge, indurate; Rough nodules all over”. COWPERTHWITE also mentions ‘Goitre’. With the Homeopathic Kali iod can we not also cure and prevent cancer of Thyroid in the light of the above? Perhaps it may be required in the low potency in some cases and perhaps high in some.

Further, note that it is a remedy for ‘Thyroid Cancer’ which can occur as a result of exposure to radiation. We can add this to our Materia Medica and use our Kali iod in cases of hypertrophy of glands, especially the Thyroid, suspected to be due to radiation. There are parts in India where ‘natural radiation’ is more. What is the percentage of Thyroid enlargement in those places? Would Kali iod reduce the percentage?

A further classification may be made of cases suspected to be due to irradiation from natural sources like cosmic Rays and due to exposure to Medical Irradiation. These are very interesting questions and the answers may open up deep wells of knowledge.

It is the bounden duty of the Homoeopaths to take up research work which would actually enrich knowledge of the Homeopathic Therapeutics. Of course these research works can be better carried out by a band of scientists devoted to Homeopathy.

Some data identifying the geographical areas of higher doses of natural radiation from Cosmic Rays as also from soil are available. Effects of these ionizing radiations on the Biology have also been well studied. Research can be taken up from thence. Neither the International Homeopathic Medical League nor the HMAI seem to be engaged with any kind of research nor even encourage useful researches; not to the knowledge of this writer at least. As far as the work done by the CCRH is concerned, nothing whatever of it is known to most of the Homeopathy Practitioners.

It is, therefore, for individual committed Homeopathy Practitioners to take up these researches. Dr. NASH has given a generous five pages for kali hydroiodicum in his ‘Leaders’ and has said “I think it can be used lower than most drug without injury, and yet I believe we do not know half its remedial power as developed by our process of potentiation.” This was said by him nearly seventy years ago. Has any further knowledge of remedial powers of Kali iod been added to our Materia Medica during these past 70 years? A new proving of Kali iod also seems called for, to further enlighten its already known pathogenicity of affections of Lungs, Mucous membranes, Bones, Glands and interstitial infiltrations. = KSS]

XVII. The varied Paths to Truth. Ernardo MERIZALDE, President AIH. (AJHM. 100, 3/2007)

Nutrition, sleep and exercise are the important components of healthy life style which are forgotten. Even more neglected are the factors that have been associated with happiness another essential component of health: relationships, meaningful work and adequate entertainment. Research has shown that positive emotions can give a ten year increase in one’s lifespan.

We all know how “small” our intervention without remedies are, and how great an impact they can have in our patient’s lives. The magic of Homeopathy is what has given meaning to many of us. Securing the future of Homeopathy is about securing our own future, our purpose in life, and this can be fulfilling.

Advancing healthcare through homeotherapeutics is the mission of American Institute of Homeopathy (AIH). To achieve this homeotherapeutics has to advance while keeping clearly defined basic components and building and strengthening those components which are not so clearly defined and verified. It is this spirit, that AIH encourages the writing and publishing of
articles which challenge our concepts and assumptions.

XVIII. Dr. Russel MALCOM: An interview by WHITMONT, Ronald (AJHM. 100, 3/2007).

Dr. Russel MALCOM of Royal London Homeopathic Hospital is a practicing homeopath in Scotland, calls our attention to the under utilization of the Bowel Nosodes. A working knowledge of this group of remedies will increase the clinical effectiveness of physicians. He has developed a selective Bowel Nosode Repertory based on highly reliable data from materials used over half a century in places like Royal London Homeopathic Hospital and Childrens Hospital in Glasgow and from 10 years of personal experience.

The Bowel Nosode Repertory can be vital in identifying something which will unblock a case and prepare a patient to respond to classical similimum.

Bowel Nosodes help in removing the intrinsic blocks of an individual.

The emerging scientific data on human bowel microflora is highly compatible with much of the information already documented in homeopathic literature. For e.g. Morgan pure is associated clinically with itching and skin eruptions. The organism Morganella morganii is one of the most histamine producing organisms known.

His views on teaching, his introduction to Homœopathy and his other experiences are mentioned.

XIX. A Pilot Project for CHC Certification of Experienced Homeopaths: (AJHM. 100, 4/2007) The Council for Homeopathic Certification (CHC) has proposed a new Pilot Project for Certification of experienced homeopaths from both North America and abroad. This project is being done in recognition of the fact that many experienced in Homœopathy have not become certified, and because of their years of experience, do not feel the need to undergo the full certification process. It is hoped that this project will encourage well-trained and experienced domestic and foreign homeopaths to become certified and help strengthen our profession.

XX. ‘Westernisation causing morbidity’ by M. Dinesh VARMA (From ‘The Hindu’, Chennai).

Increasing Westernisation of lifestyles is resulting in morbidity scenarios which were prevalent in Europe and the U.S. two decades ago, shaping up in Asia, Latin America and Africa, Eamonn Quigley, President, World Gastroenterology Organization (WGO), said in Chennai for the “Chennai Digestive Diseases Week 2009”, co-hosted with the Indian Society of Gastroenterology;

He pointed out that the incidence of Crohn’s disease and ulcerative colitis rose from 0.4 per lakh in 1977 – 81 to 4.7 in 1987 – 91 and 1.7 to per lakh in the corresponding period respectively. It was getting increasingly common in Asia too though the prevalence was not as pronounced in the West.

Irritable Bowel Syndrome (IBS) too had turned almost universal in distributive terms owing to a set of precipitators that included diet, stress, insufficient sleep and environmental factors.

“As Helicobacter Pylori decreases to lower prevalence of gastric and peptic ulcers, lifestyle changes, including a burgeoning obesity burden are pushing up prevalence of Gastro Esophageal Reflux Disease,” Dr. QUIGLEY said.

“We cannot change our genes; but we certainly can reorient lifestyle practices”.

He promised to bring to India the WGO – formulated “Training the Trainers Programme”.

One of the important missions of the WGO was to propagate cutting edge protocols among Gastroenterology practitioners and encourage research.

Robert H.HAWES, Professor of Gastroenterology, Medical University of South California, U.S., trained around 50 specialists from India during the meet in early diagnosis and treatment of gastrointestinal Cancers.

XXI. An article by Dr. Raj B. SINGH, Chief Respiratory Physician, Apollo Hospitals, Chennai, in The Hindu dated 14 Aug. 2009 explains that the ‘Swine Flu’ (H1N1 S-OIV) is like most flu, affects mainly the respiratory system. The viruses travel through droplets dispersed while sneezing or coughing. Antibiotics have no effect against viruses. Specific anti-viral agents namely Oseltamivir (Tamiflu), are effective against H1N1 if used early.

Swine Flu is one among many infections caused by viruses and bacteria. Many of these infectious are more infections and dangerous than Swine Flu in India. TB kills a thousand people in India every day.

Most cases of Swine Flu are livelyrecover with or without Tamiflu. The virus may get less virulent with time. Many may already have natural immunity against the virus.

[The above, in brief, are facts. Unfortunately a big, big scare has been unleashed by the Media. Many people die every day of Pneumonia and other diseases as against the Swine Flu deaths. The result of scare is millions of dollars for Tamiflu manufacturers = KSS].

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XXII. Some random notes on *Crocus sativus*.
Farokh J. MASTER (HH. 32, 1, 2007).

Farokh J. MASTER gives some random notes on *Crocus sativus*. He has given few *Crocus sativus* cases. 1. Epistaxis. 2. Continuous bleeding due to retained Placenta. In Paediatric cases *Crocus sativus* for extremely exuberant, affectionate, loving, caring and extrovert. It also helps for haemorrhage after delivery.

XXIII. The Effects of Global Warming and Homeopathy. Farokh J.MASTER (HH. 32, 12/2007): “Global warming will be the greatest environmental challenge in the 21st century.”
- Albert GORE.
All about: What is The “Greenhouse Effect”
How Fast Is The Earth Heating Up?
Forest Destruction Creates More Heat.
What you can do to Decrease Global Warming Prevention. Role of Homeopathy.


Considerable media interest has recently been evinced in the use of a ‘polypill’, as a means of protection against heart attacks and strokes.

The rationale for a polypill evolved over the last two decades of the 20th century, when a series of large clinical trials demonstrated that four classes of drugs were highly effective in reducing the risk of recurrent heart attacks and death in persons who survived a first heart attack. These drugs (beta-blocker, aspirin, ACE-inhibitor and statin) were not only effective when given individually but also had incremental benefit when added to one another. It has therefore become the standard practice to prescribe all of these drugs to a post-heart attack patient for ‘secondary prevention’ of further adverse events.

The other dreaded cardiovascular event is a ‘stroke’ or paralyzing ‘brain attack’. One of the main cause of stroke is high Blood Pressure which is unrecognized, untreated or poorly controlled. Blood pressure-lowering drugs have been shown to reduce the risk of a stroke, heart attack and death. Such drugs include diuretics, ACE inhibitors, beta blockers and Cholesterol-lowering statins.

Aspirin is highly effective in reducing the risk of an ischemic stroke but increases the risk of a ‘Haemorrhagic’ stroke. Aspirin and Statin are not helpful in preventing a haemorrhagic stroke.


In 2003, Wald and Law published a landmark article in the *British Medical Journal* in which they modeled the potential benefit of combining six drugs for ‘primary prevention.’ Folic acid was recommended for addition to Aspirin, beta blocker, ACE-inhibitor, Statin, and a diuretic. It was argued that since these drugs could prevent the first heart attack or stroke in persons with pre-disposing risk factors, all persons above the age of 55 years should be administered this ‘preventive polypill’.

Several scientific questions currently remain, especially with respect to primary prevention.
- Are three of four or five drugs required and will the increasing number provide incremental benefits that exceed the risks and are worth the cost?
- How will this drug combination compare with behavior change involving healthy diets, regular exercise, and smoking cessation?
- Will only one or two drugs, along with behavioural interventions, equal a four or five drug combination in primary prevention, even if some drug therapy is required?
- Should poly-drug therapy be reserved for persons at a high ‘absolute’ risk of a future CVD event?

Practicing physicians have been uncomfortable with the idea of a fixed dose combination. They wish to retain the freedom of ‘titrating’ each drug according to an individual’s clinical response.

The major criticism directed at the claim that the polypill will be the panacea for preventing CVD comes from the public health community who view it as a purely biomedical approach to a problem wherein deranged Biology has many social determinants and behavioural causes. If those antecedent causes are not addressed, increasing numbers of individuals from each successive generation would have to be put on a pill at some stage of their lives. These critics also worry that the promised protection of a polypill may work against people giving up unhealthy habits like smoking or bad diets.

It is clear that the decline of CVD in developed countries over the past four decades has been the result of policies promoting healthier behaviours as well as improved clinical care.

Finland the poster child of CVD prevention in Europe.

The recent recommendations from the World Health Organisation (WHO) the World Bank, and several other international expert bodies estimate that tobacco control and reduction of salt in diet will save millions of lives over the next 10 years. If
trans-fats are removed or reduced and saturated fat as well as sugar are reduced in processed foods, the gains will be even greater. Fruit and vegetables have been shown to be protective both against CVD and Cancer.

Similarly, urban design and transport policies can greatly enable physical activity by providing protected cycle lanes, safe pedestrian pathways, parks, and community sporting facilities. [All these have been repeatedly stressed by environmentalists, but they don’t have voice and these are not money spinners. Industries promoting production of Cars, etc. are a strong lobby. Processed food industries also have the clout = KSS].


About the debate over strict adherence to Hahnemannian methods versus the more contemporary approaches Rajan opines that change is synonymous with evolution and all should work to fill up the lacunae in our system. [What are the the lacunae? = KSS]. Any advance/change when based on solid fundamentals should not be feared upon as deviation from HAHNEMANN. Except for the label Homeopathy, these have nothing to do with Hahnemann]. The classification into kingdoms and subkingdoms and discovering the common features are a kind of Grand Generalisation. The newer approaches are never meant to substitute, but to complement the traditional method of studying Materia Medica. It is important to see the new as an extension of the old, as a continuum. [Let each one of us make honest self-introspection and see how much of Homeopathy in there in these new ‘contemporary approaches = KSS].

XXVI. Hans Walz Award. Prof. Dr. Martin DINGES. (HL. 19, 3/2006). The second Hans Walz Award for the studies in the History of Homöopathy was given by Robert Bosch Foundation Stuttgart on 2 December 2005 to Dr. Jens BUSCHE for his dissertation “A network of homeopathic patients in the Duchy of Anhalt-Bernberg. The family Kersten and its social environment in the period 1831-1835.”

BUSCHE considered dietetics to be as important as the use of homeopathic medications in Hahnemann’s treatment.

XXVII. (a) A research study published in the Journal Epidemiology concluded that drinking two or more Colas a day was linked to two-fold increase in Chronic Kidney Disease.

(b) A new study published in American Journal of Obstetrics and Gynaecology found that too much Caffeine during pregnancy doubles the risk of miscarriage.

(c) A study published in the International Journal of Cancer confirms that physical activity reduces Colon Cancer risk. The more strenuously women exercised, the lower the risk.

(d) A research study carried out by the National Institute of Health in U.K. shows that women often experience different physical symptoms for as long as a month or before a heart attack. 70.6% reported unusual fatigue 47.8% reported sleep disturbance and 42.1% shortness of breath. Less than 30% reported chest discomfort/pain 43% did not have any chest pains. (CCR. 15, 1/2008).

XXVIII. Animal food stocks are frequently found to be infected by viruses. In the case of Swines there is respiratory diseases caused by Influenza viruses in which anti-biotics and steroids/non-steroidal anti-phlogistics are not indicated. The author feels that in acute cases remedies like Aconitum and Belladonna are useful.

XXIX. Referring to the Bowel Nosodes in the AHZ 252, No.6/2007, Dr. Manfred FUCKERT, writes (AHZ. 253, 2/2008): “since several years I have been using the Bowel Nosodes in my Practice both as an inter-current and as a single remedy by itself. It can also be used to activate a remedy when the best selected remedy does not work as expected. In a case of a Colic which was not responding to Lycopodium, a dose of Morgan Guertner (Bowel Nosode related to Lycopodium) helped the Lycopodium to exhibit its action fully.”

XXX. Treatment of Skin diseases in Snakes (HEIJNEN D.: Ganzheitliche Tiermedizin 2008: 22: 9-9): With three cases homoeopathic treatment of skin diseases due to skin desquamation by Snakes, burns and skin problems are discussed. A Boa constrictor bled from an old healed burn injury every time it desquamated skin. After a dose of Ignis alcoholis 200, the skin healed. Two rattle snakes failed to desquamate. After Sulphur 30 for 3 or 4 doses they desquamated. For an incomplete de-squamation in a Rainbow Boa which earlier the owner had to remove the skin manually, weekly doses of Psorinum 30 normalised.

XXXI. Ghosting Medical Science: Sub-editorial in The Hindu, News paper: Excerpts: “Medical
ghost-writing, according to a researcher, ‘occurs when someone makes substantial contributions to a manuscript without attribution or disclosure. It is considered bad publication practice in the medical sciences, and some argue it is scientific misconduct.’ An extreme case is what the US-based Wyeth Pharmaceutical did, according to a cache of 1500 documents that is now in the public realm. Wyeth hired professional ghostwriters to make a major contribution to the production of 26 papers that were published in 18 medical journals between 1998 and 2005. The papers showed in good light Prempro – the corporation’s blockbuster hormone therapy drug prescribed to menopausal women – in the face of mounting evidence of increased breast Cancer risk from taking the drug. Even after this particular ghost-writing scandal was brought to light by a U.S. Senator, the documents would have remained out of reach for the public-spirited intervention of PLoS Medicine, an open access journal, and The New York Times. The two acted as intervenors in the litigation brought against the drug company by thousands of affected women.” It is scandalous that such ghost-written papers are published. The effect is to mislead doctors by playing down the harmful effects of the drug. What is shocking is the willingness of researchers of repute to lend their names to ghost-written papers. [It is greed that drives these people, be he/she a great scientist, he/she is a bad human and they will be roasted in hell = KSS] One way to counter this is to punish the researchers who collude in such sharp practices. [How many have so far been punished? = KSS]. Conscientious journal editors [where are they? = KSS] and publishers should not let their journals be used to mislead the scientific community and cause injury to the public.


**Aim:** To study the mechanism involved in the potentially beneficial effect of ultra low dose Aspirin (ULDA) in prehepatic portal hypertension, rats were pretreated with selective COX 1 or 2 inhibitors (SC-560 or NS-398, respectively), and subsequently injected with ULDA or placebo.

**Methods:** Portal hypertension was induced by portal vein ligation. Platelet activity was investigated with an in vitro model of laser-induced thrombus production in mesenteric circulation and induced hemorrhagic time (IHT). Platelet aggregation induced by ADP and dosing of prostanoind products 6-keto-PGF1α, TXB2, PGE2 and LTB4 were also performed.

**Results:** The portal hypertensive group receiving a placebo showed a decreased in vitro platelet activity with prolonged IHT, an effect that was normalized by ULDA. SC-560 induced a mild antithrombotic effect in the normal rats, and an unmodified effect of ULDA. NS-398 had a mild prothrombotic action in portal hypertensive rats, similar to ULDA administration. TXA2 level after ULDA, remained unchanged.

**Conclusion:** These results suggest that the effect of ULDA on platelet activity in portal hypertensive rats, could act through a COX 2 pathway more than the COX 1, predominant for aspirin at higher doses.


This article discusses Beryllium very thoroughly. The main psychic symptoms are sensitivity to criticism, irresolution and passivity, yielding, self-protection by being unobtrusive and unassuming. Other symptoms are stooped head and shoulders, dryness of skin and mucous membranes, Cancer (bones, lungs), lung infections (kidneys, lungs), blocked nose, nosebleed, Thyroid affections, Cardiovascular diseases (Angina pectoris, feeling there is not enough room for the heart), itching in back, formication, retarded growth or arrested development.

Beryllium is toxic and can cause diseases resembling Sarcoidosis, Pneumonia or Lung Cancer.

XXXIII. Collinsonia Canadensis. Faingnaert Y. (Revue Belge d’ Homoeopathie 2007; 2:66-111 in HOM. 97, 1/2008). The author describes this plant and its herbal use (digestive, urinary and respiratory troubles). Then, four clinical cases are presented: a child suffering from constipation, a woman with a knee meniscal lesion, a pregnant woman with piles, and woman with Colitis.

In conclusion the materia medica is summarized: the main psychic symptoms are melancholy, irritability, irresolution, need for protection, feeling of culpability, of being forsaken, cannot talk. Other symptoms include: sensation of enlargement of various parts and organs of the body, Constipation with rectal pains, Haemorrhoids, and pelvis congestion, speaker’s Sore throat, Cough from excessive use of voice.
Heart disease complicated with Haemorrhoids, flushes of heat with Haemorrhoids.

**XXXIV. Colchicum.** Marchat P. *(L’ Homéopathie Européenne 2007; 2:17-19 in HOM., 97, 1/2008)*

The author gives us a peculiar description of this remedy. First, he recalls its main symptoms: digestive troubles, including pain in the transverse colon and distension of abdomen, autumnal diarrhea, rheumatic symptoms, and joint inflammation. The patient cannot bear the joints to be touched or moved, and is very sensitive to cold and damp. There is a great hypersensitivity to odors, to pain, and to some psychic problems, consequently the need to keep one’s place, to stay included. A clinical case illustrates this remedy: a woman who felt rejected both by her husband and by her employers.

**XXXV. Radium Bromatum and betrayal** Colin P. *La trahison de radium bromatum (L’ Homéopathie Européenne 2007; 2:21-24 in HOM. 97, 1/2008)*. At the 1997 British Homeopathic Congress, Jonathan SHORE set out Radium bromatum with several clinical cases, this article recalls the materia medica and the main themes of this medicine.

The most important somatic symptoms are dermatological and rheumatological: Acne rosacea, Noevi, Psoriasis, Scleroderma, Epithelioma, Itching and burning all over body; pains in Cervical, Lumbar and Sacral vertebras, pains in arms and legs, as though they would break on moving, sensation of weakness between shoulders and in lumbo-sacral region, sensation of general heaviness, specially in arms and legs. There is aggravation from motion, and improvement from open air, continued motion and hot bath.

The themes of this medicine, according to Jonathan SHORE, are a feeling of general heaviness, and above all a feeling of being betrayed. Ten years of using these indications in author’s practice make this remedy particularly reliable. Another use concerns patients with Radiotherapy, either for alleviating side effects, or for allowing other medicines to act in patients having been treated by Radiotherapy.

**XXXVI. Your age** *(Indian Express, 26 January 2008 in CCR, 15, 1/2008)*

Below zero: The US Centre for Disease Control and Prevention has urged Gynaecologists to advise pregnant women to guard against Cytomegalo virus infection which causes serious birth defects. This virus spreads through contact with infected child’s saliva or urine. CDC recommends pregnant women to wash hands with soap and water especially after contact with saliva or diapers from young children.

**XXXVII. Transplant breakthrough** *(Indian Express, 26 January 2008 in CCR, 15, 1/2008)*

A new technique – injecting bone marrow from the organ donor to the recipient frees the patient from having to take antirejection drugs for the rest of their lives. This was reported in the New England Journal of Medicine.

**XXXVIII. New hope for those with Liver Failure** – *(Times of India, 28 September 2007 in CCR, 15, 1/2008)*

The stem cells from the patient’s bone marrow have been taken and injected into the diseased liver to help it regenerate itself eliminating the need for a transplant.

Zero to 20: Teen risk factors for Schizophrenia identified are – Recent decline in function, higher levels of unusual thought content more suspiciousness of paranoia, or less impairment and past or current study abuse.

20 to 50: *Lancet* reported a study of researches from University of Oxford that over 100,000 Ovarian Cancer deaths have been prevented by the use of Birth control pills.

50 and above: A new study in circulation reported that exercise sharply cuts older men’s death rate. Men with who were very highly fit had a 70% lower risk of death.

To treat the “healthy ill“, doctors are increasingly turning to placebos according to a US study. Placebos are duly prescribed as per the requirement of the patient, in majority of cases as a psychological treatment. Placebos work best when a patient underestimates the body’s natural healing potential.

**XXXIX. The Use of INR (Prothrombin Time) in My Practice.** Farokh J. MASTER. HH. 33, 6/2008. INR means International Normalize Ratio, a system established by the World Health Organization and the international committee on thrombosis and homeostasis for reporting the result of blood congluation.

Certain homoeopathic remedies are used to treat bleeding disorders and most important remedies are those prepared from snake venoms and Corticotropinum.

The most important homoeopathic remedies are those prepared from snake venoms ad corticotropinum like *Bothrops, Cratalus horridus, Lachesis muta, Vipera aspis,*

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LIST OF JOURNALS

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

1. **AH**: The Journal of the North American Society of Homeopaths, 1122 East Pike Street, #1122, Seattle, WA 98122, USA.

2. **AHZ**: Allgemeine Homöopathische Zeitung, Karl F. Haug Verlag, Hüthig GmbH, im Weiher 10, 69121, HEIDELBERG, GERMANY.


4. **CCR**: The Homœopathic Clinical Case Recorder, Dr. Subhash Meher, Co-Editor, Near Hotel Chanakya, Anandishiji Marg, Ahmednagar-414 001, Maharashtra.

5. **THE HINDU**: Newspaper, Chennai – 600 002.


7. **HL**: Homœopathic Links, Homœopathic Research & Charities, F/s, Saraswat Colony, Linking Road, Santacruz (W), MUMBAI – 400 054.

8. **HT**: Homeopathy Today, National Center for Homeopathy, 801, North Fairfax Street, Suite 306, ALEXANDRIA, VA. 22314, USA

9. **SIM**: Simillimum, The Journal of the Homeopathic Academy of Naturopathic Physicians, P.O. Box 8341, Covington, WA 98042, USA.

10. **ZKH**: Zeitschrift für Klassische Homöopathie, Karl F. Haug Verlag, Hüthig GmbH, Im Weiher 10, D-69121 HEIDELBERG, GERMANY.

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PART II

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

1. Hahnemann’s Pharmacography
   An examination of our primary Materia Medica record.
   DIMITRIADIS, George (AJHM.100, 3/2007)

Introduction: Hahnemann’s work to develop a new Materia Medica containing pure (conjectureless) observations on the effects of medicines on the state of health, (5) began in 1790, with his realization of a possible similars principle in the case of Cinchona in the treatment of Malaria. Over the next six years he systematically examined (6) a number of other substances with known therapeutic effect, (7) and published the results of his definitive findings (1796) in his article (8) In Search of a New Principle for Ascertaining the Curative Powers of Drugs, with a few glances at those hitherto employed, (9) wherein we read (10)

“In my additions to Cullen’s Materia Medica, I have already observed that bark, given in large doses to sensitive, yet healthy individuals, produces a true attack of fever, very similar to the intermittent fever, and for this reason, probably it overpowers, and thus cures the latter. Now after mature experience, I add, not only probably, but quite certainly.”

Hahnemann’s discovery of this general similars principle (11) thus marked the birth of Homeopathy as a system of medicinal therapy and necessitated a new, pure, Materia Medica, to methodically (12) record the observed effects of substances upon the health, i.e., provings. (13) His first such work, Fragmenta … appeared nine years later (1805), followed by his Reine Arzneimittellehre (RA) [Materia Medica Pura], and lastly, Die Chronischen Krankheiten … (CK) [Τῆς Χρόνιας Διάσωσες…]. He recalls (14): “The first fruits of these labours, as perfect as they could be at that time, ai recorded in the Fragmenta…1805…the more mature fruits in the Reine Arzneimittellehre … and in …Die Chronischen Krankheiten…”

Each of these records represents the thinking of HAHNEMANN at that particular period, (15) and their careful comparison provides an insight into his furthering development of our pharmacography. Let us look at these works more closely:

Fragmenta… (16)
This was the first of Hahnemann’s true pharmacographic works, published 1805, in Latin. A German edition, intended by HAHNEMANN, was not made due to the “badness of the times.” (17) The Fragmenta contains the pathogeneses of twenty-seven medicines, twenty two of which were incorporated into RA. Of the remaining five, Cuprum and Μεξύριον appeared later in the second edition of CK vol.3 (1837) and Vol.4 (1838) respectively, whilst Cantharis, Copaiva and Valeriana were not furthered by HAHNEMANN. Two later (Latin) editions, the 1824 (Naples), and 1834 (London, F.F.QUIN) appeared. A French translation was published in 1855, (18) and more recently (2000), a German translation of the original Latin.(19) Regrettably, Fragmenta has never been translated into English. (20)

Reine Arzneimittellehre (RA) (21)
The first edition RA was published in six sequential volumes over ten years (1811-1821). (22) These went through to a second edition, (23) with only the first two volumes taken to a third edition.(24) RA was first translated into English by C.J. HEMPEL (1846), but this work was strongly criticized,(25) and a new translation was finally undertaken by R.E. DUDGEON, appearing in 1880 under the title Materia Medica Pura (MMP). (26)

Die Chronischen Krankheiten (CK) (27)
The first edition CK appeared in four consecutive volumes between 1828-30, (28) with a second enlarged (29) edition, in five volumes, released between 1835-39. (30) Hempel’s English translation (1845-46) was again widely criticized, (31) and a new translation, by L.H.TAFEL, was published in 1896 under the title The Chronic Diseases, their Peculiar Nature and their Homoeopathic Cure (CD). (32)

In its final form, RA spanned 6 volumes, and contained the provings data of 65 medicines, (33) a number of whose ‘medicinal virtues’ had been discovered and therein described for the first time.
by HAHNEMANN, and with a total of almost 32,000 symptoms. CK comprised 5 volumes, the material medica spanning volumes 2-5 (volume 1 was a theoretical part), with 47 medicines and nearly 41,000 symptoms in total. Of these 47 medicines, 17 were incorporated from RA (with additions), which brings the total number of medicines contributed by HAHNEMANN to 95 (65RA+47CK-17RA), with a total symptom count of around 65,000 – over 1 million written words representing 34 years of continued observation in the application of a single therapeutic principle – similars. Considering this was an age long before computerization, RA & CK can only be seen as works of a single-minded, relentless pursuit, and any shortcomings or individual errors we may uncover should not dissuade us from a close study of this invaluable reference material. (34)

Moreover, when closely examining these works, it is important to keep in mind they are, more or less, abbre viated representations of actual provings phenomena as recorded in the long-hand of provers’ day-books. Carbo animalis [ADAM] (32)

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Thus, even HAHNEMANN’s pharmacography can only be thoroughly understood by careful comparison of the symptoms as they appear in his RA & CK. George DIMITRIADIS with their antecedents as recorded in the various periodicals (36) of the day. We have ourselves undertaken this (surely long but most revealing) process over the past 2 years, and herein offer some of the observations made so far:

Observations

1 Overview

Whilst Hahnemann’s Fragmenta forms our primordial record of medicinal provings, remarkably, an English language translation has never been undertaken. We can still however observe, with respect to its general schema, that HAHNEMANN:

1. numbered symptoms on each page.
2. recorded the various times & circumstances in numerous footnotes to the symptoms
3. used differentiating type to indicate degree of symptom certainty (37)
4. separately listed his own observations from the observation of others (38)

This same basic plan was continued through RA and into CK, expect for the separate listing of the observations of others, (39) which was abandoned around 1827, (40) after which time he juxtaposed all symptoms into a single, cohesive list, arranged systematically according to the now familiar schema of RA & CK. (41)

It is here important to realize that HAHNEMANN’s incorporation of the observations of others, be it from homœopathic sources or from the old school, was only done where they agreed with his own observations and understanding. (42) Moreover, for the (17 of the 65) remedies in RA which were incorporated into CK, HAHNEMANN increased their symptom number with additions from himself and others, but the original symptoms were re-used (i.e., original contributors did not undertake re-provings of those remedies). This fact is most readily seen by an examination of the provings of both Bar-c. and Calc.whose RA proving symptoms were distinguished with a preceding dash(—) (43) when taken into CK. (44)

We further note that all symptoms of those remedies in RA which went through to CK were fully incorporated, as seen with the adjacent example which traces all 32 symptoms contributed by ADAM (45) into Carbo animalis, from their placement in RA, through to CK. Further more, that this incorporation was done with particular diligence is revealed by the fact that HAHNEMANN (not infrequently) modified the wording or expression of the original symptom, (46) and even altered the placement (order) of symptoms, (47) that he may improve clarity and comprehensibility. (48)

These findings evidence a most thoroughly considered approach by HAHNEMANN to CK, (49) the final chapter of his pharmacographic record, which still, today, remains unrivaled.

2 Hahnemann’s Contributors

After his arrival in Leipzig (1811), (50) HAHNEMANN formed a Union of Provers of Medicine, (51) recruited from amongst his students
at the University. Initially there were ten, but only eight (adjacent) persisted.

We have indicated the number of remedies and the approximate symptom count for each of these eight Provers, but we should mention the great majority of these symptoms were contributed to RA.

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<td>FRANZ.Karl Gottlob (37 medicines, 1900 symptoms)</td>
</tr>
<tr>
<td>GROSS,Gustav Wilhelm (42 medicines, 2380 symptoms)</td>
</tr>
<tr>
<td>HARTMANN, Franz (28 medicines, 880 symptoms)</td>
</tr>
<tr>
<td>HORNBURG, Christian Gottlob (24 medicines, 750 symptoms)</td>
</tr>
<tr>
<td>LANGHAMMER, Christian Friedrich (47 medicines, 1600 symptoms)</td>
</tr>
<tr>
<td>RÜCKERT, Ernst Ferdinand (8 medicines, 100 symptoms)</td>
</tr>
<tr>
<td>STAFF,Franz (28 medicines, 880 symptoms)</td>
</tr>
<tr>
<td>Wislicenus, W.E. (25 medicines, 840 symptoms)</td>
</tr>
</tbody>
</table>

All in all, for the 95 medicines within RA and CK, besides HAHNEMANN, there are over 25,000 entries from 76 contributors of the homeopathic school and over 15,000 inclusions from around 1,400 old school sources. In terms of symptom number, apart from HAHNEMANN, who alone contributes the most (around 24,000 symptoms), the seven most prolific contributors, in order, are: NENNING 4800 symptoms (20 medicines) (53) GROSS 2380 symptoms (42 medicines) (54) FRANZ 1900 symptoms (37 medicines) (55) LANGHAMMER 1600 symptoms (47 medicines) (56) GERSDORF 1450 symptoms (8 medicines) (57) SCHRETER 1200 symptoms (14 medicines) (58) STAFF 1000 symptoms (43 medicines) (59)

Next to HAHNEMANN, you will note LANGHAMMER as having contributed to the greatest number of individual remedies – 38 medicines in RA and further 9 (new ones) in CK. Whilst LANGHAMMER’s objectivity and capacity as a Prover has been (mischievously) attacked, we find overwhelming evidence that his contributions were not only valid and consistent with those of other contributors, but trusted and thoroughly utilized by HAHNEMANN. (60)

There is here another misapprehension which should be mentioned – that the similarity of a number of Proving symptoms in a number of different medicines, from a single contributor, reveals more about the prover than the medicine. (61) But our first retort to this half-truth, is that, apart from the fact that there are many more dissimilar symptoms from individual contributors, (62) it fails to remember (see below) that a single contributor does not necessarily mean a single Prover – as for example, in the case of HAHNEMANN who often (or Nenning, who always) (63) acted as proving master, overseeing the proving of one or more subjects. (64) Moreover, it is known that the actions of various medicines can and do approximate each other (in one or more groups of symptom), (65) and that therefore, a prover reactive (sensitive) to one medicine may prove similarly reactive to another, and it should not be surprising to find some relationship, in a single prover, between the symptoms of one medicine, and another. (66) In addition, anyone sufficiently familiar with HAHNEMANN’s comments on the subject of Sensitivity, Idiosyncrasy, and Proving methodology, (67) will know that, in health, whilst only sensitive or idiosyncratic persons (68) may react sufficiently or uniquely to a medicinal proving dose, in sickness, all persons displaying similar symptoms will react to the homoeopathically selected medicine. (69) This is the very reason why such ‘sensitive’ subjects, i.e., those readily predisposed to react, are ideal candidates for proving. (70) All that remains, is the test if clinical success in order to strengthen the standing of such observations, (71) and this is where, in turn, reportorial grading consistency becomes most beneficial. (72)

3 Multiple contributors to a single symptom

A number of remedies list individual symptoms ascribed to more than one contributor. Amongst this group we find, on the one hand, symptoms resulting from a collaboration in the Proving and/or recording of the data presented for publication, as for example the many contributions of HARTLAUB & TRINKS, (73) which rightly show the names of each contributor as jointly responsible for the submission. On the other hand, and more revealingly, we also see (not uncommonly) composite symptoms, i.e., those formed from a number of separate (yet similar) symptoms, from one (74) or more contributors (homeopathic, (75) allopathic, (76) or a mixture of both) (77), into a single, representative symptom. (78) When we study the final form of these symptoms thus rendered by HAHNEMANN, we indeed begin to appreciate his desire to provide a clear and faithful summary of such symptoms (being careful to avoid any loss of meaning), and to thereby render a more completed form of symptom in as short a space as possible. Let us provide a couple of specific examples (our translations of HTRA):

1. Alumina CD 119 (709) Stitching on individual spots of the head [Tks,Ng]

This single symptom from both TRINKS and NENNING is actually found to be a composite of the following seven separate observations published...
in HARTLAUB and TRINKS’ Reine Arzneimittellehre (HTRA Vol.2, 1829):
TRINKS: HTRA62 (80) Stitching on individual spots of the forehead
ENNING: HTRA57 (81) Long-continued stitching in the occiput, in the evening
HTRA58 (82) Blunt stitching in the forehead above the right eye, in the forehead
HTRA59 (83) Painful stitching and tearing in the left frontal eminence, in the evening
HTRA64 (84) Sudden, acute stitching in the left temple, in the afternoon, and again in the morning
HTRA66 (85) Painful stitching and tearing in the right side of the head, in the forehead
HTRA67 (86) Stitching in the left side of the occiput

The summation of these seven symptoms into a single representative form given in CD119 does precisely what the homeopath himself would need to do when surveying such a group of separate yet related symptoms, each one partly repetitious, partly new – we put them together, compose them into a meaningful, more complete form, summary in order to comprehend their overall meaning. (87)

2. Colocynth CD236 The left foot goes to sleep, also when resting. [Hbg, Gtm]

Colocynth MMP202 Going to sleep of the left foot [Hbg] – when at rest. [Gtm]

This original Colocynth symptom as found in RA(183), and translated in MMP202, tells us that both HORNBURG and GUTMANN reported the first part of this composite symptom, the going to sleep of the left foot, and that Gutmann further reported its occurrence during rest (second part).

4 HAHNEMANN’s symptom grading

Having recognized the necessity for a systematic (rather than accidental) approach to discovering the health-altering effects of medicines towards the construction of a Pure Materia Medica, HAHNEMANN further conceived the idea of marking the degree of reliance of such data. In 1796, he writes (88):

“A complete collection of such observations, with remarks on the degree of reliance to be placed on their reporters, would, if I mistake not, be the foundation stone of Materia Medica, the sacred book of its revelation.”

But what is meant by symptom reliance? Speaking on his Proving methodology, HAHNEMANN writes:

“The more obvious and striking symptoms must be recorded in the list, those that are of a dubious character should be marked with the sign of dubiety, until they have frequently been confirmed.” (89)

“If some little circumstance happened during the experiment, which could hardly be expected to interfere with the effects of the medicinal action, the symptoms subsequently noticed were inclosed within brackets as not certainly pure.” (90)

As previously mentioned above, this concept was indeed applied in his Fragmenta (1805), wherein the reliance (certainty) was indicated via means of the following differentiating typography (see above under Overview):

0. (Symptom enclosed in parentheses) (91)
1. Symptom in normal type
2. Symptom in CAPITALS (92)

This system of grading Proving symptom certainty (93) held two significant benefits: firstly, as a meaningful index, particularly for new medicines which had not received the confirmation of practice, and in which case their reliance for one or other complaint could be weighted according to such initial gradation of their Proving symptoms; secondly, a symptom could be adjusted to accommodate future confirmation (upgraded), either from further Proving, or from clinical success. (94) This is precisely what HAHNEMANN does, as we ourselves observe a number of symptoms that are given within parentheses (0 grade) are later listed without parenthesis (1 grade), as from Fragmenta to RA, or from RA to CK, (95) indicating HAHNEMANN’s later development certainly for that symptom. There is further evidence to show that this ‘certaintising’ of an uncertain symptom was made on the basis of clinical confirmation, whilst the upgrading of a 1 to 2 grade occurred at the Proving level. Let us examine the following two sets of examples:

Carba. MMP 108 (During the evacuation of the stool pains like needle-pricks in the anus) [Adm]

Carba. CD350 During the evacuation, stitching in the anus as from needles. [Adm]

Coloc. MMP43 (A shooting throbbing pain in the right lower molars, as if struck with a metal wire) [Stf]

Coloc. CD56 Shooting, throbbing pain in the right lower molars, as if struck with a metal wire. [Stf]

In both these examples, we see the RA (MMP) parentheses were subsequently removed when the symptom was transferred to the CK (CD). The contributor names appended to these symptoms did not change in either case; i.e., only ADAM and STAPF respectively, and since, as we have shown
already (see above) that no contributor to an RA remedy undertook a re-proving of that remedy for CK, then the only criterion left to HAHNEMANN upon which to remove the parentheses (uncertainty) was clinical confirmation, (96) which criterion was also applied to his own symptoms, as we see in the following few examples:

_Aur._MMP 11 (One sided headache like digging, boring, pecking, in the morning immediately after waking, increased by coughing and bending the head backwards).

_Aur._CD71 Burrowing, boring and dull sound in one side of the head, early on awaking, aggravated by coughing and by bending the head back.

_Aur._MMP49 (A sort of burning in the eyes.)

_Aur._CD102 A sort of burning in the eyes.

_Dig._ MMP426 (Secret mania with disobedience and obstinacy; he tries to run away).

_Dig._ CD27 Secret insanity, with disobedience and obstinacy; he tries to run away.

_Mang._ MMP1 (Vertigo when sitting and standing; he must, lay hold on something; he tends to fall forwards)

_Mang._ CD18 Vertigo, when sitting and standing; he must hold on to something, so as not to fall forward.

These few examples, which may be readily multiplied, evidence HAHNEMANN’s relentless efforts to verify and improve his pharmacographic record.

Now we move to the question of how HAHNEMANN determined a symptom (or part thereof) should receive emphasis (i.e., 2-grade), (97) Let us examine the following symptom examples which, fortunately, also record the number of provers:

_Borx._CD7 Easily frightened, both he and she are startled by a shot at a distance. [Srt]

“CD38 Aching in the whole head, with qualmishness, nausea, and trembling of the whole body at 10 a.m., with two female Provers at the same time (2nd d). [Srt]

“CD92 Stitches in the left ear, with two Provers (alt. 14d). [Srt]

“CD133 Toothache in hollow teeth, with dull griping, in wet, rainy weather, with five provers. [Srt]

“CD308 Easy conception, during the use of borax, observed in five women. [Srt]

“CD397 Stitches in the sole of the foot, with two persons in the same way (2nd d). [Srt]

_Amm-c._ CD362 Retention of stool† during the first days, followed by soft stools; with all provers. [Ng]

_Mag-m._ CD332 No stool for several days (with various provers). [Ng]

† Note the English CD gave it wrongly as “urine”, but German CK clearly writes “Stuhl.”

This confirms the criterion for assignment of emphasis for a Proving symptom was the number of independent Provers; such grade assignment being made during the pharmacographic process (during construction of the Materia Medica). In the case of single Prover symptoms, neither the repetition of a symptom event, nor the length of time it lasted would result in the assignment of emphasis, (98) as we observe in these few examples:

_Ant-c._ CD215. Formication and burning in the varix of the anus, in the evening, in bed, until going to sleep (aft. 11d. and 5w). [Csp]

_Aur._CD231. Every day very hard, knotted stool (the 1st days). (99)

_Aur._CD232. Every morning soft stool with some pinching. (100)

_Borx._ CD312 Sneezing and fluent coryza (the first days). [Srt]

_Calc._ CD347. Impaired hearing (the first 3 days).

_Cupr._ CD186. Squeezing together of the intestines, and sensation of a heavy pressure from behind and above to the left and downwards; aggravated by walking and by external pressure; pain not relieved by stool and recurring every forenoon. [Rkt]

_Graph._ CD105. Throbbing in the right side of the head, in the afternoon; recurring for several days. [Ng]

_Puls._ MMP420. Cutting pains in the abdomen, by day, and particularly in the evening, day after day (aft. 4, 5, 6d). (101)

Whilst we observe an abundance of symptoms from single contributors which are given in emphasis, it must be remembered that the contributor of a symptom may not themselves have acted as Prover, but rather, as Proving master conducting the Proving, (102) and a single contributor name therefore does not suggest a single prover. Here are some examples of such symptoms:

_Meny._ MMP254 Vivid unremembered dreams. [Lgh]

_Meny._ MMP184 Obtuse boring stitching on the left scapula, over towards the spine. [Hbg]
Excessively painful tearing downwards betwixt the scapula, especially on breathing deep, going off when sitting, immediately returning when walking; when at rest a sore pain remained. [Hbg]

Mur-ac. CD48 Tearing in the right parietal bone, at times with stitches extending to the forehead, and drawing at times to the border of the orbit, occasionally with tickling in the left ear, and burning in the concha. [Ng]

Mur-ac. CD266 Itching in the anus, with sore pain and formicating stinging.

Lyc. CD1363 He feels urged to go into the open air.

Lyc. CD1369 When walking in the open air, anxiety and onset of Vertigo.

To recapitulate: the sole criterion used by HAHNEMANN for listing a symptom with emphasis, was that it derived from multiple provers, whether from one or more contributors. To put it into perspective, there are close to 2600 emphasised symptoms in CK alone, which represents over 6% of the total symptom number – in other words, a significant proportion of symptoms are derived from multiple provers. (103)

Of these, over 300 symptoms list more than a single contributor name, as for example:

- Alum. CD298 Chapped (dry) lips. [Ng, Tks, Srt]
- Anac. CD78 Tearing Pressure in the left temple. [Hrm, Gss]
- Ars. CD955 Sinking of the strength. [Störk, Rau, and many others]
- Caust. CD1263 Cold feet. [Frz., Hbg]
- Con. CD502 Suppression of the menses. [Andry, Andrée, Greding]
- Iod. CD1 Dejection. [Künzli, Matthey, Gairdner, Richter]
- Kali-n. CD225 Pains in the stomach. [Falconer, Alexander, Rihter]
- Lyc. CD833 Much itching on the prepuce, on the inner surface. [also Gff]
- Mang. CD81 Dilated pupils (aft. 25h). [Hbg, Lgh]
- Mez. CD457 Twitching pain in the hip-joint, extending down into the knee. [Whl, Gss]
- Nat-c. CD70 Dull in the head, as after a prolonged sleep. [S]
- Nit-ac. CD1249 So weak that he had to lie down nearly all the time. [also Hg]

Ph-ac. CD695 Running all over the body as from ants, with some single fine stitches. [Hrm, Wsl]

Sil. CD501 Constipation for two days. [Gss, Ng]

Stann. CD338 Pollution, without lascivious dreams. [Lgh, Gtm]

Sulf. CD672 Heartburn all the day. [also Ng]

Zinc. CD866 Burning in the right side of the chest (2nd d.). [Gff and Ng]

We see HAHNEMANN was both methodical and consistent in his assignment of symptom grades, the benefits of which were realized by Bönninghausen who applied them to his own reportorial works. (104) But whilst the assignment of remedy grades is still, as it should be, considered important, this view is formed rather more on a theoretical than a practical basis, because this system of grading has been irrevocably compromised in successive ‘modern’ (both pharmacographic and reportorial) works, largely through the admixture of heterogeneous, non-primary, primary, conjecture-full material, each with differing inclusion and grading criteria. (105)

5 Discrepancies

The pharmacographic record of HAHNEMANN, zealous and meticulous as he was, is nevertheless not without discrepancy or error. These must be identified with reference to original literature and corrected wherever possible, or at least clearly marked for attention. It is noteworthy, that whilst some of the errors we have found are significant, of themselves they do not prove critical to our application of similars. (106)

Nevertheless, the mistakes evident either in the original German and passed onto the English, or introduced by the English translators (whose efforts must nevertheless be considered as invaluable), and which have since been continued, from print to print, without attempt at examination and correction – these do not reflect well on our profession. The following few examples highlight our neglect and need for the rectification of this resource:

5.1. Mistakes in the original German

The simplest of these are what we could term organizational errors, where HAHNEMANN was unable to keep an accurate tally on contributors and their input into various remedies. For example, a number of CK symptoms append contributors who were not named by HAHNEMANN in the remedy preamble. These are:

- Ars. Wahle, 18 symptoms
- Clem. HARTMANN, 10 symptoms
- KUMMER, (107) 32 symptoms
Iod  HARTLAUB, 39 symptoms; TRINKS, 27 symptoms
Mag. m.  HARTLAUB & TRINKS, 1 symptom
Nat-c.  HARTLAUB, 3 symptoms; RUMMEL, 1 symptom
Nit-ac.  FOISSAC, 5 symptoms; HERING, 3 symptoms; STAPF, 5 symptoms; HARTMANN, 3 symptoms
Petr.  FOISSAC, 1 symptom
Phos.  RUMMEL, 2 symptoms
Sepia  RUMMEL, 1 symptom
Sil.  FOISSAC, 12 symptoms; HARTLAUB, 6 symptoms; RUMMEL, 3 symptoms
Sulf.  WAHLE, 15 symptoms; WALTHER, 12 symptoms

Also, a number of remedies actually name contributors (in their preamble) yet no symptoms can be found ascribed to them in the subsequent list of symptoms, viz:

- Agaricus (STAPF); Cuprum (FRANZ); Mag-carc. (SCHRÉTER); Manganum (WAHLE); Muriaetic acid (RUMMEL); Sepia (WAHLE); Silicea (HERING)

Another basic organizational error involves the mis-numbering of symptoms. There are seven remedies in the original German wherein symptoms were misnumbered:

- Ambra RA misnumbered – symptom 39 was given as 40, consequently, all subsequent symptoms were out by one, giving a total of 489 symptoms, not 490. This error reproduced in MMP.
- Arnica RA misnumbered – symptom 534 was given as 535, consequently, all subsequent symptoms were out by one, giving a total of 637 symptoms, not 638. This error reproduced in MMP.
- Bryonia RA misnumbered – symptom 530 should read 531, consequently, all subsequent symptoms were out by one, giving a total of 782 symptoms, not 781. This error reproduced in MMP.
- M-arc. RA misnumbered in four ways: firstly, symptom 261 was given as 260; secondly symptom 398 (actually 399) was given as 400; thirdly, symptom 424 (actually 425) is given as 425; fourthly, symptom 439 was given as 440. These series of errors added together to mean the original number of symptoms was actually 458, not 459 as listed in the RA. However, we agree with HUGHES (footnote to MMP 400) that RA400 actually represents 2 symptoms which were incorrectly adjoined by the publisher, and list this into two separate symptoms (MMP 400, 401). HUGHES also goes on to add two symptoms from the earlier (2nd edition) RA which were omitted in the 3rd edition of 1833 (i.e., MMP399, 400), the first of which was listed as uncertain (parenthesized), and the second does not at all add anything new to the symptom list, being already well stated within MMP401 (RA400). In our own view therefore, we believe these were purposeful omission by HAHNEMANN, and have removed them entirely, as he had intended. The final symptom count therefore is 458, not 459.
- Digitalis CK misnumbered in two ways: firstly, symptom 300 was actually number 200, which meant the total symptom number was 100 less; secondly symptom 319 was numbered 320, meaning that all subsequent symptoms were out by one, giving a total count of 601, not 702 as shown in CD.
- Dulc. CK misnumbered – symptom 154 being numbered as 155, consequently, all subsequent symptoms were out by one, giving a total of 408 symptoms, not 409. This error reproduced in CD.
- Iodium CK misnumbered, there being no symptoms marked with numbers 610-629 – symptom 630 should therefore read 610, consequently, all subsequent symptoms were out by 20, giving a total of 704 symptoms, not 724. This error reproduced in CD.

5.2 Mistakes introduced into the English translations

First in this category, we find errors of omission, as for example:

- Omission of symptoms
  - Agar. CK339 Durchfall [Diarrhoea] †
  - Arn. RA438 Einzelne Stösse in den Hüften [Single blows in the hips] †
  - Carb-an. CK49 Dämischt im Kopfe, mit Druck in der Stirn [Stupid in the head, with pressure in the forehead] †
  - Carb-an. CK348 Vor dem Stuhlgange, ein Ziehen vom After durch die Scham [Before the stool, a drawing from the anus through to the pubis] †
  - Chin. RA(267) Blähungsauffreibung des Unterleibes (Stahl) [Flatulent distension of the abdomen] †

† These errors did not impact on CD numbering which continued numbering as if symptom were present.
This error affected MMP numbering – we have inserted it in the appropriate place at position Chin. MMP413.

**Omission of emphases (Bold in CD)**

*Agar.* CD328 Stuhlgang sehr festen Kothes. (Ap.)

*Agar.* CD328 Stool of very hard faeces [Ap.]

*Alum.* CK301 Zahnfleisch-Geschwüste

Alum. CD301 Swelling of the gums.

**Omission of parentheses (uncertainty)**

*Amm-c.* CK629 (Ueber der rechten Ferse, Stechen)

*Amm-c.* CD629 Above the right heel, stitches.

**Omission of contributor name** (symptoms hence misinterpreted as being from HAHNEMANN)

*Bar-c.* CK629 — Ziehschmerz das ganze linke Bein herab. (Gr.)

*Bar-c.* CD629 — Drawing pain down the whole of the left lower limb.

*Euphr.* RA(83) Nachts öfteres Erwachen, wie von Schreck. (LANGHAMMER)

*Euphr.* MMP114 At night frequent waking as if from fright.

*Guaj.* CK7 Schwaches Gedächtniss; er vergisst das eben Gelesene, und alter Namen erinnert er sich gar nicht mehr. (Tth.)

*Guaj.* CD7 Weak memory; he forgets what he has just now read, and old names he does not remember at all.

Then we find mistakes of translation itself, as with the following examples.

From this (albeit very brief) account, we see that the above errors in Hahnemann's original pharmacographies do not affect their use, and whilst a number of mistakes introduced into the English language translations are less innocuous, they are not insurmountable. In both cases, given the sheer volume of work, we can understand the difficulties faced by Hahnemann and his English translators who intended as faithful and accurate a work as possible, and accept such errors were, to some measure, unavoidable. (108)

What cannot be readily understood however, is why the profession itself, over the ensuing 170 years, had not detected them. (109)

**Closing comments**

It is evident that Hahnemann’s pioneering work in developing an accurate and systematic pharmacography to be used in practice according to the defining homoeopathic principle (similars), was carefully and methodically conducted over a long period. Aside from Hahnemann’s most fundamental realization of similars as a general therapeutic approach, his pharmacography is, in itself, remarkable in both concept and content, representing hundreds of thousands of individual trial on the effect of drugs. Even today, and even with the need for careful correction, when studied, (110) these works remain both unmatched (111) and irreplaceable. (112) it would therefore be a mistake to consider them as either outdated. (113) simply because they have so long lacked the attention required for removal from the present, or of little consequence, because, as some would suppose it, the number of medicines therein is any case too limited to warrant our attention. (114)

From our own work (Hahnemann Institute, Sydney) in very closely examining this material over the past (more than) two years, we continue to gain a clearer view of Hahnemann’s pharmacography, an understanding of which allows us to better identify and correct such discrepancies and errors without compromising on the intentions of Hahnemann, and towards its complete revival.

Let us as a profession, (115) student, teacher, researcher and practitioner, seek to re-discover our sources, to stand upon the shoulders of those of our predecessors who, almost single-handedly, forged their way through the unknown into the world of objectivity and certainty in the field of medicine.

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Presently reads</th>
<th>Symptom German original</th>
<th>Should read</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ant-c. CD 97</td>
<td>Furuncles in the corners of the mouth…</td>
<td>Wund schmerzende Risse in den Mundwinkeln…</td>
<td>Painfully sore cracks (splits, rhabgades) in the corners of the mouth…</td>
</tr>
<tr>
<td>Ars. MMP intro.</td>
<td>Itching tetters on the knee,</td>
<td>Jückende Flechten in der Kniekehle</td>
<td>Itching tetters in the popliteal fossa</td>
</tr>
<tr>
<td>Calc. CD 1353</td>
<td>Large, dark-red itching tetter on the legs…</td>
<td>Grosse, dunkelrothe, jückende Flecke an den Unterschenkeln…</td>
<td>Large, dark-red itching spot on the legs (below the knees)…</td>
</tr>
<tr>
<td>Con. CD 796</td>
<td>Nervous asthma [Schmucker]</td>
<td>Nerven-Schwäche (Schmucker)</td>
<td>Nervous weakness [Schmucker]</td>
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</tr>
<tr>
<td>Dig. CD 597</td>
<td>Feeling of great tightness in the body. [Fr.]</td>
<td>Grosses Leichtigkeits-Gefühl im Körper. (Fr.)</td>
<td>Feeling of great lightness in the body. [Fr.]</td>
</tr>
<tr>
<td>Kali-c. CD 304</td>
<td>Loud ringing in one ear and burning in the other</td>
<td>Starkes Klingen in dem einen Ohre und Sumsen in dem andern.</td>
<td>Loud ringing in one ear and humming in the other</td>
</tr>
<tr>
<td>Nat-m. CD 292</td>
<td>Swelling of the meatus auditorius and burning of the ear.</td>
<td>Geschwülst des Ohrganges und Auslaufen des Ohres.</td>
<td>Swelling of the meatus auditorius and discharge of the ear.</td>
</tr>
<tr>
<td>Nat-m. CD 408</td>
<td>Swelling of the gums, painful by day and by night, for the three weeks.</td>
<td>Geschwür am Zahnfleische, Tag und Nacht schmerzend, drei Wochen lang.</td>
<td>Ulcer on the gums, painful by day and by night, for three weeks.</td>
</tr>
<tr>
<td>Nat-m. CD 1083</td>
<td>Tension of the calves when sitting, as if the muscles were too short.</td>
<td>Spannen der Waden im Gehen, als wären die Muskeln zu kurz.</td>
<td>Tension of the calves when walking, as if the muscles were too short.</td>
</tr>
</tbody>
</table>

**Bibliography**

**HAHNEMANN**  
*CD* The Chronic Diseases, Their Peculiar Nature and Their Homeopathic Cure CK translation by L.H. TAFEL, 1895, Indian reprint, B. Jain, Delhi.

**Others**  
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HLW DUDGEON, R.E. (Ed.): Hahnemann’s Lesser Writings, collected and translated by R.E. DUDGEON, 1851, Indian reprint, B. Jain, Delhi.  
TBR DIMITRIADIS, G. (Ed.): The Bönninghausen Repertory – Therapeutic Pocketbook Method, Hahnemann Institute Sydney, June 2000. This work represents a rearranged English retranslation of Bönninghausen’s Therapeutisches Taschenbuch (TT), of 1846, and therefore assumes all its characteristics.  
TT BÖNNINGHAUSEN, C.M.F. von.: Therapeutisches Taschenbuch für homöopathische Aerzte, zum Gebrauche am Krankenbett und beim Studium der reinen Arzneimittellehre, Münster, 1846. [Therapeutic Pocketbook for Homœopathic Physicians, for use at the Sickbed and in the Study of Pure Materia Medica]

Journals
AAD Allgemeiner Anzeiger der Deutschen Heilkunst
AHH Archiv für die Homöopathische Heilkunst
AHK Annales der Homöopaathischen Klinik
AHZ Allgemeine Homöopathische Zeitung
AJHM American Journal of Homœopathic Medicine
NAHH Neues Archiv für die Homöopathische Heilkunst
PMG Practische Mittheilungen der Homöopathischen Gesellschaft
THR The Homœopathic Recorder

Notes
1) Pharmacography (Gr. Φάρμακο [pharmako] = medicine, + γραφή [graphy] = writing). This term forms part of a series of terms which have been previously proposed (Sydney Seminar, July 2005) as part of a standard nomenclature. The term pharmacography may be used in two ways: firstly, to describe the process of constructing a written record on medicines (a Materia Medica).
2) We consider Hahnemann’s RA/CK as our most scientific and accurate records of proving.
3) We have been greatly dismayed to learn that final-year students of Homœopathy (after 4 or 5 years of study) have never before even seen a copy of Hahnemann’s Materia Medica Pura (MMP) or the Materia Medica section of his Chronic Diseases (CD), and further surprised to discover that practitioners of many years’ experience have hardly opened these volumes, let alone studied or understood their content. Yet these works, which are exceedingly more accurate and pure [conjectureless] than their modern successors, are the foundation-stone of all our Materia Medica, and it is the responsibility of our teaching institutions to ensure they are made accessible, and studied, by our students.
4) A comparison of original Provings in Hahnemann’s Pharmacographies with their rendering in various successive Materia Medica reveals how, without further Proving, they have been altered and extended through a process of misinterpretation, speculation, and theoretic extrapolation, to a point where their actual meaning is so changed as to lead the reader to a different impression altogether. We will publish the results of such comparative study, as we have made so far, in a future article focusing on that subject.
5) Provings (Prüfungen) as they are termed – a form of drug-trial unique to Homœopathy. A detailed account of this term as used by HAHNEMANN will be found in The Sources of our Materia Medica. Appendix 1, DHD, PP.131-142.
6) HAHNEMANN writes (Extract from A letter To A Physician Of High Standing on the Great Necessity of a Regeneration of Medicine, AAD, 1808, in HLW516): “I set myself diligently to work to test several medicinal substances on the healthy body,* and see, the carefully observed symptoms they produced corresponded wonderfully with the symptoms of the morbid states they could cure easily and permanently.” The results …. will be found in my book: Fragmenta deviribus…
7) These had been only discovered by way of accident, as HAHNEMANN writes (In Search of a New Principle…. 1796, in HLW258): “The humiliating confession must be made, that most of the virtues of medicinal bodies were discovered by accidental, empirical experience, by chance; often first observed by non-medical persons. Bold, often over-bold, physicians, then gradually made trial of them.”
9) Versuch [in search of] über ein neues Prinzip zur Auffindung der Heilkräfte der Arzneisustanzen. Note the title of this work has been translated as “Essay on….”, however, the term “Versuch” in this context is better represented with the title “In search of…”, which indeed describes this work, wherein HAHNEMANN provides ‘glimpses’ to over 60 remedies, demonstrating their homœopathicity to the disease symptoms against which they had been serviceable. A more detailed account of this can be found in DHD, P.138, Note 7.
10) HLW267
11) HAHNEMANN gives an interesting account of his reasoning in this regard, from which we read (Extract from a Letter to a Physician of High Standing… in HLW516): “In a word, medicines must only have the power of curing diseases similar to those they produce in the healthy body…otherwise how

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was it that those violent tertian and quotidian fevers, which I completely cured four and six weeks ago without knowing how the cure was effected, by means of a few drops of Cinchona tincture, should present almost exactly the same array of symptoms, which I observed in myself yesterday and to-day, after gradually taking, while in perfect health, four drachms of good cinchona bark, by way of experiment? I now commenced to make a collection of the morbid phenomena which different observers had from time to time noticed as produced by medicines introduced into the stomachs of healthy individuals, and which they had casually recorded in their works. But as the number of these was not great, I set myself diligently to work to test several medicinal substances on the healthy body...

12) HAHNEMANN correctly reasoned (In Search of a New Principle…, in HLW258-59) that the effects of a medicine could only be known by experiment upon the healthy organism, and that such trials should be conducted methodically.

13) HAHNEMANN writes (In Search of a New Principle…in HLW 265):
“A complete collection of such observations, with remarks on the degree of reliance to be placed upon their reporters, would, if I mistake not, be the foundation stone of a Materia Medica, the sacred book of its revelation.”

14) Organon, §109, footnote 2.

15) We approached this subject with the view that Hahnemann’s latest editions of these work were the way he intended them (typographic & other human error aside – inescapable in a work of such magnitude), and that any significant changes from previous editions, were, without evidence to the contrary, deliberate and purposeful.

16) Fragmenta de viribus Medicamentorum Positivis Sive in Sano Humanis Corpore Observatis, in 2 parts: 1st part, 269 pages (Materia Medica); 2nd part, 470 pages (word index), J.A. BARTH, Lipsiae, 1805. This work consists of two parts, the first (268 pp.) formed the Materia Medica proper – a list of symptoms for each of the remedies therein; the second (469 pp.), a word-index to the first part. HERING gives the following account (HRM 18):
“It is true that HAHNEMANN added to his first collection (his ‘Fragmenta’ of 1805), an index where every word could be found; but it was altogether out of proportion … The next, in large type sparsely printed, filled 268 pages; the index, in small type condensely printed, filled 469 pages.”

17) HAHNEMANN writes (Extract from A Letter To a Physician Of High Standing … in HLW520, footnote):
“I would, ere this, have communicated to the world the large number of medicines whose properties I have investigated since 1804, and have published the whole in German, were it not that the publisher of the Fragmenta has begged me to delay doing so on account of the badness of the times.”


19) Marion WETTEMAN, Samuel Hahnemann’s “Fragmenta de viribus medicamentorum” – the first homeopathic Materia Medica, dissertation for Doctor of Medicine, Faculty of Medicine, Eberhard-Karls-University, Tübingen. This is a translation of the first part (Materia Medica) only.

20) Perhaps we will not wait another 200 years for such a translation of this foundation work. Who shall put up their hand to this needy and fundamental work?

21) Reine Arzneimittelerehre, 1825-1833 [vols.1-2 3rd ed.; vols. 3-6 2nd ed.] Arnold, Leipzig. Reprint Haug, Ulm/Donau, 1955. The arrangement of RA differs from that of its English language counterpart (MMP), in that the observations of other [Beobachtungen Andrer] are listed separately from those of HAHNEMANN, and therefore, the symptom numbers in MMP mostly do not correspond with those in RA.

* The exception to this is volumes 1 and 2 which went through to a 3rd edition (1830 & 1833 respectively), as well as Ambra, Carb-an., and Carb-v. from the second edition of volume 6 (1827) – in these cases, the observations of others and those of HAHNEMANN have been placed together, and therefore correspond in number to those of MMP.


25) Richard HUGHES, with whose erroneous and often biased conclusions (with respect, in our
own view, to many matters homoeopathic) we largely disagree, but who is nevertheless noteworthy in his literary efforts on homoeopathic historical matters, in his *Sources of the Homeopathic Materia Medica* (HMP p.41), gives an overview of the serious faults to be found in HEMPEL’s translation, summing up by saying:

“I must regretfully say that I have long ceased to have any reliance on this translation, and never venture now to quote HAHNEMANN as given by HEMPEL lest I should misrepresent him.”

It should also be noted that HEMPEL used the 2nd edition for his translation, even though volumes 1 and 2 had already gone through to a 3rd edition. we further refer the reader to the comments of various colleagues (THR, 1893, pp.323-329) which highlight the general consensus against Hempel’s works.

26) Materia Medica Pura, translation of RA, by R.E. DUDGEON, reprint, B. Jain, Delhi, 1990. As expected from a work of such volume, MMP introduced its own errors, both of typography, but also of translation. Our own examination of MMP and a comparison with RA over the past few years has revealed a regretful neglect of this material by our profession in general.


28) First edition CK – publication dates for each volume: 1,2,3 (1828), 4 (1830).


30) Second edition CK – publication dates for each volume: 1, 2 (1835), 3 (1837), 4 (1839).

31) D.WILSON penned a critical review of Hempel’s translation, appearing in the *Monthly Homoeopathic Review* of 1862, and there appeared a series of discussions in volumes 6, 7, 8 of the same journal.


33) The remedy number in RA is 65 when the magnets (M-1mb., M-aract., M-aust.) are considered together.

34) It is astonishing that our profession focuses much of its time in new medicinal ‘provings’ (of dubious quality) in the search for more certainty in prescribing, whilst simply accepting (rather ignoring!), as is, the Provings record of our predecessors, without seeking to check, verify, falsify, etc. any such data inherited from the past – we find numerous discrepancies and even the most basic or errors merely carried over into our modern works. No science can hope to survive let alone develop without due regard and careful scrutiny over observations of the past.

35) These day-books are not available, although some works do describe the sequential effects of medicinal doses – one such work is that of HUGHES & DAKE (CDP), which however was seriously flawed from its outset, in that these authors could not get past their own prejudice which limited their collection to Provings with potencies no higher than the 6th centesimal (Introduction, p.xiv), referring to the ‘infinitesimals’ as mere ‘dilutions’ instead of their rightly termed potency or attenuation (as demanded by HAHNEMANN himself). The resultant work, whilst being worth an examination as it does contain some nice sequential accounts of provings phenomena, is nevertheless so seriously defective as to render it mostly academic in its actual utility.

36) There are a number of remedies which appeared for the first time in Hahnemann’s works, e.g., Arg., Aur., Cocc., Ole- and Staph. HAHNEMANN also derived many symptoms from Proving fragments published within the various books & periodicals, e.g., AHH, NAHH, AHZ, HTRA, AHK, etc., each of which he fully acknowledges.

37) This symptom grading within a Provings record indicates the degree of certainty that the symptom has been the result of the medicine not therefore due to one or more other circumstances co-incident during the course of the Proving. What must be kept in mind here, is that this symptom gradation at the level of the Materia Medica itself, is a measure of certainty that the symptom was actually produced by the medicine in Proving, whilst the ‘0’ indicates a level of uncertainty. This differs essentially from the remedy grading within a repertory developed by BÖNINGHAUSEN (modelled on Hahnemann’s symptom grading) and as seen in Böninghausen’s SRA, SRN, and TT (and our TBR), which is a measure of clinical success.
38) HAHNEMANN further grouped these ‘observata aliorum’ according to their literature source, which he also clearly indicated.

39) ‘Beobachtungen Andrer’. These symptoms are also distinguished in that their numbers are enclosed in parentheses – whenever a symptom number in RA appears without parentheses (e.g. Cham. RA5), it is to be found listed amongst Hahnemann’s observations, but if it appears within parentheses (e.g. Cham. RA(5)), it is to be found under the ‘observations of others’.

40) We see this in his final (sixth) volume of the (second edition) RA, wherein Ambra, Carb-an., and Carb-v. list symptoms of both HAHNEMANN and others, together.

41) The significant point of distinction between RA/CK with respect to layout, is Hahnemann’s decision to list the symptoms of mind at the beginning of the Proving record in CK, as opposed to their place at the end in RA.

42) We have many examples where HAHNEMANN accepts or rejects (based on the Provings) the old-school use of a particular medicine. For example:

Seilla (note to MMP 172):
HAHNEMANN labels its old-school use as an expectorant as being palliative – that, based on its power to produce an easy expectoration of thinned mucus in its primary action, it will rather prove curative in “too copious and too frequent mucous secretion”.

Verbascum (preamble)
HAHNEMANN condemns the old-school conjectural employment of this remedy as “a demulcent, resolvent and laxative” based merely on “the sickly odour of its flowers when crushed with the fingers, and from the slimy character of its juice”. He then goes on to say “The following pure symptoms and morbid states which have been produced by this plant on healthy persons will show how much mistaken the medical world was in its frivolous conjecture.”

Moschus (preamble)
HAHNEMANN cites the “very precise experiences of Lentin, Zanetti, Morgenstern, Robol, and others” of the old school as support for the use of “Moschus in various kinds of tetanus”, such symptoms being supported in the proving.

The only remedy in Hahnemann’s Pharmacographic writings for which he does not himself contribute a single Proving symptom, is Taraxacum (RA, vol. 5, 1826).

His fellow-Provers being:
FRANZ [36 symptoms]; GUTMANN [106 symptoms]; KUMMER [40 symptoms]; LANGHAMMER [79 symptoms]; ROSAWEZKY [2 symptoms]

HAHNEMANN had nevertheless clinically confirmed these Provings and provides recommendations for dosage (Tarax. Preamble).

43) The following symptoms failed to indicate their origin as being RA (via means of a preceding dash (—)): Symptoms which omitted a preceding dash in German original (CK)
Calc. RA/CK = (76)/388; (81)/441, (92)/633, (113)/697; (130)/809, (174)/1211, (181)/1246; (182)/1247
Symptoms correctly marked in German CK but omitted preceding dash in English CD.
Calc. RA/CK&CD = (235)/62; (78)/404

44) We have examined a number of remedies which went from RA into CK, and find no examples where a contributor to RA provides new symptoms to the same remedy for CK.

45) ADAM (of St. Petersburg) contributes to 96 symptoms in 3 remedies within a 2 year period: Bar-c. CK 1st edition, 1828 (23 symptoms)
Carb-an. RA 2nd edition, vol. 6, 1827 (32 symptoms)
Carb-v. RA 2nd edition, vol. 6, 1827 (41 symptoms)

46) He did not simply restate the symptoms as they appeared in the RA, for example, Carban. RA 128/CK420; Dulec. RA 163/CK184.

47) For example, Carban.RA 37-38/CK 122-121 respectively.

48) Even so, in their transition from RA to CK, we note symptoms which seem less full in their meaning than the original (sometimes lengthier) RA version, as the following sets of symptoms show:

Carba. RA/MMP 123: “Nocturnal seminal emission – for the first time for a long period – with lecherous dreams, without stiffness of penis, and after waking a spasmodic pain along the urethra, especially at its back part. [Ad.]”

Carba.CK/CD404: “After a pollution, in the morning, on awaking, a cramp-like pain along the urethra, especially in its posterior part. [Ad]”

Coloc. RA (32)MMP33: “Deep in the ear an itching shooting pain which extends from the Eustachian tube to the membrane tympani, and is momentarily removed by boring in the finger (aft. 1½ h). [Stf.]”
Coloc. CK/CD42: “Itching shooting deep in the ear, extending from the Eustachian tube to the membrana tympani, and going off on introducing the finger (aft. 1½h.) [Sfb.]”

Coloc. RA(189)/MMP208: “Tearing stitches lengthways on the whole body, on the forehead, temples, back, upper and lower extremities, side of the abdomen, and chest (aft. 6h.) [Lr.]”

Coloc. CK/CD242: “Tearing stitches lengthways on the whole body, on the head, the back, the abdomen, and the limbs. [Lgh.]”

Looking at the first example of Carb-an., the CK version omits to mention this emission was unusual, accompanied by sexual dreams, and occurred with flaccid penis – comprehension has been affected, perhaps not critically, but certainly the image of the original symptom has been, from our own perspective, unfortunately reduced. One possible explanation for this seeming sacrifice of reader comprehension for the sake of brevity, involves JAHR, who was employed by HAHNEMANN (February to October 1834) for the express purpose of assisting him towards the publication of the second edition CK. HAHNEMANN himself later complained to BÖNNINGHAUSEN† that JAHR’s careless inexactitude necessitated constant supervision, and it is therefore not impossible that such alterations actually made by JAHR escaped the attention of HAHNEMANN.‡ This is nonetheless a topic worthy of much more attention.

† We read from Hahnemann’s correspondence to BÖNNINGHAUSEN:
26 Dec. 1834 (SHB 110): “...JAHR had, after sorting the materials, only to copy them, and to abridge the longwinded symptoms of N-g, and others, and since I worked everything through with him word by word, his superficiality and twaddle could not create any damage; and he performed consequently quite well.”

‡ 27 May 1841 (in SHB 137): “The new ‘Manuel’ by JAHR is overloaded with useless ambiguous things – but he does not accept any advice.”

BÖNNINGHAUSEN himself also complains about Jahr’s lack of accuracy: Letter to HAHNEMANN, 7 August 1834 [shb 107-108, transl. B. Deutinger]
“It is a pity that Jahr’s works (Handbuch and Repertory) do not correspond, not even in their outstanding characteristics, and there are so many print errors and mixing up of medicines with similar names.”

SRN Foreword, p.x.: (BÖNNINGHAUSEN is here answering Rummel’s favourable view of Jahr’s Handbuch of 1834)
“Despite his frequent use of this book, he [Rummel] did not seem to have detected the numerous – almost in every column – mixups (of Cina with Cicutia, of Coffea with Cocculus, of Colchicum with Cylamen, of Cannabis with Cantharis, of Chamomile with China, of Euphorbium with Euphrasia, of Ignatia of with Ipecacuanha, of Magnesia with Manganum of Oleander with Oleum animale, of Rheum with Rhus, of Secale cornutum with Selenium, of Taraxcum with Tartarus stibiatu, etc.), the numerous omissions of most important remedies and the duplication of many remedies within one rubric.”

‡ This however, in itself, does not explain why HAHNEMANN did not later check for such problems and then at least make some comment, either by way of a letter to BÖNNINGHAUSEN, with whom he remained in steady correspondence, or elsewhere in a periodical to which he had ready access (eg. Archiv), especially when considering that HAHNEMANN well knew of the difficulties with JAHR and the very real chance of error. Perhaps, keeping in mind Hahnemann’s change of life-style at that time – his move to Paris with a new (very much younger) bride, and the subsequent enjoyment of more social activities such as the French theatre – his circumstance provided sufficient distraction for him to review the entire work. In any case, until we have concrete evidence to the contrary, we must accept that what we have is as he intended it.

49) HAHNEMANN expresses the earnestness of his efforts with the following remark (CK Preface, 1st ed., 1828):
“If I did not know for what purpose I was put here on earth – to become better myself as far as possible and to make better everything around me that is within my power to improve – I should have to consider myself as very much lacking in worldly prudence to make known for the common good, even before my death, an art which I alone possess, and which it is within my power to make as profitable as possible by simply keeping it secret.”

50) Refer HHL, vol. 1, p.96, where, according to the record of Hahnemann’s correspondence, we see he arrived in Leipzig at the end of August, 1811.

51) Refer HHL, vol. 1, p.375.
52) These were distributed mostly amongst 55 of the 95 medicines, since 8 only listed from 1 to a handful of such inclusions, and the following 23 listed no entries at all from old school sources (typestyles used below denote where Provings appeared: RA [plain text]; CK [italics]; RA + CK [bold italics]


53) Nenning contributes to the following (20) medicines:

54) GROSS contributes to the following (42) medicines:

55) FRANZ contributes to the following (37) medicines:

56) LANGHAMMER contributes to the following (48) medicines:

57) GERSDORFF contributes to the following (8) medicines:

58) SCHRÉTER contributes to the following (15) medicines:

59) STAPF contributes to the following (44) medicines:

60) Richard HUGHES’ (HMP, p.22) ignorant and mischievous comments on this topic have no basis in fact. We ourselves prefer to call upon the evidence of the Provings record and its success in clinical practice, as a measure of Prover capacity or validation. Such misinformed criticism against LANGHAMMER are even heard today, and it makes one wonder as to their purpose – regardless, their result is to brand these primary sources as unreliable and thereby neglected, whilst at the same time promoting the sales of new, up-dated, and so-called ‘scientific’ works on Materia Medica – as if a more scientific record than that of HAHNEMANN on the effects of medicines has ever been written!

61) FRANZ Vermeulen’s comments on this subject, as found in his Introduction to Prisma Materia Medica, provide one such mis-guided example. By extracting and collating all symptoms of each observer across a number of medicines we obtain a proper perspective of both their similarities and their differences – we ourselves have begun such a process, and have thereby reached an evidence-based conclusion which does not support such views as Vermeulen’s.

62) For example, if we compare the symptoms contributed by LANGHAMMER to Colocynthis and Manganum (27 symptoms in each), we find far greater differences than similarities, and in addition we observe numerous instances where these supposedly too similar symptoms of a single contributor are indeed supported by the adjacent symptoms from other contributors.

63) NENNING declares he abstained from Proving medicines on himself, given the paralytic condition [Lähmungsartig] of his right hand, in order to put his contributions beyond possible reproach (AHZ 3:14; 105, December 1833).

64) A similarity of multiple symptoms from a single contributor could indeed indicate an input from more than one Prover. Thus, Vermeulen wrongly concludes (Introduction, Prisma MM): “Even HAHNEMANN himself... for, instance, produced five times the ‘delusion of being unfortunate’ in as many Provings.”
Of the (3) symptoms we find contributed by HAHNEMANN wherein the Prover reports feeling (not delusion) “unfortunate” (Chin. MMP1113, Ipec. MMP222, Phos. CD23), that in China is given in italics, which, as we demonstrate later in this article, likely indicates multiple Provings. Furthermore, expressions such as ‘unfortunate’ themselves must not be taken further than the context in which they are given, for example, whilst the adjacent symptoms in Ipec. MMP222 do not use this term, they are clearly of a similar nature – just expressed somewhat differently by different contributors (e.g. Ip. MMP 219, 220, 221, 223, 224). To draw a conclusion therefore, as done by Vermeulen, based on individual words or expressions, is to ignore the meaning of the whole, in context. It thus becomes clear that such concerns of prover bias, which have been readily promoted to the level of thesis, are without basis in fact.

65) It is precisely from their similarity of action that medicines are able to be grouped into a concordance or relationship of remedies (as first undertaken by BÖNNINGHAUSEN).

66) For example, STAPF, whose credentials as a Prover and tireless contributor for our profession is beyond question, contributes the following similar symptoms: *Acon.* MMP 8 Vertiginous heaviness of the head, especially in the forehead and on stooping, with Nausea, and qualmish feeling in the scrobiculus cordis (aft. 2h). [Stf] *Arn.* MMP 2 Giddy whilst walking [Stf] *Ars.* CD 110. Vertigo, with loss of thoughts when rising. [Stf] *Ars.* CD111 Violent Vertigo, with Nausea, when lying down; he has to sit up diminish it. [Stf] *Acon.* MMP1 Vertigo, as from slight intoxication, on rising from a seat and walking about (aft. 10m). [Stf] *Asar.* MMP9 In the morning, on rising, dizzy in the head, with headache in the left side of the forehead (aft. 22h). [Stf] Here we have extracted only those vertiginous symptoms contributed by STAPF in the ‘A’ remedies, but this list could be easily extended, and with any contributor, including HAHNEMANN.

67) *Organon,* especially §§116-117, 121, 128-132.

68) That one subject may be disposed to react with urinary, or respiratory, or skin, or mind, etc. symptoms, means they will tend more towards such symptoms in a Proving situation, and that their contributions will be greatest with medicines which have an affinity for evoking such effects.

69) It should here be mentioned that, a patient who, having never taken, say, arsenic, yet, in response to all variety of circumstances and stimuli to which they have been exposed, have, in summation over time, expressed a pure picture of arsenic symptoms, must themselves be predisposed to react in an arsenic way, even without taking arsenic – these same patients would, in health, make the best provers of Arsenicum – for what is more likely to produce an Arsenicum response than Arsenicum itself? Conversely, a subject who proves readily disposed to react to a particular medicine (in such ultra-attenuated doses as given in our Provings), is the same person who would more readily develop a similar (natural) disease. Thus we see that sensitive or idiosyncratic subjects are best suited for Provings, since they readily express a series of symptoms following exposure to the substance to which they are particularly susceptible. But this is no different to what is accepted in Pharmacology, that is, that a substance is only able to effect a physiological response because there are already receptors present to which their molecules fit precisely – whilst the receptor-ligand hypothesis is itself flawed from our own point of view (as it does not explain how ultra-attenuations produce physiological effect), nevertheless it demonstrates that, even in physiology, it is accepted that there must be some level of predisposition for any substance to actually evoke a response.

70) The susceptibility of a person to a particular stimulus cannot be known or reasoned beforehand (*Organon, §278*) and HAHNEMANN provides clear instruction as to the approach to Proving in order to bring out the ‘genius’ of a medicine (*Organon, §130*).

71) For example, the lengthy symptoms 4 and 5 of Borax in CD, contributed by SCHRÉTER, are themselves listed only in plain type, yet their clinical validity has been repeatedly verified, as well by BÖNNINGHAUSEN himself (Something about Borax, AHZ1856, Vol.53, p.60, in BLW61) who cured with it a number of complaints in two separate women, each displaying this symptom.

72) BÖNNINGHAUSEN’s repertorial works, the latest of which was TT (and now our own English language counterpart, TBR), are the only repertorial works with a meaningful and consistent application of specific criteria in the
assignment of grades. This subject has been elaborated in our DHD.

73) HARTLAUB & TRINKS’ joint contributions are found in the following remedies: Ars. (CD263, 281, 439, 454, etc.) Carbo-an., Cocce., Dulce., Euphor., Ign., Iod., Mag-c.* Phos., Rhus.

*CK lists 650 symptoms of Mag-c. ascribed by HAHNEMANN to HARTLAUB & TRINKS. But HAHNEMANN therein suggests these symptoms are likely to have originated from NENNING (they were published in HTRA without any contributor name).

74) For example, Dulce.CK/CD397 [Ng] = HTRA48+49+50 [Ng]

75) We have counted over 115 such symptoms across 17 medicines. The following few specific examples trace a composite symptom in CK to its multiple original symptoms:

\[\text{Alum. CK/CD119 [Tks.Ng]} = \text{HTRA57, 58, 59, 64, 66, 67 [Ng] + HTRA62 [Tks]}\]
\[\text{Alum. CK/CD 196 [Srt.Ng] = HTRA115[Srt] + HTRA 116 [Ng]}\]
\[\text{Alum.CK/CD 197 [Htb, Ng] = HTRA120[Htb] + HTRA 118, 119 [Ng]}\]
\[\text{Alum. CK/CD202 [Ng, Htb] = HTRA121, 124 [Ng] + HTRA125 [Htb]}\]
\[\text{Alum. CK/CD655[Srt.Ng] = HTRA 501[Srt] = HTRA481, 504, 505 [Ng]}\]
\[\text{Amm-c CK/CD244 [Srt.Ng] = HTRA 25, 26 [Srt] + HTRA115 [Ng]}\]
\[\text{Amm-c. CK/CD 324 [Ng,Srt] = HTRA 159 [Ng] + HTRA 29 [Srt]}\]
\[\text{Phos. CK/CD887 [Ng,Bds]=HTRA352 [Ng] + HTRA353 [Bds]}\]

76) For example, Iod. CD11, 32, 44, 102, 115, 126, 175, 185, 188

77) For example, Iod.CD7, 157, 195, 225

78) These were indicated by affixing all the contributor names to such symptom.

79) German original: Alum. CK 119 Stechen an einzelnen Stellen des Kopfes. (Tks, Ng).

80) German original: HTRA62 Stechen an einzelnen Stellen des Vorderkopfes. (Ts).

81) German original: HTRA57 Lange anhaltendes Stechen in der Stirne, Abends. (d.2.T) (Ng)

82) German original: HTRA58 Stumpfes Stechen in der Stirne über dem rechten Auge, Vormittags. (d.3.T) (Ng)

83) German original: HTRA59 Schmerzhaftes Stechen & Reissen im linken Stirnhügel, Abends 6 Uhr. (d.1.T) (Ng)

84) German original: HTRA64 Plötzliches, spitziges Stechen in der linken Schläfe, Nachmittags, auch einmal früh. (d.f.T) (Ng)

85) German original: HTRA66 Schmerzhaftes Stechen & Reissen in der rechten Kopfseite, Vormittags 11½ Uhr. (d.1.T) (Ng)

86) German original: HTRA 67 Stechen in der linken Seite des Hinterhaupe frühr (d.3.T) (Ng)

87) Similarly, the contributions recorded within our periodicals of that time from where HAHNEMANN derived some of these symptoms (e.g. AHH, NAHH, HTRA, AHK, etc.) were also meaningfully summarized accounts collated from the masses of Prover day-books. It is however, also regrettable we do not have many of these Prover’s day-books for the purpose of research (not as a ready-reference).

88) In Search of a New Principle….., 1796, HLW265.

89) The Medicine of Experience….., 1805, HLW453, Footnote.

90) MMP, Preface, p.2

91) We have assigned ‘0’ to parenthesized symptoms to indicate a degree of uncertainty; numbers 1, 2 are assigned to indicate a degree of certainty.

92) Whilst HAHNEMANN writes (Praefatio) that these symptoms are given in capitals, the publisher actually used italic script (perhaps to save space), and which HAHNEMANN, perhaps, then failed to go back and note in his Praefatio prior to print.

93) This is what HAHNEMANN writes in his Praefatio to the Fragmenta (translated by B. DEUTINGER):

“A symptom which has been printed in CAPITALS, I have observed more often, and the one printed in small letters more rarely. The ones put in brackets I published with reservation since they have been observed yet by myself only once, i.e., in a case not quite clear and doubtful. Here and there I added the brackets when I did not perceive the true being of a person, or if a person was of slow comprehension or committed errors in dietary intake.”

Here we see any doubt regarding a Proving symptom, whether due to some circumstance or to an inability to perceive the meaning or intention of the Prover, was marked in that symptom by its enclosure in parentheses. This symptom grading system was continued by HAHNEMANN in both his RA and CK.

94) By this is meant a positive clinical effect following a prescription based on similarity of the symptoms of the medicine with those the
disease being treated, thus confirming the validity of the original Provings data.

95) For example, Bell, *Fragmenta* p.28, sympt.9 (Wetteman)/RA1012; *Carban*.RA108/CK350, and again for *Carb-an*. RA99/CK325; Mang. RA1/CK18; Aur.RA8/CK71, etc.

96) Had HAHNEMANN himself confirmed these by way of reproving, he would have added his own name to the symptoms. That our conclusion here is well founded is supported by the following statement of HAHNEMANN (Medicine of Experience, 1805, in HLW453, Footnote):

“The more obvious and striking symptoms must be recorded in the list, those that are of a dubious character should be marked with the sign of doubtiety, until they have frequently been confirmed.”

97) Such emphasis was indicated by spacing the text in RA and CK.

98) These may however be used to remove any uncertainty.


100) The translation by DUDGEON wrongly gives “gripping” rather than pinching [Kneipen].

101) The translation here is wrongly given by DUDGEON who (understandably) misunderstood the colloquialism of Hahnemann’s time. The correct translation has been given here by B. DEUTINGER of our Hahnemann Institute, Sydney.

102) HAHNEMANN for example, as is well known, used not only himself, but recruited friends, family, students, and colleagues in his Provings work. Similarly, NENNING recruited his wife’s millinery factory workers. It is to be here noted for the profession to know, that not too long ago, I learned from a near graduate student, that their lecturer held a (hopefully uncommon) view to the following effect, that since “many of the female reproductive proving symptoms within Hahnemann’s MM are appended with the names of male contributors (even HAHNEMANN), that therefore, these must be spurious and to be dismissed.” But how is it possible that a person in such position of authority, indeed, charged with instruction in the Materia Medica to the unsuspecting student, how can they be so ignorant – have they not read and understood the fact that the contributors are not always the Provers themselves? And as a result of such mis-teachings, the student loses any hope of thoroughly examining these works for themselves, let alone do they have any real guidance to do so, and it is no wonder they look toward the nowadays abundance of so-called new, modern, essential, thematic (etc., etc.) works which promise both accuracy and excitement in the otherwise perceived tedium of Materia Medica study. I say by all means examine these works, but do not ignore the sources. This is, unfortunately the state of affairs in the teaching of Materia Medica.

103) We find twenty-seven of the medicines in Hahnemann’s Pharmacography contain a (variable) number of unemphasised multi-contributor symptoms; of these, thirteen remedies list only one such symptom, and only the following eight remedies list what we consider a significant number of such symptoms:

<table>
<thead>
<tr>
<th>Remedy</th>
<th>no.</th>
<th>first published</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camphor</td>
<td>13</td>
<td>1805, <em>Fragmenta</em></td>
</tr>
<tr>
<td>China</td>
<td>14</td>
<td>1805, <em>Fragmenta</em></td>
</tr>
<tr>
<td>Helleborus</td>
<td>8</td>
<td>1805, <em>Fragmenta</em></td>
</tr>
<tr>
<td>Hyoscyamus</td>
<td>32</td>
<td>1805, <em>Fragmenta</em></td>
</tr>
<tr>
<td>Opium</td>
<td>36</td>
<td>1805, <em>Fragmenta</em></td>
</tr>
<tr>
<td>Veratrum</td>
<td>12</td>
<td>1805, <em>Fragmenta</em></td>
</tr>
</tbody>
</table>

Whilst we are not (yet) able to explain (with sufficient certainty) this discrepancy from the general trend as reported in the text of this article, we do observe all these medicines are from the RA, and that their pathogeneses were amongst the first to be recorded, and it is plausible Hahnemann’s multiple-prover criterion for symptom emphasis was not, at that earliest stage, quite formed. Remember this was a time prior to the formation of his Provers-group (see HHL vol. 1, p.375), when HAHNEMANN had only a handful of (family & friend) Provers – he acted as both Prover and Proving master, and his own observer bias may have been a reason why he did not add emphasis to a symptom which he had derived from multiple sources. Later, as his experience confirmed and his confidence grew, he could, with certainty, add emphasis to highlight the symptom.

104) In his Preface to SRA (1832), BÖNNINGHAUSEN writes:

“Moreover, it has been my endeavour to constantly indicate symptoms that have been verified in practice, and I have sought to make this perspicuous by the use of a differentiating type…”

105) The inconsistency and dilution of grading inclusion criteria is readily evidenced in (non-
primary) works on both Materia Medica and Repertory. With respect to Materia Medica, we see that, unlike HAHNEMANN, authors may use differing typestyle to indicate either their own clinical (or other) support for a symptom (i.e. the emphasis is not based on actual Prover number), or where a symptom derives from a number of previous works – but the problem here is, that, often, these multiple secondary sources can be traced back to a single primary source, i.e. their extensive base is only apparent. With respect to Repertories, we observe great confusion as to what the grades actually represent, and it is a fact that most Repertories do not at all mention their specific criteria for grade assignment. KENT himself only makes a mention of the grades in his Repertory (KR) some years after its publication (Lectures... [1900], pp. 213-214); but here we must not forget that Kent’s is a secondary (non-primary) Repertory, a composite of previous repertorial works, each with their own grading integrity, yet mixed together in a heterogeneous manner, and that therefore, devoid of specific grading criteria – KENT simply fitted the existing grades of the various precursor works into his own schema, thereby losing their connection to both the Provings and the decades of clinical successes before him (see DHD for more detailed account). Moreover, we find in KR many clear instances of purely clinical rubrics listing remedies in his highest (3) grade, even though this grade was supposedly reserved for those symptoms confirmed by multiple Provings and verified by multiple clinical successes. But the situation is not at all improved with the advent of more modern repertorial works. Synthesis, for example, also does not provide their grading criteria, and again demonstrates a real inconsistency, when compared to its direct predecessor, KR, in its assignment of grades, not only in somehow (undisclosed) converting the 3-tiered grades of Kent’s Repertory into its own 4-tiered system (supposedly borrowed from Pierre SCHMIDT), but also in their assignment of grade to additions from contemporary sources. This is not the place to elaborate, however we have ourselves collected ample evidence, and invite our conscientious colleagues to make their own comparison. We also refer the reader to our previous writings on this topic – in DHD, as well as our articles The First Repertory and ‘Bogus Bönninghausen as found in AJHM 2006, 99:4; 9-19, and AJHM 2007, 100:1; 50-57 respectively.

106) Even the most significant errors, in themselves, are not critical, so long as the homœopath avoids prescribing on a single symptom or component, and, in all cases, seeks the remedy which fits a syndrome of symptom components. CK thus remains Hahnemann’s final contribution to our store of knowledge as to the real effects of medicines; forged through many years of clear observation, methodical experiment, and long experience.

107) Refer C.HERING, Uebersicht unserer Arzneiprüfungen nach den Prüfern geordnet, AHZ 31 (1846) pp. 22-30, 38-42

108) Bear in mind the absence of any computer systems (as is today our fortune) to help identify and correct such discrepancies.

109) How also can we explain the enormous number of errors, both persistent and newly added, in our modern works? Indeed, there are so many and varied errors in these works, that to even list them, would, in itself, be a mammoth undertaking – no less so because there is insufficient or no regard to proper referencing and explanation as to precisely how or why individual terms (symptom or rubric entries) have been changed or added. This serious negligence reflects poorly on our profession’s capacity for (or interest in) proper research.

110) From BÖNNINGHAUSEN we read (Three Precautionary Rules of Hahnemann, NAHH 1844:1;1,69, in BLW 199) “…the Materia Medica Pura ought to be not only read but also studied; and only then when the homœopath-to-be has faithfully and persistently passed though this study he will be able … to find out in every case the suitable remedy with certainty.

111) It must be pointed out that the very structure of Hahnemann’s Pharmacographic works presents the information in such a way as to readily allow the combination of the various symptoms (and their components). The homeopath, in studying these works, must apprehend and rejoin these fragments into a cohesive comprehensible overview – this is precisely the mechanism used in the clinical situation, wherein the homœopath must apprehend and rejoin the symptom fragments of the patient for the sake of reaching a (homœopathic) diagnosis. For this reason, the study and re-study of Hahnemann’s Pharmacography provides the best form of training for the homœopath, as it reinforces the
same mechanism required in the clinical setting.

112) Within these works to which we constantly refer even in our daily practice, we find symptoms nowhere else to be found, and there are many instances where pivotal symptoms upon which a prescription was based, were either removed in the newer compilations on MM, or else their descriptions so truncated or changed (not through their compilers’ own clinical experiences, but from their ‘comprehensions’ at the desk) as to render them inapplicable. We have learnt from many such disappointments, over many years, that, for remedies which appear in Hahnemann’s Pharmacographie records, we trust that source primarily.

113) The suggestion that these old Provings are no longer applicable to our modern diseases is strongly refuted, not only by the results of their application in the clinical setting, but also in the knowledge that these Provings are a record of basic expressions (symptoms) of disease (i.e. not of ‘diseases’ themselves), and that these basic symptoms may be re-combined in any manner of ways to resemble an almost infinite variety of ‘diseases’, even in our modern day.

114) No doubt our profession would be better served if these works described double or triple the number of remedies (if only HAHNEMANN had lived another 80 or 100 years). However, the homœopath who seeks at all times the most similar remedy shall not at all be limited by this number, for there exist other works of good (but not better) quality to which they may readily refer.

115) We welcome any support by way of resources, expertise, or skills, from those within our profession keen to assist in this work.

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2. PRODROMAL SYMPTOMS
GUY BECKLEY STEARNS, M.D.
[From The Homœopathic Recorder, June 1929]

“The prodromal symptoms contain the keynote for the homœopathic remedy”. The above quotation is from a remark made by Dr. BOGER at one of our meetings and is borrowed as a text for this paper. It was made in a discussion of some aspect of acute prescribing, but has a profound application to the homœopathic method as a whole. Six years ago I was asked to prescribe for the wife of a physician; she was in a grave condition from Bright’s disease. Her case had been worked up clinically by standard methods at the hands of competent physicians. She presented the following indications for homœopathic study:

A frontal headache in the morning on arising from lying.

More or less constant fullness of the head, with cold hands and cold, perspiring feet.

Hunger diminished.

A faint all-gone feeling at 11 a.m.

Craving for alcohol, salads and fruit.

More thirst than hunger.

Aggravation from eating fats.

Constipation.

General aggravation of all symptoms in the morning.

General aggravation from heat and from the sun.

Enlarged thyroid before her menses.

Her past history was: Typhoid fever eleven years before. She had never been well since this. Her treatment during Typhoid was cold baths with no medication.

The following were the points that she could remember of that illness:

The first symptoms were a severe “Bronchial cold” with a hard cough which caused a pain through the upper right chest to the back.

With this was a severe frontal headache which was worse from light and better from cold. She remembers having this throughout the illness.

Great thirst.

Constipation.

Quiet delirium, in which she saw figures with hideous faces in the corner of the room.

All of her symptoms were worse from four o’clock in the morning on.

Although Sulphur appeared to be the suitable remedy for the symptoms she had at the time that she came to me, the symptoms that she had with the Typhoid infection called for Bryonia. This was given with immediate benefit and final cure and she is today apparently in perfect health. Her husband remarked that he had never seen a case worked out just that way and said it ought to be published. This was an application of the principle embodied in the opening quotation. Her prodromal symptoms were those which she had with Typhoid fever, from which she had never recovered. It is not possible to apply this principle to every chronic case, because the beginnings are often buried so deep in the past that they cannot be recalled and also, in many cases, conditions develop without any obvious
symptoms. It is like many other principles in Homeopathy. It applies only to the cases to which it can be fitted.

Another case where this principle applied was that of patient suffering from valvular heart disease with failing compensation. This patient gave a history of two attacks of acute Rheumatism and one attack of Pneumonia. The history of each of these attacks showed plain indications for Bryonia. Her present symptoms were not particularly indicative of Bryonia. She had been digitalized more or less for a long time. Bryonia gave her marked relief and restored her to a comfortable state of health. One of the best illustrations of this principle was related to me by the late Dr. J.H. CARTER. A man had been in the hands of the elder WESSELHOEFT of Boston. One of his chief complaints was an obstinate constipation. He went regularly to WESSELHOEFT over a period of two years when, because of change of business he moved to Philadelphia. At his last visit, he asked for the address of a physician in Philadelphia and WESSELHOEFT told him to go to Dr. LIPPE. The doctor then said to the patient, “I have never been able to help you and I have often wondered why you continued to come to me. Your case has troubled me a great deal”. The man told him that he had continued under his treatment because he had confidence in him and that, although he had not helped as regards his constipation, there was some improvement in other ways and he was impressed by the painstaking way in which his case had been handled. At his first interview with Dr. LIPPE, the doctor went into his past history and learned that, many years before, he had Diphtheria from which he nearly died and that, from that time, he had been constipated. LIPPE told him that he had never been cured of Diphtheria and, on the symptoms that the patient could remember, he was given Lac. can. in high potency. This brought about a speedy cure.

That there is a natural sequence of conditions leading to any chronic state is not a new idea. This appears occasionally in medical writings. Dr. J.T. SIMONSON, several years ago, wrote a paper on “Residual Conditions”, showing how many troubles of adult life have their beginnings in infancy. At one of the meetings of the American Medical Association, the thought was presented so neatly in one of the papers that it attracted the attention of the daily press. In this article it was stated that every illness is a fatal one and the writer enlarged upon this idea by showing how each illness in an individual’s life leaves its effect and that the culmination of the effects of all the patient’s illnesses is the last illness. Thus, the first illness is the prodromal factor of the last one. In cases where the early indications cannot be obtained, the remedy must be selected on the present symptoms. If this is well selected and the patient improves, older manifestations come back. If these are not disturbed but are allowed to develop until a new picture presents itself, a second prescription can be made which carries the patient further back. It is in working back that cases are often mixed up, for, if the second remedy be not skillfully selected, the symptoms become so modified as not to develop the symptom-picture of older conditions. These cases do not fully recover. If the record of such a mixed-up patient be studied over a period of two or three years, it will be found that, instead of the symptoms disappearing after they have been reproduced, they keep recurring at intervals and there is only a slight headway made toward cure.

In malignant conditions, it is usually difficult to obtain prodromal symptoms. However carefully the case may be taken nothing can be obtained from the past and frequently there is nothing in the present symptoms that is positively indicative. The reasons for this may be some unknown factors having to do with the aetiology of Cancer.

The principle of the prodromal symptom in its relation to the curative remedy was followed by HAHNEMANN in his directions for prescribing for epidemics. This was taught also by the late Timothy Field ALLEN, who cited an epidemic of Influenza where he and his son made a composite picture of the first few cases and worked out the remedy that best covered them. In such a workout there will be one predominant remedy and a few remedies which cover more or less well. When this group of remedies had once been established, the prodromal symptoms in the individual case show which one of the group of remedies is required. This is true even though the picture at the time is not sufficiently complete to indicate the remedy. The composite picture is the epidemic picture. During the influenza epidemic of 1918-1919, some of the most severe cases required Arsenic. The full indications did not appear until the patients were quite ill. These cases had a marked aversion to food. In Arsenic in LIPPE’s Materia Medica, appears the symptom “cannot bear the thought of food”. In studying a few of the Arsenic cases it was found that the first symptom was a sudden and complete loss of appetite, where even the thought of food was repugnant. In fact, when the patient was asked about his appetite, his facial expression – indicated his aversion to the thought of food. After observing this prodromal symptom, much time was saved and serious developments avoided, for all conditions requiring Arsenic are serious. Another symptom which appeared in that epidemic as a
prodromal indication was “circumscribed redness of the cheeks”. In one epidemic this almost always indicated Sulphur. At other times, it has been indicative of Arsenic, or Phosphorus, or Antimonium tart. or Sanguinaria. The rest of the symptoms indicated which of this group was required. The hectic flush simply called attention to the remedies.

Broadly speaking, the Chronic miasms, Psora, Syphilis and Sycosis, are the prodromal indications for the remedy in many chronic cases. It is unfortunate for our school that the late J.H. ALLEN could not finish his writings on the indications of these chronic miasms. In acute conditions, the prodromal symptom applies to the first symptoms which occur in the present illness and one must not be diverted from the present need to too deep investigation of the past conditions. In chronic diseases, the prodromal symptom applies to all of the former illnesses.

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3. **TUBERCULINUM**
CHARLES L. OLDS, M.D.
[From The Homeopathic Recorder, November 1929]

**Tuberculinum** is an old remedy and yet it is a new remedy. It is comparatively old in point of use, but still it is new because we have no adequate provings; and it will remain new, or only partially discovered, until such provings are made as will reveal its inmost characteristics. It is true that we have various fragmentary-very fragmentary-provings, and quite an abundance of clinical material to prove its worth, and it is upon these, combined with some intuition and more or less empiricism, that we have somewhat fearfully and hesitatingly based our prescriptions. Therefore, it is with a plea for a more complete provings of this valuable remedy, as well as of our other nosodes, that this paper is written.

**Tuberculinum** is one of the nosodes prepared from the tissue or sputum of a tuberculous person. Coming from such an origin it has been supposed to pretty well represent Tuberculosis. And so it does, in a causative factor in the human body. Tuberculosis may have been the active, paramount condition in the patient from whom the specimen was taken, and from which specimen the medicine was made, but obviously it must represent, not only the Tuberculosis, but everything else that patient had, all of the disease conditions, all of the buried miasms that were a part of that patient. So that it is not only possible, but highly probable, that the nosode made from a tuberculous person carries the result of one or more diseases or disease miasms in addition to that of Tuberculosis. Undoubtedly the nosodes are hydra- and octopus-armed; there is always more to them than their names imply. Vaccine is more than cow-pox, indeed, the term includes something of Syphilis, of Gonorrhoea, of Tuberculosis, or of other disease forms.

Now, taking as a fact the statement that any nosode is ill described as to origin, by its name, and the additional fact that no two nosodes, having different sources of origin, can possibly be identical, we are forced to the conclusion that the use of indiscriminate preparations of any one of these remedies should be frowned upon. To be logical, each different preparation should be proved and then used according to that proving. This we have not been doing. Rather have we been grouping the provings and clinical observations from the use of a number of different preparations of the so-called **Tuberculinum**, and then selecting the one or the other according to fancy or notion, which may account for some of our failures when prescribing this remedy. This may not have been true of the older homœopaths, as for instance Swan, who prepared his own remedy from the pus expelled from the lung of a man far gone with consumption, made provings with that preparation, and then clinically made use of it. BURNETT prepared his remedy, which he called **Bacillium**, from the walls and adjoining tissue of a tuberculous cavity. He apparently used it empirically and experimentally at first, and later from his clinical data. KENT prepared his **Tuberculinum bovinum** from the tuberculous glands of cattle. He says in his Lectures of Materia Medica, “from observing the effects of this preparation. I have been gathering these notes in my interleaved HERING’s Guiding Symptoms, and they now guide me in the use of **Tuberculinum**”. But he quotes largely from BURNETT’s experience with **Bacillium**, and also from the Guiding Symptoms, where the article on this remedy is largely made up of the experiences of SWAN and BURNETT with their own preparations. What is in a name! And how much may a name blind us! We are apt to think of tuberculosis per se, and there is no such thing. Then we have **Aviare** made from the tuberculous tissue of chicken. There are also Koch’s lymph and several other foreign preparations, none of which is frequently mentioned in homœopathic literature.

The late Dr. Samuel SWAN of New York, who was the first to introduce **Tuberculinum** to the homœopathic profession and to make a practical use of it in its potentized form in the cure of disease, was one of the remarkable medical men of
his time. He was a daring experimenter in the field of the high potencies of unusual drugs and energies. He had vision beyond that of most men of his day, and with the inevitable result that he became the laughing stock of a large part of the medical profession, even including some of his homoeopathic brethren. Human nature is ever the same, and even a homoeopath damns what he cannot understand. If all the unthinking criticisms of the medical truth, the adherents of Homoeopathy would not be today the rapidly decreasing minority that we almost fear to number.

It was through his great success in tuberculous cases that Dr. SWAN was led to formulate the startling statement that “morbific products will cure the disease that produced them, if given in the highest potencies and to any but the one from whom it was taken”. At once he was cursed with the stigma of isopath, one who conforms to the belief in “IDEM EODEM CURANTURE” or the same cures the same. On the surface this appears logical, but on closer examination it may be seen that there cannot be such a state as “IDEM” when using potentized medicines. If that formula means anything it must be “SIMILIA”; the crude drug and the potentized medicine are not the same, they never can be the same, but they are similar. If they could be the same in their relation to cure there would be no need of potentized drugs.

This naturally leads to the question: What is the difference between the crude drug and the potentized medicine? Probably it differs in several ways. HAHNEMANN speaks of the spirit-like dynamis of the drug being liberated by potentization and thus becoming more powerful to overcome the similar disease. KENT taught that potentization brought the plane of the remedy into a plane more similar to that of the disease. No doubt these statements are correct as far as they go, but they are rather vague and of themselves need explanation. I believe that one of the answers to this question is polarity, magnetic polarity. Everything has polarity, and apparently this polarity is not always fixed, but may be changed by certain agencies. Disease, for instance, changes polarity in the field of medicine. Suppose we take a specimen of tuberculous sputa and potentize. The 1x, 2x and 3x potencies above will remain positive like the original substance, but the x and all potencies above will have a negative polarity. Therein lies a difference. The crude drug and its higher potencies are as far apart as the poles, and we know how far that is in the case of our Magnet pol. arct and Magnet pol. arct.

The so-called inimicals are always of opposite polarity. This may or may not explain their inimical relations.

When you have selected a remedy for your patient, if it is the most similar remedy and in potentized form, that is, above the 3x, it will always be of an opposite polarity from that of the patient, but immediately upon administering this remedy the polarity of the patient will change to that of the remedy given, and it will then remain unchanged as long as that remedy continues to act curatively. This, to my mind, is a substantial proof of HAHNEMANN’s contention that the curative power of medicines depends upon their symptoms being similar to those of the disease but superior to it in strength. This also may be used to definitely determine the length of action of your remedy in the particular case.

Again, polarity may help to solve the potency question in certain instances. It is a well-known fact that at times a high potency of the well indicated remedy will not act curatively, while a very low potency of the same remedy, or even the crude drug, will give surprisingly good results. Why is this so? May it not be a matter of polarity? Recently, in the case of a lady of 70 years, the symptoms were convincingly Cina, in fact so much so, that I gave it in the 200th potency, in spite of the fact that it was wrong as to polarity. There was no action observable following its administration. I then gave Cina 2x with prompt removal of all symptoms from my patient.

Personally, I have used SWAN’s BURNETT’s and KENT’s preparations of this remedy; also the Aviare. Several clinicians have attempted to show the sphere of action of these different tuberculins, but their generalizations have been vague for the most part. Used empirically, and we all do this at times, one may be as good a guess as another, but used homoeopathically each should be prescribed on its own proven symptoms.

The literature on the Tuberculinum shows a vast amount of empirical prescribing, with some very remarkable cures, as instanced in BURNETT’s work on consumption, and also in that of Ghose of Calcutta on Pneumonia. He reported nine cases cured with Tuberculinum 200. He does not say what preparation was used, but as the East Indians procure most of their medicines from Boericke & Tafel I presume it was the Tuberculinum bovinum.

He gives the following characteristic symptoms for its use in Pneumonia: “Oppression of the breathing and muco-purulent, viscid or rust colored expectoration. Difficulty in breathing, resulting from bronchial and pulmonary obstruction produced by a super-abundant secretion from the
mucous membrane”. All of which, to my mind, means nothing of value in selecting the remedy outside the pathology of the case. But his results are attractive. Nine cases of Pneumonia cured, and most of them desperate. It is something to think about.

In 1905 Yingling stated: “In Pneumonia the first remedy I think of is Bacillinum, unless there is plain indication for another. Most cases are convalescent in less than a week”. Here is more empiricism, but excellent results. This leads me to ask: When does empiricism cease to be empiricism and become homeopathic indication?

I have never used the tuberculins in the active stage of Pneumonia; I suppose because I haven’t known their indications, but have used them after the active stage with much gratification, particularly where there was a little tubercular flare up, just enough to show the soil upon which the Pneumonia throw; and more particularly in those cases where the pneumatic process was early arrested, but leaving the patient with a dry, irritating cough with a little clear blood in the sputum, and sharp, sticking pains in the affected part; and in those cases that, several days after the lung fever had subsided, began to run a degree of fever for a few hours each day, with much exhaustion and irritability, deep seated headache, cough with little or no expectoration, and a desire to lie quietly on the back because of the undue sensitiveness of the affected side.

In tuberculosis, that is, active tuberculosis, my pronounced successes have mostly been in those cases with a definite lung cavity and a decided tendency to bright red haemorrhage. Years ago a Florida cracker came to me with a history of frequent bleeding from the lungs, and with a cavity in the right lung that seemed big enough to hold a goose egg. He was long, lean, yellow, and full of Malaria, quinine and Spanish arguidente. Those are all the symptoms that I remember, and I don’t know why I gave him Tuberculinum CM (SWAN). Perhaps it was a last hope impressed upon me by an all-wise Providence. But whatever the prompting, the remedy worked; that was the last of his haemorrhage until shortly before his death years afterwards. During the two or three years following my first interview with him he received a few more doses of the Tuberculinum CM (SWAN) although long before the three years were spent the cavity in his lung had healed and his cough was gone. But his T.B. was not cured. He died some ten years later of a rapid consumption following quickly after a neglected Pneumonia. Nevertheless the Tuberculinum had done good work for him.

A lady of 65 had a profuse and long-lasting haemorrhage from the lung. Ipecac was given and controlled the bleeding. A history was then obtained of cough with white, frothy expectoration, occasionally tinged with blood, and dating back several years to an attack of flu. She was better by quiet and lying down. Chilliness yet craved the open air. Mild, quiet disposition. Tuberculinum CM (SWAN), followed later by a higher potency, stopped all evidence of haemorrhages and cough. She seems very well today, but I believe there is still a latent T.B. that may flare up again.

Some three years ago I was called to a Russian musician who was spitting up mouthfuls of frothy blood. He thought that he had strained himself while practicing some gymnastic stunts. He was given Arn. and then Rhus without any great benefit. I then obtained a history of other haemorrhages a slight hacking cough with little or no expectoration. Exertion causes sharp pains in left chest; worse on lying in any position except on the back; mentally much depressed but easily excited; chilly but wants the open air. Bacillinum 12x was given every 24 hours for three days, then every third day for two weeks. The result was excellent. He seems well and his cough has gone, nor has there been any further bleeding from his lung. I do not believe that he is cured, but he refuses further treatment.

Now I will detail a case that shows very poor judgment on my part, but it brings out some interesting facts.

A lady of forty, mother of four children. Of medium height and build and having brown hair and blue eyes, consulted me some years previously for pain beneath the right breast which was overcome with Phyt. She now gave the following symptoms: Crushing, burning pain as if the parts were in a vise, starting beneath right breast and going through to back. Pain always started at 1 a.m. and lasted until a.m. Pain came gradually and left gradually. At the height of the seizure she was in great agony and walked the floor with her body bent forward, moaning with the pain. Sometimes when the pain was at its worst she was forced to run. At times external heat relieved somewhat and at others she wanted cold. She could not bear to touch during the paroxysm and often was very snappy and uncivil. Phyt. relieved for one day only. Then Kali bi., Kali carb., Cham., Cina and Ars. were given, each as best seemed indicated. Each relieved once and once only, some for 24 hours, none for more than 48 hours. Cham. relieved almost at once, the others slowly much as Morphine does. Higher and lower potencies were given, but without apparent results. The medicines
were used both during and between the attacks, but the results were nil. *Ced.* and *Coloc.* were given without changing the general character of the case. Then gradually the pain began to move toward the heart, that is, its starting point moved toward the heart, a little nearer each day, until the seizures began at the heart region, but the general character of the pain remained the same, and the time element did not change. The heart itself seemed in no way affected by the paroxysms, but *Lach.*, *Naja*, *Latrodectus mact.* and *Aran.* each gave the patient one gasp of relief and then died. What was wrong? Why did my remedies expire after one effort? Evidently the patient’s acute symptoms were blinding me to something of greater import. I retook the case, and found besides the symptoms already enumerated, swollen glands under and about left clavicle; changing, shifting symptoms; marked periodicity; icy cold feet; scant menses with painful swelling of the breasts during the period; craves the open air though chilly; obstinate constipation for years; as soon as she gets over one illness another takes its place. After careful study I gave her *Tub.* *bov.* 200, about one dose a week, and later the 10M of the same remedy, which not only mitigated the paroxysms of pain but bettered the general health of the patient. Likewise, before the paroxysms had entirely ceased the location of the pain had reversed itself, traveling back to its original location beneath the right breast.

Twice, in different patients, I have noticed the following symptom after one dose of *Tuberculinum CM* (SWAN): Cold, clammy sweat at night during sleep.

Recently a lady wrote me from a distance, giving these symptoms: Thinks she has Malaria in her system; deadly sleepy most of the time, and so very tired; bowels loose for three weeks; every other day chilliness and the next day fever; microscopical blood in the urine; expectoration of yellow or greenish sputum; great rattling in the chest with inability to raise and expel the expectoration; cough worse lying in any position except the back. Haemorrhage from lung cavities.

Chilliness across the back beneath the scapulae. Attacks begin with a shuddering like a chill. Feet icy cold.

Complaints that come on as a result of damp or wet. Complaints that make us think of *Rhus* in every respect except that they are made worse from heat; he is driven out of bed to walk the floor; he can’t remain quiet. Complaints that have symptoms that are always changing from place to place like *Puls.*

It is said that only tubercular people are susceptible to *Rhus* poisoning, and that *Tuberculinum* will remove that susceptibility. This is worth keeping in mind. We all know that *Rhus tox.* or *Rhus rad.* acts favorably in a large number of the cases that we see. But why not in all? The tubercular taint may be the answer. My own thought has been that the *Rhus* disease was so changed or altered by an already existing and more powerful miasms that the potency of *Rhus* was no longer similar.

*Aviare,* made from the tuberculous tissue of the chicken, has developed no symptoms known to me that differ widely from those of the other tuberculins, save the following: Asthma with an
intolerance of chicken or eggs. Even the odor of a chicken being cooked would bring on an attack.

Another remedy, that in the future may found to be closely allied to the tuberculins, is the Indian cockroach in Asthma or Blatta orientalis. It has been used considerably in Asthma and in Tuberculosis. The lower class East Indians are noted for their filth, tuberculosis and gonorrhoea; and the cockroach is noted scavenger. They will attack filth of any kind, and human discharges are no exception. They will even peel the skin off the toes at night if those members are left uncovered. What is more likely than that they should be carriers of tuberculosis as well as of other things. This remedy should be proved. We can do very little with a remedy without provings. It should be an axiom of all homœopaths to prove remedies as well as other things, for then only can we see them from the inside.

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4. HINTS FROM THE EXPERIENCE OF DR. CASE NOTED BY A PUPIL
   [from The Homœopathic Recorder, June 15, 1928.]

   Bryonia is a great developer.
   In many cases, Borax should be given instead of Belladonna.
   When there is a great desire for apples give Aloe.
   Nine cases out of ten of nose bleeding will be cured by Millefolium.
   In any haemorrhage, where there is no peculiar symptoms indicating another remedy, give Millefolium.
   In paralysis, think of Opium and Plumbum.
   Belladonna does not bear repetition. It would easily kill a patient repeated in very high potency.
   Phosphorus has an aggravation thirty-six hours after it is taken. No matter what its potency if it is the right remedy there will be an aggravation.
   Badiaga – fresh water Sponge – has for characteristic symptom very difficult expulsion of phlegm; so difficult that when finally dislodged by cough it flies from the mouth with great force.
   If you have a patient very low with Phthisis do not give Arsenicum or Phosphorus in very high potency unless you wish him to die.
   In the fluctuations of remedies Lachesis repeats its symptoms in fifteen days, Kali phos. in two weeks.

   Natrum sulph. has bad taste in mouth, slimy mouth.
   Nux vomica is not a long acting stomach remedy, but does act for a long time on the nervous system.
   If, after taking a remedy there is itching of soles of feet, it is good indication.
   Usually disease leaves by an eruption or discharge from mucous membrane.
   Remember, after an operation, even the slightest, the element of shock must be included in the totality of symptoms.
   If a child is croupous, give him one or two doses of Phosphorus in medium potency – say 40M. – in the autumn and it will prevent attacks of croup during the winter.
   If a patient has Rheumatism, prognosis is favorable if it begins in body and changes to arms, legs or feet, but if it begins in hands or feet and goes to body it is very serious. Disease leaves the body through the hands and feet.
   In acute conditions never give more than three doses of a remedy in the same potency.
   If patient is much better or worse after any one dose do not repeat. Later it may be necessary to repeat the remedy in a higher potency.
   In prescribing I have found no better guide than paragraph 129 of the Organon (Translated from the original edition of 1810, by C.E. WHEELER, M.D., London: Dent. 1913). (This paragraph is the same which has been numbered as 153, in the fifth editions and later edition. – Editor.)
   In his lectures on Hepar sulph. in a Clinical Materia Medica, Dr. FARRINGTON said: “If suppuration occurs as the result of inflammation we have Hepar indicated and exercising a double function. If you give it in a high potency when the throbbing, stabbing pains in the affected part and the general vigor show the onset of inflammation, it may prevent the whole trouble. In other cases you see that suppuration is necessary and you wish to hasten the process. Then you give Hepar as CM. will cause suppuration.

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

   The private gravel road leads up a slight rise framed by well-clipped hedges, the height of a man. Cherry trees and laurels stand close about the house and on the front lawn, a Japanese maple shows the first signs of that autumn fire festival that will see its leaves turn from green to deepest red and fiercest orange. The study is on the north side of
the house and the afternoon light has the clear steady quality prized by painters. There are no shadows among the books in this quiet, unhurried room. Between us three late roses in a glass vase unfurl thick and glossy petals.

Dr. Ralph TWENTYMAN is 87 and, “Yes, in excellent health, thank you.” Tall, scholarly, erudite, his knowledge is lightly worn, underpinned by a dry and incisive wit that at times spills over in a shout of almost boyish laughter. It is clear he has a deep and enduring delight in the power of thought and the poetry of vigorous expression. Not just the idea, a flat and two-dimensional creature of little substance, but the idea as living thought, conjured from air and brought to sudden and muscular life.

And as we talked, I became aware that this was someone whose depth of insight and experience charted one of the major intellectual developments of the 20th century: the restatement of a concept of humanity that sought to heal the Cartesian separation of mind and body. This was a movement of many facets, ranging on the one hand from the exploration of the unconscious and the formation of theories of psychosomatic disease, to an increasing interest in mythology and spiritual practice on the other. From FREUD and GRODDECK, JUNG and STEINER, there is an unbroken line of descent to WHITMONT and TWENTYMAN. This was more than casual conversation; it was a moment of rare but special privilege, the sharing of a lifetime’s wisdom.

On retirement in 1979, TWENTYMAN was consultant physician at the Royal London Homeopathic Hospital and had been editor of British Homeopathic Journal (BHJ) for 21 years. Apart from homeopathy, another major influence was Anthroposophy. Rudolf STEINER’S ‘spiritual science’ has had an enduring, and still continuing, effect on TWENTYMAN’S life, thought and career. Indeed the tenets of anthroposophical medicine have a central place in his assessment of the nature of man, and thus of health and disease.

During his time as editor of BHJ, TWENTYMAN was influential in reprinting essays by Edward WHITMONT but also many articles by doctors and others influenced by Steiner and Anthroposophy. WHITMONT was taught homoeopathy by Elizabeth Wright HUBBARD, who was in turn a pupil of Emil SCHLEGEL. The latter was a long-standing friend of STEINER. HUBBARD indeed was told that STEINER learned his homoeopathy from SCHLEGEL, a fact she later passed on to Twentyman.1

In his essay on Phosphor in Psyche And Substance, WHITMONT refers directly to STEINER’s anthroposophical system but the parallels and overlaps between Anthroposophy, Homeopathy and the Jungian theory of archetypes are more complex than this casual reference makes apparent. And although anthroposophical medicine and homoeopathy are inextricably linked, there are substantial and important differences between the two disciplines.2

TWENTYMAN became discontented with his medical education while still an undergraduate at Cambridge. “I didn’t really see how I could continue with it. It was so utterly materialistic and dead. Hours a week spent dissecting corpses, physiology based on twitching nerves in a dead frog’s leg, I was really rather in despair.”

He was rescued by reading a book by the German physician George GRODDECK in The Listener, a now defunct but once influential BBC (British Broadcastind Corporation) publication. GRODDECK, an associate of Sigmund FREUD, is often credited with being the founder of psychosomatic medicine. His achievement, to use GRODDECK’s own words, was “the introduction of a knowledge of the unconscious into the treatment of all patients, and particularly those patients who suffer from organic illness.”

GRODDECK was also responsible for introducing the term, ‘the It’ into psychoanalysis. The term was adopted by FREUD and according to TWENTYMAN, perverted by him. Certainly, in terms of GRODDECK’S original definition, the ‘It’ was far reaching in its scope than FREUD’S concept of the unconscious.

In his essay, “On the It” (1925) GRODDECK writes that he has no answers as to the nature of the It, only that he has some clues. “From the human semen and the ovum a human being is made, not a dog or a bird; there exists an It which enforces the making of a human being and builds up the human body and the human soul. This It supplies its own centralization of the personality and ego of a human being and is in an organ regarded as functional, activates them even before birth and causes the developing human being to act purposefully before his brains are fully ready,” Every human expression of life, GRODDECK says, “Be it physical or mental, of health or ill health, thought, action or vegetative function, can be traced back to the It.”3

GRODDECK’S views changed TWENTYMAN’S perspective. “I suddenly felt medicine was a possible subject.” Shortly after this he became a member of the New Europe Group in London. “They knew GRODDECK among many other people in the world of psychology.” But unfortunately GRODDECK died in Switzerland in
1934, shortly before TWENTYMAN was due to meet him.

However, through the New London Group, TWENTYMAN was introduced to a number of homeopathic doctors. “Membership of the group was utterly personal and inter-personal. Certainly the people I met within it were the outstanding and most important influence in my life. They introduced me to STEINER, and to a wider view of European culture.”

After qualifying at Cambridge, TWENTYMAN went on to work at University College Hospital, London, as a house physician, casualty medical officer and medical registrar. At this point the war intervened and he became – “at far too tender an age with not nearly enough experience to justify it” – the medical specialist for the Iraq Persian Gulf command of the Royal Air Force.

After the war he realized that he did not like the way medicine was developing. “So I took a trip along to the homeopathic hospital and, after looking round and so on, enrolled in their course” and after passing the Faculty of Homeopathy examinations he was appointed to the hospital staff. “This was shortly before the National Health Service (NHS) was introduced. But they couldn’t then take me on so I spent the rest of my life on the staff of the homeopathic hospital.”

Anthroposophy has a distinct and particular view of the achievements of modern science. STEINER and his co-author Ita WEGMAN make clear in the opening pages of their book Fundamentals of Therapy that there is no question of opposition to the medicine that works with recognized scientific methods. STEINER’S individual contribution was to outline a series of techniques that he believed allowed the spiritual aspects of man’s nature to be systematically studied. While recognizing the achievements of natural science he sought to go beyond the laws of materialism using the techniques of focused thought described in his book Knowledge of the Higher Worlds and its Attainment, An Outline of Occult Science. Anthroposophy, or spiritual science, sees humans as beings of body, soul and spirit. Anthroposophical medicine developed once doctors recognized that, if accepted, STEINER’S extended physiology had remarkable implications for medical treatment.

TWENTYMAN says: “STEINER insisted that one can develop one’s consciousness out of the abstract intellectualism of today. This was an essential staging point in our human development; until we reached this wide-awake intellectual consciousness, we could not become in any real sense free. We needed this abstract intellectualism. But it has reached the point where to go will lead to increasing pessimism. There’s no meaning or purpose in the universe.”

“STEINER maintained that by hard discipline, one can develop in the first stage, like GOETHE, the imaginative seeing of the ruling real ‘Ideas’ as opposed to mere abstract images. GOETHE, the German poet-scientist, was a contemporary of Hahnemann. His methods were very different from those of today’s orthodox science, although there is now increasing interest in them in universities in some parts of the world. In a sense, STEINER was the development of the Goethe an method for the 20th as opposed to the 19th century.”

“Two of the many fields with which GOETHE dealt were plants and colors. He developed a faculty of seeing, with an inner eye, the real ‘Idea’ of the plant, not a logical definition of a plant but the real ‘Idea’ in a more Platonic sense. This is the formative force which makes the plant develop in the way that it does, a concept, of course, far removed from the one scientists have reached.”

“GOETHE developed his perception, which must always have been highly developed, until after spending decades observing plants, he could imaginatively see this ‘Ideal’ plant, which manifests in the different plant realms during the growth of the single plant and the different species of plants.”

“Among the great themes that are involved in his work is the notion of polarity. In color particularly he showed how Newton’s idea that colors are to be derived from the light is not true. If you look at a white wall meets a frontier and comes up against darkness. Where the light and the dark adjoin, there the prism reveals colors. So GOETHE’s notion was that colors arise through the battle between light and darkness, not just out of the light itself.”

“Throughout his work, and the work of any Goethe an approach, the notion of polarity is essential. So in the human being you have the polarity of the head and the belly, or the nerves/senses as against the metabolism and the lungs with an inter-mediating realm in the rhythms of the heart and lungs. Man even in the simplest portrayal is threefold: a head, a belly and a chest.

“And the same with the soul, the soul plays between love and hate, or between fear and shame, and can’t be derived out of a single but out of an interplay. Fear and shame arise in the battle between love and hate, and all the other emotions can be classified in between. Then one can relate fear more to the head pole and to thinking, and
shame more to the belly pole. And you get that the soul is not just related to the brain.”

In his paper, “Disease as Metamorphosis”, TWENTYMAN related these ideas to JUNG’s concept of the archetype. GOETHE’s aim, he said, was to discover the essence of ‘plantness’ and to grasp this idea, the concept of the plant, in such a vital and imaginative way that he could really behold it, not as a verbal abstraction but as a living, dynamic creative archetype. Similarly in order to systematize comparative anatomy, GOETHE proposed an ‘anatomical typus,’ a basic archetypal animal in which the shapes of all animals would be contained as potentialities.  

In Psyche and Substance, WHITMONT suggested HAHNEMANN used the same method in comparing the symptoms common to most of the provers with those of the most similar diseases. It was out of these common or similar qualities that HAHNEMANN fashioned the abstraction of the ‘totality’ of a drug picture. This was an archetypal image, in terms of GOETHE’s postulate, since no single prover or patient could actually exhibit all the predicted characteristic symptoms of a drug totality. Every actual case presents a rudimentary and varied aspect of the conceptual totality.  

TWENTYMAN says STEINER portrayed further stages in the development of consciousness: inspiration and intuition. “But the first step is definitely to follow with GOETHE into imagination, which is a sort of higher hearing where you make yourself inwardly empty. Then into that total inner emptiness something from outside can enter.”

“But it is very difficult to empty one’s consciousness. It happens every night, but then we go to sleep. If one could stay awake in the state in which one comes into sleep, then one would know a lot more than one does when one is awake. Many inventions and many saving ideas have come to people when they have slept on it. But STEINER’s point is how to develop in the future so that what comes in the sleep consciousness unconsciously can be achieved in full consciousness. But it’s no boy’s job!

“With intuition, if one ever achieved it, one would be able to experience another real individuality in one’s self as one’s self, which means you have got to totally overcome your own egotism.”

However, current scientific paradigms, TWENTYMAN says, still divide man into body and soul, as though these two aspects of human existence have no connection. “Scientific medicine is only concerned with what I call the corpse of the body, the structural biochemical corpse. The human being is reduced to a mere observer. This seems to me to reduce medicine to garage mechanics, which it is very good at and when one needs surgery, its expertise is superb. But as a real help for the increasing psychological problems in medicine it is almost useless. It merely wants to do chemical surgery on the brain.” Indeed he feels that contemporary homeopathy’s efforts to be seen as scientifically and academically respectable is in itself “a bad thing.” Homeopathy, he says, simply does not belong to the dying tradition of academic science.

TWENTYMAN’s view of the often complex relationship between Anthroposophy, Homeopathy, Modern Psychology and orthodox modern medicine is explored in depth in his book The Science and Art of Healing (1989). Here he wrote that the significance of HAHNEMANN’s contribution becomes clear when homeopathy is understood as the beginning of a bridge over the great divide opened by the Cartesian guillotine. “The absolute split between the objective body and the merely subjective soul, which finds expression in a one-sided mechanistic medicine and equally one-sided psychodynamics, begins to find a solution in the idea of the spectrum of disease.

“The essentials...of HAHNEMANN’s method are first the observation of disease on the human scale and the resolute avoidance of reductionism. Disease is not primarily a disorder of molecules, or cells or any other abstraction. Disease has meaning as a human phenomenon on the human scale. Secondly we notice that there are local or bodily and mental symptoms in all cases though, as HAHNEMANN most importantly emphasized, there is a spectrum of illness. Thirdly, healing must involve a change in consciousness as well as a change in somatic symptoms. Something be allowed to sink into forgetfulness, which is ‘sticking in the gullet’...”

“We have therefore a trinity of medical approaches. The basic mechanistic study of structures of the body, then the exclusively subjective psychological interpretation, which can explain all illness as purposive, albeit unconscious, and the third, the homeopathic, which potentially mediates between them.”

“At present these three cannot communicate with each other. There is no common concept or image of man shared between them; for science, man is at best an animal, but ultimately a heap of molecules; for psychology, man is a battleground of instinctive impulses and moral sanctions, in which the role of the organs is almost disregarded. Homeopathy lacks any conception of the relations between man and nature. It is my contention that
the stream of anthroposophical medicine could be the mediator between the three, fertilizing each approach and enriching itself in the process. The trinity must become a triunity.”

TWENTYMAN also argued that the main hindrance to the wider acceptance of Homœopathy was HAHNEMANN’s prohibition against the investigation of the inner workings of the human organism and his denial of the possibility of worthwhile medicinal knowledge being derived from the observation and study of plants, animals and minerals in nature.

Taking up this theme during the interview, TWENTYMAN points out that “HAHNEMANN more or less says that it’s quite useless to look into processes in the human organism; you have got to keep limited to the symptoms. And it’s useless to follow natural science into the exploration of the way plants grow, for example; you’ve got to see entirely what turns up in the proving. This cut homeopathy off from any real relationship with the development of science. In HAHNEMANN’s time this was understandable and he, I think, grasped the nature of illness, very much in the way GOETHE did his plants. But he was not able, anymore than GOETHE was, to take it further.

“There is a difference between the ancient Greek idea of the similar and HAHNEMANN’s. In the Greek time nature was still much more ‘living’ than it is today and the ‘livingness’ of the human organism was much more vital than it is today. We have become ex-sanguinated people. You only have to look at photographs!”

“So HIPPOCRATES and company could say, if you get diarrhea, its because your healing force wants to expel some nasty food you ate and cure you. The diarrhea is nature’s healing force so work with it, not against it. The diarrhea is nature’s healing force so work with it, not against it. For them the symptoms were the image of nature’s healing activity. Now HAHNEMANN does not say that at all. He says the disease comes to expression in the symptoms – the disease, not the healing force. Nature, he says, is not very clever at healing. It needs a good doctor like me, Sammy HAHNEMANN, to carry through what were perhaps the good intentions of nature. So these are in a sense opposite notions of the similar. But essentially all you need to grasp is that the symptom picture is the remedy.”

TWENTYMAN’s view of the basic findings of contemporary science is broadly similar to that of STEINER and WEGMAN. He says that while Anthroposophy does not accept all the materialistically exaggerated theories of present day science, it does admire the effort and work that has gone into its discoveries. “Many of these are indisputably real. One has to take all this very seriously and can’t just dismiss it.” However, from the scientific perspective, he says, the biggest problem for Homœopathy historically has always been the question of potencies.

In The Science and Art of Healing, TWENTYMAN wrote that there is plenty of experiential evidence that “potencies beyond the range of dilution which would include a single molecule of the original active substance” can produce demonstrable results. However, orthodox scientists are likely to continue to show no interest “until they can form intellectual conceptual frameworks, which render potency effects understandable…HAHNEMANN’s thought, together with that of many of his contemporaries was essentially vitalistic… and he also spoke of the problematic potencies, based on serial dilution and succession, as having dynamic or quasi-spiritual effects of influences.”

This is an area in which TWENTYMAN feels ‘spiritual science’ can supply part of the missing intellectual framework.

“The anthroposophists drew attention to the projective or synthetic geometry, developed in the 19th century. Euclidean geometry, to which most people are still wedded, is only one extreme of the various ‘geometries’ that emerge from projective geometry.

“Its great idea is the polarity of the point and the plane. The point is the infinitely contracted. If you take a sphere and contract it, eventually it becomes a mere point. The whole of Euclidean geometry is derived from such points. But if you take that same sphere and expand it, the curvature gets less and less. When the sphere becomes infinite, the curvature becomes nil. Thus the infinitely contracted sphere, a plane.

“So it is possible to make all the forms that you can construct in Euclidean geometry out of planes, rather than points. One can see it in a room. If you take two planes they intersect in a line. If you take two points, there is only one line that will go through them. So two points will create a line but two planes also create a line. Three planes – the ceiling and the two adjoining walls – will create a point and three points will create a plane. Thus everything in Euclidean geometry can be understood in terms of planar geometry.

“A man called George ADAMS showed how the forms of plants as they grow work in this planar geometry, not in Euclidean geometry. So to reach the living world, you don’t need to stick to Euclidean geometry, which comes to points, atoms and molecules. You come into the realm of the living.
“Anthroposophical thinking has always taken planar geometry very seriously. You see, you can portray the development of matter as a process of gradual condensation from the infinite sphere of the heavens to the infinitely contracted atom. But you can take it from the point and expand it again in your potenizing and bring it back to the Ideal, to the spiritual forming reality of it. But neither the scientists, nor most homeopaths, are prepared to think differently from what they were taught at school and think they know.”

However, although Homœopathy and anthroposophical medicine share much in terms of Materia Medica and the use of potenization, this should not be allowed to obscure some very real differences of emphasis.

In STEINER’s view the necessary relationship between disease and cure is ill-defined in Homœopathy. Precise indications for the appropriate remedy are lacking. In the last of his lectures to the medical profession, he said: “I must ask you to forgive me, if I point out that a scrutiny of homeopathic medicine does not always furnish satisfactory results. True, Homeopathy attempts to handle the human being as a whole: it forms a comprehensive picture of all the symptoms and attempts to build a bridge to therapy. But the professional literature of homeopathy brings to light something else calling for comment. At first glance one is almost in despair for, especially in the therapeutic literature, we find the remedies enumerated one after another, and each recommended for an entire legion of illnesses. It is never very easy to discover specific indications from the literature for everything is beneficial for so much!”

To rectify this problem STEINER argued that the choice of remedy should be based on an understanding of pathological process from the unique perspective of anthroposophical physiology. Central to this view of the human organism are the three autonomous, yet interacting and interpenetrating, organ systems of the head, chest and belly, described by TWENTYMAN. Over-activity of the belly or metabolic pole results in fever, delirium and inflammatory illness. Excessive activity of the nerve/sense or head pole causes coldness, exhaustion and degenerative illness.

The maintenance of health is very much a matter of keeping the head and belly processes in the equilibrium. As the rhythmic system of the heart and lungs, centered in the chest, is very much involved in maintaining this equilibrium, it has a special role in healing.

The three systems of the head, chest and belly constitute the physical body, the weighable and measurable matter of the organism. However, STEINER maintained there were three further components of the human organism: the etheric body or life element provides a kind of template that guides the cells as they reproduce and differentiate. It is particularly active during the embryonic stage and in the process of nutrition. The generative quality of the etheric body is dramatically expressed in plants, which transform water and carbon dioxide, in the presence of sunlight, into the sugars that are the basis of life.

In less differentiated tissues, such as the metabolic and nutritive organs, the creative potential of the etheric body remains available for growth and regeneration. But in highly differentiated tissue, such as the nervous system, the capacity for regeneration is limited and etheric forces are released to serve the higher function of consciousness.

Consciousness is the quality that separates human and animal life from that of plants. Humans and animals are further distinguished from plants by the possession of internal organs within enclosed body cavities. STEINER considered these attributes were due to the astral body or soul. While the etheric body is primarily involved in building up the physical body and keeping it healthy, the astral body has a catabolic or destructive effect, which in itself creates a tendency towards illness. This is due to fact that consciousness is bought at the cost of breaking down or ‘burning’ physical matter, mainly in the form of glucose.

In general terms, it is possible to say that the higher the metabolic rate required to support consciousness, the greater the complexity of the nervous, metabolic and circulatory systems. In order to effect the necessary degree of development, the astral body works in harmony with the etheric body. However, even this involves a polarity of action. For example, etheric processes produce a limb with a hand ‘bud’ of solid tissue. An astral process then intervenes producing enzymes, which break down or ‘digest’ tissue to create the spaces between the fingers.

The fourth element of the human structure is the ego or spirit, an additional level of consciousness that animals lack. Humans are aware that they are independent conscious beings with the ability to escape the constraints of instinctive behavior and act in accordance with higher motives, such as concern for others. However, the ability to chose cannot be separated from responsibility for the consequences. Not only does the ego give people the ability to think for themselves, it also enables them to transform their own natures.
The ego has a dual effect on the physical body, as it affects both the etheric and astral bodies. It is particularly involved in thinking and thus has a destructive effect, particularly on the nervous system. It is also associated with the Will and the way volition is expressed through the physical body. The ability to stand upright and walk on two legs is, for example, a specifically human attribute.

Anthroposophy also proposes a correspondence between the four human elements and the four natural elements: earth, water, air and fire, or, more specifically, to the four fundamental states of matter: solid, liquid, gas and heat. Thus the physical relates to the solid state and mineral kingdom, the etheric to the liquid state and plant kingdom, the astral to the gaseous state and animal kingdom and heat or warmth to the ego and kingdom of man.12

The properties of a medicinal substance are explored by a process of ‘imaginative’ divination that draws on Goethean morphology, anthroposophical physiology and homeopathic proving. And, as far as TWENTYMAN is concerned, knowledge from spheres as diverse as botany, zoology, chemistry, physics, astronomy, astrology, mythology, alchemy and traditional herbalism, is also relevant. Collectively, the methods employed define a new doctrine of signatures, in which knowledge of the action of the medicinal substance is deepened step by step until the inner nature of the substance is revealed in the details of its appearance.13

The study is pursued as far as possible before any conclusions are tested in clinical practice and only if this brings confirmation, are the links considered to have been demonstrated.14

TWENTYMAN says: “one probably has to go a bit further to see how these ideas work into understanding. If you take, say, a plant, monkshood, Aconitum napellum, gradually from its root, stem and leaves there forms a monshood at the top. And one thinks that’s that. But if you have GOETHE’s ideas in your head, you can see the flower expresses fear and retreat, the flower’s stamens cower within the monk’s hood. If you give it to somebody – not too big a dose! – a further metamorphosis will develop in the human symptoms. And these are a further metamorphosis of what one sees in the flower. Thus the drug picture symptoms are those of fear and anxiety. The drug picture thus extends on the human level that which is present on the vegetable level.

In their picture of Aconitum, EVANS and RODGER attribute the fact that the plant’s flower is a development of the plant’s calyx rather than a corolla to astral influence, “which descends into the sepals, raising them to higher function.” Similarly the plant’s deeply incised leaves, reminiscent of the fingers of the hand, and powerful poisons also point to an astral influence. “It would also be expected that Aconitum would have a special with the nervous system.”15

STEINER rectifies what he describes as the lack of ‘specificity’ in homoeopathic drug proving by maintaining, in common with Paracelsus, Rademacher and, to an extent, BURNETT, that the physician must first diagnose the organ or organ system in which the disease has its origin before prescribing the appropriate organotropc medicine.

As well as the homeopathic method of trituration, dilution and succussion, anthroposophical medicine employs other means of potentization, including rotation in a high-velocity centrifuge and repeated exposure to heat or light. Collection and potentization procedures may also be timed to take into account the phases of the moon.

Substances are frequently combined. This may be done to enhance the potentization process; a plant, for example, may be combined with a mineral with which it has a particular affinity as in Ferrum per Chelidonium or Stannum per Taraxacum. But it is also used as a strategy that enables the management of organ dysfunction from several directions simultaneously. Such medicines are not regarded as simply the sum of their individual components but as capable of unfolding a new therapeutic activity as a unity. Pertudoron, for example, a whooping cough remedy, includes Belladonna 3X, China 3X, Coccus cacti 3X, Drosera 1X, Ipecacuanha 3X, Mephitis 5X and Veratrum album 3X. However the content of the combination is not always in potency and mother tincture are often used.16

TWENTYMAN says that although anthroposophical medicine uses more mixtures than classical homeopathy, there are many schools of homeopathy that have used combinations. “There was a very good mixture in my day for boils called ‘SSC.’ It’s a mixture of Sulphur, Silica and Carbon veg. and that in potency was the best thing I met for boils. Potencies in anthroposophic medicine are not always low and go up regularly to a thirtieth. STEINER, I have heard, was known to prescribe even higher on occasion.

“The anthroposophical medicine I worked with a great deal is Iscador for cancer. That’s prepared from mistletoe (Viscum album). My experiences were that it was very helpful. Occasionally but not often one could reverse the whole malignant process. But as a supplementary remedy, it helped patients feel good throughout the course of the
illness and reduced the need for other treatments. The patients I treated with Iscador usually found they could go through the illness very positively. Even at the end, again and again, they said ‘I’m very glad for this experience.’ It kept their general poise, balance and well-being whereas so many of the modern scientific treatments make patients very ill.”

“It is used in various potencies, the most common being, I should think, the equivalent of about 1X up to a 6X. It is given by subcutaneous injection preferably. Anthroposophical doctors use subcutaneous injections quite a lot, the idea being that it enters into the rhythmic system of the lungs, heart and circulation more strongly. If you want to work more strongly into the metabolic system, you will probably give things by mouth. There is some indication that if you want them to work into the nervous system, external applications can be valuable. These are not absolutes; they are only directions.”

Iscador is prepared from the whole mistletoe plant including the leaves, stalk, berries and flowers. The plant is gathered in both summer and winter as the sap ingredients differ from one season to the other. Juice form the winter and summer plants is kept separate until later in the process. It is first mixed with an equal quantity of water by weight and subject to lactic acid fermentation. The fermented product is then diluted to 10 per cent. The winter and summer sap are then mixed and potentized in a centrifuge.

“I found the anthroposophists also had some very valuable remedies for back trouble. They are called ‘disci’ preparations but they are cocktails. I used to call them my homeopathic osteopath. They arose out of the work of a man called Dr. HAUSCHKA. He found, largely by a sort of accident that one could preserve tinctures and things without alcohol by exposing them rhythmically to light and dark. He found that for every sort of plant there was a different time of year when this worked. So he used plant tinctures made with this method together with corresponding potentized tissue from animals. So disci preparations for the back incorporate potentized animal cartilage, as well as a range of metals.”

“There is great use of planetary metals in anthroposophical materia medica: lead corresponding to Saturn, tin to Jupiter, iron to Mars, mercury to Mercury, copper to Venus and silver to the Moon. These then correspond to different organs. Saturn has a great relationship to the skeletal form, Jupiter to the spleen. You see the bone marrow and the spleen are in one of these polarities; the blood is born in the bone marrow and dies in the spleen. Jupiter is also related to the liver and to the forming of thoughts in the head. Mars is related to the gallbladder and to the larynx, Mercury to the lungs, Venus to the kidneys and silver to the reflective capacity of brain.”

“I always enjoyed Silver, the metal of the moon and of the Greek goddess ARTEMIS. Now in Greece, ARTEMIS was a maiden goddess. She was midwife to the animals of the forest and delighted in play with her girl friends and bow and arrow. But at Ephesus on what is now the Turkish coast, DIANA was the goddess of wisdom. The multi-breasted image in her temple was a symbol of fecundity and feminine power. Diana-Artemis, Artemis-Diana, they are the same.”

“You see silver makes the best mirrors and the brain reflects. It is also the principal reproductive ingredient of photographic film. So we reflect in the head and babies in the uterus. Of course if one is talking to an audience of women, one has to point out that this shows the superiority of women everything because they produce live, kicking babies while men only produce dead silly thoughts.”

“And then, of course, there is gold – the metal of the heart, which in the old astronomy holds the balance between the outer and the inner planets and in us holds the balance between the metabolism and the belly, and the nerve senses centred in the head.”

TWENTYMAN maintains that by thinking of the remedies in these extended terms, a more living picture of the human being is created than that provided by modern physiology and one that is also of particular relevance in the area of psychological medicine. Classical homeopathy of the kind developed by Kent is now, he feels, significantly out of step with our present scientific and psychological knowledge.

“Classical homeopathy developed in America when it became united with Swedishborgian philosophy and science. Indeed SWEDENBORG was one of the greatest scientists of his day. In the middle of the 19th century the Swedenborgians were one of the leading intellectual movements in America. HENRY and William JAMES grew up in a Swedenborgian household. A great many homeopathic doctors were affiliated to the Swedenborgian movement, and most Swedenborgians were keen on homeopathy.”

“James Tyler KENT was an ardent Swedenborgian. He said of his own teaching that if anyone thought they could get the same results as him without adopting his philosophy, they were mistaken. I think there are very few modern people who are really able to enter into the work of SWEDENBORG. It is a marvelously rewarding
study but very difficult and hard for us today. Time has moved on, of course, from SWEDENBORG in the 18th century. Historically, it is an enormously important contribution but I don’t think it adequate, alone, to form the basis for the development of Homeopathy.”

“The whole of 19th and 20th century science developed since SWEDENBORG. He started from the groundwork of the science of his day. He did not set out to contribute basic scientific work; he took the highest scientific knowledge of his day in anatomy and physiology, but also in cosmology and physics, and from that developed a philosophical vision, rooted in observations of this world. He was one of the first men to set a path into the spiritual, whereas in the past the path had always been from the spiritual into the physical. SWEDENBORG started from where we are here and developed that into a spiritual vision. His scientific knowledge of his time was immense. He was the first man to describe an endocrine organ; interestingly, it was the function of the pituitary gland, a fact that is not enough appreciated.”

“Nonetheless, SWEDENBORG’s vision of the world is based on 18th century science. People like to take the dogmatism of KENT and think you can practice that. But in SWEDENBORG’s time the microscope had hardly come into biology. The study of tissues really only came about in the Napoleonic era with such a man as BICHAT in France. The study of cellular biology with better microscopes only really came into medicine with Rudolf VIRCHOW in 1860 or so.”

“Originally, MORGAGNI in Italy said all disease is centered in structural change in organs, after finding holes in the lungs of tubercular patients. Then BICHAT looked at tissues through the microscope and found the same disease manifested in a tissue and you’ve got what is called histopathology. Then VIRCHOW said ‘No, all disease is in the cell.’ Now they say it’s in a molecule called the gene – that’s the latest fashion. So it has nothing to do with a living thing at all. But it is this progression from organ to tissue, to cell, to molecule that has brought medicine to where it is today. One can’t ignore this; one’s got to cope with it; but one needs more than is available from SWEDENBORG.”

TWENTYMAN is in the final stages of completing a second book, provisionally titled Spirituality, Mythology and Medicine. It will be published by the Rudolf Steiner Press, which is based in Forest Row, the East Sussex village in England where TWENTYMAN lives.

“It’s not a book intended for doctors. I’m trying to write as old man in an effort to see the broader, wider situation and medicine as an aspect of the total human crisis. There is a total crisis of human consciousness and I’m more concerned with that. I don’t think it’s any good to look at bits and pieces. I’ve only touched on illness as an example of the crisis.

“PARACELSUS, for example, had an important notion. One shouldn’t look at the healing of disease as simply getting rid of the symptoms. Disease is an opportunity, PARACELSUS says, for the personality to grow and take a step forward in its spiritual development. No healing or cure is really complete until it results in the development of the spirit, soul, being of the patient. It’s an opportunity, a gift, to help the personality develop further but there is not much sign of that in modern medicine. GRODDECK had it. And men like JUNG came a long way towards seeing mental disease as something to be transformed with a richer personality at the end of it.”

“There are many anthroposophical ideas inherent in what I have been saying. But to the threefoldness of the human organism – the nerve senses, the rhythmic middle and the metabolic – I personally think there needs to be added a fourth, the system of endocrine glands that allows the whole to play like a musical instrument. The endocrine glands do not act in the same way as the other systems; they act synthetically for the whole organism and are one aspect of the ego realm – the realm of individuality that manifests in thinking, feeling and willing: thinking in the head, feeling in the heart and willing in the liver.”

“Now it is terribly important to grasp the unity of these three. In ancient times up until the Renaissance when modern science began, thinking, feeling and willing were all interwoven. Religion had wonderful art and a wonderful cosmology. Science, in so far as it existed, was portrayed religious phenomena and was essentially moral. They were all interwoven.”

“Then came BACON, COPERNICUS and GALILEO and they began separating thinking from the other two. Indeed BACON said you could think what you liked without it disturbing your religious faith! But, through this, thinking became separate and autonomous. Then the artists set about emancipating art from any connection with religion and ultimately from any connection with nature or reality. It has become in modern abstract art, God knows what. It’s art for art’s sake. And if you look at the characters of DOSTOIEVSKY at the end of the 19th century, it is said again and again that ‘to the superior man all things are permitted.’ Well, of course, everyone is convinced they are superior, so all things are permitted. The Will is divorced from
moral sanction. It is no longer concerned with beauty or truth — it is just ‘I am permitted, I will do it.’

“So you have thinking, feeling and willing separated from each other — science, art and religion but in myself, thinking, feeling, willing. The poor ego thus feels very on edge, as it is no longer supported by those great beings: one’s nation, one’s race, one’s religion, even one’s family. All this has become relative; and so the poor ego asks ‘Who am I?’ And that ‘I’ is what on one side finds its root in the endocrine system and on the other in the immune system. The immune system has to do with the relation of self and not-self. When I develop an allergy, it is when what should remain on the surface, and in the sensory world, pushes through the barrier, the frontier, inside me. When I get a so-called autoimmune disease then one of my organs becomes ‘outer’ and behaves as though it does not belong to me. The frontier between self and not-self has become chaotic so we get more allergies and endocrine diseases. Apart from this, the poor ego is psychologically out of its depth and does not know what to do. The modern ‘weltanschaung’ simply does not give the ego any support whatsoever beyond rules of thumb.

“The self has somehow got to find its relation to the great being of mankind, mankind as a great organism. It was one of man’s ancient beliefs. Even Auguste COMTE, the great Frenchman of the 19th century, father of so-called positivism, who usually gets cursed as the father of the worst materialism, even he, no less, had the concept of ‘le grand être,’ the great being which he conceived as the living organism of mankind.”

“Today with all this talk of globalism and racism, it seems we must identify the concept of mankind as whole or being. This should be the meaning of Christianity but I have not heard it from the Church yet. But that is what Christianity is — the idea that the whole of mankind finds its center in Christ. Now it’s up to us to try to move in that direction, to see the races and nations as organs of this great being, not as absolutes. Until recently these were the absolutes within which the individual breathed and felt himself. But they are not today, and when people try to make them so, they become fundamentalists of one sort or another.”

References
Special thanks are due to Francis TREUHERZ, MA, F.S.Hom, without whose guidance and assistance this paper could not have been written.


8Ibid. 60.


11Ibid. 24, 29, 32.

12Ibid. 34, 39, 48.

13TREUHERZ. 1984.


15Ibid. 74.

16TREUHERZ. 1984.


18TREUHERZ, Francis. “Steiner and the Simillimum. Homeopathic and Anthroposophic medicine: the relationship of the ideas of Hahnemann, Goethe and Steiner.” Journal of the
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6. MARION BELLE ROOD, M.D.
LANGE Andrew (AH. 3/1997)

MARION BELLE ROOD, M.D., was one of the great elders in American Homeopathy. She practiced in her hometown of Lapeer, Michigan for over fifty years. She was a pioneer in Science and Medicine. As the only woman in her physics masters program at the University of Michigan in Ann Arbor, she helped work on the Quantum Theory during the 1920’s. After two years of teaching mathematics at a convent in Tennessee, she attended New York Homeopathic Medical College as the only female student in her class, graduating in 1932. Harvey FARRINGTON was one of her Professors. She earned her living while going through medical school by tutoring the children of the ROCKEFELLER family. During that period of time, the term “Homeopathy” had been dropped from the school’s title, in order to maintain accreditation. This was happening in all the remaining homeopathic schools at that time.

Dr. ROOD received her advanced training in Homeopathy from her family physician, Dr. Harriet KNOTT, who in her later years, while blind, lived with Dr. ROOD supervising her cases. Dr. ROOD was also a colleague of A.H. GRIMMER. GRIMMER invited her to join his practice in Chicago, which had been Kent’s practice. However Dr. ROOD wanted to stay in her rural home town, and it was in this small town she remained, practicing from 1932-1992.

Her approach to disease was deeply influenced by her understanding of Chronic Disease and the Miasms. Her tremendous understanding of the pathogenesis of disease enabled her to solve the most difficult cases. J.H. ALLEN’s ‘Chronic Miasms’ was central in her understanding of prescribing medicines miasmatically. Far advanced of an isopathic application of Nosodes, she knew and developed some of the rarer remedies’ relationship to the Miasms.

One case in which the patient presented symptoms that reminded Dr. ROOD of his father’s bad reaction to typhoid vaccination when in service during the Korean war. The remedy Nux moschata thirty years previously, had helped his father, and acted to clear this man’s case, also.

Dr. ROOD could open to a Page in Hering’s Guiding Symptoms and find the case before her mirrored there, word for word. She treated multiple generations within families, often in the same morning. Dr. ROOD used Homeopathy in treating Cancer in hundreds of cases. While there can be no question that Homoeopathy is effective in many forms of this disease, her results were the constant discussion of the patients who waited outside her door.

Often she would just leave a book for me to read, without explanation. She taught in a Socratic method; instead of answering questions, she would say, “You think about it.” Then a few days later, in the middle of a patient consultation, she would begin a long dissertation to me, (actually directed toward the patient) answering the questions I had asked previously. The poor patient, who had no idea what she was talking about, just respectfully responded, nodding her head in agreement, “Oh yes, Dr. ROOD.”

Stories about Dr. ROOD are of a legendary nature. Most of them are true. She lived outside of town where the road turned to dirt. ROOD’s Lake Road had been named after her grandmother, and was the site of their Farmhouse on the edge of a state wilderness preserve. Dr. ROOD had moved to this house after the family house in town, from which she practiced for many years, had been the victim of arson, due to political rivals of her father and brother who were lawyers.

She did not have telephone, nor take appointments. Her clinic hours began at eleven in the morning. Patients came from around the country and the world to line up on her dirt road. Cars lined up outside her driveway by eight in the morning. She would open her door and treat the first in line, and continue until till 1 a.m. daily, sometimes later. She worked until the last patient had been treated. Patients would eat picnic lunches, stand on the porch and chat, while waiting.

In Dr. ROOD’s office in her living room, patients sat amidst piles of books, cats and dogs, dishes covered in lace, and wooden boxes filled with medicines. Records were kept on large file cards. She sat behind a small wooden side table with KENT and KNERR’s Repertories guiding her. Busts of HAHNEMANN and HYPHATIA watched over her. HYPHATIA was a young woman mathematician and astronomer from Alexandria, and the leading proponent of neo-platonic thought.

Patients reported that she would leave you with an issue of Scientific American when she went to prepare your remedy, then quiz them about the articles when she returned. As a scientist, Dr. ROOD kept a wide range of journals piled through
out the living room in which she saw her patients. She would regularly lecture to her patients on the relationship between Homœopathy and current developments in Science, whether they could appreciate her insights or not.

She felt strongly that a background in Physics was essential for a homeopathic education. She had a tremendous ability to perceive where Homœopathy had been confirmed in the scientific literature, or solutions to medical problems in the scientific literature, unsolved due to the lack of homeopathic thinking. She had special interest in Interferon research, which she felt had proven HAHNEMANN’s description of viral interference as spelled out in the Organon yet pharmaceutical approaches had failed in utilizing the discovery of Interferon effectively.

Through Dr. GRIMMER, she became interested in the Abrams method, which was a predecessor to radionics. She built a dark room with copper wire coils to block outside electromagnetic influences, in which she conducted tests. This method was the basis of a later study led by Guy Beckley STEARNS and other members of the International Hahnemannian Association in the 1920’s, and although certainly not reflecting classical methods, it was of great interest to some of the leading homeopaths of the time. Dr. ROOD used this method for over twenty years in some of her most difficult Cancer cases. In later years she no longer used the Abrams instrument, relying instead on her experience and the Repertories to determine the remedy.

She believed that medicines could have an effect at a distance. In fact, one night when an impatient patient had left, after having waited much of the day, Dr. ROOD just looked out of the door and exclaimed, “Oh he must have been exposed to the remedy he needed from in here, and felt so much better he didn’t need to see me!”

One night, we were having tea at three in the morning, after every one had gone, and I asked her, “Dr. ROOD, your patients think you’re clairvoyant, what does that mean to you?” if I had asked her directly she would never have answered. Instead she politely retorted, “Well you never talk about those things.” When a local reporter interviewed her after her retirement he asked her what would her patients do without her to which she replied, “Well I hope they’re all better. That’s what is supposed to happen.”

Dr. ROOD never married while many of her brother’s friends had shown interest in her, her mother had encouraged her to study books, and she simply got too involved in them she would say. While living a humble and simple life, she was constantly abreast of developments in Science and Politics throughout the world.

On Monday, she took the day off. She bought most her remedies from Erhart and Karl Pharmacy in Chicago. Dr. ROOD would go by train to pick up her remedies in Chicago, and bring them home. The trip took 6 hours.

Once a month she taught Quantum Physics at SR. WHITE Jr. High School in La Peer, Michigan.

Along with Dr. Wyrth Post BAKER (who wrote intro to homœopathapeutics she helped save Homœopathy in the 1950’s.) She testified before the Senate, to maintain the status of the Pharmacopoeia.

Dr. ROOD charged $10 for a visit, raising this to $20, when the Pharmacopoeia was again reviewed in the 1980’s. She raised and contributed $50, which funded this updating of the US Homeopathic Pharmacopoeia for approval. Without this generosity and foresight, we would not be able to produce and prescribe homeopathic medicines today.

Dr. ROOD died in December, 1995 at the age of 96. She represented kindness, strength, humility, and the unique individuality of our tradition. Her legacy remains in her foresight in preserving the US Homeopathic Pharmacopoeia, in the generations of patients that she treated, and in her example of brilliance in understanding of the Science of Medicine.

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7. The Action of Drugs

The Action of Drugs on the response of matter by Sir Jagadis Bose, F.R.S.

(Lecture given in the British Homeopathic Society on June 23, 1926)

Mr. President, Ladies and Gentlemen, - Of course I am not a medical man, and I am in no way concerned with the practice of medicine, either homeopathic or allopathic. I was unconsciously dragged into the study of the most mysterious of phenomena, the phenomena of life; and I will simply tell you, as a sceptic, how I was drawn into this fascinating subject.

You must remember that we are often carried away by our own dreams, and we have to be very sceptical about what we are dreaming. The worst critic you can have is yourself, and I have, all my life, tried to disprove the things that I discovered, and when I have failed to do so, then I bring them to you. You ask me, Sir, what is it that led me into these investigations. More than thirty years ago I was working on that mysterious subject, invisible light, light which no one can see, ether waves, the tremulousness of the ether, by which nowadays we are able to send messages over enormous distances. It is more than thirty years ago that we carried out some very important investigations on that subject. We sent messages through space; we fired pistols and exploded things at a distance. That was in 1893 and 1894, long before this was supposed to be possible. While sending these messages, while recording them by wireless means, I found that occasionally the record that was obtained gradually became smaller and smaller, until it disappeared, and for no apparent reason. Being anxious to find out what caused this, I made an automatic recorder, by which the replies in the receiver were written down. And I was astounded to find that the records were exactly like the records obtained from muscle when it has become fatigued. That is, the inorganic substance used in wireless showed fatigue, just like human beings do. It was extraordinary. Then, thinking that giving it a period of rest might revive and restore it from the state of fatigue, I gave it a two-hours' rest, and after that I found this recorder reviving and answering vigorously, to show again, later, signs of fatigue. Thinking that a still longer rest might make it still more sensitive and make it perceive signals sent from greater distances, I was surprised to find that it had lost its power of answering altogether, in fact it had become too lazy, and I had to strike it several times before it responded. So there were these two contradictory reactions. If it was lying too idle for it to be vivid and active, you had to strike it to become active, and if it had been over-working, you gave it rest.

Then it occurred to me that I would try the action of various stimulants. I tried several, and found that this receiver became extraordinarily sensitive, it picked up messages from enormous distances, greater distances than it had done before. Then I gave it certain depressants, and I found that the power of answering had become diminished. Then I applied poisons, and I found that the answer of these inorganic substances was abolished for all time. But the curious thing was that if, instead of giving large doses of the poison, I gave it an extraordinarily small dose, then it became very sensitive indeed. I had thus come across a region where the boundaries between inorganic and organic life vanished, and continuity was established between the realms of the living and of the non-living. I will show these actual records on the screen presently. So it appeared that matter itself had a promise of potency, of life. There was a time when this earth was a molten mass on which no life could have existed, therefore life must have, in some way, evolved out of non-life, or rather I should say that everything is potentially alive.

Finding that inorganic matter mimicked organized life, such as human life, I thought an intermediate region, plant life, might also show some of the characteristics of our own life. But everyone who had had to deal with this subject – I have been asked about this by various gentlemen here who have studied Botany for twenty years – physiologists and others, said there was nothing in common between the reactions of animal life and those of plant life, that the plant was passive, while the animal was all the time moving. They taught that there are three characteristics of animal life: contractility (the power of suddenly contracting when struck), conductivity (the power of nervous action by means of which when an organism is struck by a stimulus from outside, a message is carried at a known speed to the interior), and the conductivity (integrative) by which a large mass of tissue becomes one, being connected by these nervous links. It was thought that plants had no nervous system. Thirdly, in the animal we have the phenomena which are known as spontaneity. Our heart beats continuously as long as life remains. It was thought that plants had no such system or characteristic. But my researches, some of which I shall describe to you – not all, only fragments of them – prove that all this is completely wrong, and it is this wrong theory which has hitherto stopped the advance of the science of life.

I shall first throw on the screen the response of inorganic matter. First I had response of organic
matter, in a receiver which was actuated by wireless messages. Then I wanted to find out whether matter such as a bit of steel, or iron, or platinum wire, or copper wire answered when it was struck or pinched. I have a series or records of the plant when it was pinched, and the electrical record is there. I have a series of long answers. But when the object of the experiment was kept actuated for a long time without giving it rest, it became fatigued, and you can see the fatigue curve of the metal in the slide. The first response, you see, is very large, then it gets smaller and smaller, until it disappears. That is the fatigue curve of a bit of Tin. The next slide shows where I get answers from a bit of Platinum. I gave it a small dose of stimulant, and you see the result. There is, at first, a small and feeble answer, but when I drugged it with a stimulant you see how enormously it acted. Next, I show you opposite effects of a small dose of poison and a large dose of poison. Here is the normal response, and you see how enormously increased the responses are after a small dose of poison has been given. I increase the dose of the poison and then the power of resistance vanishes altogether; it has been killed.

I will now show you a photograph of the place where this investigation has been carried out, so that you may get some idea of the organization by which the work is going forward. I think it is well that I should tell you the Eastern ideals about the advancement of knowledge. We believe we can only get truth when we rise above any longing to get success, above considerations of success or non-success. You must be completely, absolutely indifferent to success or want of success. Some of this work which has been carried out had to be practically continuous for twenty years before it received public, that is, scientific acceptance. If one were simply thinking of success, one would soon give research up. But truth is more powerful than human association; truth will always remain, truth is for the service of humanity. We must, therefore, never make it a commercial asset. So one of the conditions of my institute is, that my disciples who have given up all their life in pursuit of science, shall give it up for the common benefit of humanity; they are to take out no patents for any inventions or discoveries made at the institute. I hope some day to make this institute an international one, thus reviving the ancient great traditions of India, which, twenty-five centuries ago, welcomed scholars from all parts of the world within the precincts of its ancient cities. This institute is meant for all men and all women alike, for all time coming.

The first picture shows the outside of the institute. There we face the world. But we cannot see truth unless we retire to the forest, otherwise the mind is constantly taking part in the rush and hurry of the town. But inside here, which I now show you, there is a strange quietness, you are surrounded by Nature. Some plants such as these you see here are attached to the recording apparatus by means of which the plant expresses all the changes it goes through; we get a diary of the plant, and we can look at the writing made by the plant itself, and so find out what its feelings have been. You see also the building which is being erected for expansion of the work for the activity of the institute has become enormously increased, and we are trying, as far as means allow, to increase that activity. Here you see a wonderful bird; we have all sorts of birds and plants and animals associated in a friendly way. This poor bird has lost his wife, and he is searching for her all the time. It is known as “the eternal lover”; he will not take any other wife, and he is ever searching for her. He sometimes comes before the glass window, and, seeing his image, he thinks she is hiding behind a screen, and he dances before her, as he supposes, so as to induce her away form this shadow of death. And here is the photograph of a place twenty miles down, because some of the experiments cannot be carried out in a town, as the air there is vitiated, and the sensitiveness of the plants is much reduced by atmospheric pollution. So down the river is my other institute where these specially sensitive experiments are carried out. And here is another branch of the institute, which is located 7,000 feet high, at Darjeeling, and in front of it is the eternal snow, and the climate is like that of Europe, cold and bracing – though I cannot say that the climate of London just now is bracing!

The first trouble I had was the popular idea that only a few plants like Mimosa are sensitive, and that others are insensitive. Plants were divided into the most sensitive, and the ordinary. In order to show that ordinary plants also are sensitive, I devised an apparatus by means of which the record of a supposed insensitive plant could be seen. Here, for example, is the record of such a common vegetable as the carrot. At a certain point I chloroformed the carrot, and thereafter the responses become smaller and smaller, until the carrot became unconscious, so weak that it gave no response, it would not answer any more.

But the subject of my lecture this afternoon is the answer of life to various drugs. And there I found something which must have puzzled you very much. Medical men find that they give the same drug to two patients, one of them is cured, the
other is nearly killed! Why is that? Take a man and look at his behaviour. To-day he is exuberant, joyous, but tomorrow something comes in which man delights not, nor woman either. Now, that is the most difficult of all problems in medicine. What you have to do is to solve that problem. I have found something of extraordinary interest, and I think it will interest you. It is this: that a living creature is not mere matter, but matter plus energy, energy stored in unequal ways from the past, and there are being received by him some impressions and energies from outside. Therefore day by day I am changing, I am not as I was yesterday; I am different, because the sum total of energy which is entering into my life makes me different from day to day. Roughly speaking, I may describe this to you by a drawing of curves. The whole cycle of life may be represented at the base or crest of a curve with substance as the living creature. Let us take it in one condition; its activities diminishing as it is cut off from outside sources of food; there is a falling down of this curve, and at some point it loses life, that is, it dies of inanition. The top is the highest point, the crest of life. If it is deprived of stimulus in many forms, not only food, but of the stimulus of hope and the desire to live, it slides down, until finally it dies of inanition. Under stimulus this normal curve of response rises higher and higher, until the climax is reached. It is that climax of life that we have to aim to attain. The extraordinary thing is that in this condition what is necessary to bring it to a climax of life is response to stimulation. Any drug or other stimulant converts the curve of life from an abnormal to a normal one, to a bigger normal, and a bigger normal still until a climax is reached. But if you pursue the stimulation after that, it becomes exhausted and begins to die. The two curves so produced meet in a common spot, which is death. The medical man may mistake one for the other. There is no external means of finding out the tone of the living thing. What you want is a tonometer to find out in what portion of the psychic scale you happen to be on. If it is at one place you use stimulating drugs, but if you make the fatal mistake of regarding one point or stage as the other, there will be death. The problem is how to measure the tone, the tonicity of life. I have been working at it; I do not know whether I shall succeed. To find that on is the essential point at which the science of life becomes exact, not empirical.

Let us think how the activities of life may be exalted. One activity of life is the power to assimilate food. You may have any kind of food but it is no good if you cannot assimilate it. ROCKEFELLER has means of getting any kind of food, but, poor man, he cannot assimilate it. The problem is how to make you a more efficient assimilating organ. Working on plants, last time I was in England I showed the apparatus by means of which the rate of normal assimilation of a plant was automatically recorded by the plant itself. You will find it described in my book on the physiology of assimilation, published by Longmans. One curious thing I found was that while it was normally assimilating, giving traces of certain chemical substances, in very minute doses indeed, even one part in a billion — and by billion I mean a thousand million — produced an enormous increase in the assimilative power, nearly a 100 per cent increase. And there are other substances of which this is true, for instance, extract of thyroid gland in very small doses. But if you increase the dose beyond a certain point it does harm. The important thing, therefore, is to find what the critical dose is, remembering that the critical dose for different persons is quite different.

Talking of the effect on the tonic condition reminds me that I carried out a curious experiment. I brought out two batches of similar plants, but under two opposite conditions; I lowered the tonicity in one case, and raised the tonicity artificially in the other. Then I gave doses of poisons to both. The unfortunate plant whose tonicity was below par died instantly without a struggle; the other became stimulated and grew faster than it had ever done. There is the question of the power of resistance, the inner power, that is what you are after. Drugs do not help you, except in helping you to get the inner power of resistance increased. It is our power of nerve resistance which has to be exalted. That is one aspect of assimilation, and that was enormously increased by giving traces of certain substances. Traces of iodine increased it at a very great rate.

But I have come to speak to you of another effect, which is the most difficult of all; this throbbing, by means of which our heart is continuously contracting and expanding, and by means of which the nutrient fluid, the blood, is circulated round and round, carrying the material to every part of the body. Is there any such thing as spontaneous circulation in the blood in plants as we believe to be in animals? I shall show you the experiments, and that is the principal subject of my lecture. The subject is so large that one cannot touch more than the fringe of it in an hour or two.

Before referring to plants, let us regard the power of automatic pulsation in ourselves. Our heart, as long as it is alive, goes on throbbing without cessation; it is automatic — something inside. If I had time, I would disabuse you of the
false idea that there can be anything inside self-originated. No such thing; it is the power from outside which has been streaming in, which I gather and store up and make my own. It is that which causes pulsation. It is an outside force which I have trapped and made a part of me. Now in regard to plants this automatism we can very well see in this particular plant called Desmodium gyrans. This plant has had the good fortune of traveling round the world with me, because when I was talking about these things they said it could not be true, so I had to carry not only my instruments but also the plant. It is like the poor parrot, who complained that they had not only brought him from his native country, but had made him speak English! So I had not only to bring my extra-ordinarily delicate instruments—which were a little upset by being brought—but also the plant. And this plant has been the indirect means of saving me from imprisonment. It was shown in 1914, and I had to get a compartment reserved for carrying my instrument and apparatus, so there was a little trouble and uncertainty. I had to come across the continent of Europe. Railway officials said they could not give me the compartment because troops were moving. I was to have begun my lectures on August 4th, 1914, and on that day there was an outbreak of war. My nephews had gone on in advance, and they were kept in prison for four years, and came out more dead than alive. I show you the picture of the leaf of the plant, pressed between two pieces of glass. It is this tiny leaf which goes on pulsating and throbbing, and I had to make a delicate apparatus by means of which the pulsations were automatically recorded. This leaf is so tiny that if you put a grain of sand on it it bends down and is unable to lift itself up. And here are a series of records, which were made by the plant itself. As long as the plant is alive it pulsates. But what we call ‘automatic’ is really the result of something from outside. I kept this plant in the dark, and withheld food, and you will see how, on the third day, these pulsations came to a stop. When it was in a practically moribund condition, I threw a beam of light on it and gave it a little food, and it started pulsating again.

Here is the most extraordinary thing. I have two series of records. The heart of the animal is acted on by different poisons in a different way. Some poisons kill it in an expanded state, others kill it in a contracted state. Here is the record of the heart of a frog which was poisoned, and the record at death is at diastole. The same drug given to this plant also killed it in diastole. The other kind of poison causes death in the opposite condition at systole. When the heart is nearly killed by one poison and is just on the point of dying, I can revive it by giving it a dose of antagonistic poison. That will show what enormous possibilities there are of curing people of poisonous reactions. We find out what different poisons are antagonistic to each other.

You would think that to show this automatic pulsation you must get a particular plant from India, but that is not so. Every one of these plants grown in this country have been throbbing but you have not seen it. You had no idea that that passive thing in the form of a plant was in a state of throbbing. It is not still for one moment. By this pulsation its life is maintained. I will explain to you presently how I discovered this. In our own case the circulating fluid is kept moving by the throbbing pulsation of the heart. In the case of the plant it gets its inorganic substance with it. How is it done? It is a problem which has puzzled all scientific men for the last 300 years up to this time; they have not found out any explanation of this. There was at one time great admiration for the very fine work which was done in Germany by a physiologist at Strasburg, who wanted to know whether this rise of sap is due to vital activity or to some other physical action. I do not know what led him to do it, but he tried an experiment on a big scale. He had an oak tree cut down, and had twenty men to take it and place it in a tub of poison. The leaves remained alive for several days, and he thought the rise of sap could not have been modified by the poison; therefore, he said, it is not a living reaction, but something like capillarity and that sort of rubbish. But the big oak tree has a stiff leaf; even if it was dying it is so stiff that it does not fall off easily. So why take that big oak tree? Why not take a small plant like this (exhibited)? I took two plants, and you may try the experiment yourselves. I am here able to prove that this ascent is due to living reaction. If it is like the action of a heart which is pumping blood; if it pumps sap like the heart pumps blood, I may expect that the drugs which affect our heart would affect this plant in the same way. There are drugs like Caffeine, like Camphor, which make our hearts beat very fast and pump the blood very quickly. Therefore I took two drooping plants and placed them in these two bottles of water. In one I put a solution which contained a little cardiac stimulant, in the other I put a little poison. One plant, you see, has risen from the drooping position and is full of the solution which has been sucked up, whereas this other which was put into poison in the solution has not sucked anything up and the plant is killed. That, I think, completely proves that this ascent of the sap is a
vital activity, like the action of the heart. But one experiment is of no value: I have others.

If this fact is as I say, how on earth am I to prove it still farther? The unfortunate circumstance is that no one up to the time of the first experiments knew how to measure the movements of sap. Let us take the case of a leaf spreading out. You must have noticed that if you do not water it the leaf gradually droops; put it into water and it gradually raises itself up. The movements of the leaves are the movements of the arms. If I apply water here, this drooping leaf is raised up. If I place in the water a depressing agent, an agent which slows the pumping action, there will not be enough water pumped up and the leaf will fall down. If now I put a stimulant the pumping will go on quickly and the leaf will be raised up.

I will now show you a slide of the apparatus by which this record was taken. An erect plant was taken and placed in a poisonous solution; it was kept in the solution ten minutes and then the photograph was taken. Then the dying plant was given a stimulant, and you see on the screen the dying plant has become quite erect again. It is a marvelous sight, for some plants are so active that an apparently dead one shows the change to life within five minutes; you can see life coming back into the leaf. The poison has killed this one, and after a time it is decomposed. Here is the special apparatus by which that record was made. There is a movement of the leaf so slight that you do not notice it, but by the action of this lever I magnify the motion a hundred times. The leaf was horizontal, and I first treated it with Bromide, which slows down the heart beat; and you see at once that the leaf, which was horizontal before, became, under the action of the depressant, forced down. At that moment I gave a stimulant, and it took some time for the leaf to overtake the depressant; there was a struggle as to which should get the upper hand. After a time the stimulant had the upper hand, and the leaf became re-erect. From that we find that there is something inside which prompts this action, something which acts like a heart.

But where is the heart of the plant? That was the next problem, and a very difficult one. If you put an electric wire into connection with a sensitive electrical instrument, a Galvanometer, if the wire is resting, rest is evident from the absence of a record. But if you take a little probe and thrust it into the circuit of a current, you obtain a record. If you thrust a probe inside me, as long as it passes through resting muscle nothing happens, but as soon as it touches a throbbing heart an agitation takes place. I thrust this probe gradually more and more into the plant, and as soon as it comes into contact with the heart of the plant, there is a throbbing recorded by the Galvanometer. I show you an actual record of this. The probe, consisting of fine Platinum wire, is thrust in gradually more and more, until suddenly, at a certain point, there is pulsation. That is the heart; it is near the cortex of the stem and is a long tubular organ. In the lower animals it is a tube, and by peristaltic action the blood is sent forward. In our own case, too, in the embryo, the heart is a tubular organ, and as we grow the heart gets twisted. By rhythmic throbbing action it drives the blood forward. In the plant there is a tube, which passes from the root to the top, and the sap is sent forward and upward by peristaltic action. By this slide I show you the actual record. In the heart of the animal, if the intracardiac pressure is very feeble, the pulse almost disappears. There must be pressure inside for the heart to pulsate; when the pressure is increased it pulsates. I watered this plant and the pressure was increased and so the pulsation was increased. When I withdrew the water the pulsation stopped, when I re-applied water pulsation was again increased. That proves that inside the plant there is tissue which is in a state of continuous pulsation, propelling the sap.

And now comes the most difficult of all the problems: Can you make this throbbing visible to us? You may ask. Yes, we can, in this way. Out heart is throbbing, and all our blood is pumped through the arteries. By good luck, the artery I am feeling at my wrist is at the surface, so we can feel it. If, under the action of a drug, the heart goes on beating very quickly, it will pump the blood so forcibly that this artery will become swollen out, due to the increased blood-pressure. Contrariwise, if by a depressant agent the heart-beat is made slower, this artery will not swell up so much; it will be contracted and there will be a diminution of blood-pressure. This throbbing can be felt when the artery is large and is near the surface, but when it is buried under other tissue, such as muscle, we cannot feel it. How on earth will you feel the throbbing of a plant or a tree when its arteries are buried under other tissues? Though we cannot feel it, that is no indication it is not there. But our feeling organ is very crude. We must increase our power of seeing a millionfold then what was invisible will become visible. I will show you how it is done.

What I have here is a plant which is placed between two teeth, one of which is fixed, and the other is moveable. If there is a throbbing pulsation going through, and the sap is moving by pulsation, then, for a second, the diameter of this plant would
become slightly increased by the sap passing through it, and after the sap has passed through, it will revert to its former diameter. The difference, of course, is extraordinarily small. But if I take a long lever, this end movement will be magnified at the outer end thirty or forty times. But if the movement is only the thousandth of an inch, our lever is of no use, we have to increase the length of it still further. And I will show you how it is done. When the little artery is expanding, the lever comes out in one direction, when it is contracting, it comes out in an opposite direction. The problem is to magnify this small movement. From the end of the lever a thread is wound round, and there formed an axis which is on a jeweled bearing. A beam of light can be sent on to it, and in this way a magnification of a million times can be made. Here is the apparatus, which some of you saw at work at the Royal Society of Medicine. I will show you record. You see here registered the throbbings inside this plant. If the pulsation issues the string is pulled and the axis is rotated in one direction. Outside you can see nothing, but it is all the time throbbing in this way. I give a stimulant, the heart, the plant will beat very quickly, and sap of a larger volume will be propelled, and the channel will swell. When there is increased sap the pressure will be raised and there will be a movement the lever in one direction, whereas a depressant will cause a movement in the opposite direction.

In order to show that the heart of the plant and the heart of the animal are affected identically by the action of the same drug, I have before me two records, one of a fish’s heart, and the other in a plant. Let us see some of these results.

On the record I now show was the normal heart beat of fish. The experiment was done with such care that they did not feel it in the least; a little knock was given, and it remained temporarily unconscious, and the record was taken. Afterwards the fish was placed in a little cold water and it revived at once, and it was quite happy. I show the normal pulses.

I want to tell you one thing; you must remember that to get the normal action of life you must put it under normal conditions and normal action, not subject it to torture or to fright. Once you prove by comparative experiments that the plant and animal mechanisms are the same, the matter is solved; you need not carry out experiments on the animal, because the plant is a better witness. On giving a dose of a stimulant, Camphor, which is a tremendous stimulant, of two parts in a thousand, the pulsation is at once quickened very greatly, and the artery becomes swollen outwardly. Conversely – and this may not suit some of you – very dilute alcohol produced great depression of the heart of the plant. A very weak dose of whisky did this. You may say the plant is not so highly organized as the animal, but it is doubtful which is the nobler of the two. Here I applied Bromide, and you see the pulse-beat is downward, each down stroke of the throbbing heart being now larger than the upstroke. While this depressant action was going on, I applied Musk, which is a very strong stimulant, and at once you see the struggle between depressant and the stimulant, the stimulant getting the upper hand, and a depression is converted into a stimulation.

Lastly, we come to consider the terrible action of Cobra venom. I wanted to find whether the action of Cobra venom was similar in the case of the plant and of the animal. The venom of Cobra is extraordinarily deadly, a trace of it is enough to kill a creature in ten to twelve minutes. I shall show you the result I obtained with a small dose of cobra venom on a plant and an animal. Here is the normal pulse. One part in a thousand solution was given and the pulse became smaller and smaller, it died away, and the heart came to a stop. I applied the same dose on the plant, and the heart-beat became depressed and it died out. I placed it in water but it never revived, but became decomposed in a very short time. There is a very curious belief in India, that a man who has died of snake-bite is not really killed, that there is a chance for him of revival. I do not know why there is this belief. But because of it the people who are killed by snake-bite are not cremated, but are put upon a raft and allowed to float down the river, and there is a story that they are revived. It is not unlikely that the heart stoppage form Cobra venom may be temporary. Whenever there is a belief or a superstition you must try to remember there is something behind to justify it. It is said to be stupid for people to believe in superstition, but large number of people would not believe in a superstition unless there were something behind it. I will tell you something which justifies this. Your medical advances have been made by carrying out investigations on drugs which are said to have this or that property. At first medicine was empirical. Why do you give this? Because we are told it does so-and-so by our grand mother. I found another very interesting thing about Cobra venom. I found that with a normal dose this throbbing pulsation came to an end, and the plant died in fifteen minutes. I gave a very small dose of the poison, and the throbbing, which was feeble at once became increased. Therefore Cobra venom in a very small dose is an extraordinary stimulant. Then
having got that, I tried it on the animal and on the plant.

About a thousand years ago there arose a new school of medical men in India. We have an ancient system of medicine two or three thousand years old, and it was regarded as divine inspired. It was due to experimentation; but people forgot it. Everything said by ancient medical men was regarded as something to be accepted, but this new school which arose a thousand years ago refused to believe anything unless they could justify it by experimentation. Therefore this was regarded as unorthodox. It is this unorthodox school which makes a special preparation of Cobra venom, a minute dose of it being given. They believe that every poison has two opposite virtues, a good and a bad quality, and that the bad quality could be neutralized by the action of certain oxides of metals, metals so finely ground up that they were insoluble. They had this belief: that even a poisonous substance could be made very good, and if it has an evil property this last could be neutralized. The substance I have mentioned is a small dose of Cobra venom mixed with certain oxides. I was told by many people that in a number of cases where the heart was on the point of failing, and the medical man said there was no chance of anyone doing anything, as the man would die in two minutes, in those desperate cases, I have been told by several men whom I can believe, that when they gave this dose of poison the individual came back to life in several cases, not in all cases. The effect of the poison appeared almost miraculous, the individual being apparently brought back to life again, and the failing heart pulsating again and becoming strong. I carried out an experiment on the effect of this preparation on the heart of the animal and the plant. I show a slide of the normal pressure, where a minute dose of snake venom was introduced into the plant, and you see the heart-beat is very much increased. The effect of this is to make the heart beat more vigorously.

I have, in the course of my talk this afternoon, shown that the life-reaction of the plant is identical with that of the animal. We have been able to find that it is contractile, that there is a certain tissue along which general excitation is transmitted to a distance; we have been able to record throbblings of its pulsating life. In these and in many other ways the plant is very much nearer to us than we ever thought. Thus, through the experience of the plant, we may perhaps alleviate the sufferings of mankind.
PART III

(While Part II features articles from other journals, Part III contains the editor’s own contribution and other original articles.)


The book is divided into two basic parts, Part 1 goes in 336 pages. It begins with an introduction by the author and then goes on to deal with misconceptions about Hering’s Law which was originally taken by HERING & HAHNEMANN as a rule especially in antipsoric chronic diseases. The author then deals with the topics of psychiatric difficulties while practicing Homœopathy and what was Hahnemann’s original position regarding the role of psychiatry.

Dr. SAINÉ says, that there are two types of disorders – one he calls psycho-somatic and the other he calls as somato – psychic and in both disorders he has quoted various authors like JAHR, GRIMMER about prognosis of such cases. He next deals with the topic of temperaments, the definition of neurosis, phobias, anxieties and fears and then a separate chapter on obsessive compulsive disorders. The rubrics associated with such disorders are given along with some case reports and the relevant use of potencies in such cases.

i. How to study the Materia Medica is the next topic and as examples he has dealt with the remedies Argentum nitricum, Silicea and Thea. The role of antidotes, placebo, psychotherapy is then taken up and then the real meaning of the word cure with relationship to recovery, palliation and suppression. He then goes on to describe Thuja, Medorrhinum and Staphysagria in detail along with a relevant case report given with those drugs and then writes about compulsive behaviour patterns in states of anorexia, gambling and pyromaniacs, kleptomania, and trichotillomania. The topic of Hysteria is then dealt with followed by a chapter on Tarentula, Moschus, Asafoetida and Valeriana. What are the elements of a good practice and how does one take a given case, this occupies almost 30 pages and it is then followed with a section on repertory which includes the logic of the repertory, understanding the language of the repertory and the various additions that should be made after the practitioner has confirmed the symptoms repeatedly. The next chapter is significant because it deals how to manage the cases of rape and incest, and he follows this with chapter on psychosis. After this two relatively unused remedies have been given viz. Melilotus, and a still a more rare remedy Derris-pinnata. The next chapter deals with psychosis and schizophrenia followed by manic-depressive disorders and various rubrics used for psychosis. Finally in this section he deals with the four main remedies of psychosis Belladonna, Stramonium, Hyoscyamus, Veratrum followed by lesser used remedies like Cantharis and then Lecithin and Kali phos particularly used in cases of depression.

Part II is pure classical Homeopathy and is divided into 3 sub-parts-viz. Part 1 – which is a classical homeopathic aspect, Part 2 which is case handling, Part -3 which is evaluation of symptoms.

In sub-part 1 after the introduction, many pages have been devoted to what is known as Hering’s Rule or Law with relevant quotations from Organon aphorisms and then a brief one para sketch of Constantine HERING. Furthermore, it describes how KENT introduced Hering’s Law as given in his Lectures on Materia Medica and Lesser writings and ends with paragraphs on return of suppressed or not healed symptoms, and a skin eruption at the end of a cure.

Sub-part-2 is case handling from pages -21 to 72. it deals with case-taking, case-analysis, case-management, classification of symptoms, discerning the disease and wrong way of living, certain aspects of dis-similar diseases in one patient, treatment of an infectious disease, and points about different stages of indispositions. Then comes a case report of a boy who had cough all his life who responded beautifully to Natrum mur. 10M. The author deals with acute trauma, punctured wounds and emotional traumas, poisoning by vaccinations Allergies, aspects of acute exacerbations of chronic diseases antibiotics and then he describes 3 Case reports rapid progression of apathe, glomala-nephritis and total renal failure. Malaria then occupies the next sub-topic and then goes on to give a list of those prescribers whom he considers best prescribers as LIPPE, GUERNSEY, SKINNER and others. Paragraphs on alternating diseases, Nosodes,
Complex diseases, dissimilar diseases and treatment of the case of AIDS and AIDS cases. This sub-part ends with the topic of wrong way of loving and changing of life styles, cases where there are lack of symptoms and what is known as one disease picture. Sub-part 3 deals with evaluation of symptoms from pages – 73 to 209 and I feel the reader should now depend less on my review and read the whole chapter for himself. After the end of this chapter he has given the life and works of Adolf LIPPE. The founding of Allentown Academy, some cases treated by LIPPE and summarizing of the philosophy of LIPPE with his life-history. There is a small alphabetical index of various remedies. Summarizing I would say this book cannot be hastily read. It is a monumental work and shows the profound work of Dr. ANDRE SAINÉ, his depth, scholarship and experience and it is not only meant for the student but also for the senior most practitioners of Homeopathy. The print is easy to read, good binding and moderately priced.

D.E. MISTRY

2. Miasmatic Taint or Block Removers and Bond Breakers or Resolvers, by Dr. R.P. PATEL, Dr. R.P Patel Institute of Homeopathy for Research and Education in Homeopathy, Hahnemann House – Meissen, Atmajyoti Ashram Road, Subhanpura, Vadodara – 390023, Gujarat, India, Rs.500/- ( $ 25/-): This is a fairly heavy book, also dealing with a heavy subject, viz. the Chronic Miasms and their cure. Dr. R.P.PATEL is one person who has been writing on this very important subject, regularly.

In the book under review three Nosodes, Psorinum, Medorrhinum and Syphilinum are studied in great detail. The study is based on Kent’s Repertory. The literature consulted in this regard number 122 if not more! A detailed study, indeed.

Dr. PATEL has begun with a brief biography of Samuel HAHNEMANN. This is followed by a brief enunciation of the ‘Project’ work with reference to the correction, verification, etc. of the Kent Repertory, undertaken by the Patel Institute.

The next chapter is ‘Situations and Problems experiment by HAHNEMANN is recounted; a list of the other faithful follower ‘provers’ of HAHNEMANN is given. JAHR, KENT, ALLEN, HALE and SWAN are mentioned as later workers who carried on the ‘proving’. [HERING himself and with his colleagues carried several Provings and in fact published separate volume on the ‘American Provings’. The name of HERING has been left out from the ‘later’ Provers. = KSS]. The story moves on chronologically to 1805 – the publication of the Fragmenta . . . and its contents. History of the next great work, the fore-runner of the Organon [which made such history in the field of Medicine, like no other literature on Medicine either before or after it = KSS] is discussed in the next step. Here PATEL quotes HAHNEMANN with regard to ‘teaching the perfect healing method’ wherein HAHNEMANN says that it is best taught in an established hospital; PATEL says, rightly, that until now, nowhere in the world there is such teaching as yet!

The publication of the Organon in 6 volumes appeared in 1811 – 1821; HAHNEMANN’s Materia Medica Pura, Chronic Diseases, the arrangement of the symptoms, the ‘Schema’ of HAHNEMANN vis-à-vis KENT (REPERTORY), are studied in detail next. The ‘story’ of the several editions of the Organon and in detail the 6th edition and the differences between the 5th and 6th editions are discussed. The ‘comparative’ study of the Aphorisms in the different editions as given in DUDGEON’s edition is given.

Anamnèsis, the analysis of Symptoms, etc., are discussed subsequent pages, and of course the Chronic Miasms. PATEL quotes extensively and exclusively. Next, the study of Repertory with reference to the Nosodes Psorinum, Medorrhinum and Syphilinum with respect to the three Chronic Miasms. Every Symptom in the KENT Repertory is analysed as to its Miasm and its relevance to the Nosode under study. Proving Symptom and Clinical Symptom are given separately.

There are very few printing errors; the print is clear, language is easily understandable; since it is in A4 size it can be studied only on the table.

Dr. PATEL has done a Herculean task and it deserves serious study by the Profession and needless to say, by the student, particularly the post-graduates. This is a serious study, painstaking, and rewarding to one who studies it.

K.S. SRINIVASAN

3. Materia Medica Revisa Homoeopathiae – Agaricus – von Peter MINDER, (Hrsg. Klaus-Henning Gypser), Wunnibald Gypser Verlag., Glee. 2008. ISBN 978-3-940940-00-1, 144 pages. Attention of the readers is invited to QHD, XXIV, 3 & 4/2007 wherein the need for revision of our basic literature, viz., Materia Medica, and the efforts of Dr. GYPSE, in this regard has been discussed. Dr. GYPSE has already published
several monographs on individual medicines. The first in the series was *Dulcamara* which was reviewed in the same QHD. Subsequent to the Monograph on *Dulcamara*, there has been a steady flow of further monographs. Here we take up one of these, *Agaricus muscaria*. This is a remedy proved “first SCHRETER and E. STAPF and later by HAHNEMANN and his Provers’ Group”. HARTLAUB and TRINKS also published their Proving. In the light of this it is surprising that this remedy has been much under-prescribed, the only reason, I think, is because we have not studied the remedy well enough to recognise the Symptoms when we come across them in a patient.

Now: why a revision and how will it enrich our knowledge of the Materia Medica? Take, for example, the symptom – given in the monograph under study – under ‘Gemüt’: “Heitere Laune, doch kein Trieb zum Sprechen”. (‘Cheerful mood, but without any impulse towards conversation’. Symptom No.26). The ‘source’ is given as Chronic Diseases and the Prover is APELT, considered by HERING as a reliable source. I do not find this entry in the Kent Repertory or the later Repertories that I have access to! Also “Furcht vor Feuer, sieht überall Feuer, ekstatische Erregung, Geschwätzigkeit, alles > im Schlaf” (Fear of Fire, sees fire everywhere, ecstatic excitement, . . . ) is not in the Repertory. The Chronic Diseases contains only 715 Symptoms, whereas this Monograph has 2257 Symptoms! *Agaricus* is indeed not a ‘minor’ remedy; we have to study it beyond the abridged versions. Hence the need to study the Materia Medica, which is ‘complete’, contains all ‘proving’ symptoms, even doubtful ones (which may be thrown out only if clinical verification falsifies it) clinical symptoms, etc., which will contain many that may not be found in the Repertories.; therefore one necessarily has to keep oneself updated with case reports and information obtained from other reliable sources. Revision is a continuing process.

At the end is given Index of the Sources under the following heads:
- Medicinal Proving and Poisonings – 30 references in alphabetical order
- Clinical observations – 115 references in alphabetical order
- Names of the Provers.

As Prologue much information is given, for example, that the ‘Fly Agaric’, the *Agaricus* is not ‘fetid’ smelling as mentioned by HAHNEMANN. Interesting information about this mushroom, its toxicology, and its uses is given, including inter-alia the reference to this hallucinogen in the Rig Veda as ‘soma’; the use of this mushroom in other cultures like the American Indians, the Maya civilization, etc. are mentioned. The homoeopathic therapeutic uses are also touched upon

- K.S. SRINIVASAN

4. Materia Medica Revisa Homœopathiae: *Capsicum*, Peter MINDER (Hrsg. Klaus-Henning Gypser), Wunnibald Gypser Verlag, 2008. ISBN-978-3-9808817-6-0. 45 pages. This slim Monograph is on lesser-used remedy, *Capsicum*. The first Proving was published in the *Fragmenta . . .* (1805), and later in the Pure Materia Medica, Vol. IV (1827). Symptoms from the *Fragmenta* not taken in any of the subsequent Materia Medica works, have been given in this Monograph. The *Materia Medica Pura* has 344 Symptoms while the present Monograph contains 559 Symptoms.

Careful study of the - Materia Medica reveals the deficiencies in the Repertory – for example the Symptom 153 in the MMP: “Pain in the Urethra especially in the forenoon” is given in the Kent Repertory as given only under “Pain” and the time modality is not mentioned. Again Symptom No.149: “Urination, urging, frequent, < sitting, not when walking” is given only as “Urination, urging, frequent, sitting, while” leaving out the second part of the symptom “not while walking”. These are some that came up on random study.

The source of the Symptoms covered by this Monograph are mentioned in respect of each symptom.

I would urge all Homœopathy Practitioners to acquire these series and seriously go about applying it and report.

I hope that the Homœopaths all over the world will use these Monographs and send in confirmation, because it is only then that a reliable Pure Materia Medica is built. We hope that the work proceeds apace so that most of the remedies will be covered in the not-too-distant time.

Error-free printing. Printing, paper, binding, etc. are all excellen

[Further volumes in this Series will be reviewed in the ensuing numbers of the QHD = KSS.]
4. A Dictionary of Causation in Homoeopathic Materia Medica by Dr. Abdur REHMAN, Homoeopathic Stores and Hospital, 30, Allama Iqbal Road, Lahore 54000, Pakistan: This is an eagerly long-awaited book. Dr. REHMAN is well-known for his scholarly work ‘Encyclopædia of Remedy Relationship’ (in English and German separately) which has been well-received. Personally, I am using it in my everyday practice. Another book of practical use from Dr. REHMAN is this book under review ‘A Dictionary of Causation in Homoeopathic Materia Medica’.

Every ailment will have a cause, be it acute or chronic; in our experience we have seen long-term adverse developments due to what one says, some trivial cause. It is not possible to have a repertory which will have ready-made for application rubric to point to the specific to the ‘cause’ which I may be searching for; the causes are manifold, nevertheless a reference source would be helpful to look for the right remedy. While lot of information are available in the Guiding Symptoms much have been added over the many years and these are scattered in several separate books, Case reports, seminars, etc.; there is lot of material in these. REHMAN has collected these over the years and given them to us in this book.

REHMAN has cast the net very wide, more than 150 sources, what more! One has to carefully read the rubrics and make one’s own cross references to suit the symptoms peculiar to one’s practice.

There are few shortcomings: first, whereas the other works of Dr. REHMAN were published by the reputed German publishers ‘Thieme’ and ‘Haug’ – and the printing and binding were very good and sturdy to withstand repeated handling, the present publication done in Pakistan is poor in these. The Lay-out also strains the eye. There are few printing errors. While the ‘sources’ have been listed at the end of the book, they are not quoted in the rubric itself, with the result one cannot know the source from which the particular information has been drawn. The book is not, at present, available in the Indian market.

I very strongly recommend this book to every busy Homoeopathy Practitioner.

- K.S. SRINIVASAN


(Deutsch): Dr. Jens WURSTER has been working with Cancer under the leadership of Dr. Dario SPINEDI since some years in the Clinic at Santa Croce and we have his interesting article on this subject in the ZKH. 49, S1/2005. He has also presented paper in the 60th World Liga Congress in Berlin.

The book has a theoretical part and a practical part.

There is an Introduction to Homœopathy, followed by Cancer treatment in Homœopathy. The author takes us through the relevant Aphorisms in the Organon (§§ 201, 203, 205 and Fn 206); thence choice of the symptoms, evaluation of the symptoms, hierarchising the symptoms. He then discusses the specific questions to be asked for correct anamnesis and what symptoms are to be especially kept in consideration in respect of Cancer treatment. How to rightly judge the course of the homœopathic therapy. Then a Chapter on the Q Potencies and their uses. (ref. §§ 276, 246 and Fn, 247) What reactions are to be observed after giving a Q Potency? Next is explained how the Q Potency is to be administered. This is followed by the ‘plussing method’ of RAMAKRISHNAN. According to WURSTER the ‘plussing’ method may be of use in special, rare cases; whereas the Q potencies have several advantages.

The homœopathic treatment as accompanying Chemo- radiation- therapies is discussed. Next is an essay on Papilloma virus and Cancer development. ‘My way of homœopathic treatment’ ends the First Part.

The Part 2, discusses documented Cancer cases; detailed anamnesis, analysis, repertorisation and remedy selection, administration, follow-up, etc. clearly. Ten (10) Cases are given: metastasising Melanoma; Inoperable advanced Prostate carcinoma; Breast Cancer with Lung metastasis; Invasive Follicular Thyroid gland Carcinoma; metastasizing Naso-pharynx carcinoma; metastasizing Ovarian Carcinoma; metastasizing Pancreas Carcinoma; metastasizing Melanoma with cutaneous metastasis; Breast Cancer not operated – cured with Homœopathy; Breast Cancer recurring.

Further on a case of Pulmonary metastasizing Thyroid gland Carcinoma; this case impresses in the mind the power of Homœopathy when the correct remedy is chosen and given. The great difficulty is in knowing when the totality of Symptoms is to be the guide for choice of the homœopathic remedy and when an organopathical treatment should be chosen. This case covers all aspects of Cancer treatment.

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The last case is of Malt-lymphoma and bone-Tbc in a woman and a Melanoma in a dog. A careful study of the cases and the author’s directions, considerations, etc. should enthuse us to take up the homoeopathic treatment of Cancers and their cure with greater confidence.

The book is printed in Art paper, A 4 size; printing, paper, binding – all excellent.

-Dr. K.S.SRINIVASAN.

6. Hautkrankheiten homöopathisch behandelt (Skin Diseases homeopathically treated), Gabriele BENDAU, 2007. Sunrise Verlag, Kirchzarten. ISBN 978-3-9806010-3-0. (German): The author Gabriele BENDAU studied with Dr. Gerhard KÖHLER. She learnt thoroughly and collected lot of pictures to write an ‘illustrated’ book on Skin Diseases. This book is a result of her efforts; unfortunately she passed away suddenly before the book could be published.

The author has taken the pains to carefully collect the main symptoms, classify and photograph and document them and suggest the remedy. In this both the Proving Symptom and the ‘cured’ symptom are both significant.

BENDAU says that as a young assistant to Dr. KÖHLER she saw that a typical morphology would indicate the right remedy. She says of an experience in this regard: A young lad who suffered from Neurodermatitis told her about his anxieties, chilliness and some other symptoms all of which indicated Arsenicum. KÖHLER who did not know any of her symptoms, said on seeing the eruptions “hm, hm, to me it seems to be Arsenicum”. It was surprising that the mere morphology was sufficient for Dr. KÖHLER to think of Ars. When she asked Dr. KÖHLER how the lesion on skin is more than a ‘local’ symptom and he answered:

1. The skin is a Nerve and Sense organ. It develops with the Embryonal development just like the Brain from the Ectoderm.
2. As an organ of metabolism it is much important with regard to its thermo control in warm households, it eliminates and resorbs.
3. The skin functions as reliever of internal disturbances.

We forget often that the skin is also Nerve and Sense organ.

KÖHLER says “The morphology of the skin disease is a reflection of the internal alterations.” The Hering’s Rule is of particular relevance in skin diseases. The skin will be healed fast; it is important that we advise the patient of this order of cure.

It should not be misunderstood that in this book the advice is to treat the skin exclusively; the underlying disease which is trying to find a vent, must be treated. The skin symptoms and its morphology should help as indicators as also the other important symptoms to find out the similar remedy which will cure the ‘in-lying evil’.

The Skin diseases have been discussed under the following large heads: Blisters and Vesicles, Herpes simplex, Herpes zoster; Cuts, Hyperkeratosis, Eczema, and peri-oral Dermatitis; Acne, Rosacea; Ailments with Viruses, Bacteriae, and Fungus; Diseases of Nails. All these are briefly discussed in about 1210 pages (A 4) with color pictures of the Skin disease under consideration. After these there is an Index of the remedies discussed, an Index and literary references.

Paper, printing, binding and general get-up are all excellent; 135 pages in A 4 size. The book is very useful for the busy Homeopathy Practitioner.

-Dr. K.S.SRINIVASAN.

7. Rhymes of Remedies, S.C. MISHRA, Mishra Homoeopathic Medical Publishers, 651, Yadav Colony, Jabalpur – 482002 M.P.), India. 2009. 104 pages. Rs.80/- : Rhymes are liked by all; they help memorise key points on any subject; especially for students; and all of us are students in so far as Homeopathy is concerned and we welcome such aids; I remember that the few rhymes given in ML TYLER’S Drug Pictures were of great use; there were also some stray poems in the Br.Hom.Jl. (not since 20 years now). We enjoyed them. The best I had read was by Patersimilias. Of course there have been several in local languages, a

Dr. SC MISHRA’s exercise have been fruitful; he has covered 84 remedies. Some remedies like Apocynum cannabinum have only two Stanzas while Nux vomica has 10. MISHRA has taken up the so-called ‘Key notes’ and hence it becomes a ready reckoner too! The rhymes are interesting to read and can be memorised and recalled.

I enjoyed reading them and I can confidently recommend it.

-Dr. K.S.SRINIVASAN.

8. Search and research on sixth edition of the Organon of medicine and 50 millesimal potencies - an accident. Dr. Ramanlal P. Patel, Director, Institute of Homeopathy for Research and Education; Vadodara, Gujarat, India.
Initiation in the Research work on the sixth edition of Organon of Medicine and 50 millesimal scale of potencies was/is an accident in my life. An accident is a inspiration and provocation of an inner hidden energy or ambition in an individual man to do good work in life. I had no dream that I will do something to change what was going on with the teaching of fifth edition of Organon of Medicine without knowing why, what for the sixth edition.

Let me inform the readers how you face Homoeopathic community, How the Research work started, and personal encounter with homoeo drug cartels.

It was in 1948, it so happened that when I was a student at Calcutta Homoeopathic Medical College, I was very much impressed with lectures on ORGANON OF MEDICINE by Dr. B.K. BOSE who was a direct student of Dr. J.T. KENT of U.S.A. I used to read different editions and commentaries on ORGANON. We had college library which was hardly used by any student or teacher. As I was interested in Organon I asked the librarian who was also a compounding pharmacist in I.P.D. and O.P.D. He obliged my request to see the library after a week. Cupboard were rare commodities for books at that time except for some old, rare books. When the room was opened, it was a room which was not ventilated and books were not arranged properly or catalogued in a library manner. I saw heaps of books and journals lying on the floor with heavy load of fine dust over books and journals. The librarian told me that “Nobody asks for books so I have not cleaned the room neither books for nearly six months and more. You are the only one who recently asked for a book. What do you want?”

First I volunteered to clean the room and books. He agreed and put faith in me. It took nearly six to seven hours to clean dust and to put aright, but I found a GOLDEN book in the heaps – The SIXTH EDITION of ORGANON OF MEDICINE by Dr. Samuel Hahnemann translated in English by William Boericke, San Francisco, December 1921 and published in 1922. It was a surprise for me as I was taught in the college only according to Fifth Edition by Dr. B.K. BOSE and in our I.P.D. and O.P.D. all followed prescribing centesimal potencies accordingly.

Sincerely and honestly, I took the book with the permission of the librarian to read. I found vast difference with the fifth edition in many aspects. Meanwhile I went to all publishers in Calcutta to find out anybody who has published so that I can own a copy. None had published. So I had to copy by hand the differences in sixth and fifth edition. I published an article in our college magazine by name “Homoeopathy and Homoeopathic Methodology”. That infuriated the whole homoeopathic community against me. Even at one stage I was asked by Dr. A.N. MUKHERJEE who was Chairman of the Society which was running the college to leave the college. I survived because of Dr. B.K. BOSE. The echo within the homoeopathic community was very weak to accept the change.

The problem was changes in sixth edition and preparation of medicines, potentisation and administration. Nobody cared to prepare potencies according to directions given in 6th edition. Manufacturers all over the world never prepared their medicines according to directions given as they never read, and professors and teachers in Homoeopathic colleges never properly read in between the lines of Organon hence they never taught to wards (students). For me the situation was confusing. What to do? Needs necessary research work.

Hahnemann’s unheard directions would have meant a significant change to practice with a completely new set of remedies/medicines in absolutely new and different potencies. Finally even homoeopaths will question the authenticity of Hahnemann’s sixth edition of Organon of medicine.

During this period Calcutta was the ONLY place in India to manufacture homoeopathic medicines. I took courage to approach being student to most prominent manufacturers and explained what I want with the help of the Organon of Medicine. First, they did not understand and to some I made to understand when I told that one drachm of medicine in globules can treat 300 to 400 patients. They said, “THERE IS NO MONEY. WHO WILL BUY?” I was sad and disheartened. Hahnemann Publishing Co. was mistaken by me that they only publish books. When I came to know that they manufacture homoeopathic medicines I tried to catch a straw as a drowning man to save life. I went to their head office. Dr. BAAR was there as manager and a qualified pharmacist. I told to him all my efforts and failures to get medicines prepared according to sixth edition. He understood my thoughts and thinking. But he was helpless as “THERE IS NO BUSINESS AND NO MONEY AS NOBODY KNOWS ABOUT THIS WAY OF PREPARATION AND HOW TO USE THIS PREPARATION”. Last straw for drowning man vanished with drowned man. As I was leaving his office he said; “wait”. He told me; “I can prepare for you one or two medicines as a trial but it will cost you a huge amount”. I asked him, “How much?” Two rupees for each potency, he said. “During that time for one drachm medicine it was
The Collegiate Hospital serves the purpose of teaching the students at the bed-side which is of paramount importance for the practical training and development of confidence in Homoeopathy in the students.

We are grateful to the Central Government and the Provincial Government for the help, financially and otherwise given to build up and develop this institution. The Central Government gave us a Grant of Rupees Two Lakhs and Twenty Thousand (Rs. 2,20,000/-) for the year 1959-60. And again a Grant of Rupees Two Lakhs and Twenty-five Thousand (Rs. 2,25,000/-) for the year 1960-61 and a further Grant of Rupees Seventy-five Thousand (Rs. 75,000/-) specially for equipments for the College for the year 1961-62. We feel happy to say that both the Provincial and Central Health Ministries are satisfied with the working and the progress of our institution.

The Research Hospital:

We submitted a Research Scheme to prove the efficacy of the 50 Millesimal scale of potencies to the Central Health Ministry, through the Provincial Health Ministry, on 4.3.1961. We started our Research Department with ten special beds in the Collegiate Hospital. The Central Health Ministry immediately sent a Commission to the A.H. Medical College to report about our Research Department. The Commission visited our institution in March 1961 and was quite satisfied with our working and scheme. It recommended a Grant of Rupees Thirty Thousand (Rs. 30,000/-) for the Research on 50 Millesimal potencies which we received from the Central Government for the year 1962-63. To continue the research work we received a further grant of Rs. 14,725/- for the year 1963-64 and a sum of Rs. 10,000/- for the X-Ray plant. In the year 1964-65 we received Rs. 15,672/- to continue the Research work.

At first the Research was continued in the Collegiate Hospital upto 28.7.1962 but after that it was shifted to a new building specially constructed for this purpose. The new Research Hospital was opened and inaugurated by Dr. K.G. SAXENA, Advisor in Homoeopathy to the Central Health Ministry, on 29.7.1962.

The Research Hospital has facilities for 20 beds, ten for the female and ten for the male patients. The patients are looked after by specially trained nurses in the homoeopathic treatment and research. The Hospital is fully-equipped with all kinds of homoeopathic remedies and specially with 50 Millesimal scale of potencies. The X-Ray Unit and the Clinical Laboratory are attached to the Research Hospital. The Hospital was visited by Dr. Sushila Nair, then Health Minister; Govt. of India and recommended more fund for the research work.
A SCHEME SPONSORED BY GOVERNMENT OF INDIA FOR THE RESEARCH ON 50 MILLESIMAL SCALE POTENCIES (1959-65):

**Introduction:**

Hahnemann died before he could publish his sixth edition of Organon in which he made certain changes in the preparation of drugs and in the treatment of diseases. In 1921, Dr. William Boericke of U.S.A. translated 6th edition in English and was published in 1921, but its authenticity is still doubted hence nowhere experiments were conducted according to the teaching of Dr. HAHNEMANN in his sixth edition. We feel necessary to find out how far the new methods advocated by Dr. HAHNEMANN are helpful to the suffering mankind and for the progress of Homoeopathy. We see in his latest methods, a new development of medicinal power or energy which is not known to medical sciences other than Homoeopathy. The research work is already in progress in the clinical research department of A.H. Medical College, Sachivothamapuram, Kottayam.

**Title:**

Treatment of diseases by 50 Millesimal scale potencies according to the latest method of Dr. Hahnemann in accordance with the 6th edition of Organon of Medicine.

**Research workers:**

(1) Dr. Ramanlal P. Patel, D.M.S. (Cal.), D.F. Hom. (London), L.M. (Dublin), Principal, Athurasramam Homoeopathic Medical College, Sachivothamapuram, Kottayam; Director, Research Department, A.H. Medical College; Ex-Chief Homoeopathic Physician, Fr. Muller’s Hospital, Mangalore; Ex-Chief Clinician, Coombe Maternity Hospital, Dublin; Member, Panel on Health Planning Commission, Government of India, etc. Assisted by : - (1) Dr. P. Elias, B.Sc., D.M.S. (2) Dr. K.G. Arjunan Nair, D.M.S. (3) Dr. K.V. Appukuttan, B.Sc., D.M.S. (4) Dr. M.P. Janakiamma, D.M.S.

**Place:**

Athurasramam Homoeopathic Medical College, Sachivothamapuram, Kottayam.

**Aims and objects:**

(1) To establish the action of 50 Millesimal scale potency according to Dr. Hahnemann’s latest instructions given in the Sixth Edition of Organon of Medicine.

(2) To find out further actions of drugs on certain disease conditions which are supposed as incurable - e.g. Cancer, Asthma, Thyroid enlargement, Leucoderma etc.

(3) To prove the efficiency of homeopathic drugs in infinitesimal doses.

(4) To lessen the duration of treatment.

(5) To reduce the cost of treatment (even for serious complaints). Treatment according to 50 millesimal scale requires only one pill of No. 10 (size) for a dose and one drachm contains approximately more than 1000 pills which costs only 60 paisa. Hence in 60 paisa, 1000 prescriptions can be given.

(6) To give relief to the suffering mankind in an easy and harmless way.

**Work already done on the problem:**

In the clinical research department experiments were conducted on 500 patients who were suffering from Acute and Chronic diseases and the results were found to be more favourable than the Centesimal scale or Decimal scale potencies. The results of the same were published by Dr. R.P. Patel in the A.H. Medical College Magazine for the benefit of the homoeopathic practitioners.

**Period required for completion:**

Three years to five years will be required to complete the research work. The exact requirements are as follows:

1. In-patient (20 beds) and out-patient departments for, (a) Acute diseases, (b) Chronic diseases.

2. Laboratory: Pathological laboratory building with properly equipped laboratory materials and chemicals.

- Dr. R. P. Patel, The Director, Research Department, A. H. Medical College.

**PROTOCOL AND METHODOLOGY:**

**PRINCIPLES ON WHICH RESEARCH IN 50 MILLESIMAL SCALE OF POTENCIES ARE CONDUCTED AT ATHURASRAMAM HOMOEOPATHIC MEDICAL COLLEGE, SACHIVOTHAMAPURAM, KOTTAYAM (1959-65):**

A. GROUPING OF CASES.

I. **According to age:**

1. Infants and Children.
2. Women and Men.
3. Aged/Old people (60 and above) Women and Men.

II. **According to category of sickness:**

1. Acute cases.
2. Chronic cases.
3. Constitutional.
III. According to Disease:
1. General diseases.
2. Local diseases.
3. Epidemic diseases.

B. RECORDING OF CASES:
A special performa is devised for recording of the cases admitted in the Research wing of A.H. Medical College.

The special features of the Performa are:

- Preliminaries of the case consisting of:
  1. Name, Age, Sex, Address.
  2. Date of admission, Case No. & Bed No.
  3. Duration of Disease.
  4. Provisional Diagnosis.
  5. Physician in charge.

1. A complete statement of the patient’s illness.
2. Discriminative symptoms consisting of:
   a. Particular characteristics.
   b. General, Keynotes, Physical and Mental-characteristics.
   c. Pathological characteristics.
3. History of the patient’s illness consisting of:
   a. History of present illness.
   b. Personal history of the patient.
   c. Past history of the patient’s illness.
   d. Family history of the patient.
4. Complete physical examination of the patient with investigations – Clinical and Pathological.
5. Provisional diagnosis.
6. Totality of symptoms of the case.
8. Basis of selection of the Potency and Repetition.
9. Treatment consisting of:
   a. Date and Time of administration of the medicine.
   b. Remedy.
   c. Potency.
   d. Doses.
   e. Repetition.
   f. Response to the Remedy.
10. Date of Discharge.
11. Remarks consisting of:
   a. Result - cure, improvement or no improvement, relieved.
   b. Single or multiple remedies used and their names.
   c. Potencies used and their repetition.
   d. Response to 50 Millesimal, Good/Not satisfactory.
   e. Response to Centesimal potencies compared.

(f) Aggravation if any after giving 50 Millesimal Scale of Potency or Potencies.
(g) Any other observation as a remark.

C. COLLECTION OF DATA:

- Total number of cases treated upto - Results.
- No. of cases of each category - results.
- Observations regarding 50 Millesimal Potencies.
  - Action of lowest to highest potencies.
- Observations comparing the results with Centesimal scale of potencies.

D. Limitations in the use of 50 Millesimal scale of potencies.

E. CONCLUSION:

(a) Is 50 millesimal scale better than Centesimal scale of potencies? If so in what ways?
(b) Are there any rules and regulations for administration of 50 Millesimal scale of potencies? If so, what are they?
(c) Is there any special indications for the 50 Millesimal scale of potencies? If any what are they?


The aims and objects of the research are to find out the efficacy of the 50 millesimal scale of potencies which Dr. HAHNEMANN discovered during the last years of his life after matured experience of homoeopathic treatment. He found it to be very effective and less harmful than the Centesimal scale of potencies which were used prior to the discovery of 50 millesimal scale of potencies. But as Dr. HAHNEMANN died without laying down definite and proper rules and regulations about the use of 50 millesimal scale of potencies, we felt duty bound to resume his experiments and find out the facts.

N.B. We submitted the final report to the Government of India after five years in 1965 with further grants for new research schemes to continue under the Ministry of Health, Govt. of India (1968), which are being carried out by C.C.R.H. at present (2008) except the use of 50 Millesimal scale of potencies for the patients in the Hospital.

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