CENTRE FOR EXCELLENCE IN HOMŒOPATHY

CONTINUING HOMŒOPATHIC MEDICAL EDUCATION SERVICES

QUARTERLY HOMŒOPATHIC DIGEST

VOL. XXVII, 1 & 2, 2010

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

Adyaya I Brahmana 3 Mantra 28
Bṛhadāranyaka Upaniṣad

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

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Part I Current Literature Listing

Part I of the journal lists the current literature in Homœopathy drawn from the well-known homœopathic journals published world-over - India, England, Germany, France, Brazil, USA, etc., - discipline-wise, with brief abstracts/extracts. Readers may refer to the original articles for detailed study. The full names and addresses of the journals covered by this compilation are given at the end of Part I. Part II contains selected essays/articles/extracts, while Part III carries original articles for this journal, Book Reviews, etc.

I. PHILOSOPHY

1. Homœopathy and its Paradigms:
   Semiotic, Vitalist and Fragmentary
   ROSENBAUM Paulo (IJHR. 2, 5/2003)

This is an excellent study and difficult to be condensed. The title of the article is self-explanatory. Several basics are examined. It will be worthwhile to read the entire article, ponder and respond.

2. Bemerkungen zu Homöopathie, Miasmen und Krebs
   (On Homœopathy, Miasms and Cancer)
   WÜRGER Wolfgang (ZKH. 52, 3/2008)

This article probes the theory of Miasms. What is the connection between Miasms and Cancers? Can modern 'scientific' experiments/enquiries, as for example POPPER's 'falsifiability', or METHNER's suggestions, etc. give the answer? Or since Homœopathy is 'inductive' science, should we 'reflect' on the philosophical theory of Science, make self-reflection and base our experience with Homœopathy? [What was 'Science' for HAHNEMANN? Perhaps we should agree with Ekkehard FRÄNTZKI ". . . Wissenschaftlichen Charakter hat das Heilverfahren nach HAHNEMANN dann, wenn es zum ersten auf dem Boden der E r f a h r u n g steht. Jahre bevor die erste Auflage des "Organon" erschien, hatte HAHNEMANN sein neues Heilverfahren unter dem Titel: "Heilkunde der Erfahrung" der Fachwelt vorgelegt. Erfahrung ist für HAHNEMANN Idee der Wissenschaft von zentraler Bedeutung . . . . . " (**Die Idee der Wissenshcaft bei Samuel Hahnemann von Ekkehard Fräntzki, KH, XVIII, 6/1974**) = KSS]

3. "It's Done with Mirrors"
   Observations on the Nature of Healing
   NOSSAMAN Nicholas (AJHM. 101, 2/2008)

The metaphors of the mirror is useful in describing the phenomenon that takes place when the simile or simillimum is administered to the ill patient, to initiate a healing process. This transformational event is explored through references to the **Organon** of HAHNEMANN and his concept of the power of the Vital Force compared with the power of the similar medicine in the promotion of healing. The relevance of the mirror metaphor to the healing process in general is explored in other fields, with reference to Jungian Psychology, Mythology and the Bible, among others.

4. An analysis of the Concept of Miasm in the Light of the State of Medicine as Existing in 18th Century Europe
   MATHUR Mohit (AJHM. 101, 3/2008)

This paper reviews the circumstances in which the concept of Miasm (acute and chronic) evolved and how subsequent developments in the field of medicine, most notably in the realm of infectious disease, have improved our understanding about the nature of diseases and brought into question the validity of the Miasm theory. It concludes with an emphasis on the need to further refine the homœopathic concept of disease.

II. MATERIA MEDICA

1. Hartlaub & Trinks Pure Materia Medica: to save it or lose it?
   ZOBY, Elias Carlos (IJHDR. 2, 5/2003)

Homœopathic Medicine is based on 'Proving' of substances and faithful recording of the signs and symptoms so obtained, i.e. empirically obtained 'facts'. Full symptom, with the location, the sensation, the modalities with regard to motion, time and space, remain for all time to be applied, researched, etc. Facts survive time provided they are known. **Our Pure Materia Medica preserves its accuracy ; time helps us to discover many previously unrealized features.** It is essential that we read these 'source books' and discover for ourselves rather than follow secondary, fancy writings.

The 'source books' are only few as available to us now, for example HAHNEMANN, HERING, TF ALLEN, HUGHES & DAKE, STAPF, et al. The main pathogenetic compilations available are six or seven. STAPFs, HARTLAUB & TRINKS, and HERING's American Provings are not available in English. Whatever given in the compilations by HAHNEMANN, ALLEN only are available in English. For this reason the repertories do not contain all that are in these sources. It is however seen that even in these English compilations there are several omissions, errors.

In this article the author examines some mental symptoms in the HARTLAUB & TRINKS vis a vis the books used in the daily practice and points out the lacunae which are serious enough. It is hoped that this will kindle interest in the members of the profession to do further studies on these lines. [I would like to draw the attention of colleagues that Dr. K.-H.GYPSER of Germany is already carrying out such studies and is engaged in the Materia Medica Revision Project; so far about 10 monographs, one remedy in one volume, have come out. We invite others to undertake such work and centralise them all with Dr.GYPSER. This is my personal opinion. = KSS]

2. Patogenesia Qualitativa de *Arsenicum sulphuratum flavum*
   (Qualitative Proving of ***Arsenicum sulphuratum flavum***)
   SOLON Luiz Ricardo (RH. 70, 1-2-3-4/2007)

Six volunteers, pharmacy students, proved *Arsenicum sulphuratum flavum* 1000CH. This short experimentation was conducted within the framework of qualitative research on the epistemology of subjectivity. A hypothetical configuration of the subjective pathology was constructed: the remedy elicited anguish of imprisonment, which gave rise to an imperious explosion of feelings with physical restlessness, as well as pressive headache, desire for chocolate and desire for eggs.

3. Proposta de Matéria Médica de *Tormentilla erecta*
   (Proposal for a Materia Medica of ***Tormentilla erecta***)
   CAROCCIA Ana Lúcia, CORTELLO Giseide, CEMBRANELLI Isa Maria Mendes, METZNER Barbara Susanne (RH. 70, 1-2-3-4/2007)

This paper presents the proposal for a clinical proving of *Tormentilla erecta,* built upon the reports on its effects mentioned in historic, traditional medical, toxicological and pharmacological literature as well as on the effects verified by the authors in clinical practice.

4. Provings
   SHORE Jonathan, SCHRIEBMAN Judy, HOGELAND Anneke (AJHM. 101, 2/2008)

The authors' experience in conducting proving raised some profound questions regarding the nature of the data collected and information revealed, suggesting the importance of adopting a new, more inclusive proving methodology. It seemed clear that not only those participating who actually took the remedy being proved developed symptoms, but also that there was an amazing congruence with the symptoms that arose in very sensitive "provers" who did not actually take the medicine. Consequently, the authors concluded that for a proving to reveal the full potential of a remedy the following information should be included: data gathered from journal provings, data gathered from a group setting where there is direct involvement with the process of remedy preparation, and especially data gathered from those who are so sensitive to the process as to produce symptoms even at a distance.

5. Review of Proving Methodologies
   SHORE Jonathan, SCHRIEBMAN Judy, HOGELAND Anneke (AJHM. 101, 2/2008)

The varied sources/methods of homœopathic proving are discussed; included among them are; trituration, toxicology, Hahnemannian (Classical) proving, Modern classical proving, Modified Classical proving, and finally seminar and meditation provings.

III. THERAPEUTICS

1. Hahnemann's later Prescriptions

ADLER, Ubiratan C., ADLER, Maristela Schiabel and PADULA Ana Elisa
(Med GG. 27/2008)

There has been much speculative statements about the potencies used by HAHNEMANN in his last years in Paris. It was thought that he used both the C and Q potencies equally. It was thought that it would become clear if the number of prescriptions in C and Q potencies were identified separately, especially during the last years of his Practice in Paris.

The six months period between 1 January and 30 June 1843 was taken up for study and a careful and thorough analysis was made of Hahnemann's Case Register pertaining to this period available in the Institute for History of Medicine of the Robert Bosch Foundation, Stuttgart.

As a result 743 prescriptions wee identified out of which 582 (78%) were Q potencies, 142 (19%) were C potencies and 19 (3%) of unidentifiable potencies. The Centesimal scales were mostly in C 30 in descending scale, (C30, C24, C18, C12, C8 and C6). On the other hand the Q potencies were in the ascending scale.

It may be concluded therefore, that in the last six months of his Practice HAHNEMANN the 50 millesimal Potencies four times more than the Centesimal. These findings agree with his observations in the VI edition of the **Organon.**

2. **Homöopathie Und Transpersonale Psychotherapie als Integratives Behandlungsmodell**
   (Homœopathy and Transpersonal Psychotherapy as integrated treatment model)
   SCHNEBEL Beata (AHZ. 253, 5/2008)

The synthesis of Homœopathy and Transpersonal Psychotherapy is an effective and profound kind of treatment. The author gives a case from his Practice of a 54 year-old woman with depression. Her case was worked out to be *Pulsatilla*. Simultaneous treatment with transpersonal Psychotherapy involving Dreams, Imagination and Creative works helped much in restoring the health of the patient. This integrative method would surely help difficult and complex cases.

3. Homöopathie und Naturheilfahren – eine sinnvolle Kombination am Beispiel des akuten Harnwegsinfektes
   (Homœopathy and natural healing methods – appropriate combination, for example acute Urinary tract Infection)
   SPARENBORG-NOLTE Anne and NOLTE Stephen (AHZ. 253, 5/2008)

The homœopathic treatment of the acute urinary infection often cannot be successful on first hand for various reasons. Especially urinary tract infections tend to relapse, so the dynamic of acute, chronic and miasmatic diseases can be studied well in this example. Natural complementary medicine is suitable to gain time and to ease the acute symptoms; the chances in applying Physiotherapy are shown. In the so-called irritable bladder are a complex of functional-vegetative-psychosomatic symptoms Homœopathy – as long term e.g. constitutional treatment – is the method of choice. [While we do not want to enter into debate whether homœopathic treatment is not successful on first hand, it is our experience that it has been successful. In such an early work as von BÖNNINGHAUSENs **Aphorismen des Hippokrates** (1863) he has dealt with Harnwegsinfektionen in detail and the homœopathic medicines for that. However such help as may be from physiotherapy, dietary regulations are not barred, they may help hasten the cure. = KSS]

4. Die Behandlung des akuten Gichtanfalls
   (The Treatment of acute attacks of Gout)
   BÜNDNER Martin (AHZ. 253, 5/2008)

In this case of Gout with recurrence over the years the patient who is a Heilpraktiker treated himself with homœopathic medicines and every time the response was good. The remedies were chosen after appropriate repertorisation. However the complaints kept on recurring. The author says that whereas the acute attacks were promptly relieved every time, it kept recurring. The repertories provide with information to treat the acute attacks. A constitutional treatment which would prevent the recurrence of the attacks must be found, including dietic support.

5. Infertility and Homœopathy
   (IJHDR. 2, 5/2003)

Female, 39, consulted for Sterility in May 2003, with uterine Myomata diagnosed 6 years before. Very concerned about her fertility, she had tried unsuccessfully to conceive for 9 years. Other complaints: constipation, flatulence, Hay fever, Acne. *Pulsatilla* 200, 300 and M were given according evolution of the case within a period o 3 months. In the 3rd month she became pregnant. The author explains his choice of the remedy. This case shows that the action of the homœopathic remedy which is not related to matter but to some kind of "energetic" action would act immediately. Vitalism involves a most peculiar understanding of the biologic phenomena, completely against the materialist-mechanist paradigm characteristic of contemporary Bio-Medicine. Homœopathy developed outside the frame of "official science", not only out of external exclusion, but also by

a sort of auto-exclusion. One way to correct this negative trend, is to publish well-documented case reports, which is the aim of the present article. [While the case was worked out with Repertory with reference to the symptoms, did not lead to *Pulsatilla*. A study of the remedies obtained through Repertory seemed to be inappropriate. Therefore the author used Key Note and 'theme' which also indicated *Ignatia* which seemed to be not the remedy for this case. Therefore a few but extremely characteristic symptoms (only 4 symptoms) were chosen and the result was *Pulsatilla* which gave satisfactory result. A word about 'themes'. Themes are not real symptoms they are interpretations and extrapolations whereas Homœopathy has to do with 'facts' which are symptoms told by the patient. = KSS]

6. Bulbar Ulcer und Homœopathy
   (IJHDR. 2, 5/2003)

27 year-old male, 10 Sept. 22; dyspeptic since 9 years. Sporadic attacks of Vertigo. Antecedents of epileptic seizures since age 1, currently treated with Fenobarbital, 200 mg/d. Splenectomy in 1988 after a car accident.
Symptoms: Sour taste in the throat; Irritated, wanting to scream; Dizziness, cannot focus things clearly, perfectly; Workaholic; I ponder on new strategies 24/7, my work absorbs almost 100% of my time. Worried about the goals I set for myself, I must reach the goal. Desire for Ice Cream; High Fevers almost always with seizures; Grinds teeth during sleep.
Examination: Active Bulbar Ulcer (Sakita's A2; moderate erosive bulbo-diodenitis; positive urease test for H.pylori.
Diagnostics: Clinical: Bulbar Ulcer; Epileptic seizures; Miasmatic: Tertiary Psora – covert Egotropy (Masi Elizalde's classification).
Repertorial analysis and then study of the Pure Materia Medica: *Nux vomica* 30, then 200, single doses on 17 Sept 2002 and 12 Oct. 2002.

Improved. Patient's attitude to work also changed. He stopped blaming himself and thinking of professional matters in his free time. Upper digestive Endoscopy: healed bulbar Ulcer (Sakita's S2); slight erosive bulbitis; slight emantematic gastritis; positive urease test for H. pylori. Upto this the patient remained free from symptoms. He took new doses of *Nux vomica* 500 and then 1000 in January and July 2003. This case shows that the action of the homœopathic remedies is systemic, not restricted to any particular part of the organism.

7. Schlaf störungen bei Kindern - Drei Kasuistiken
   (Sleep disturbances in children - three cases)
   SPARENBORG-NOLTE Anne
   (AHZ. 253, 6/2008)

With three cases from her practice the author demonstrates homœopathic treatment of sleep disorders of children.

8. Müde bin ich, geh zur Ruh
   (I'm tired, and go to rest)
   ZIPPERMAYR Philipp (AHZ. 253, 6/2008)

Sleep can be seen as retreat by the events of the day and by the social surrounding field. The different forms of sleep disorders are therefore disturbances of this retreat. They refer to a specific social conflict of the patient, not or not completely permitting this retreat.

The analysis of the temper and the message of the dominating disease symptomatology bring to light a disturbed bond of trust to the surrounding field as a reason for the sleep disorder. The knowledge of the cause, the motive of disease, makes it possible to compare with motives of the remedies which are applicable, facilitating the homœpathic choice.

9. ***Carcinosinum*** und ***Medorrhinum*** bei der Behandlung von Schlafstörungen
   (***Carcinosinum*** and ***Medorrhinum*** in treatment of sleep disturbances)
   HADULLA Michael (AHZ. 253, 6/2008)

The author demonstrates with two of his cases of treatment of sleep disturbances in children with the Nosodes *Carcinosinum* and *Medorrhinum*.
Case 1: Ten year-old girl had come to me before, with nervous abdomen pain after the death of her grandmother. She gave the impresssion of a very much sad person. After examination, gave a dose of *Ignatia* D200 with rapid improvement. Since her mother was a strong, open, promoter of Homœopathy. She now came with complaints of sleep, which she had unsuccessfully treated with *Coffee*. The anamnesis: weeps despairingly; the usual tricks of bedtime stories, banning of TV, etc. did not help and the child woke up every fifteen minutes and this torture the mother has to undergo until mid-night. Throughout the day the child is inattentive, annoying everyone. She has slided down at school too. She has craving for chocolate; she is very conscientious, ambitious, responsible and extremely structured. Repertorisation brought out *Carcinosinum* which was given in 200. In six weeks the mother came with great exclamation at the wonderful change. The child is her normal and studies very well, etc. The sleep disturbance is not there anymore.
Case 2: 32 year-old female; she spoke of her two small sons. During the second pregnancy she suffered much from opathsleep disturbances. Sometimes she slept at 5 o'clock in the morning, and was finding it too weak and tired and as a result Anaemia. She underwent allopathic treatment and also from a homœopathic

prescription of *Silica*, and also a complex prescription; and also a colleague gave her *Sepia* and *Aconitum* as also *Acidum phosphoricum* – all to no good result. Since the case appeared complicated, I could not come to a homœopathic remedy, so applied Acupuncture, and the sleep became better. Unfortunately the improvement did not last and she again could not sleep well. Became irritable and annoyed. She then told of a craving for meat, sharp spicy food. She further revealed of an unpleasant discharge, yellowish, burning and itchy. There were also some mental and emotional symptoms: Temper, aggressiveness, impulsiveness, bashfulness, alternately introversion and extraversion, could easily weep particularly when she spoke of her complaints. She bites her fingernails right from childhood. She washed her hands very frequently particularly when returns after purchases. She is grumbly through the day and during evening and night better.

Repertoriation indicated *Medorrhinum* which was given in D200, three globules. There was a very good response. For maintaining the improvement *Medorrhinum* LM 6 sweekly.

10. Eine Rückschau über 20 Jahre Krebstherapie in eigener Praxis und 10 Jahre in der Clinic Santa Croce und Ausblicke in die Zukunft
    (A retrospective study of 20 years of cancer therapy in own Practice and 10 years in the Clinic at Santa Croce and prospects in the future)
    SPINEDI Dario (ZKH. 52, 3/2008)

The author has over 20 years experience in the homœopathic treatment of different Cancers, and since 10 years experience with the St. Croce Hospital. Dr. SPINEDI was trained by Dr. KÜNZLI. Accordingly the following are the main guidelines in classical Homœopathy:

- The Simile rule
- The Proving on the healthy
- The preparation of high potencies
- The invention of the 50 millesimal potencies
- The Kent Scale
- The exact technique of Anamnesis
- The homœopathic aggravation
- The exact dosage
- The second prescription
- The long-term follow-up

The knowledge of these are the foundation for the cure of chronic diseases including Cancer. We are very much grateful to the homœopaths of the past and present who have worked so hard with these “multifarious factors” and have given us valuable instructions. I think of Eli JONES, BURNETT, CLARKE, COOPER, GRIMMER, SCHLEGEL, CARLETON, BARTHEL, Farook MASTER, PAREEK and many, many others. Our attempts at the St. Croce Hospital is to arrive at a methodology which synthesises the best of the great homœopaths mentioned above and others. We are lucky to have whole generations of homœopaths and only a thoroughly considered synthesis of their knowledge will result in a optimum success.

The author gives 15 cases of different Cancers: 1. Ewing Sarcoma. 2. Malignant inoperable coccyx Teratoma with multiple Lung and Liver metastasis. 3. Inoperable Sarcoma of the Uterus. 4. Inoperable Liver Carcinoma in a one year-old child. 5. Primary metastasizing Mamma Carcinoma. 6. Embryonal Testicle Carcinoma and Mediastinal Sarcoma. 7. Mamma Carcinoma. 8. Prostate Carcinoma. 9. Metastasizing Melanoma Clark Level IV. 10. Prostate Carcinoma operated, PT2b GIII. Gleason-Score 7. 11. Axillary Lymphnode metastasis left , an occult primary carcinoma in a pregnant female. 12. Metastisizing Ovarial Carcinoma Figo III/IV, G III. 13. Low malignant Non-Hodgkin Lymphoma. 14. Status after amputation of a breast Cancer and high doses of Chemotherapy. 15. Recurrence of a Rhabdomyo-sarcoma in a boy.

Practically no side-effects of radiation were observed.

11. Eine Schizophrenie? Homöopathie und Psychiatrie bei einem schwer traumatisierten Flüchtling in aufenthaltsrechtlichen Verfahren
    (A Schizophrenic? Homœopathy and Psychiatry in a severely Traumatised refugee in an Asylum)
    EPPENICH Heinz (ZKH. 52, 3/2008)

This article has a two fold topic: the presentation of a model case study of a successful prescription of *Anacardium* with a verification of the Proving symptom “he imagined he heard his name called”, as well as the problem as to which instance is legally legitimate to judge the evidence of the truth (diagnostic and therapeutic) in the Asylum Proceedings of severely traumatized refugees. The middle part consists of a correspondence of the author and a Psychiatrist; the names of the persons involved have been made unrecognizable with exception of the author’s name.

12. Gentle little souls
    Everyday uses for the humble tissue salt
    CASTRO Miranda (HT. 28, 1/2008)

SCHÜSSLER’s Biochemic system is based on supplementing the deficient mineral salts.

Sulking Cat

Ten year-old Minnie had exiled herself since two days refusing all food. This started after another new

kitten sophie was rescued and was entrancing the whole family and getting all the attention.

A tablet of *Natrum muricaticum* 6x was dissolved in water and rubbed on to Minnie's outraged nose. About half an hour later, Minnie quietly came in to the house, ate little food and then climbed into the basket with sophie, curled up and fell fast asleep.

High in the Pyrenees

The author lived for two years in a remote hamlet iun the French Pyrenees. Prone to horrid urinary tract Infection with urge always and burning after urination. Usually before menstrual period and during emotional – weepy and irritable. Cracks at the corner of the mouth or in the middle of lip. *Natrum muriaticum* 6x frequently on the first day would improve immediately.

The common indications for all the 12 salts are given. A handy cell salt index (Repertory) is given.

Dishrag, string Bean Kids

A course of *Calcarea phos.* during and/or after a growth spurt to keep these kids from falling into a slump. It improves the vitality and appetite. It helps the horrid growing pains. Phases of complaining of stomach and or headaches on coming home from school. These usually occur before, during or after a growth spurt.

13. Addicted to Love?
ASPINWALL, Mary (HT. 28, 1/2008)

James 33, returned from abroad and found his wife of 3 years had left the family home, taking their two year-old son with her and refused to have any contact with him. His reaction was overwhelming disbelief. Exhausted and yawning frequently. After *Ignatia* XM, he felt much better, exhaustion and yawning improved greatly and was able to understand the truth of the situation.

An older woman happily married for 50 years was terribly saddened and shocked by her husband's death and completely withdrew herself, feeling life was no longer worth living. She stayed in seclusion for 2 years. a dose of *Natrum muriaticum,* lifted the feeling of grief and she felt like her old self again.

Angela had a kind of loving partner. Unfortunately she was still in love with a man with whom she had an affair few years earliuer, though she knew the current partner was by far the better. *Antimonium crudum* 30 helped dramatically. This remedy is for sentimental, romantic persons.

Jeanette, who recently separated from her husband, enraged by his hurtful behavior towards her and their very young child. She felt she would kill him. While talking she was picking invisible fluff her clothing. *Hyoscyamus* 200 and within 2-3 days she became relaxed, calm and able to see the funny sides of things again.

Indications for *Natrum muriaticum*, *Phosphoric acid, Aurum metallicum, Lachesis* are also given.

14. The Heart of the Matter
Homœopathy helps a woman with irregular heart beat.
ROTHENBERG, Amy (HT. 28, 1/2008)

Abigail, 60 years, with atrial fibrilliation since a month, especially at night, disturbing her sleep. Anxiety worse at night. Felt light-headed and off balance at that time chilliness of extremities. Felt cold in her back. Great need for warm covering profuse perspiration, over head, hands and feet. Tendency to constipation and swollen glands. Much organized in everything. *Silica* 200. No change. *Kali silicatum* 12c once a day.

A week later better overall. Fatigue lessened and sleeping better. Atrial fibrillation less. Continued to be on *Kali silicata*12c. in the next two years AF only during the time of stress. [This is interesting. Is *Kali silicate* a 'Proven' remedy? Or a synthetically created Materia Medica only? = KSS]

15. Avoiding or Delaying Root Canal Therapy (RCT)
A case of "irreversible" pulpitis
SHORT, John. A. (HT. 28, 1/2008)

A 47-year-old woman with very deep decay in her lower left first molar since a month. Increased sensitivity to cold liquids. Pain was distributed generally on the left side of face. Radiograph indicated inflammation. She was withdrawn. Greasy face. Menstrual colic and unrefreshing sleep. Preliminary removal of decayed part was done and antibiotics not given. *Natrum muriaticum* 200. She remained symptom free and a Radiograph couple of months later showed dentinal bridging, a sign of healing. Over the years 30-40% of patients with homœopathic medicines did not require RCT.

16. Dissolving Scar Tissue, growths & Tumors
The homœopathic remedy as 'surgeon'
ST. JOHN, Gloria (HT. 28, 2/2008)

Anna, 60 year-old with painful, large neuromas in both feet and had enforced a sedentary life style. Surgery was advised but she was not willing. Feet were more painful when standing better when siutting and somewhat better when walking. *Silica* 12c daily and to stop it whenever the relief was felt. Three weeks later, she lamented that she was doing so well at first and then all the pain is back. She had taken *Silica* 12c, even after she had significant pain relief. Within 2 days of stopping *Silica*12c, pain was gone. Five weeks later many positive changes. Lost 15 pounds due to her

increased mobility. A year later, no pains but the status of neuromas not known as she was reluctant to undergo X-rays.

Bill, 66 years had series of accidents as a young man and lot of suffering due to it. One knee replaced. Continued back pain and several surgeries to relieve it. He had twisted. Spine pain worse in cold, damp weather. He had melanoma (resolved). His hearing was compromised from military and industry noise exposure. He was on Thyroid Medication and Quinine for muscle cramps. He was on *Morphine*. Back pain increased after each surgery. *Hypericum* 200 and 12c did not help. *Thiosinaminum* 6c daily. Pain briefly increased, but now much reduced. Memory better. Felt better overall, with increased energy. He was on reduced dosage of *Morphine*. *Thiosinaminum* 12c few times and *Morphine* at 25% of the original dosage.

17. Bridging Thought and Homœopathy
    LUEPKER, Ian R. (HT. 28, 2/2008)

Six year-old Simon had delayed milestones and with apraxia of speech i.e. difficulty in sequencing the motor movements needed for volitional speech. He also struggled with a sensory processing disorder and a tic disorder. Flaps hands often. Mother was under much stress during his pregnancy and as an infant had the inability to co-ordinate the motor movements to suckle.

Now he miususes or omits words while speaking, gives irrelevant answers. Grinding teeth. Enjoys deep pressure. Has high pain threshold. Alternating moods. *Nux moschata* 200.

Six weeks later, his sensory issues had improved by 50%. Speech more clear. No hand flapping.

Four months later, irrelevant answers decreased by 80%.

Two years later progressing in all areas. (Overall 7 doses were given).

[By the appropriate homœopathic remedy, communication became appropriate and that is much in day to-day life; it meant one expressed, verbalized what are thought. Thanks to Homœopathy = KSS].

18. Clear your seasonal Allergies
    And revel in the springtime again!
    GAHLES, Nancy (HT. 28, 2/2008)

Indications for *Allium cepa, Euphrasia, Sabadilla* and *Wyethia* are given.

45 year-old Sally with spasmodic sneezing attacks in the presence of flowers, perfumes and scented soaps. Itchiness of eyes and mouth. Chronic vaginal yeast infection, burning and irritating. Feels bloated, tightened. *Sabadilla* 200. For 4 days much worse and with throat pain. Knee pains and gum abscess flared up. Then felt much better. In the next 4 years, two more doses.

Skylark, with runny nose, cough and wheeze since one year of age in the hay season and then in wet, damp or cold season. First mucus in throat, then hoarseness, dry, burning throat, incessant cough and the tormenting attempts to cough up the mucus. *Causticum* 30 helped.

Later he could explain that it started with itchiness of palate. *Wyethia* 30, stopped the problem.

19. Hay Fever magic and the Minimum Dose
    ASPINWALL, Mary (HT. 28, 2/2008)

Author's brother with Hay Fever since 7 years of age intolerable itching of eyes and swelling of eyelids. Repeated and violent sneezing. Running nose with soreness between nose and upperlip. Itching inside nose and roof of mouth. *Sabadilla* 30, 7 pills. One pill to be taken and wait. To repeat only if there is disimprovement after improvement.

He took one pill daily and had terrible bout of Hay-fever – homœopathic aggravation. He was reassured. In the next twenty years another bout of Hay fever. He is now one of Homœopathy's greatest fans.

20. Goodbye Itchy Eyes!
    COWARD, Steven (HT. 28, 2/2008)

Bella, 3½ years old with severe allergies that got especially bad each Spring and Fall. Intense itching of eyes with sneezing, running nose. Better in rainy weather and when she was indoors. Hated to cover her feet. Past history of rapid tooth decay. *Kreosotum* 200. Her symptoms went away immediately and no further problems.

21. Give Hives the Heave –Ho!
    ROTHENBERG, Amy (HT. 28, 2/2008)

Shelly, 44 years, with hives since five years. first, small, on abdomen, before menstruation and colder months on right side. Then grew larger, itchier and all month long. Confused, irritated and short-tempered during hives. Later dysphagia and dyspnoea during the attacks. Tendency to indigestion and bloating. Right sided ovarian cyst. Heavy menstrual flow due to Uterine Fibroid. History of Fibro cystic breast disease worse in right side, chilly feeling with a need of electric blanket. Craved sweets. *Lycopodium* 12c daily. Six weeks later, fewer and less severe outbreaks. To continue daily. Two months later, worse since 3 weeks *Lycopodium* 30c. in the next one year need of a dose every 2-3 weeks. In the next five years occasional attacks subsided with a dose of *Lycopodium* 30. A

remedy that addresses the whole person, including but not limited to the hives, has a broader and deeper-acting effects.

22. A wonderful Remedy for Anger
    Chomomilla helps angry kids of all ages
    RAUNIAR, Rashana (HT. 28, 2/2008)

Siya, 3 months old born with a blocked tear duct, constantly discharging clear watery fluid. Worse from wind. Redness of eyes. Mother was much stressed and angry during her pregnancy. Cranky and cried a lot with cough. Better when being held or carried. *Chamomilla* 200 1 pellet dissolved in 11 teaspoons, one teaspoon every hour. Within three doses, she started improving. After 10 days no discharge from eyes.

Two year-old Beth with running nose, mild cough, progressed to watery discharge from eyes, sneezing. Antihistamines did not help. She became exhausted, irritated, increased salivation. *Acon., Ars.alb., Puls.* did not help.

Red eruption on right cheek, 10 days before the cold, other cheek was pale. *Chamomilla* 200. After 30 minutes she started improving.

23. "Hello, This is the Homœopathic Helpline!"
    TREUHERZ, Francis (HT. 28, 3/2008)

In the spring of 1996, David NEEDLEMAN, Pharmacist managed to convince the official UK telecoms regulator that a Homœopathic Helpline was a legitimate service to operate a premium rate (i.e. Pay-per minute) number and enlisted the author to help. Since then more than 165,000 calls have been dealt with.

The Homœopathic Helpline is open from 9 a.m. through midnight, 7 days a week. It costs callers $3 a minute of which British Telecom keeps $1.

Few of the cases are discussed.

The author has much satisfaction from this work of offering service to many thousands of largely unknown callers. [Very interesting article, that would gladden the heart of every genuine homœopath. = KSS].

24. Appendicitis strikes thrice!
    NEEDLEMAN, David (HT. 28, 3/2008)

On a Christmas day, three mothers phoned each reporting that their child with pain in lower right side of abdomen.

The pains started around the navel and then descended and moved to right. Children felt better when applying pressure and worse on release of pressure.

A dose of *Bryonia* 30 and a dose of *Lycopodium* 30 both be given on the way to the Emergency Room and doses to be repeated if the patient is kept waiting in the Emergency Room.

First child was pain free on arrival at the ER and sent home. The second child was also pain free on arrival at ER but was kept overnight for observation. Both these children had no further problems. The third child was operated within ten minutes of arrival. This was timely, as just after the surgeons opened him up the appendix burst. The child recovered well.

25. Running on empty no longer
    Working holistically with a person who has Cancer
    ASPINWALL, Mary (HT. 28, 3/2008)

Rita, 54 was convalescing from double mastectomy for Breast Cancer. Recent incoordination of hands and feet because they felt numb and clumsy. Chronic insomnia. Son died in an accident at the age of 17 and many years later a beloved godson died tragically in a fire and all the pain and sadness from her son's death returned. Anxiety decreased by exercise. Had PMS, painful periods, benign cystic breast disease and Hysterectomy. She loved to be very active always. Sudden impulse to kill in anger. *Iodum* LM 3, daily doses alongwith macrobiotic food and Juices. 4 weeks later, worrying less, palpitations less, constipation much better. Six weeks later, further improved. Sleep better. After the third chemo session nauseated and black vomiting. *Cadmium sulphuricum* 30c helped. Higher LM potency of *Iodum* every four or five weeks.

26. Comfort Remedies
    Relief for Chemo, Radiation and surgery side effects
    ASPINWALL, Mary (HT. 28, 3/2008)

During conventional Cancer treatment, Homœopathy can help to ease the side effects. Homœopathic remedies are very gentle and do not interfere with chemotherapy or radiotherapy, so they are a perfect choice for those who are weakened or who prefer an alternative to conventional "comfort medications."

Success depends on individualizing, and it's important to remember these golden rules of acute homœopathic prescribing:

- Match the symptoms carefully to the best homœopathic medicine you can find.
- Take one pill of a 6c or 30c potency. If you feel better, there is no need to repeat unless the same symptoms return.

Remember, you may need to switch to a different remedy as the symptoms change, to ensure you don't break Rule #1. Ideally, however, you should consult a professional homœopath to prescribe for you. They will not only be able to help you with "comfort medicine," but will also work with you to identify and

address the underlying dis-ease that produced your cancer symptoms.

While side effects of conventional treatment vary widely and any of a large number of remedies can be indicated to help, here is a selection of remedies that cover the most common discomforts during such treatment.

After surgery

Arnica helps heal all traumas to soft tissues and is useful after any surgery.

Bellis perennis is especially useful after trauma/surgery of the abdomen or breast, when deep soreness is present.

Staphysagria may help if the incision site is very painful.

Phosphorus can help if there is nausea after general anaesthesia.

Calendula is a wonderful antiseptic that reduces the risk of infected wounds. It can be used topically or given internally.

Belladonna can nip potential infections in the bud if there is heat, redness, or throbbing in the wound.

Hepar sulph. If the person is extremely chilly with a pus-filled, painful wound, this medicine works very well to heal the infection.

Silica. Think of this medicine if the wound is infected and pus-filled, but, strangely, painless.

During Chemotherapy

Arsenicum album. The person who needs *Arsenicum* feels very cold and restless. Emotionally they may feel distraught, anxious, and despairing, especially if left alone. They are thirsty, taking frequent sips of usually warm drinks, but are likely to vomit food and drink as soon as it reaches the stomach. They may also have diarrhea. Although both the discharges and pains are burning, they are relieved by heat.

Cadmium sulphuricum addresses very violent nausea and vomiting especially when the vomit is black; the vomit may also contain tough mucus and there may be retching and gagging. The person may feel so nauseated that theyretch at the very touch of food or drink to their lips. They are extremely exhausted and may feel faint. They feel better when they stay still and quiet.

Ipecac (the "diluted" homœopathic preparation of *Ipecac,* not the pure form of *Ipecac* used to induce vomiting) can be very helpful to relieve nausea that is constant and unrelenting. Think of this remedy when vomiting brings a person no relief from their nausea.

Phosphorus not only helps with the after-effects of general anesthesia but may also help with side effects of chemotherapy. The person feels theirsty for cold water, but vomits it as soon as it becomes warm in the stomach. They may actually feel hungry during the nausea, but are still unable to keep anything down.

Tabacum. The person needing this remedy has tremendous nausea that may feel like motion sickness and be accompanied by vertigo. Cool open air makes them feel better, and they may prefer to be uncovered, even though their skin is cold to the touch. They feel better lying still with their eyes closed.

During radiation therapy

Calendula, known for its ability to heal abrasions and wounds of the most superficial layers of the skin, is sold in topical ointments as well as pills. The pills can be taken internally and/or dissolved in water and applied to a dressing for the wound (or a diluted tincture may be used on the wound).

Urtica urens is ideal for superficial, first-degree burns that sting and/or itch. The area feels worse from heat and after bathing. It can be taken internally or applied topically in the same way as *Calendula.*

Cantharis. burns that respond to *Cantharis* are of medium severity and may blister. They are raw and sore and feel better with a cold compress. The pains that respond to *Cantharis* are described as cutting, smarting, and burning.

Causticum. Known as a remedy for serious second and third-degree burns, *Causticum* addresses the deeper layers of the skin. Burns that do not heal in a timely manner, or that are accompanied by symptoms throughout the body may respond to *Causticum.* The burns may itch, crack, or ulcerate. The person feels better in warmth and worse from cold and wind, and the burn is likely to feel better when it is covered.

Hypericum. The primary remedy for damage to nerves, *Hypericum* can ease side effects of radiation when they include shooting pains.

Radium bromatum. This is the most specific remedy for radiation burns. The skin may itch and burn; there may be swelling and even ulceration. If there is a systemic reaction, it is likely to include aching pains all over the body, with a sensation of heat, and the person feels better from cool open air.

Note: If a person develops nausea and vomiting after radiation, also consider the remedies used during Chemotherapy.

27. Pharmaceuticals, Homœopathy and Natural Supplements
    Can we use them all together?
    ROTHENBERG, Amy (HT. 28, 5/2008)

Many patients present with long list of medicines they take. Few are essential and many others are ineffective, unnecessary or even detrimental to health. According to a Journal of the American Medical Association article, 108,000 Americans died in 1996 from adverse reactions to FDA–approved medications that had been properly prescribed by licensed medical

professionals and another 2.2 million Americans had negative drug reactions.

The author in her practice uses Homœopathy with almost every patient and advises with regard to diet, lifestyle, stress reduction and natural medicine and helps them figure out which prescription and over-the-counter medications they need versus which are more optional and can be safely reduced or stopped.

She was on a long list of medications for many years without much improvement.

As patients begin to feel better from homœopathic treatment, some conventional medications can be safely reduced or discontinued. Many drugs used on an "as needed" basis, can often be decreased or stopped without issue slow and steady route is usually the best way to wean off medication. Strong drugs such as Prednisone, high blood pressure medications, blood thinners and anti-cholesterol drugs need to be monitored more carefully and if they can ever be reduced at all, it will only be under strict supervision from the person who prescribed it and with strong changes in lifestyle including diet, exercise and nutritional supplements and as well as based on blood test valves.

During the treatment for any acute illness which is life threatening, antibiotic usage is advised and then any adverse results are addressed afterwards.

For people undergoing Cancer treatment, protocols of Chemotherapy or radiation, homœopathic remediues can be used safety to curb side effects without compromising the desired effect of Cancer treatment.

Carla 39, was struggling with anxiety, depression, insomnia, attention deficit disorder, chronic tonsillitis and Fibromyalgia. She was stressed out in all areas of life – physically, emotionally and financially.

In the first four months of treatment sleeping medicines for sleep and attention deficit were withdrawn on consultation with her Psychiatrist. In the next two months her medicines for anxiety and depression were withdrawn with the support of her therapist.

She was on *Baryta carbonica* 12c daily dose for two months. Then 2 doses of 200 in the next 6 months.

In the 18 months of treatment, Carla has greatly reduced her use of conventional drugs. She has begun to date and enjoying her children. Seems more confident and less needy.

28. Major Moves and Transitions.
    ASPINWALL, Mary (HT. 28, 5/2008)

Author's son Gabriel's thumb was trapped, when a large heavy fire door closed suddenly. Screaming with pain and lost lot of blood. A deep gash was seen. He was shaking and teeth chattering with shock. A cock tail of homœopathic remedies were given. *Arnica* 30 to reduce shock, swelling and bruising.

Hypericum 30 for shooting pains of nerves.

Ledum 30 for injury to nails.

Calendula 30 to help the cut to heal quickly.

By next day he was pain free. The gash healed in 2 weeks.

This injury occurred during the process of major moves of the family from Ireland to USA.

The author has given indications for *Arnica, Coffea, Bryonia, Cocculus, Tabacum, Bellis perennis, Ignatia, Pulsatilla* for the use of problems involved in the major moves. [Sorry, this type of prescription is a caricature of Homœopathy; as if *Arnica* alone will not do all the work of the latter remedies! = KSS]

29. Teens and the "Kissing disease"
    Mononucleosis
    Speed up the healing with homœopathic treatment
    SALTZMAN, Sussanne (HT. 28, 5/2008)

Mononucleosis is caused by Epstein-Barr virus. The primary symptoms are fever, fatigue, severe sore throat and swollen lymph nodes on examination enlarged Liver or Spleen.

Usually spreads via saliva.

Incubation period is about 4-6 weeks. Symptoms last from 2 weeks to 2 months, occasionally fatigue for few months.

There is no conventional treatment for Mono beyond rest, drinking plenty of fluids and taking pain killers.

In the author's experience Mono resolves within 24 to 48hrs. after correct homœopathic remedy.

Many of her cases of Mono became alright with *Lycopodium*. Few required other remedies.

16 year-old girl with milk drinking problem. Suffered with Mono or she had very offensive breath with sensitivity to extremes of temperature. *Mercurius* 30 tds. for few days. She recovered in 2 days and over the next few months her behaviour and drinking problem improved.

15 year-old with Mono with intense fear of dark and robbers, recovered with *Stramonium*.

30. Fast recovery for a woman with severe Mono
    GUESS, George (HT. 28, 5/2008)

23 year-old woman with Mono since 10 days, had excruciating Headache, Fever from 6 p.m. to 6 a.m. Tired, unable to hold head. Strong Nausea even from thought of eating. Abdominal tenderness. Inflamed, sore lymph nodes. Preferred warm drink. Weak legs. Mental dullness. Urine dark yellow. *China* 200. Within four hours began to improve and well after 2 days.

31. Mononucleosis paves her way
GROCE, Ann JEROME (HT. 28, 5/2008)

Heather, 18, with yet to recover from Mononucleosis since 3 months with fatigue. All the symptoms were common, so no acute remedy could be given. Few weeks earlier to Mono, her boy friend broke with her for another girl. There was much grief and anger. She enjoyed being in the sun. *Ignatia* 200. Five days later, she developed a sore similar to one during infection [exteriorization of the disease? Hering's Law? = KSS] and slept more then usual. Within two weeks she recovered and was back to her usual self. Since then three more doses of *Ignatia* had helped her in a variety of complaints.

32. Women and children first.
BUTEHURN, Loretta (HT. 28, 5/2008)

Nio IMANI, a substance abuse Counselor in a residential treatment program for women with addictions has been using Homœopathy effectively.

The women in the program ranged in age from 22 to 60 with an average addiction of 12 years.

Addiction is a Medical problem. The first step in the treatment is medically supervised detoxification in which patient experiences many difficult and unpleasant physical symptoms.

After detox, a life of recovery begins, presenting its own steep challenges.

First homœopathic medicines were used for First-Aid, then for treating the cravings and symptoms that come in the first six months of recovery.

Then the chronic life issues that had often led the women to use drugs in the first place were addressed. If precipitating and underlying issues remain unaddressed, they can trigger relapse.

Their ailments could be traced to incest, physical abuse, rape, injury, early loss of parents, familial drug addiction, domestic violence, time in prison and despair. How life circumstances can unbalance a person's Vital Force and about the resiliency of the human spirit could be learned.

A short description of cases helped by *Nux vomica, Arsenicum album, Stramonium, Pulsatilla, Magnesium muriaticum* and *Anacardium* are given.

33. Special kids – Special Care
ROTHENBERG, Amy (HT. 28, 6/2008)

Ten year-old Michael suffered a massive stroke in Utero and was born with Epilepsy, Hydrocephalus and mental retardation. Blind and deaf, nourished by feeding tube offensive smell to the skin and vacant expression on face. Excessive mucus in chest hindering breathing. Downy hair. *Tuberculinum.* A month later, much reduction in his mucus production. No more seizures and had begun to track sounds. Over the next several years no more improvement and he died peacefully.

Marian 7, with ADHD, destructive at home and school. Robust look with red lips, cheeks and ears. Comfortable with new people. Responded well to *Tarentula hispanica*. After few months *Sulphur* successfully addressed her Diarrhoea and Eczema.

Homœopathy can help the child optimize its genetic potential, whatever that may be. It is important to understand the child's chief complaint/medical diagnosis to give patients a realistic prognosis rather than offering false hope. An accurate diagnosis can also enable parents to access support from therapists, health providers and schools and allow appropriate goals to be set for the child.

In the treatment of children in the autistic spectrum, the author has seen children make gains in their ability to learn and to interact in social settings. It is important to focus on what is limiting to the child at that time. It is essential to try to figure out what drives the child's behaviors and what makes symptoms better or worse.

34. Miracles in a Time of Darkness – Healing Autism with Homœopathy
LUEPKER, Ian (HT. 28, 6/2008)

5 year-old Uriel with High functioning Autism (HFA), lacked social awareness which interfered with his ability to connect and engage with his peers. "Disconnection" with others, between brain and colon which interfered his toilet habits resulting in soiling. Increased tactile sensitivity. Strong passion in Astronomy. Frequent dreams of death. Feels like floating in air. *Hydrogen* 1M. aggravation for 4 weeks and then steady improvement. No soiling. Sat with others. In the next 4½ years two more doses of 1M and five doses of XM. His extreme physical sensitivity became normal.

35. Yoga! Stay Safe and healthy with Homœopathy
REICHENBERG-ULLMAN, Judyth
(HT. 28, 6/2008)

In USA, Yoga has become mainstream and big business, accompanied by a significant rise in the number of injuries. Injuries often occur when students push themselves too hard too quickly to do postures beyond their level of ability. Also when yoga practice is undertaken sporadically rather than on a regular basis. The author presents indications for *Arnica, Rhus toxicondendron, Hypericum, Bryonia, Ruta* and *Lactic acid.*

She narrates her own experience of low back pain during the practice of yoga relieved by *Bryonia*.

36. Yoga, Scoliosis, and over stretching
AVALOFF, Shura (HT. 28, 6/2008)

The author is prone to frequent neck strains during yoga exercises due to her Scoliosis. *Rhus tox* relieves her neck strains.

37. Back in Balance after a Car Accident
WEAVER, Judy (HT. 28, 6/2008)

The author is a practitioner of yoga. She met with a car accident and had serious shoulder and neck injuries. By using a homœopathic healing joint cream, she improved wall and regained 100% function in neck and 90-95% function in shoulder. The cream contains low potencies of *Arnica, Rhus tox, Ruta, Symphytum, Thiosinaminum* and *Calcarea flourica.* [Strictly speaking there is no 'Homœopathy in this kind of treatment']

38. Flu outbreak? We are prepared!
JEROME, Ann, J. (Croce) (HT. 28, 6/2008)

Over its 200 year history, Homœopathy has proven extraordinarily effective in flu outbreaks and other epidemics through genus epidemicus.

A study in the October 2008 **Archives of Paediatric and Adolescent Medicine** found no reduction flu – related cases who had received the flu vaccine. Centre for Disease control also admits that "the ability of the flu vaccine to protect a person depends on the age and health status of the person getting the vaccine, and the similarity or 'match' between the virus strains in the vaccine and those in circulation".

Ultimately getting a flu shot has to be an individual decision. (See the Table – **How to for Flu: Healing Homœopathic Remedies,** p. no. 102)

39. Abordagem Homeopática no Tratamento de Pacientes com DeficiÊncia Mental – Relato De Casos
(Homeopathic Approach to the Treatment of Mentally Handicapped Patients – Case Reports)
FILHO Rubens Dolice (RH. 70, 1-2-3-4/2007)

The author describes his experience assisting mentally disabled patients with Homœopathy. In these patients' anamneses, common traits shared by some syndromes, pathologies and behavior were taken into consideration, mainly to choose the most characteristic symptoms in each case. The study describes 58 cases of patients suffering from this pathology: 28 females and 30 males, whose ages ranged from 1 to 49 years, and whose average age was 20 years. From the total number of cases, 47 presented some kind of improvement. Although Homœopathy is here at the limit of its field of action, it is a good alternative to relieve pathologies associated with mental disability. In those cases in which there were similarities between remedy and whole symptomatology, improvements in adaptation skills, and in overall health were observed.

40. Gênio Epidêmico da Dengue
(Epidemic Genius of Dengue)
BAROLLA Cêlia Regina, CARVALHO Maria do Perpêtuo Socorro
METZNER Bárbara Susanne
(RH. 70, 1-2-3-4/2007)

It is presented a summary of the main clinical-epidemiological aspects and the results of epidemic genius of Dengue study, developed in accordance with Hahnemann's and Kent's methodological proposal, and a study of the Materia Medica of the most indicated remedies for its treatment and prophylaxis. It is also discussed a multicentric study proposal for the treatment and prophylaxis of Dengue.

41. Homœopathic drug selection using Intuitionistic Fuzzy Sets
KHARAL Athar (HOM. 98, 1/2009)

Using intuitionistic fuzzy set theory, Sanchez's approach to medical diagnosis has been applied to the problem of selection of single remedy from homœopathic repertorization. Two types of Intuitionistic Fuzzy Relations (IFRs) and three types of selection indices are discussed. I also propose a new repertory exploiting the benefits of soft-intelligence.

42. ***Ignatia*** in the treatment of oral lichen planus
MOUSAVI Fahimeh, SHERAFATI Safa & MOJAVER Yalda Nozad (HOM. 98, 1/2009)

To evaluate the effectiveness of *Ignatia* homœopathic 30C in management of oral lichen planus (OLP).

In this single blind randomized control clinical trial, 30 consecutive patients with oral lesions consistent clinically and histologically with erosive and/or atrophic OLP were recruited. The patients were randomly divided into two groups to receive *Ignatia* or placebo. They were treated for 4 months.

Mean lesion sizes and mean pain measures differed between control and treatment groups favouring *Ignatia* ($p < 0.05$).

Our results suggest that *Ignatia* has a beneficial effect in treatment of OLP in selected patients.

43. Polarity analysis, a new approach to increase the precision of homœopathic prescriptions
FREI Heiner (HOM. 98, 1/2009)

The Swiss randomized controlled trial of Homœopathy for attention deficit Hyperactivity disorder (ADHD) was a rigorous test of Homœopathy. In each of its three phases it delivered evidence for a specific effect of homœopathic treatment, but it also unmasked weaknesses of the method. Misleading reports of sensations and mind symptoms by parents were frequent, while modalities and polar symptoms usually proved to be reliable information for repertorisation. The problem of cases with a paucity of symptoms was resolved by reintroduction of (pathognomonic) perception symptoms into the repertorisation. Additionally polarity analysis, a further development of Boenninghausen's concept of contraindications, was tested and introduced. It allows a precise differential diagnosis of possible homœopathic medicines. Increasing the rate of optimal prescriptions by 20%, polarity analysis turned out to be the most efficient modification to case analysis. This paper describes the transfer of the new insights to the treatment of other diseases and as the evaluation of this process.

Polarity analysis was tested and applied in acute diseases by completing patient histories with repertory specific checklists, mainly based on modalities and polar symptoms. The checklists encompassed eleven complaints. Treatment results were compared with results reached by conventional homœopathic case analysis methods. The same procedure was applied in chronic diseases with repertory-specific questionnaires. Again, eleven different areas were covered. Treatment results for chronic diseases were also compared with a conventional case analysis approach.

Polarity analysis, checklists and questionnaires led to an increase in optimal prescriptions of 22% in acute diseases and 16% in chronic diseases. In addition, the average improvement rates in chronic disease were 9% higher than with conventional homœopathic procedures. The new method is demonstrated by a case example with a verified clinical cure, and its impacts on Homœopathy are discussed.

The use of polarity analysis as an integral part of case analysis and differential diagnosis of possible remedies together with an increased awareness for assessing the reliability of symptoms in repertorisation lead to a substantial improvement in the precision of homœopathic prescriptions. [See whole article in Part II of this QHD = KSS].

44. Treatment of spasmodic dysphonia with homœopathic medicine: a clinical case report
AN ZUE Steve, DE SCHEPPER Luc & HAO Grace Jianping (HOM. 98, 1/2009)

Botulinum toxin (Botox) injection is the only conventional medical treatment available for patients with Spasmodic Dysphonia (SD). Some patients are reluctant to receive Botox treatment due to concerns about unknown long-term side effects, expense, and dependence on repeated injections. The purpose of the study was to report the perceptual and physiological changes in the vocal functions of an SD patient treated with classical Homœopathy. The results were similar to a previous case report: classical Homœopathy seems to be capable of ameliorating SD symptoms beyond the short-term effects of Botox injections Although the physiological mechanism of homœopathic healing is not fully accounted for by the current bio-medical models, it may be an effective therapeutic alternative for some SD patients.

45. ***Carbo vegetabilis***
SHEVIN William (AJHM. 101, 2/2008)

Three cases responding well to *Carbo vegetabilis* are presented. Dr. SHEVIN then dicusses important symptom themes that facilitate identification of the remedy, most prominently, a sensation of heaviness and overheating leading to exhaustion. Heaviness is also identified as a theme of the Hamamelididae family members in general (see Sankaran). Of course, coldness and exhaustion with the desire to lie down are symptoms commonly seen in the remedy.

46. Erectile Dysfunction in Patients with Cardiovascular Disease
MOILOA R. Motlhabane (AJHM. 101, 2/2008)

The association of many cases of erectile dysfunction with Cardiovascular disease is emphasized and the profiles of five frequently indicated homœopathic medicines for this condition are described.

47. A case of Chronic Otitis Media
COOK Daniel (AJHM. 101, 2/2008)

A 3 year-old child with 21 courses of antibiotics for either Otitis media or Pharyngitis in the past 3 years. She was sullen, pale, desired grapes and oranges, constipated – little balls – every 2-3 days. Grossly impaired hearing. Enlarged tonsils. Leg pains better from rubbing. *Pulsatilla* 1M. Two weeks later, looked

better, hearing was subjectively better and had more energy and appetite. No change in the ear conditions. *Sulphur* 1M. One month later, right ear was entirely clear of congestion. No fluid. No constipation.

Hearing in both ears was sensitive and acute. No leg pain eating better. Two months later acute flare-up. *Sulphur* 200 resolved in two days. Five days later, right tonsil slightly swollen. No further improvement in appetite, weight gain *Pulsatilla* 200. Two weeks later – right tonsil normal. *Pulsatilla* 1M. Hearing improved in the next 2 weeks. No other changes. *Lycopodium* 200. No changes in 2 weeks. So *Pulsatilla* XM.

Three weeks later, much active, hearing almost normal, but fatigue since 2 days with leg pain, left ear pain and chilliness. Placebo. Three wereks later no change and Fever with vomiting. Dull. No appetite. *Silica* 200. In the next three years few doses of *Pulsatilla* 200, 1M and a dose of XM and two doses of *Sulphur* 1M.

Overall in the nine years of homœopathic treatment, only on three occasions antibiotics were given.

Now she is rarely ill.

48. A woman with a painful thumb
SEBASTIAN Irene (AJHM. 101, 2/2008)

LR, 39-year-old female with right thumb pain since 4 years constant pain, sometimes throbbing, sensation as if thumb is swollen and heat inside the joint. Difficulty in grasping objects. X-ray revealed bony and cartilaginous degenerative changes involving the first carpal-metacarpal articulation as well as the radio carpal articulation. Pain decreased by rubbing and cold application. *Guaicum* 30. A week later 70% decreased. Three months later 90% decreased with another dose. In the next two years two more doses of 200.

49. Letting the symptoms fall where They May
ROBINSON Karl (AJHM. 101, 3/2008)

Dr. ROBINSON discusses the importance of avoiding prejudicial observation and analysis during homœopathic case taking and illustrates same with a case.

60-year-old former seafarer, with difficulty in opening eyes with a sense of coarse grains in eyes. Zig zag vision. He was operated for Prostate Cancer and has recovered, followed by Herpes Zoster. Since few weeks a feeling that he will die soon. He is unhappy as his mother is dying. His son and sisters treat him disrespectfully. *Thuja occidentallis* 200. Cured his eye problem and acute mental state. Six weeks later, he was back to his usual jovial self.

50. Benign Prostatic Hyperrophy: Analysis and Homœopathic Treatment
WEINSTEIN Corey (AJHM. 101, 3/2008)

Benign prostatic hypertrophy is a common ailment in older men, causing both obstructive and irritative urinary symptoms. Proper diagnosis and follow-up is important as the consequences of undiagnosed prostate Cancer and possible resulting renal failure can be dire. The pathophysiology, diagnosis, and conventional treatment of benign prostatic hypertrophy (BPH) are discussed. Homœopathic treatment can offer significant relief to men suffering the symptoms of BPH; it can also result in a lowering of elevated and/or accelerating PSA (prostate specific antigen) levels. The cases of eight patients with BPH from Dr. Weinstein's practice are discussed, most of whom benefited from his homœopathic treatment. The more common remedies employed in the treatment of BPH include: *Baryta carbonica, Mercurius vivus, Sulphur (iodatum), Thuja, Aurum muriaticum, Chimaphila umbellate, Conium, Ferrum picricum, Iodum, Nitric acid, Pulsatilla nigricans, Sabal serrulata, Senecio aureus* and *Staphysagria.* Brief Materia Medica descriptions of several of these remedies are discussed. Dr. WEINSTEIN asserts that a consideration of the local prostatic/urinary symptoms, in addition to more constitutional symptoms, is important when homœopathically analyzing these cases.

51. When New Symptoms Appear after Homœopathic Treatment
ROBINSON Karl (AJHM. 101, 3/2008)

Dr. ROBINSON puts the question to us whether we should consider adding a symptom to the repertory when a patient produces, so-called 'accessory symptoms' as a result of a prescribed remedy. An example is given of a case that developed severe right-sided sternocleidomastoid pain after the prescription of *Kali carbonicum.* While this symptom does not appear in the Repertory, it is well represented in Hahnemann's **Chronic Diseases,** adding support to the appropriateness of considering adding such evoked symptoms to the repertory.

IV. REPERTORY

1. Gradeinteilung, Höherstufung und Herabstufung von Arzneimitteln in Repertorien –insbesondere in Kents Repertorium
(Gradation, increasing and downgrading of Remedies particularly in Kent's Repertory)
PATEL Ramanlal (ZKH. 52, 3/2008)

The author warns to be careful with the abundance of addition in homœopathic repertories. In his experience, 98% of his cases can be solved with the use of Kent's Repertory alone. Additions of remedies and rubrics to which Kent had not yet access should be confirmed at least 15 times before they are inserted into the Repertory.

2. Statistical analysis of six repertory rubrics after prospective assessment applying Bayes' theorem
RUTTEN ALB, STOLPER CF, LUGTEN RFG & BARTHELS RWJM (HOM. 98, 1/2009)

After prospective assessment of six homœopathic symptoms we validated some rubrics of the repertory using Bayesian theory. In this paper we introduce statistical arguments for introducing or discarding entries from the repertory.

4094 patients entered the prospective study and 4072 prescriptions were evaluated. After translating typeface into Likelihood Ratios (LRs), Confidence Intervals and the probability of existing repertory entries compared to our findings were calculated.

Our assessment yielded 121 relevant results to validate existing repertory entries. Five symptoms could be compared with Kent's original repertory; they have about the same prevalence (range 3.9-6.5%) in the whole population, but the size of the corresponding repertory rubrics varies from 3 to 103 entries. LR assessment reduced the larger rubrics and supplemented the smaller ones. Our results do not correspond with 56% of the existing repertory entries regarding five symptom-rubrics. This result cannot be generalized for the whole repertory.

3. In search of the reliable repertory
GADD Ben (HOM. 98, 1/2009)

The development of homœopathic repertories is complex, reflecting history, the emergence of divergent views on homœopathic philosophy, and differences in opinion as to what constitutes reliable Materia Medica.

The purpose of this paper is to critically evaluate the content of repertories examining its reliability, the quality of source material, and the evidence that it forms a reliable bridge between case and Materia Medica. Reliability may be improved by demanding higher standards and consistency of evidence. However, it is necessary to understand what constitutes evidence, and the importance of taking into account the context in which practitioners use the repertory. This paper will suggest that rather than demanding certain 'standards', practitioners will be better served by a greater understanding of the sources of knowledge and by reflexivity of the key players in the construction of our repertories. 'The repertory' is considered generally here as the deconstruction of different repertories. The strengths and weaknesses in particular, whilst interesting, would be the topic of another a paper in its own right. Where individual repertories are mentioned, they are referred to as examples only.

V. PHARMACOLOGY

1. Dynamization
CÉSAR, Amarilys de Toledo
(IJHDR. 2, 5/2003)

"Homœopathic Remedies" meant "very diluted, dynamized" medicines. What is "dynamization" and how is it done? "Dynamization" comprises the process of diluting and agitating the solutions. This constitutes one of Homœopathy's Foundations and it was taught by HAHNEMANN who developed it by both logical reflection and intuition (which he verified repeatedly in his actual practice) , as he always sought better ways of applying the Law of Similars into practice.

Many practitioners seem to ignore many aspects of these as may be seen from their prescriptions. This article may seem to be very basic, but it aims precisely at reviewing all pharmaceutical aspects essential to a right prescription, contributing thus to better therapeutic results. Several interesting points are raised that need to be considered.

2. Ultradiluições e Contaminação por Mercúrio
(High Dilutions and Contamination with ***Mercury***)
BERINGHS-BUENO Liane Athayde, PASCALICCHIO Áurea Eleutério
(RH. 70, 1-2-3-4/2007)

Mercury (Hg) is one of the pollutants involved in environmental contamination. It causes a large number of organic alterations mediated by immune reactions. The susceptibility to the latter has a genetic basis. Inorganic Hg may cause specific alterations in the immune reactions through the unbalance of granulocytic and IgG-IgE function. Ways to reduce the in vivo toxicity of heavy metals has been sought for through the use of chelating and other competing agents. Another effective method for the rebalancing of the immune system is to use highly diluted amounts of the same metal involved. The action of high dilutions is based of the hormesis principle and they may control the levels of metals in human beings and the toxic effects of Hg on the immune system. This review discusses aspects of the contamination by Hg. focusing on the immunological ones and evaluates the effects of high dilutioons on the treatment of Hg-contaminated patients.

VI. VETERINARY

1. Homœopathic Treatment of Malignant Melanoma in a dog
   BENITES Nilson e MELVILLE P.A.
   (IJHDR. 2, 5/2003)

Malignant Melanoma is a Neoplasm of Melanocytes, the cells that produce the skin and mucous membranes pigment. Almost all oral Melanomas of dogs are malignant. Melanoma is most frequent in dogs older than nine, especially black-coloured ones and particularly in Cocker Spaniel. Treatment consists of surgical excision, radio, and Chemotherapy, yet its efficiency is very low; survival rates are 10% an year later.

This article presents the case of a nine-year old Cocker Spaniel female dog affected by malignant Melanoma which was treated homœopathically according to HAHNEMANN's guidelines after two suppressive surgical procedures.

HAHNEMANN states in the **Organon** §80 that Cancer and Neoplasms are forms of Psora and they must therefore be treated with antipsoric remedies. In the present case the antipsoric remedies *Phosphorus, Silicea* and *Calcarea carbonica* were prescribed successfully.

The author concludes that malignant Melanoma in dogs can be healed if treated according to HAHNEMANN's Guidelines for treatment of Psora. [Why only malignant Melanoma only, and dogs only. HAHNEMANN's Guidelines will suit every case = KSS].

2. When our Beloved Pets Get Cancer
   How Homœopathy can help them heal and live well
   MOSS, Dale (HT. 28, 3/2008)

Ulysses, a black Lasbrador retriever was adopted from a shelter in 1998. Minor health issues. In 2003, he was panting and abruptly vomited a frothy pink liquid with blood clots. Diagnosed as Lymphoma. Following Dr. Ramakrishnan's method, *Thuja* as organ specific remedy (Ulysses was heavily vaccinated at the shelter) and *Carcinosin* as Nosode. Changes in diet in accordance with Dr. Richard PITCAIRN. His coat improved and muscles gained definition further vaccinations were avoided. No more vomiting, normal stools. In few weeks energy levels improved. Lymph nodes normalized over the course of six months.

Missy, 17 year-old cat with Liver Cancer. Vomiting, dry painful stools, Bloodshot eyes. Wanted her abdomen rubbed hard. Pressing pain was elicited by Animal communicator dawn ALLEN (www.dawnallen.org.) *Chelidonium.* Within days, Missy's coat, grew silkier and breath improved and personality also changed to sociable. After few months, potency raised to 1M, and then 10M alternated with *Carcinosin.* The animal communicator told us though Missy's Cancer has metastasized, it was retreating and primary tumor was shrinking. According to him, it never entirely disappeared, but was contained for years until her eventual death in her early 20s.

Many clients were benefitted by Dawn ALLEN who provided symptoms unobtainable by observation alone.

Roland, an energetic yellow lab, had an aggressive tumor in his anal sac, a tumor that continued to grow despite several operations and homœopathic remedies and Cancer metastasized to the dog's lungs. Under close questioning by Dawn, he "complained" of pain in his left shoulder, great thirst and burning urination and also strong craving for human company. He did well on *Argentum nitricum* for five months; then his symptoms changed to *Lycopodium.*

A black cat with Osteosarcoma so advanced that her jaw was already broken and impossible to eat. *Hekla lava* achieved little. *Symphytum* by spraying worked a miracle cat was able to eat and enjoy the outside. For few months then abruptly declined and died.

3. A Mare in crisis on a Cold, Windy, Christmas Eve
   DUPREE, Glen (HT. 28, 6/2008)

On Christmas Eve 2001, the weather was cold and windy and blowing rain. A mare was in extreme distress with distension of abdomen. Her mucous membranes were pale and clammy, her legs would draw to her abdomen causing her to crash.

A nasogastric tube to relieve the distension and a warm electrolyte solution to give her more energy did not help.

Aconite 200 for the sudden onset with change of weather, did not help.

Nux vomica 200 did not help.

Colocynthis 200 and change was immediate. Within 2 minutes her eyes began to show life. Within 5 minutes, she expelled a large volume of gas and was nibbling.

VII. RESEARCH

[The **International Journal of High Dilution Research (IJHDR)** has been publishing high quality research articles since nearly a decade. Earlier to this, research papers were presented in annual **GIRI (Groupe International de Récherche sur l'Infinitésimal)** Symposium and these were presented

in abstract form in the British Homœopathic Journal. What is GIRI? Paulo ROSENBAUM and Leoni Villano BONAMIN explain in the IJHDR Vol. 5, 16/2006: "GIRI is an independent international scientific society, created in France in 1986. Its aim is to bring together researchers on different areas of knowledge, active in Universities or research institutes and who develop basic or applied research on ultra-dilutions, where the subject "Homœopathy" is included. GIRI organizes itinerant annual meetings, and this is the first time that a GIRI Symposium happens in the Americas. The meeting of XX GIRI Symposium in São Paulo is a reason for great satisfaction. We have always dreamed of Homœopathy as an academic field of study, that we would have a new paradigm to orientate our thinking and practice, that we would conceive nature in a more integral way and thence, generate knowledge and technology… This is what we experience along the **XX GIRI Symposium.** Numbers reflect the importance of this event: **110 researchers, trained in 13 different fields, from 30 institutions of teaching and research, 10 of them coming from abroad, 35 DSc/PhDs, 28 graduate students, 45 abstracts 20 conferences. Yes, Homœopathy is a subject of scientific interest and Brazil has an outstanding place in it. We are already able to expand the principles of Homœoppathy beyond medicine, to areas such as Veterinary and Agriculture, generating technological innovation, even if we have not yet reached an exact scientific understanding of the mechanism of action of dynamised systems. We are still at the beginning of the 21st Century but our dreams are becoming true. For further information on GIRI,** www.giriweb.com" [bold is mine = KSS.]

The Titles of the papers presented in the XX GIRI Symposium in Sept. 2006, Brazil is given in the IJHDR Vol. 5, 16/2006. This table of the titles is given in the Section **News & Notes** in this QHD. = KSS]

1. Novíssima ciência (Brand New Science)
ROSENBAUM Paulo (IJHDR. 5,16/2006)

This number of the IJHDR has the abstracts and in many the full text of the papers presented in the XX GIRI Symposium. Although the research so far done is quitre encouraging there is still much to be done, and the community of researchers on Homœopasthy is well aware of this. There is no doubt that basic research on infinitesimal substances progress quickly to its self-determination. This indicates that it is a very special field that investigates the infinitesimal, that seemingly "almost nothing" that currently motivates scientists and researchers, and not only the Homœopathy-minded. Due to its specifities, it cannot be necessarily be considered a sub-area of nano-technology. On the other hand it is a serious concern, research both inside and outside Homœopathy cannot detached from the context that generated it.

Homœopathy is usually disqualified by detractors due to a supposed anachronism in its therapeutics and the lack of techno-scientific support. Yet, as evidence for its biological plausibility accumulates and the full homœopathic episteme finds important resonance in many interface areas, reactions of manifest discomfort are visible in the international media. Reactions ranging from sarcasm to instantaneous rejection.

For this reason the endeavour of many groups are publicized and made public – the considerable advances of many research fields on the infinitesimal. If team work becomes the focus of scientific research centres, we will have finally reached the maturity we have always lacked, besides, the necessary cohesion to demand massive insertion in the institutional world.

The distance that separates us from that moment cannot be précised, but it can be waited for hopefully, as a movement of fusion of the different fields to decode the mysteries is perceptible. A true "new"is growing, which stimulates generations of new researchers to glimpse at the brand new science that if not yet born, has already an outlined path and many ways to go.

2. Cost-benefit evaluation of homœopathic versus Conventional therapy in respiratory diseases
ROSSI Elio, CRUDELI Lara, ENDRIZZI Christina & GARIBALDI Danila (HOM. 98, 1/2009)

A retrospective observational study was conducted on 105 out of 233 patients suffering from chronic respiratory disease attending the Homœopathic Clinic of the Campo di Marte Hospital in Lucca (Tuscany, Italy) between October 1998 and May 2003. We assessed the cost of conventional medicinal products using Anatomic Therapeutic Chemical (ATC) classification, specific for the pathology in question, and the general costs in the year preceding the first appointment at the Homœopathic Clinic vs. the fiurst and second year subsequent to homœopathic treatment. The costs of conventional drugs for a group of patients affected by Asthma (8 patients) and recurrent respiratory infections (16 patients) with long term use of conventional medicine treated by Homœopathy were compared witn the expenses of conventional drugs of a matched group of 16 and 32 patients, respectively.

Costs of pharmacological therapy specific for respiratory diseases were reduced by 46.3% (n = 105) in the first year ($P < 0.01$); and by 47.5% (n = 72) in the second year ($P < 0.01$) of homœopathic treatment. Reduction in general drug costs during homœopathic therapy was 42.4% in the first year ($P < 0.01$); and -49.8 in the second year (N.S.) costs for patients affected by chronic Asthma showed a reduction in expenses of

71.1% for specific medicines relative to the group in homœopathic treatment vs. an increase of 12.3% in the group treated only with conventional drugs after the first year of follow-up and, respectively, a reduction of -54.4% for homœopathic treatment vs. = 45.2% after the second year. For patients with recurrent respiratory infections we found a reduction of 35.8% in the homœopathic group in the first year, compared to an increase 8.6% of costs for specific drugs in the control group; in the second year the respective figures were -43.6% *versus* =7.8% in the control group.

Homœopathic treatment for respiratory diseases (Asthma, allergic complaints, Acute Recurrent Respiratory Infections) was associated with a significant reduction in the use and costs of conventional drugs. Costs for homœopathic therapy are significantly lower than those for conventional pharmacological therapy.

3. Evaluation of the quality of life after individualized homœopathic treatment for seasonal allergic rhinitis. A prospective, open, non-comparative study
   GOOSSENS Maria, LAEKEMAN Gert, AERTGEERTS Bert, BUNTINX Frank & The ARCH study group: DANDOIS, Marc, SCHEEPERS Leon, SMOUT Jean-Louis, van WASSENHOVEN Michael, LINMANS Jo, DOEUVRE Erwin (HOM. 98, 1/2009)

Quality of live (QoL) is an important outcome measure in the treatment of Seasonal Allergic Rhinitis (SAR), a condition for which Homœopathy is frequently used.

The assessment of the effect of homœopathic medical prescriptions with the Rhino-conjunctivitis Quality of Life Questionnaire (RQLQ) in the treatment of SAR.

A prospective, open, non-comparative study was conducted in Belgium. Patients aged between 14 and 68 years with SAR were treated by one of seven homœopathic physicians. Patients completed the RQLQ at baseline and again after three and four weeks of homœopathic treatment.

Seventy-four patients were screened, of whom 46 met the study eligibility criteria (average age 36 years, 70% female). The mean RQLQ score at baseline was 3.40 (± .98). After three and four weeks of homœopathic treatment it had fallen to 1.97 (± 1.32) (*P* = 0.0001), and 1.6 (± 1.28) (*P* = 0.0001), respectively.

After homœopathic treatment, patients reported an alleviation of their symptoms of allergic rhinitis as reported in the RQLQ. A formal Randomized Clinical Trial (RCT) is indicated.

4. Observational study of homœopathic and conventional therapies in patients with Diabetic Polyneuropathy
   POMPOSELLI Raffaella, PIASERE Valeria, ANDREONI Cristina, COSTINI Gavina, TONINI Elena, SPALLUZZI Antonietta, ROSSI Daniela QUARENGHI Chiara, ZANOLIN Maria Elisabetta & BELLAVITE Paolo (HOM. 98, 1/2009)

The feasibility and outcomes of homœopathic therapy in a group of type-2 diabetes mellitus patients with diabetic Neuropathy were studied in a prospective observational study. Patients were followed from baseline (T0) for 6 months (T1) and for 12 months (T2), treatment was adjusted as necessary. Primary outcome was diabetic Neuropathy symptom (DNS) score, secondary outcomes were clinical evolution and short-form-36 (SF-36)-evaluated quality of life (QOL).

Homœopathy was used in 45 patients, 32 of whom completed the observation study, and in parallel the conventional therapy outcomes were observed in 32 patients, 29 of whom completed the study. DNS improved in both groups during the observation period, but the change witgh respect to baseline was statistically significant only in Homœopathic group at T1 (*P* = 0.016). Over the course of the observation there was a substantial stability of the electroneurophysiological values, blood pressure and body weight in both groups, a slight decrease of fasting blood glucose and glycated haemoglobin in Homœopathic group. QOL scores showed an improvement in Homœopathic group only. The cost of conventional drugs decreased in Homœopathic group from 114 €/month to 94 €/month at T1.

Complementary homœopathic therapy of diabetic Neuropathy was feasible and promising effects in symptom scores and cost savings were observed.

5. Lymphocyte proliferation stimulated by activated human macrophages treated with ***Canova***
   BUBANO Rommel Rodriguez, LEAL Mariana Ferreira, Da COSTA Joana Borges, BAHIA Marcelo de Olivieira, LIMA DE LIMA Patricia Danielle, KHAYAT André Salim, SELIGMAN Igor Chamon, De ASSUMPÇÃO Paulo Pimentel, BUCHI Dorly de Freitas & SMITH Marilia de Arruda Cardoso (HOM. 98, 1/2009)

Canova (CA) is a homœopathic medication with immunomodulatory properties, recommended for patients with a depressed immune system. CA has been reported to increase in leukocyte numbers, cellular differentiation and reduction in tumor size.

Since CA may stimulate lymphocyte differentiation, proliferation, and/or survival, the aim of the present study was to compare the mitotic index (MI) of phytohemagglutinin-stimulated human lymphocytes

cultured in a medium supplemented with human macrophages activated by CA, with lymphocytes cultured in a medium without CA-treated macrophages.

In this study, the MI of lymphocyte cultured received the medium containing CA-stimulated macrophages showed a higher proliferation index ($p < 0.01$) than the lymphocytes cultured in a medium without CA-treated macrophages. Our results suggest that CA treatment, in addition to activating macrophages, indirectly induces lymphocyte proliferation and has potential as a new adjuvant therapeutic approach. [Canova is a complex 'homœopathic medicine' containing *Aconitum napellus, Thuja occidentalis, Bryonia alba, Lachesis muta, and Arsenicum album.* It has been mentioned in the article that this commercial medicament is prepared according Hahnemannia homœopathic techniques. It is blasphemous to present this synthetic product as a 'homœopathic medicine' and worse still to pull in Hahnemann regarding its manufacture technology. = KSS]

6. Healthcare provided by a homœopath as an adjunct to usual care for Fibromyalgia (FMS): Results of a pilot Randomised Controlled Trial
RELTON Clare, SMITH C., RAW J., WALTERS C., ADEBAJO AO., THOMAS KJ., & YOUNG TA. (HOM. 98, 2/2009)

To assess the feasibility of a Randomised Controlled Trial (RCT) design of usual care compared with usual care plus adjunctive care by a homœopath for patients with Fibromyalgia syndrome (FMS).

In a pragmatic parallel group RCT design, adults with a diagnosis of FMS (ACR criteria) were randomly allocated to usual care or usual care plus adjunctive care by a homœopath. Adjunctive care consisted of five in depth interviews and indifvidualised homœopathic medicines. The primary outcome measure was the difference in Fibromyalgia Impact Questionnaire (FIQ) total score at 22 weeks.

47 patients were recruited. Drop out rate in the usual care group was higher than the homœopath care group (8/24 vs 3/23). Adjusted for baseline, there was a significantly greater mean reduction in the FIQ total score (function) in the homœopath care group than the usual care group (- 7.62 vs 3.63). there were significantly greater reductions in the homœopath care group in the McGilll pain score (0.21, 95% CI – 1.42 to 1.84); but a large effect on function (0.81, 95% CI – 8.17 to 9.79). there were no reported adverse events.

Given the acceptability of the treatment and the clinically relevant effect on function, there is a need for a definitive study to assess the clinical and cost effectiveness of adjunctive healthcare by a homœopath for patients with FMS.

7. Isopathic versus enantiomeric inhibition of U-50488 HCI toxicity – experimental studies
KUZEFF RM., TOPASHKA-ANCHEVA M., METCHEVA R. (HOM. 98, 2/2009)

Previous studies have investigated toxicity inhibition of optically active compounds by potentized preparations of their enantiomers. It was hypothesized that inhibition of toxicity may be stereospecific. This paper presents 2 studies investigating stereoisomer potencies in terms of their ability to counteract toxicity of the (-) stereoisomer. The stereoisomers used were (-)-trans-(1S,2S)-U-50488 HCI and (+)-trans-(1R, 2R)-U-50488 HCI.

Designs were prospective, blind, randomized, intention-to-treat and compared the efficacy of 2 indistinguishable treatments. The outcome was the difference in survival. Potency 'chords' consisting of 4th, 12th and 30th approximately centesimal dilutions were prepared, representing concentrations of 1.08×10^{-10} M. One study compared inhibition of (-)-U-50488 toxicity injected ip at the estimated LD50 into male ICR mice, treated with a potency chord of the same stereoisomer, with control ('isopathic' study). The other study compared inhibition of toxicity by potency chords made from the stereoisomers (+)-U-50488 and (-)-U-50488 ('enantiomer' study). Treatments were administered orally on 11 occasions: twice before and nine times after ip injections.

The isopathic study did not yield a significant result. In the enantiomer study, comparison of isopathy with enantiomer potency treatment showed a highly significant difference odds ratio 1.97 (95% CI: 1.23-3.14).

We conclude that enantiomeric potencies are superior to identically produced isopathic potencies, in inhibiting toxicity of (-)-U-50488 HCI. Homœopathic inhibition of toxicity may be stereospecific.

8. Dual effect of ***Toxicondendron pubescens*** on Carrageenan induced paw edema in rats
PATIL R. Chandragouda, GADEKAR R. Ajit, PATEL N, Pramit, RAMBHADE Ashish, SURANA J. Sanjay (HOM. 98, 2/2009)

Toxicodendron pubescens is the current botanical name of homœopathic *Rhus toxicodendron* (*Rhus tox*). *Rhus tox* drug is widely used in homœopathically diluted form in the treatment of inflammatory and edematous conditions. We studied the effect of crude form of this plant, after single and multiple doses in Carrageenan induced paw inflammation in rats.

We evaluated effects of single dose and multiple doses of orally administered *Rhus tox* on Carrageenan induced paw inflammation in rats. We tested 10 mg/kg.

20mg/three days and Carrageenan was injected 1h after the last dose.

Paw volume was measured using a digital plethysmometer.

Administration of a single dose of *Rhus tox* 1h prior to injection of Carrageenan significantly reduced the paw inflammation in a dose dependent manner. Administration of multiple doses of *Rhus tox* increased the intensity of inflammation induced by Carrageenan, but this was not statiscally significant.

Rhus tox, in crude form, exerts anti-inflammatory effects after a single dose and proinflammatory effect after multiple doses in Carrageenan induced paw inflammation in rats. Further study is needed to explain this dual effect. [Homœopathy is well aware of these 'conclusion' even without torturing voiceless creatures in the name of Science. = KSS].

9. Homœopathic treatment for bone regeneration: experimental study
ALMEIDA Janeta Dias, ARISAWA Emília Angela Loschiavo, BALDUCCI Ivan, FERNANDES DA ROCHA Rosilene & CARVALHO Yasmin Rodarte (HOM. 98, 2/2009)

The objective of this research was to study the effect of homœopathic treatment with *Plumbum metallicum* (*Plumbum met.*) on mandibular bone repair in rats.

We analyzed the mandibles of 60 male rats, approximately 3-month-old, randomly divided into three groups of 20 animals each: control, treated with Calcitonin, and treated with a homœopathic medicine. A circumscribed bone defect measuring 4mm in diameter was made in the mandible and covered with a polytetrafluorethylene (PTFE) barrier. The group treated with calcitonin received 2 IU/kg intramuscularly three times a week; the group treated with *Plumbum met.* 30c received three drops in water every day. The animals were sacrificed after 7, 14, 21 and 28 days. The mandibles were removed and submitted to histologic and histomorphometric analyses.

Data were analyzed statistically by two-way ANOVA and by the Tukey test. The interaction effect (ANOVA, F df(6; 48) = 4.64; p = 0.001< 0.05) indicated that the relationship between treatments was not the same at each time of sacrifice. Although statistical analysis of the histomorphometric data showed a similar results for the treated and control groups. But histological analysis showed complete filling of the surgical defect throughout its extent was only for the group treated with *Plumbum met.*

The study demonstrated that for repair of surgical defects in rat mandibles *Plumbum met.* 30c and control did not differ significantly in histomorphometric terms.

[In what way these kinds of 'research' help homoe-therapeutics? = KSS]

10. Homœopathy for the treatment of menstrual irregularities: a case series
CARDIGNO P. (HOM. 98, 2/2009)

A preliminary study to evaluate the usefulness of homœopathic treatment in the care of menstrual irregularities.

Patients were diagnosed at the first appointment according to menstrual cycle over the past year: Amenorrhea (AM), Oligo-amenorrhea (OL-AM), OL, Taking hormone replacement therapy (HRT). All patients were prescribed in individualized, global homœopathic treatment. The main outcomes were: time to resumption of periods, change of clinical diagnosis at the end of follow-up or after 2 years. the secondary outcomes were: menstrual regularity at the end of follow-up, compared to pre-treatment frequency; flow characteristics; clinical course of acute and chronic concomitant symptoms.

18 consecutive cases of secondary amenorrhea (SA) and oligomenorrhea (OL) met the entry criteria. 8 women had SA, 2 were on HRT, 6 had OL-AM and 2 had OL. The average duration of considered follow-up was 21 months. The average time before the reappearance of menstruation was 58 days (s.d. 20) in the 8 women with SA at the time of the first appointment, for all cases 46 days (s.d. 42). Change of clinical diagnosis: 50% of women, who were diagnosed AM, recovered their ovulatory cycle (OV), whereas 12.5% remained amenorrheic; 33.3% of patients, who were initially OL-AM, showed an OV; 100% of oligomenorrheic and HRT patients recovered an OV. The average frequency of spontaneous cycles per year changes from 4.32 (s.d. 1.97) pre-treatment to 9.6 cycles per year at the end (s.d. 2.92). Four detailed case histories are reported.

11. Antidepressants, suicidality and rebound effect: evidence of similitude?
TEIXEIRA Marcus Zulian (HOM. 98, 2/2009)

Samuel HAHNEMANN noticed that palliative treatments for the symptoms of chronic diseases, after an initial improvement, provoked symptoms similar but stronger symptoms to those initially suppressed. He regarded this as a consequence of the vital reaction of the organism: an automatic instinctive capacity to return to the initial health condition altered by medicines. Using this homœostatic conception of the organism as a treatment rationale, HAHNEMANN proposed the therapy of similarity, administering to the patients medicines capable of causing, in healthy individuals, similar symptoms to the natural disease. Based on

experimental observations, he proposed that the primary action of the drug was followed by the secondary and opposite action of the organism, inaugurating homœopathic pharmacology, and alerting to the harmful consequences of palliative medicines in susceptible individuals. Such iatrogenic events can be observed in contemporary medicine, after the withdrawal of modern enantiopathic medicines, according to the study of the rebound effect or paradoxical reaction of the organism.

This study reviews the recent studies which describe suicidality after the suspension or discontinuation of second generation antidepressants according to the hypothesis of the paradoxical reaction of the organism.

Rebound and withdrawal effects, including suicidality occur with antidepressant drugs. They are relatively rare but more intense than the primary action of the drug. The probability of such effects is influenced by patient factors including age and diagnosis, and drug factors including half-life.

12. New Facts about the Munich Headache Study
    VITHOULKAS George & SEILER HansPeter
    (AJHM. 101, 3/2008)

Since its publication, the Munich headache study by Walach (Walach 1997 and 2000) has been the subject of controversial discussion. [Particularly by VITHOULKAS (VITHOULKAS 2002/1 and 2002/2), but also by Kösters (Kösters 1998) and others.] In spite of this, even in homœopathic circles, Walach's study is still regarded as a serious scientific trial with negative implications for classical Homœopathy and has influenced all meta-analyses since published. As a result, it "damaged Homœopathy more than anything else that had so far surfaced in medical journals" (Vithoulkas 2002/1 p.32) and has become a main pillar of Walach's interpretation of Homœopathy as "non-causal" or "magical", (Walach 1999 p.232) contradicting Hahnemann's principles.

This has recently prompted SEILER to carry out a detailed review of Walach's study. (Seiler 2006/1 and 2006/2) This shows that Vithoulkas's original criticism that the verum group was suffering from homœopathic aggravations can be proven to be correct. Walach's data concerning the therapeutic reactions of verum and placebo have been interchanged for the most part and are interpreted in a clinically inadequate manner; moreover, an essential error in randomization has been overlooked and the clinical parameters for Migraine have been used inappropriately. The following text includes a review of the history and the most important critical aspects of the Munich study.

13. Tratamento Homeopático da amigdalite recorrente em crianças: Um estudo Randomizado Controlado
    (Homeopathic Treatment of Recurrent Tonsillitis in Children: A Randomized controlled trial)
    FURUTA SERGIO Eiji, WECKX LucLouis Maurise, FIGUEIREDO Claudia Regina
    (RH. 70, 1-2-3-4/2007)

To assess the effectivcness and safety of the homœopathic treatment in children with recurrent tonsillitis justifying surgery.

A randomized controlled, double-blind trial included 40 children, ages 3-7; 20 children were trated with homœopathic medication, based on the principle of individualization (simillimum); 20 children received placebo. All treated children also received *Baryta carbonica* 6CH daily; *Beta bemolytic streptococcus* 21CH, *Staphylococcus aureus* 21 CH *Haemophylus Influenza* 21CH and *Tonsil* 21 CH daily. The duration of the study was 4 months. Evaluation was clinical, through standard interview and physical exam, at the first and last days of treatment. Criterion for recurrent tonsillitis was 5-7 episodes of bacterial acute tonsillitis per year.

From the 18 children who completed the homœopathic treatment, 14 did not present any episode of Acute Tonsillitis; from 15 children who completed the treatment with placebo, 5 did not present any acute episode. This difference is statistically significant ($p=0.005$). None of the treated patients presented side-effects.

The homœopathic treatment was effective in children (78%) could, thus, avoid surgery. The homœopathic remedies did not provoke adverse effects.

VIII. HISTORY

1. Merging with the University of California: History of the Homœopathic College and the Hahnemann Hospital in San Francisco
   SCHMIDT Josef M. (Med GG. 27/2008)

The course of history of Homœopathy in different lands depended upon the social, economic, political, religious and cultural lines. In the United States in the 19th Century there was an impressive boom followed by a relatively rapid fall in the 20th Century; since some decades it is showing a trend of looking up. Within the USA there are States which have developed Homœopathy more. For example, San Francisco/California has in comparison with the East Coast developed more. Even though the Flexner Report (1910) caused the downfall of many

homœopathic institutions, in 1881 **the San Francisco based Hahnemann Medical College** (later: **Hahnemann Medical College of the Pacific**) in 1916 and the 1906 opened **Hahnemann Hospital in 1918** fused with the **University of California in San Francisco (UCSF)** so that a State University with its own Chairs to teach homœopathic therapeutics and Materia Medica for two decades could be obtained. After the last occupant of the Chair in 1936 this slowly lost its relevance until in 1967 it was re-occupied. At the same time when American Homœopathy was at its depression, a lay women's organisation (**California Women's Homœopathic Association**), started in San Francisco in 1959 and from fund raised and Foundation it was possible in the 1970s to carry out researches in clinical Homœopathy in the UCSF. As before in the 1930s clinical research studies alone were not sufficient to hold Homœopathy's value within the official Medicine.

The renaissance of Homœopathy in the USA in recent years are almost of the 'Lay' and 'non-medical' Health Care professionals not connected with any University.

2. O Princípio Homeopático de cura ao Longo da História da Medicina
   (The Homeopathic Principle of cure along the History of Medicine)
   TEIXEIRA Marcus Zulian (RH. 70, 1-2-3-4/2007)

Homœopathy is a therapeutic method based on the application of the principle of similitude utilizing medicinal substances that awake effects similar to the symptoms being treated. In this process, the organism is stimulated to react against its own disturbances through a Vital (secondary or homeostatic) reaction oriented by the primary effects of the drug employed. This effect should have properties similar to the symptom that is being treated and was mentioned by exponents of countless medical schools, along time. Suggested initially by the founder of Greek medicine, it was enunciated by HIPPOCRATES through the aphorism **similia similibus.** According to different and peculiar applications, it was mentioned as a therapeutic technique by the propagators of Roman medicine (Erasistratus, Mitridates, Heraclides of Tarento, Nicandro, Celsus, etc.), medieval medicine (Basilio Valentino), Renaissance medicine (Paracelsus) and post-renaissance medicine (Sydenham, van Helmont, Stahl, von Haller, Stoerck, Jenner, etc.). At the end of the 18th century, HAHNEMANN systematized the homœopathic method of treatment of illnesses in a rational and logical way, that finds current scientific fundamentation in the paradoxical reaction described by classic physiology and in the rebound phenomenon of modern pharmacology.

IX. EDUCATION

1. "In at the deep end": an intensive foundation training in Homœopathy for medical students
   THOMPSON DB Trevor & THOMPSON A Elizabeth (HOM. 98, 2/2009)

UK medical students spend 25% of their curricular time on elective "Student Selected Components" (SSCs). We report one in homœopathic medicine run jointly by the University of Bristol and the **Bristol Homœopathic Hospital.** The SSC was an intensive four week course using a variety of learning methods, grounded in the Faculty of Homœopathy's Primary Health Care Examination (PHCE) Certificate syllabus. Students were exposed to specialist clinics and the prescribing methods used in them. They received tuition from a veterinarian, a Psychiatrist, a medical historian, a professional homœopath andan expert in the evidence base of complementary medicine. Educational methods included interactive lectures, out-patient clinics, recorded video cases, live cases via video link, a "dream proving" and a reflective diary. At the end of the course students sat and passed the Faculty's PHC examination. Assessment also included an in-depth case report in which most students revealed understanding of the course. Though students were uncertain about the nature of the healing stimulus, many were affected by the healing responses they witnessed and the intellectual challenge of remedy selection. Some professed interest in further training and all wished to see the Bristol Homœopathic Hospital (BHH) develop as a centre for holistic care. For some the experience was "transformative learning". We conclude that this approach to a foundation training in Homœopathy is feasible and effective.

X. GENERAL

1. Suffices to give Voice to Tradition again
   ROSENBAUM Paulo (IJHDR. 5, 14/2006)

This very interesting article is a 'loud thinking' on Homœopathy today. "Recently, Prof. José Ricardo AYRES wrote that Homœopathy is not necessarily antagonistic to hegemonic Medicine, but it is as if Homéopathy analyzes and investigates – thus cares for – aspects not valued in regular medical practice. Therefore, there is not necessarily complimentarity, but parallel paths that may enter into dialogue. The reason why we could not yet establish Homœopathy as a standard, although it has been socially validated worldwide, is mystifying. What may be the reason for such a curious historical cyclothymia?

Then the issue of medicinal "proof": There is a large confusion between ignorance of the mechanism of

action of homœopathic remedies and the large empirical evidence of its effectiveness. No one doubts a mechanism of action exists, but nobody has been yet able to expose it. In both humans and animals the effectiveness of the remedy is seen [in plants too = KSS]. These are real, concrete, tangible. But whenever the issue is non-hegemonic medicine, it tends to awaken uncontrollable passions [recall **Lancet** titling "death-blow to Homœopathy"! = KSS] in both – defendants and accusers.

As Prof. Madel T. LUZ warned, Homœopathy could never achieve institutionalization [in India and in Pakistan too and perhaps Bangla Desh, all these were earlier one unified country, India it has been institutionalized = KSS]. There is lack of organization and belligerence in the field and these add to the difficulties in gathering empirical proof for homœopathic knowledge..

Different from Psychoanalysis and other approaches, Homœopathy did not become a part of the cultural agenda, neither in the field of health nor in correlated areas where it should have entered into a dialogue. A low level of engagement in research and the obvious difficulty to establish such interlocution explain that kind of atavism, expressed as a perpetual self-exile under the stereotypes well known to all. Although we are witness to re-editions of old-fashioned attacks, Homœopathy is nevertheless growing in Europe, in the United States, in the Eastern countries and in South America, but not made in-roads into Universities.

3. The way of the Peaceful Healer: Eckhart Tolle on Homœopathy
   Peace, Healing and Restful sleep for a boy with Autism
   LUEPKER, Ian (HT. 28, 3/2008)

Eckhart TOLLE, in his latest book "A new Earth Awakening to your Life's purpose", p.75, writes "Homœopathy and chinese Medicine are two possible alternative approaches to disease that do not treat the disease as an enemy and therefore do not create new diseases.

Dr. Samuel HAHNEMANN, observed that the mind-body has an amazingly intelligent and inherent ability to establish, restore and maintain health – a vitality that guides the mind-body toward balance. Homœopathy nourishes and supports this vitality and the mind-body's ability to move toward health.

Eli, 8 year-old boy with Autism and Sensory processing disorder. Treated by antibiotics for upper respiratory tract infection at 14 days of age. Awakened between 2-5 a.m. and rock his head back and forth. Eli's difficulty in expressing would result in angry outbursts accompanied by pinching, scratching and biting. Restless. Hated haircuts and trimming of nails. Loved eating indigestible food items. Strong preference for ice cold water. Hands and feet always cold.

Veratrum album LM 1, daily. Within two moths, his anger and low tolerance for frustration had shifted. Three and half months later, sleep had normalized and 95% calmer.

4. Grow your own!
   You can have a glorious garden of homœopathic healing plants
   JONES, Diana (HT. 28, 3/2008)

The author has been in love with gardening and her one quarter acre lot in Baltimore is crammed with some exotic beauty. There are many plant remedy friends in the garden. Her favourites are *Hamamelis virginica, Gelsemium sempervirens, agnus castus.* Over the years she had success in finding specimens by frequenting speciality nurseries and garden club shows.

5. A master homœopath and gardener shares his favorite
   YANO Mary Frances (HT. 28, 3/2008)

Andre SAINE, is well known in the global homœopathic community. He uses some of his spare time for gardening. He tends to over 80 species of flora, which includes ornamental and fruit trees as well as variety of flowers, many are part of our homœopathic Materia Medica.

6. Casos Clínicos em Homeopatia: Diretrizes para Publicação
   (Case Reports in Homœopathy: Guidelines for Publication)
   DANTAS Flávio (RH. 70, 1-2-3-4/2007)

Case report is a traditional type of publication in Medicine, being a source of learning as well as an inspiration for new research and scientific discoveries. Case reports are published to describe unexpected events that happen in medical care, including unknown diseases, new adverse or beneficial effects of medical interventions or previously unsuspected causal associations, among other uses. Case report in Homœopathy should approach the patient as a whole and include the description of the patient together with his or her health problems. The proposal of an editorial structure for the publication of case reports is followed in the paper by some guidelines and criteria to improve the quality of clinical case reporting in Homœopathy. Experience, together with Ethics and Evidence, are the three pillars of medical competence. It is, thus, fundamental to publish an accurate, reflexive and clear report of clinical experiences acquire by medical doctors in their daily care of real patients.

XI. BOOKS

1. **Homöopathische Behandling von Jugendlichen (Homœopathic Treatment of Adolescents), HEÉ, H., FOERSTER, G., Stuttgart: haug: 2008, 194 S., 17 Abb. German)** Review Christian LUCAE (ZKH. 52, 3/2008): "With their practical book the duoauthors Hansjörg HEE and Gisela FOERSTER had presented earlier the "Vergleichenden Arzneimittellehre homöopathischer Polychreste" (Haug 2002) in regard to PASCHERO and CANDEGABE's well-known elements like the integration of the repertory rubrics and the original proving symptoms in flowing text so that it can be directly compared and remedy selected. In the present the authors have taken up the much needed work on the treatment of adolescents and considered 36 remedies in around 140 pages. Contains several colour charts; a thorough list of reference literature is given as well as a useful Index. The book fills well a gap."

2. Die Lehre der Chronischen Krankheiten nach Samuel Hahnemann (The teaching of Chronic Diseases of Samuel HAHNEMANN), DIMITRIADIS, G.: Buchendorf:Irl; 2007, brosch, 72 S., E 19,00. (German), review Heinz PSCHEIDL (ZKH. 52, 3/2008): "In a short, readable, critically considered manner, an overall well-written 70 page booklet, DIMITRIADIS has managed to discuss HAHNEMANN's controversial legacy, the Miasms teaching . . . . A book every homœopath can draw information from, as required."

3. Homöopathie für Multiple Sklerose, (Homœopathy in Multiple Sclerosis), PLANITZ C, vd, LORZ,T., München, Urban & Fischer, 2007: 424 S., kart. E 44,95 (German) review Martin BÜNDNER (ZKH. 52, 3/2008): "This book deals exclusively with Multiple Sclerosis. Besides introductory words about Homœopathy and homœopathic therapeutics including Potency choice, repetition of the dose particularly for the inexperienced Practitioner several cases are discussed. . . . . .An important book on an important theme for the present time which also deals with the sequelae of vaccinations."

4. MEINHARD, C. (Hrsg.): Leitfaden zu C.M. BOGER's "General Analysis". Index. Synonyme, Differenzierungen, Kommentare und Zuordnungen (Guide to CM BOGER's "General Analysis". Index, Synonyms, Differeentiations, Commentary and coordinations), Eigenverlag, 2007. E 25,-: (German). Review Anton ROHRER. (ZKH, 52, 3/2008): ". . . . . Application of the Boger's General Analysis (GA), implies sufficiennt experience in Homœopathy including knowledge of homœopathic Materia Medica. A commentary work on this subject is most welcome; the 341 rubrics in the GA are explained with the help of a table for synonyms, comparative rubrics and commentaries . . . . . also the anatomical regions wherein the remedies are more effective with the Anatomy, pathological general symptoms, dynamics in relation to Time and Space, Colour, etc. To understand these it is necessary that one grasps the knowledge of the basis literature. . . . . A valuable guide."

5. MORITZ, J.: Grundlagen der Homöopathie und die Bedeutung von Hahnemanns Characteriska. Eine quellenorientierte Darstellung (Fundamentals of Homœopathy and the significance of Hahnemann's Charactristics) Sinzig-Löhndorf: BERNHARD Möller. 2008, 572 S., Paperback, E 44,0 (German), review Robert GOLDMAN (ZKH. 52, 4/2008): "Why again a book on the fundamentals of Homœopathy? And what exactly is Characteristic? . . . . . From careful study of HAHNEMANN's Medicinal Provings and comparison with the writings of von BÖNNINGHAUSEN and LIPPE who are considered to be the most successful homœopaths of the 19th Century, it is evident that it is § 153 of the **Organon** which refers mostly to the modalities, sensations and the accompanying symptoms. In HAHNEMANN's works the characteristics is printed in words which are printed with letters interspaced. Clearly it does not mean extremely rare symptoms as is commonly opined. JAHR and HERING have as advised by HAHNEMANN, as mentioned in p.54 of this book, suggested long and deep study of the source works. . . ."

6. **PETRUCCI R. Kinder. Ausgewählte Repertorium-Rubriken und Arzneibilder (Children. Selected Repertory Rubrics and Drug Pictures**), Greifenberg: Hahnemann Institut; 2008. Geb. 944 S., E.95,00. (German) review Christian LUCAE (ZKH. 52, 4/2008): "With this work translated from the English the author Roberto PETRUCCI has given us a book from which new aspects of well-known remedies could be got, as well as "small" remedies could be better understood. The author has put together 20 so-called concepts which play important roll in day today practice. . . . . . The Materia Medica contains around 540 remedies . . . . Lot of Rubrics are from the **Synthesis** Edition 9.1. . . . . The book will be of good help in the treatment of Infants and children in daily practice."

7. **FREI, H. Effiziente homöopathische Behandlung. Ein strukturiertes Konzept für den Praxisalltag, (Efficient homœopathic Treatment – a structured concept for daily Practice), Stuttgart, Haug: 2008, geb. 360 S.,e49,95** (German), review Christian LUCAE (ZKH,52,4/2008): "One of the interesting books published in the recent years is the actual publication of Heiner FREI. The author leads a large Practice of children in Laupen, Switzerland with approximately 40 patients per day. Based on several years of practice and research FREI presents his concept: every patient receives a structured questionnaire form which refers to main complaint. The clearly stressed symptoms, or recurring often are underlined. In the final analysis a Software is used with symptoms which are relevant for the individual patient. All the questionnaires used by FREI contain only the symptoms and remedies in BÖNNINGHAUSEN's **Therapeutic Pocket Book** (published by Sonntag Verlag 2000, edited by K.-H.GYPSER). . . . . .The new concept would make it possible to prescribe taking care of the basic principles. Particular stress is on the Modalities (see § 153) and the Polarity analysis which help in leaving out contraindications and correct evaluation of the symptoms of the case. . . . . . . The second part of the book has a Materia Medica. The Genius symptoms of more than 75 rubrics in the **Pocket Book** are given. FREI has in this manner brought out the **Genius Materia medica** of BÖNNINGHAUSEN. He has completely discarded the usual, common Materia Medica. . . . . . The book is helpful since it is directly linked to a day-to-day Practice . . . . . ."

8. **Insights into the consciousness of Snake Remedies** by Sadhana THAKKAR. www.homeopathyhealthcare.com, 451 pages, Soft cover $60. ISBN 978-0-9793180-0-9 by GUBBAY, Diana. (HT. 28, 2/2008)

Informative book about the history, lore and habits of many snakes that form a rich part of our homœopathic Materia Medica. The book is divided into three sections with several chapters in each.

Section II has 14 Chapters, each devoted to a single snake. Cases are only from her practice and this limits and enhances the book's appeal.

Section III inquires into the nature of diseases among snakes.

9. **Quick Study System** by Lucy CLARK and Gwynn CADWALLADER $199. www.quickstudy-system.com (HT. 28, 3/2008).

The authors have prepared this to help students prepare for the Materia Medica section of **Council for Homœopathic Certification (CCH).** This contains 154 remedy cards and 4 audio CD'S. Contain the same information on each remedy card, read in a clear voice by the authors. The 'essence' of the remedy is extracted from the literature: KENT, LIPPE, Roger MORRISON, NASH and VERMEULEN; also from the experience of the authors themselves. Although meant for students who are to appear for "Certification's these are helpful for those who would like to study remedies in greater depth."

10. **Homœopathy: the Science and Art of Dynamic Healing.** Shaik RAHMATHULLAH. **UK 2006. £29.95. ISBN: 978-0952076536.** Review by David OWEN. (HOM. 98, 1/2009)

This book gives a basic but sound introduction to homœopathic Philosophy. It could act as a primer for those who wish to know the historic background of the philosophy of Homœopathy, without reading the original texts. The book presents straight forward and integrated presentation of the key philosophic principles.

11. **Homœopathic prescribing pocket companion. Steven B. KAYNE and Lee R. KAYNE. Pharmaceutical Press: London, July 2007. Price: £21.95, ISBN: 978-0-85369-697-1.** (HOM. 98, 1/2009):

In this pocket companion the KAYNES have done an excellent job of summarizing the process and making acute prescribing easier and more practical. It comprises of 56 commonly encountered minor ailments with a simplified, easy to follow flow chart, for each ailment, guiding the reader to a possible indicated remedy. In addition to the flow charts there is a brief summary of each remedy included for the particular condition in a comparative table format including modalities and Keynotes to help the prescriber to distinguish between remedies and find the right one.

A step by step approach on when to treat, when to refer, how to decide on a remedy is described.

XII. OBITUARY

1. **Marianne HARLING. 13 August 1923 – 28 June 2009. KAPLAN, Brian** (HOM. 98, 1/2009)

Marianne HARLING trained in Medicine at Oxford, was an early environmentalist and found naturally drawn to Homœopathy. She was a founder member of the Wessex Healthy Living Foundation which offered Holistic medicine and Homœopathy. She taught the 'Long course' in the Faculty of Homœopathy for many years.

She co-edited D.M. Gibson's studies of Homœopathic Remedies in 1987. She also translated

Leon Vannier's Typology in Homœopathy from French into English in 1992. [several articles by her appeared in the British Homeopathic Journal in the early days. = KSS].

2. Gregory Blake BEDAYN – Nov. 19, 1949 – Jan.4, 2008.

Greg BEDAYN great friend of Homœopathy expired on Jan. 4, 2008 after a long rare illness. He conducted a thorough Hahnemannian proving, participation fact-gathering on home of James Tyler KENT. He published treatises on *Lachesis, Bufo* and proving of Raven's blood. He was a famous skilled Craftsman, Pilot, Blacksmith, Drummer and Climber.

One of his best articles was "As if one patient" which appeared in **The American Homeopath** 1998. (See QHD, 16, 1/1999)

It speaks for the scholarship of Greg BEDAYN. Under his Editorship during its early years the American Homeopath was doing very well.

It is difficult to fill his void.

XIII. NEWS & NOTES

I. VACCINES, A BOOSTER SHOT FOR DOCTORS' INCOME

Rema Nagarajan, Times Insight Group
Times of India, 29.03.2010.

Vaccines are meant to help prevent diseases. But they could also have another vital use as an alternative and significant source of income for doctors.

Many vaccine manufacturers are offering vaccines at hugely reduced prices to doctors, many of whom charge the full price from patients, pocketing the difference. The greater the discount, the bigger the profit margin for the doctor. So when a doctor pushes a vaccine that is not part of the universaI immunization programme, it would be difficult to decide whether he is thinking of your child's health or his pocket.

A study by Dr Rakesh LODHA of the Department of Paediatrics, AIIMS, and Dr Anurag BHARGAV of Jan Swasthya Sahyog in Chhattisgarh, published in a recent issue of the Indian Journal of Medical Ethics, reveals the huge difference in the price of vaccines offered to doctors. "The percentage margin between the price to doctors and the MRP ranges from 30% to 69%, while in rupee terms, the discount over the MRP per vaccine dose ranges from Rs 85 to Rs 620," the study says.

Many vaccines require giving three or more doses and hence the profit margin could be as high as Rs 1,800 per child vaccinated.

Interestingly, the vaccines being offered at hugely discounted prices to doctors are not those that are recommended for universal immunization. Such aggressive promotion is for new and expensive vaccines and combination vaccines whose use in the Indian context is '"not well established in terms of epidemiological rationale or cost-benefit analysis," says Dr LODHA.

VACCINE	DISEASE IT PROTECTS AGAINST	MRP IN 2008 (Rs)	PRICE FOR DOCTORS (Rs)	PROFIT FOR DOCTORS
Pentaxim	Diphtheria, Tetanus, Pertusis, Polio, Influenza-B	2,066	1,446	43%
Immovax Polio	Polio	365	280	30%
Tripacel	Pertusis, Diphtheria, Tetanus	1,211	762	59%
Okavax	Chicken pox	1,468	968	49%
Avaxim 80	Hepatitis-A	952	665	43%
Tetract Hib	Diphtheria, Tetanus, Pertusis, Influenza-B	504	305	65%
ActHib	Influenza-B	426	251	70%

II. Selected papers and abstracts presented at **XX, GIRI Symposium - Sep 2006, Brazil IJHDR Vol. 5, No 16 (2006)**

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Application of the homeopathic drug *Lachesis* and isotherapic Virus in the growth and infection control for SCMV in Sorghum (Sorghum bicolor (L.) Moech) plants
C. M. Bonato, E. Globo Viotto, J. Hideaki Hara, B. Reis, A. T. Myzote, J. A. Cisneiros

Rust (Phakopsora euvitis Ono) control in grape culture with application of homeopathic solutions
C. M. Bonato, A. Ferreira Souza, M. A. Collet

Plant Pathogenesy
F. Rossi, E. J. Ambrosano, P. R. Ringhetto Rolim, E. M. M. von Atzinguem, N. M.
Azevedo Silva

Veterinary Research

Homœopathy in the treatment of behavior disorders in aggressive and/or destructive dogs Elisabeth Estevao, Leoni Villano Bonamin

Developing homeopathic vaccines in veterinary.
A.A. Komisarenko
Clinical veterinary research in homeopathy at Universidade Federal Rural do Rio de Janeiro.
Luiz Figueira Pinto

Homœophatic treatment of bovine subclinical mastitis
E. L. Silva, B. Goloubeff

Homœophatic control of Dermatobia hominis in milk cattle
I. Goncalves, B. Goloubeff

Effects of homœophatic medication *Arnica montana* and *Ruta graveolens* on weight gain, food and water consumption and food conversion in broilers
H. M. Rosi Cruvinel, A. H. Chaves, B. Goloubeff

Use of homœophatic medicine as support in return form anesthesia
K. Leal Matsuhara, B. Goloubeff

Evaluation of the homœophatic theraphy of cystic ovarian disease in dairy cattle
L. Rangel Castilhos, J. Camisao Souza, L. Figueira Pinto, F. Tenorio Albuquerque, C. Alvarenga Oliveira

Evaluation of the function of ovaric function in airy cows after continuous use of homeopathic remedy *Oophorinum* 6cH
L. Rangel Castilhos, L. Figueira Pinto, M. G. Carvalho Moura e Silva, P. Viau Furtado, C. Alvarenga Oliveira

Homœopathic treatment of mastitis in lactating dairy cows within organic prodution
L. Figueira Pinto, R. Scatamburlo Lizieire Fajardo, P. A. Moreira Alves, L. Rangel Castilhos

Homeophatic treatment of wild animals at Sao Paulo Zoo
L. Rangel Castilhos, M. Galvao Bueno, F. Miranda, A. Setzer, J. L. Catao Dias, L. Figueira Pinto, C. Alvarenga Oliveira

Use of homœopathy in the treatment of renal failure in feline: case report
C. Carreiro Jorge Santos Elis, L. Villano Bonamin

Education

Homœopathy is the therapeutics of the individual
E.M. GALHARDO

III. Annual Meeting of the DZVhA (German Central Union of Homœopathic Physicians), 1 – 3 May 2008, held at Bamberg: Homœopathy – acute, chronic, epidemic. (Report by Gerhard BLEUL et al.): (AHZ. 253,5/2008): There was wide reepesentation - Miasms theories from HAHNEMANN to ORTEGA to GIENOW, the remedy selection according to BŒNNINGHAUEN, KENT, BOGER, SCHOLTEN or SANKARAN, in retrospect the medicine History, critical views of the present period, prospects of the future of Homœopathy due to the modern scientific disciplines. Over 500 participants were there. At the beginning Lars Broder STANGE the President of the DZVhÄ gave a welcome speech briefly. He spoke of Dr. Adalbert MARKUS of Bamberg about whom HAHNEMANN has mentioned in his Introduction to *Arsenicum album* [HAHNEMANN refers to MARKUS in whose hospital *Opium* was used in pounds! see **Materia Medica Pura = KSS].** However, the speaker said, MARKUS propagated, unlike many of those days, the freeing of the mentally ill patients from fetters.

Ulrich FISCHER spoke on application of the Miasms theory. He recalled HAHNEMANN's statement that the cure of chronic disease was the touch-stone of a genuine curative art. He has laid the foundation clearly for understanding the three Miasms caused by suppressions from false treatments and causing "adverse circumstances". His genuine followers developed it further, like Hering's Rule. Later on BÖNNINGHAUSEN gave a far greater importance to Sycosis with regard to understanding it and begin its treatment at once and that complicated chronic disease would require more remedies to follow. ORTEGA whose understanding of the Miasms may be seen in **Organon** § 74, took it further and delineated the typical manifestations of the three Miasms and the "Miasmstic rotation" in the course of Cure.

Reinhard FLICK presented a long-term miasmatic case. In actual Practice it is not more 10% of cases that do very well with only one remedy. He therefore selected a case from the remaining 90%. A Bosnian who had broken his studies in his homeland and took up a job in Austria, developed a lot of symptoms, always "three diseases in a day, never less than three". Thorough anamnesis including family history and analysed and selected *Natrum sulph.* D 12, then *Lachesis;* after improving some new symptoms came up and indicated *Carcinocin* then *Sepia* LM 1, *Medorrhinum*, *Silicea*, *Lycopodium*, and lastly *Silicea* once again. The break came then. "Remarkable, my greatest desire is to learn, learn, learn – now everything comes back , what I had learnt".

In the afternoon it continued to be classical; Karl ERNST demonstrated the analysis of a case with the Boger-method. Anton ROHRER spoke on Epidemics and Homœopathy – History, Prophylaxis, curative remedy and

curative remedy. He pointed to the examples of Spotted fever, Cholera, Pox, Measles, and Influenza with wonderful results.

On the second it was Curt KÖSTERS with the presentation of **Miasms Theories of Hahnemann until now.**

Use of Nosodes and specific remedies. He developed his idea of Miasms theory in ten thesis.

Thomas KOCH spoke on **Miasms in Theory and Practice**, **mental scientific analogies** with regard to the ideas of Peter GIENOW, the same or similar part as the disease; it must affect it in a similar manner, and moreover the range of drug action must be co-extensive with the disease-action." (**BURNETT's "Curability of Tumours"** = KSS]

Thus the miasmatic potency of the remedy must be suitable tol the deepest state of the disease.

A refreshing, practical lecture was by Jutta GNAIGER-RATHMANNER on ***Folliculinum***, the follicle hormone Oestradiolbenzoat. Three case were discussed: 58-year-old female with Mamma tumor right side, 39-year-old female with Migraine, poly-cystic Ovaries and Bulimia, 36-year-old female with PMS, Dysmenorrhoea). These cases showed in brief the role of this Nosode: Reaction remedy for Mamma Carcinoma patients who have underone long-term treatment with hormones, persisting follicular cysts, sterility, bleeding disturbances of all kinds, physical and mental consequences of IVF-failed attempts, etc. Comp. emedies: *Lach., Nat-m.,Carc.,Lac-h.,* and *Sacch.*

Dietmar PAYRHUBER, a specialist in **Cancer therapy with Mineral remedies** presented a synthesis of Miasms theory and the knowledge of Jan SCHOLTEN's Periodical System. Four Cancer cases and their very astonishing cures with *Calc-m.,* and *Kalmia* (Hair-cell Leukaemia), *Plb-i.* (Astrocytoma), *Ferr-i.* and *Wyethia* (Non-Hodgin-Lymphoma), *Ferr-sil.* and *Ars.*(Breast- and stomach-Ca. with Osteolysis) were the cases by this peculiar kind of remedy selection, also the miasmatic dynamics in the curative phases of difficult diseases.

Klaus-Roman HÖR closed the second day's Congress with Poly-miasmatic cases. Specially interesting was the case of a female with Tetanus, chronic coryza, prophetic dreams of accidents, anxiety about position, Fear of knife. "Symptoms of Psora, Sycosis and Syphilis and also Tuberculinic". Treatment began with *Asa foetida*mdue to characteristic symptoms. From the third day there were three episodes. Later the symptoms called for *Thuja, Lyssinum, Mercurius sol.*and lastly *Platinum*. Since 6 years no conversion neurotic symptoms, only physical complaints, stiff shoulders, skin itching.

On the last day Joachim STÜRMER spoke, arresting and lively pictures on the **miasmatic association of diseases, symptoms and remedies**. As main remedy of Psora, *Sulph., Psof., Calc.*, botanically *Mes.,* and *Lyc.,* animal *Ambr.,*and *Sep.* The first level of Sycosis is a "Urogenital-mess". Physical examination will throw some light on the case: Warts, Condyloma, Polyps, Lipoma, Hämangioma, Fish odor. Modalities are the worsening from dampness, humidity, fog. Main remedy: *Thuja, Med., Nat-s.* For the Syphilis ultimately belongs the leading symptoms "everything worse nights, heavy weakening sweat, pungent and offensive-smelling discharges", the "patient is deep in inner sickness". Main remedy: *Merc., Syph., Nit-ac.*

Wolfgang SPRINGER, on the last day of the Congress, spoke on **Supervision: Criteriae, Controls, Cases,** a very important stock-taking of the very much heterogenous scene and the working of connecting quality markings of a good homœopathic supervision.

On the first day, parallel to the main lecture there was **Experiment of Double-Live-anamnesis** with Wolfgang SPRINGER and Reinhard FLICK. Both took the anamnesis of 45 year-old female patient with **Still-**

Syndrome, and it was available to the participants on the screen; by individual techniques both the doctors came to their own interesting points in the case and their individual working out and concluded it to be of Syphilitic Miasm but they did not obtain from this complex case, one remedy agreeable. Both laid great value on the modality of the joint pain (better from cold during the worst phase of the pain). While FLICK selected *Guaiacum* to be followed by *Mercurius solubilis* as the possible follow-up medicine, SPRINGER prescribed *Lac-c* (because the pain wandered and shifted from one side to the other, and better from cold). The interesting aspect of this experiment was that two experienced homœopaths belonging to the same School and trained in the same way came to prescribe different medicines. In the discussion that followed some questions were left undecided. Must one wait for agreement? What role does the different dynamics of the drawing of the Anamnesis play in the working out of the case by the two different homœopaths? What help will be the answers in first anamnesis, in the subsequent interviews? What will be the result if similar experiment is made with homœpaths of different Schools? The final word may be in the future.

On the second day Seminar, we had the 'Sankaran-Method' by Andreas HOLLING and Willi NEUHOLD, two experts in this method, Miasms theory, Vital sensations, and such ideas which would dig up deeper disturbances. Anamnesis in this methodology were in different words and word repetitions and body language which were all noted by the homœopath, and perhaps the patient's remedy may be found in them.

The Seminar on **Boenninghausen's Method** were by Heiner FREI and Dominik MÜLLER. They laid special stress on the analysis of the polarities through the computer programme of the revised **Therapeutic Pocket Book**, as well as the 'Check Lists' and 'Questionnaire forms' with which the efficiency of the selection of the medicine is evidently improved.

The **Samuel Prize** for the best lecture was given to Anton ROHRER for his depiction of Therapeutics of Epidemics.

IV. Following extract from the International Journal of High Dilution Research (IJHDR), Vol.2, No.1, 2003, by Rachel ROSENBAUM: " . . . . . . The Homœopathy School was born as a healthy reaction. . . . What has not yet been analyzed is the fact that Homœopathy is undergoing a crisis that has not yet been evaluated correctly by the community of Pratitioners that support it. . . . .Homœopathy has long become more than one single body. That is the reason why jargons fail when they try to explain the real world. Homœopathy has grown branches and not only in terms of therapeutic strategies. To cure and to find palliatives can be understood in many ways. The Similia principle can be applied with different efforts. To mature is no longer to hide our political courtesy. The exposure of our contradictions does not mean vulnerability, but to point out to the future of a new methodology, and this, to those who fear, is to provide a voice to the plurality of methods that characterize us as an emerging technology, and this technology has a type of knowledge that is very interesting to health sciences. Perhaps the most difficult part is to admit that the conceited task of healing requires patience and living with diversity. To be aware that each treated being has a special way to remain healthy is as important as to repertorize a patient accurately. To perceive the anthropologic reform proposed by Homœopathy is as crucial as to perform sophisticated basic research. . . . . . The immobility of the doctrine, that was apparently so secure in the past, can no longer be called upon to protect anything. . . . . In terms of research, we have to advance and see that Homœpathy needs to be urgently reinvented. Either we create a new research policy to develop the method or we remain in a boring path that repeats itself endlessly. . . . . . In a turbulent scientific world, the idea of being condemned to perform permanently what the classic authors dictated in apocryphal papers reissued with the power of compulsory mandate of knowledge is almost unbearable. HAHNEMANN, in the motto of his **Organon,** conveys an emblematic **Aude Sapere.** . . . . Those who represent the novel, and who fight to oppose a past that has hidden itself in the veils of tradition, have to become aware that a new form of Homœopathy is becoming organized. Either we finally go forward in all fronts, from basics to clinic, from philosophic to scientific, from ethics to aesthetics, in order to conduct Medicine for subjects (human beings) or we must be very earnest to face up to the fact that the future has a very unfavourable prognosis for us. . . . . ". [There have been such calls for homœopaths to come out of "tradition" and turn "modern", "scientific", etc. While there is no gainsaying that Homœopathy must "move with the times", we must beware the direction of the move. Surely, it does not mean blind following of the hegemony Medicine. I do not agree that classical authors were apocryphalic; the knowledge that we possess which helps us cure diseases came from them, they are the pillars, surely. Readers are requested to convey their views. We must discuss these. = KSS]

V. The great Indian Epic Ramayana has reference to a herb 'Sanjeevani' which has reputation or reviving the 'near dead'. This herb was applied to LAKSHMAN brother of Lord RAM during the battle with RAVANA in Lanka; the story of Sanjeevani is quite interesting. However, our interests is now raised from a 'News' in **The Hindu, dated Sept.10, 2009 and**

24 Sept. 2009 Dr. D.BALASUBRAMANIAM writes that the plant *Selaginella* has been identified as the "resurrection plant". This plant is reputed to "play dead" for months and "resurrect" itself into full bloom if water is sprinkled on it. This remarkable ability is shared by a few other plants such as Rudanti or *D.fimbriatum* found in the Western Ghats and *Myrothamnus* of Zimbabwe in Africa. Dr.Ramesh MAHESHWARI the famous Plant Biologist has however said *Selaginella* is the "Sanjeevani". Prof MAHESHWARI points out that such "resurrection plants" are the only plants containing sugar called **Trehalose,** instead of the usual sugar Sucrose. And Trehalose has some remarkably unique properties that no other sugar has. The "resurrection plants" synthesize Trehalose and store it as a preservative agent. The *Selaginella* belongs to the oldest plants known to us. Dr. Jo ANN BANKS of Purdue University traces them to at least 400 million years ago and have had to survive climate catastrophes of various kinds. [The **Repertory Synthesis, Edn. 9.1** contains in the Chapter List of Remedy Abbreviations an entry - p.49 Appendix – "*Selanigella aus"* abbreviated as "*Sela."* = KSS]

VI. "Humanising Mental Hospitals" is the title of a report by Harsh MANDER in The Hindu, dt. 6 June 2010. It will be evident from the title of the article that the state of the 'Mental' Hospitals is far from being 'human'. This report is, of course, about the state in Tamil Nadu. "Patients in many hospitals are found to suffer brutal treatment, violence, abuse, or neglect at the hands of untrained medical, nursing and orderly staff. There is excessive regimentalisation, and a regime of fear, and opacity. Chaining . . . has not fully disappeared. In some hospitals, patients are denied most basic facilities such as clothes, beds, clean toilets, and regular bathing. . . . . . food served is poor in nutrition, and badly cooked. There are still reports of brutal and indiscriminate application of ECT, or the controversial application of current, without anaesthesia. . . . . There is almost exclusive reliance on pharmacological remedies, with little or no psychotherapies, counselling or alternative therapies. . . . . . . The most tragic predicament is of patients who are abandoned in the mental institutions, often with the active complicity of hospital staff. . . . . . The long-term answer to all these problems is to break down the wall of institutions, to end medical legal and social practices which sanction the custodialisation and brutal treatment, neglect or abandonment of people living with mental illness."

A colleague who visited a Mental Hospital with some other students of Psychology, said that several patients were begging them for some food; the hospital authorities were providing food, but that seems to be insufficient and the patients are still hungry. Explaining this a correspondant (Dr. G.Rajamohan) writes (The Hindu, 13 June 2010): "Even after hundred years after starting the mental hygiene movement, conditions have not been improved. The sad fact is that the antipsychotic drugs increase the appetite and create craving for food. But the food given to the patients are meagre and insufficient. It is true that hospitals are prisons in effect. . . . . " [It is very important that at least in countries like India where Homœopathy is a Government approved medical system of treatment, the Government must provide homœopathic care in these hospitals and the homœopathic fraternity must move earnestly for that. = KSS]

VII. Liga Congress, 20-24 May 2008, Oostende, Belgium – Evidence-based Homœopathy: Report by Gerhard BLEUL (Some Extracts)**:** (AHZ. 253, 6/2008): About 700 participants were there; there were parallel meetings in six adjacent rooms. Out of 250 lectures only some can be referred. The complete transactions including several power-point presentations can be had on DVD (for E 35,).

Michael van WASSENHOVEN, Congress President, opened the sessions with a lecture on the proof of action of Homœopathy. He said that evidence-based medicine is not the domain of the allopathic medicine but also of homœopathic research in which several definite evidences existed the evidence-ranking of which are far higher.

The lecture was by Christian BOIRON of the **Boiron** homœopathy pharmaceutical firm; he spoke on "Homœopthy is a language". He pleaded for allowing the two different streams – "the unicist as well as the pluralist ". In his later speech the Liga President Dr. Ulrich FISCHER said that Homœopathy must adhere to the principles laid down by Hahnemann as basis, work in accord to certain rules, codes; to let different training concepts would only create anxiety and uncertainty.

Ton NICOLAI spoke on complementary and alternative Medicine. Gilles CHAUFFERIN asked "Is Homœopathy cost effective?" [This question is strange. One of the strong points in favour of Homœopathy is that it is quite cost effective and indeed no other medicine is as much cost effective as Homœopathy. = KSS]. Maria GOOSENS spoke on the organisation of Medicinal Provings in Belgium. Patricia LE ROUX and Jean Michel LONGNEAUX asked why homœopathic physicians often involve themselves into sects.

The second day was on research "from Provings to double-blind studies". Claudia WITT presented a study of treatment of children with atopic Eczema; the treatment by conventional therapy and homœopathic were compared. Peter FISHER referred to about more than 50 studies of research and asked "Who needed these?" Answer: It depends upon, who asked: the homœopath, the patient, the critic.

Christian KLEIN-LANSMA reported of a multi-central study of the treatment of Pre-menstrual Syndrome with 10 selected cases which were given individual medicines on the basis of leading indications in each case.

Miriam SOMMER demonstrated the design of planned study of homœopathic treatment of Dengue Fever in Brazil. Probable main remedies were recalled.

A homœopathic Symptom-verification of *Phosphorus* through a retrospective study with reference to likely-hood ratio was presented by Michael VAN WASSENHOVEN.

U.C. ADLER presented a randomised controlled study in which the individualised homœopathic treatment against the doses of *Fluoxetin*, in Depression, and the comparative results.

Gustavo DOMINICI received for his report of a remedy proving of *Hydrogenium peroxidatum* (H_2O_2) the Prize for the best lecture of the Congress.

Lex RUTTEN, the inaugurator of likelihood ratio of repertorisation, had collected the data of 4094 patients from 10 practices over a period of 3½ years; 4072 of these were evaluated. Every Polychrest was present in every large rubric, but that meant nothing with regard to their likelihood ratio. The evidence rises with the application of the likelihood ratio. Result: over 50% of the results contradicted the reportorial entries, small rubrics had to be explained, large rubrics were to be reduced: 50 remedies were relevant to 70% of our successes.

Philippe SERVAIS presented clinical verification of symptoms of *Petroleum*, Roland LUGTEN of *Lachesis*.

Jan SCHOLTEN gave a classical example business interests within the Congress. The title of his lecture was "The art of classification, for example, of Lanthanide cases". He explained briefly the not yet proved Lanthanides, his hypothesis of its homœopathic action, particularly in respect of auto-immune diseases, and naturally his new book. The Lanthanides themes are Autonomy, Freedom, independence, determination, aversion to tutelage. SCHOLTEN then ran a long trailer film of propaganda for a complex medicine which come out of the Lanthanide.

Spiros KIVELLOS gave brief view of "the Vithoulkas approach" with 12 levels of healthy state.

On the third day Walter GLÜCK spoke on the nutritional substances used as remedies like Milk, Fat, Plants, etc. The essence of his talk: we can apply the nutritional remedies as Simile if it helps the cure.

Purnima SHUKLA put on well-documented cases on "homœopathic management" of Mamma nodes, Fibro-mastopathy. Chronic Mastitis, Mamma-abscess, etc.

Carl Rudolf KLINKENBERG presented 7 criteriae for verification of medicinal symptoms with support of GUERNSEY, HERING, which can lead to a reliable Materia Medica.

In the afternoon Guido MORTELMANS spoke on *Insulin*, Michael TAUT on *Galphimia glauca,* Carmen STURZA on *Ytterbium nitricum*.

Summarizing the day, we can see which lectures were missed; these are:

1. Camila SIQUEIRA – Biotherapeutics from the Influenza virus
2. Sonia BADULICI – Homéoplasmin Cream (a complex preparation) in Eczema
3. Karin LENGER – Homœopathic Potencies have been identified as Photons
4. Luiz PINTO – Ultra-high dilutions of *Palicourea marcgravii,* in intoxicated rats – the plant is the main causative of toxicity of Rinders
5. Vincenzo ROCCO – Homœopathic private patients in Italy
6. Aurélie COLAS – *Luteinum* C 15 in nausea during pregnancy
7. Claudio ARAUJO A – Clinical verifications of *Anacardium orientale*
8. Steve Xue – Homœopathy in China – explaining the classical Chinese Medicine
9. L. SCHEPPERS – *Syphili num, Anthracinum, Proteus* other Bowel Nosodes
10. Paolo BELLAVITE – Homœopathic effects in anxious mice compared with Anxiolytics

On the last day of the Congress there was a further example of how in these days reports of solid Studies remain behind while pompously announced Studies take their place.

Carlo REZZANI spoke on the work regarding Clinical Homœopathic File Collection (CliFiCol) Group which was founded in 1986, which suffers from lack of financial support.

The Congress President Michel WASSENHOVEN ended the Meeting with a round up Overview of the impressive Studies on "Evidence Based Homœopathy".

The next Congress was to be in Warsaw.

VIII. Homœopathy helps in ADS and ADHS – Long-term Study confirms. In the 42 Medizinischen Woche of Europe's largest Medical Congress of Natural Healing Procedures and Complementary Medicine, the **Holzschuh-Preis for Complementary Medicine** in the Research branch was given to Dr. Klaus v. AMMON "not only for the long-term impressive successes in homœopathic treatment" said the President of the **Karl and Hilde Holzschuh-Stiftung** but also "the Study also points that the cost is far below that of the conventional treatment". The Attention-Deficit-Syndrome with and without Hyperactivity (ADS/ADHDS) makes the largest group of Neuropsychiatric diagnoses in children and youth. The disease has impressive effects on the family, school,

social milieu and not the least the later career development. . . . . Since years homœopaths apply homœopathic remedies with successes as evidenced by Dr. von AMMON's Study in 2005 showed. With a completely blind, randomised Study which is considered as Gold standard in scientific experiments for Evidence the Evidence for the homœopathic remedy's action in ADS/ADHS could be edstablished (FREI, et al. 2005). (ZKH. 52, 4/2008)

IX. A Debut Debate: Your input needed. (HT. 28, 1/2008)

A Debate – "Homœopathy: Quackery or a Key to the Future of Medicine?" – was conceived and organized by **National Center for Homœopathy and co-sponsored by the University of Connecticut Health Center.** The goal was to have a Candid, objective presentation on the 'facts'. Pre and post polls were conducted. Before the debate 30% of respondents believed Homœopathy was unscientific. After the debate only 15% still believed that.

The debate was successful in bringing Homœopathy to a large audience.

X. 2007 Exam Results: Council for Homœopathic Certification. FOX, Jackie (HT. 28, 1/2008)

The results of the three parts of the exam were: Homœopathy, 88% pass rate. Health sciences 69% pass rate. Case Analysis 63% pass rate. 27 practitioners were certified between January and October.

XI. Homœopathy in the News. (HT. 28, 1/2008)

Russian Homœopathy Market targeted.

The sales of Boiron homœopathic pharmacy in Russia has a 40% growth in 2006. The sales in 2007, is anticipated to reach 18 Million Euro, which is 75% higher than the year earlier, in stark contrast to Boiron's home market, France where the Company has seen steady losses in recent years.

– Global insight, Mira THOMPSON, October 1, 2007.

Spain considers alternative Medicine.

The Spanish Minister of Health has commissioned a report on Alternative Medicine in order to consider including Homœopathy in Spain's National Health System. At present 10-15% of the Spanish population uses homœopathic treatment.

- Global Insight, Dr. Elura DRAGA, October 25, 2007.

XII. Interview with Dr. A.U. RAMAKRISHNAN, M.B.,B.S., M.F. Hom., Ph.D. A family tradition: World renowned Homœopath, Healer, Trailblazer, LOCKWOOD, Amy. (HT. 28, 1/2008)

Dr. RAMAKRISHNAN travels the globe for four months each year, teaching Homœopathy in the U.S., the U.K. Europe and Asia. The other 8 months he practices in Chennai, India.

In the 1930's Dr. UMAPATHI MUDALIAR, father of Dr. RAMAKRISHNAN, who was a surgeon was impressed by the rapid improvement in piles with *Calc fluor.* 6x and soon was interested in tissue salts and in the larger practice of Homœopathy.

Dr. RAMAKRISHNAN started learning Homœopathy from his father from the age of 4. He often uses cell salts along with chronic homœopathic treatment and finds that cell salts are supportive and helps improve peripheral problems such as injuries or acute illnesses that may arise during chronic treatment.

Most memorable case is a Glioma – operated twice and undergone radiotherapy but recurred. Seizures during which her eyes would roll downward. Intolerance and averse to milk. After one year of treatment with *Aethusa cynapium,* the woman's health turned around. The tumor completely disappeared in a year's time and has not recurred in 20 years and still alive.

His advise for today's homœopaths is to have an open mind and to examine different ways of working.

XIII. Speak up. (HT. 28, 1/2008)

Medicine for the people is a new organization campaigning against negative media coverage that Homœopathy has been receiving in the UK by collecting 250,000 signatures to take to the UK government in June 2008. These declarations will give a voice to those people whose experience is denied by the recent attacks against Homœopathy and the **Royal London Homœopathic Hospital**. It will also, for the first time, begin to to establish the extent to which Homœopathy has helped the general public in the UK and throughout the world, whether through prescription or self-medication. There's also a link from their home page for international supporters from outside the UK to add their voices.

Make your voice heard at: www.hmc21.org!

XIV. Journal writing and homœopathic care, WEINSTEIN, Corey (HT. 28, 2/2008).

In an effort to awaken and nurture patient's interest in their distinctive manifestation of illness, the author sends each new patient a two-page handout on preparing for the homœopathic visit. Those who write in a

personal journal usually have already explored much of the territory to be covered in the homœopathic consultation. "People who experience stressful life events and patients suffering from hypertension chronic pain, Asthma, Rheumatoid Arthritis and Cancer experience a decrease in physical symptoms when they practice expressive writing. Healthy and chronic pain patients who become aware of their deepest emotional secrets or pains open the door to measurable positive charges and healing …. Writing produced the fastest transition from one emotional state to another. In his ground breaking book, "Write for life: Healing Body, Mind and Spirit through Journal writing," Dr. Shepperd KOMINARS invites readers to explore this useful tool for Health.

XV. Homœopathy in the News. (HT. 28, 2/2008)

Virgin group to open clinics in U.K.

Sir Richard Branson's Virgin group announced that it would enter the UK's National Health Service primary health care Market by opening six "one-stop-shop" health centers in 2008, offering services from Homœopathy to therapy alongside typical GP services.

UK Homœopathy funding cuts.

Homœopathy is becoming the highest profile victim of the Government's drive to promote cost-effective use of NHS resources, with PCTs (Primary Care Trusts) across the country stopping the funding "A pulse investigation into the services provided by 132 PCTs reveals only 37% still have contracts for homœopathic services. More than a quarter of trusts have stopped or reduced funding over the past two years, with many cancelling the contracts with homœopathic hospitals.

-Pulse (UK), "Homœopathy a Victim of PCT Funding Cuts," January 30, 2008.

[This is rather paradoxical when it is a question of "funding" meaning financial support no therapeutic system can be lesser costly than Homœopathy. In fact funding Homœopathy saves a lot of money = KSS]

Veterian notices change in attitudes.

The Jan. 28, 2008, Vancouver Sun profiled Veterian Susan KRAKAUER,"The Roving Vet", who noticed definite increase in people's willingness to use Homœopathy for their animals, but don't do it for themselves. They don't want to give their animals steroids or antibiotics.

XVI. Letter to the Editor. Gabrielle Howard GLADISH (HT. 28, 2/2008).

Sixty years ago she trained as a nurse at the Royal London Homœopathic Hospital. She worked in England, Canada and in US and fully appreciated the superiority of homœopathic treatment. Recently she had total hip joint replacement and her rapid recovery amazed others. No nausea due to *Phosphorus. Arnica, Staphysagria* and then *Symphytum,* improved the bruising, swelling and drainage. Painkillers were no longer needed and was back at home three weeks after the surgery. [Those who benefit from Homœopathy **must** write and speak. Why don't they? Why should anyone feel shy to speak facts? = KSS]

XVII. The Henry N. Williams Professional Services Award was presented to Stephen MESSER and the Martha Oelman Community Service award presented to Dana ULLMAN. (HT. 28, 2/2008)

XVIII. In Memory JOANNE MATTKE (September 27, 1931 – March 30, 2007) HENDERSON, Marilyn (HT. 28, 2/2008)

Joanne Mattke believed deeply in Homœopathic Health Care, dedicating more than 20 years of her life toward building Homœopathy in Florida. She formed the Central Florida Homœopathic Study Group. She was pivotal in bringing homœopathic education to Florida. The 21st Annual Florida Homœopathy conference, in Feb. 2008 was dedicated to Joanne's memory.

XIX. There is Gold in them than Hills… How to grow and nurture a homœopathic practice in a rural area ST. JOHN, Gloria. (HT. 28, 2/2008)

The author narrates her experience of settling down in the countryside and how she established her homœopathic practice.

XX. Fostering Community. GAHLES, Nancy (HT. 28, 3/2008).

As Homœopathy gains recognition worldwide, it attractws the attention of factions whose self-interest appears to be at stake. Fostering community, educating and getting the word out about Homœopathy's success is the way against their misinformation campaign. The National Center for Homœopathy ardently pursues its mission all year long, finding every possible way to promote awareness of Homœopathy. [The best response to all the unfounded calumnies, the Homœopathy Practitioner must respond by doing more and more cures, that's all. That will silence the hate campaign = KSS].

XXI. Bringing on "Late Babies", NEEDLEMAN, David. (HT. 28, 3/2008)

"We are often asked to help bring on late babies when the due date has passed and the mother still hasn't delivered. The first remedy to try is *Calcarea carbonica* 30 (for bashful babies), one dose each hour for 3 hours in the morning, followed at 11 p.m. by *Caulophyllum* 200 (for muscle tone) and this is followed

at 11.30 p.m. by *Gelsemium* 200 (for slow onset of birth from anticipatory fears). I have found this very successful as the waters usually break between 3 and 4 a.m. If they don't I advise waiting for 24 hrs. and then repeating this protocol."

XXII. Facing Cancer… What can we do?

Taking an integrative approach: Homœopathic treatment for people with Cancer. ROTHENBERG, Amy (HT. 28, 3/2008)

Gene 60 years old with Pancreatic Cancer with metastasis to the liver and lymphatic Leukemia. Primary tumor was removed. Abdominal pain radiating to back. Heartburn. Pain worse when he thought about it. His purpose of consultation was to help in relieving his digestive pains, improving his comfort and enjoying his life for as long as he could. Copious sweat on head and back at night in bed. Labored breathing and cramps. Terrible gas since the surgery had Thyroid Cancer in his forties. *Carbo vegetabilis* helped him much. 2 months later severe pain and short breath. *Carbo vegetabilis* in higher strength. Pain was controlled and breathing improved. In the next 6 months few more doses and *Arsenicum album* when his anxiety and fear of death were more than he could bear. The need of opiate painkillers were less and he peacefully passed away.

Alicia, 45 years old, undergone lumpectomy for cancerous lump in her left breast. Lymphedema in left arm since surgery and radiation. Body rash, red, slightly raised and itchy, and worse when she became warm. *Sulphu* and vitamin-mineral-botanical medicine. A month later, swelling and range of motion were improving steadily. Rash was fading. She remained free from Cancer.

In her experience, homœopathic and other natural medicine care is extremely helpful whether used at the time of the diagnosis, during conventional Cancer treatment or afterward for healing and prevention of further disease.

XXIII. A change in Leadership at the HPCUS. Source: Homœopathic Pharmnacopoeia Convention of the United States. (HT. 28, 5/2008).

On 5th August 2008, at the Homœopathic Pharmacopoeia Convention of the United States (HPCUS) Board Meeting, John A. (Jack) BORNEMANN, III, RPh., announced that after 23 years of service to the homœopathic community as president of HPCUS, he will transition to the newly created role of HPCUS Chairman of the Board. J.P. (Jay) BORENEMANN, Ph.D. was unanimously elected to the position of the third President of HPCUS since its incorporation in 1980.

XXIV. Nonprofit plans homœopathic care for trauma survivors. (HT. 28, 5/2008)

The Birmingham (England) Alliance of Homœopaths (BAH) will begin a six month pilot project in Jan. 09, offering homœopathic care to people in the support services suffering from emotional trauma. Britain's Ministry of Defense Study fears that upto 20,000 British troops may be affected by brain injuries and post-traumatic stress symptoms. Homœopathy can be more effective in releasing the trauma. Britain's Army Families Federation is supporting and advertising the pilot project.

-reported in Birmingham Post (UK) Aug. 8, 2008.

XXV. Letter to the Editor

Late stage Lyme Disease and Homœopathy. GARDNER, Darien (HT. 28, 5/2008)

The author started suffering from Lyme disease since 2006. After an avalanche of advice from people, he started homœopathic treatment from 23.2.2007 with Borrelia Burdorferi (Remedy prepared from the bacteria that causes Lyme Disease). Gradually improved and within a year fully recovered and remained so.

XXVI. Hospitals offer alternative therapies (HT. 28, 6/2008)

An American Hospital Association Survey shows that 37% of the hospitals in the U.S. are providing more complementary and alternative therapies in addition to conventional services.

54% of the hospitals cited patient demand as a factor and 64% gave clinical effectiveness as their main reason. Another reason is their "green" nature.

-Compiled from Congressional Quarterly Healthbeat, Sept. 13, 2008.

XXVII. In memory: Ananda ZAREN (1946-2008) COHEN, Karen (HT. 28, 6/2008).

Ananda ZAREN, passed away on 28 Sept. 2008, 4 days after an accident. She practiced Homœopathy for 30 years in Santa Barbara, California and authored Core Elements of the Materia Medica of the Mind, Volumes 1 & 2. Homœopathy was Ananda ZAREN's passion and life's work since 1976. She preferred to spend her time in her "learning lab" as she called the practice. Her power of observation was extremely acute and she was a master at cataloguing nuance and gesture, every aspect of human expression which she interpreted as the language of the Vital Force. Her great strength was her work with women and infants. She believed that comprehending the emotional state of the person before you, regardless of age was requisite to finding the homœopathic simillimum.

In Germany while teaching, she observed a three month old infant on oxygen. For an hour and prescribed

Natrum sulphuricum based on Jaundice, aversion to contact and photophobia. The next morning the infant appeared stronger, able to breathe on her own and voluntarily opened her eyes to make contact with her mother for the first time.

A man with restless leg syndrome of 25 years duration was cured with *Belladonna* by her by using the rubric Mind – desire to escape.

ZAREN was a rare jewel. Through she was only barely 5 feet tall, but had a towering intellect and vitality to burn. Her greater joy was in helping people get well, but in the fullest sense of the word, not just allaying symptoms.

XXVIII. Celebrating Links. October 19-21, 2007. Heidelberg, Germany. (AJHM. 101, 3/2008). Review by Jay YASGUR.

Around 850 homœopaths offered a stage for some bright ideas which are beginning to set off sparks, albeit controversial ones within the homœopathic community: The Sensation of SANKARAN, The Periodicity of SCHOLTEN, the Animalia of MANGALIAVORI, Triple salts of George LOUKAS.

A Tsunami is visiting Homœopathy bringing sensation, periodicity, and animalia to it's shores. Many on that sandy beach have been jolted and awed; indeed, even those who have brought the 'new wave' are paddling in the midst of a state of upheaval. Yet the spines of those few are flexible and adjusting to radical innovation sifting in from all directions.

Yes, this 'new wave' which our community is experiencing is unsettling and now the question is: will that community be so moved, so inspired to allow room for new material to be rinsed, clarified and crystallized. Will the homœopathic community permit new seeds to sprout on uncertain shores?

These are the essential questions which arte nopw being asked of our 'band of brothers.' Our still fragile community which has yet to realize that, divided as we are, there is really more which unites us.

Sensation, periodicity, animalia. Let us take the new, judiciously graft it onto the firm foundation established by our equally innovative and bold ancestors, and create a tree of even greater strength and possibility. [God save us from this = KSS].

LIST OF JOURNALS

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

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1. **AHZ:** Allgemeine Homöopathische Zeitung, Karl F. Haug Verlag, Hüthig GmbH, im Weiher 10, 69121, HEIDELBERG, GERMANY.
2. **AJHM:** American Journal of Homœopathic Medicine, formerly Journal of the American Institute of Homœopathy (JAIH). 801 N. Fairfax Street, Suite 306 Alexandria, VA 22314.
3. **THE HINDU:** Newspaper, Chennai – 600 002.
4. **HOM:** Formerly British Homœopathic Journal (BHJ), Homœopathy, Faculty of Homœopathy, 29 Park Street West, Luton, Bedfordshire, LU13BE, UK.
5. **HT:** Homœopathy Today, National Center for Homœopathy, 801, North Fairfax Street, Suite 306, ALEXANDRIA, VA. 22314, USA.
6. **MedGG:** Medizin, Gesellschaft und Geschichte, Institut für Geschichte der Medizin Robert Bosch Stiftung, Straussweg 17, 70184 STUTTGART, GERMANY.
7. **RH**: Revista De Homeopatia, Rua Dr.Diogo de Faria, 839, VilaClementino – CEP 04037-002, Säo Paulo – SP. Brazil.
8. **S & C:** Science and Culture, Indian Science News Association, 92, Acharya Prafulla Chandra Road, KOLKATA – 700 009.
9. **IJHDR**: International Journal of High Dilution Resarch, Sibiu, Romania. Via Internet.
10. **ZKH**: Zeitschrift für Klassische Homöopathie, Karl F. Haug Verlag, Hüthig GmbH, Im Weiher 10, D-69121 HEIDELBERG, GERMANY.

PART II

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

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1. ON THE STUDY OF HOMEOPATHIC MATERIA MEDICA, CONSTANTINE HERING

(BHJ. II, 7/1844)

Section 1

The ordinary mode for acquiring knowledge of remedial agents - namely, merely by experience during practice - cannot be termed studying the medicines, and no directions are required for it.

Much time and labor may be expended in this mode without ever attaining a complete command of the medicinal agents. Many a homœopathic practitioner will find himself in the situation of walking on a treadmill - setting machinery in motion, without moving from the spot.

He who trusts solely the experience and observations of others, and thinks that by means of published collections of cases he will also attain accuracy in the selection of medicines in individual cases, or find a similar accuracy in his general views of medicinal agents - such a one constantly remains in a state of dependence, moving merely in the narrow circle which others have chalked out.

In another country amidst other customs, and at other times when a different character of disease is present - indeed, during the prevalence of individual epidemic diseases - he stands helpless and bewildered. His pockets are full of paper money that is not current there, and his hands are destitute of any available coin.

He who relies only on his own experience for knowledge of medicines can only attain a very limited understanding. His personal knowledge will be quite imperfect as regards individual remedial agents. If, perchance, one or other property appears peculiarly prominent, then the others will be but seldom or never attended to.

For example, consider the case of *Aconite*, which certainly is of frequent use in inflammations, but much more often in cases where no inflammation exists. Or consider *Belladonna*, which is frequently employed where it does not answer at all, and where *Hyosc*., *Arsen*., *Bryon*., or some other remedy, should be used instead.

So understanding acquired only in this way will be imperfect, in fine, as regards our whole Materia Medica - because by this method the knowledge of Materia Medica cannot but always be very deficient. Only a small number of favorite remedies will be retained in memory - merely such ones as are known, or thought to be known, to possess some general determinate properties which render their selection easy.

In the greater number of cases that come under daily observation, these favorite remedies will very frequently be given where they are not of the slightest use. A number of remedies will be employed for merely single symptoms. And a large number will never be prescribed at all.

In cases of a more serious and rarer description, even where the most careful research is employed, it is often all in vain. For sometimes many remedies seem to be equally indicated, so it is difficult to make a selection from among them. At other times no single remedy seems applicable.

The more intimate our acquaintance with the medicines, the more seldom will such cases occur, and the nearer is the physician to the attainment of complete mastery of his subject.

Tyros, who have merely glanced at the remedies, imagine that it is not possible to become acquainted with a single remedy which has such a vast number of symptoms - just as a country clown on coming to town is at a loss to conceive how the people know which way to go among such a number of houses. And yet, in the course of time, he himself finds no difficulty in doing this.

Let us observe how this happens. It may help us a little in studying the materia medica.

It is well known that a person who has been in many large towns can much sooner find his way than other strangers who have not. This is true without there being much resemblance between the towns. He must unconsciously have invented some method by which he becomes quickly at home in every new town.

In like manner, many homeopaths have unconsciously adopted a method of studying the Materia Medica. Our present object is to make this method known.

Learning the Materia Medica "by heart," would be a highly absurd plan - and not only impossible on account of the extent of the undertaking, but even if possible, still, utterly useless. In order to acquire a foreign language, what good would it do to learn the dictionary from beginning to end?

One who could repeat the list of symptoms of a remedy in their regular order would not thereby possess

knowledge of the combination of symptoms - and it is that knowledge of which we stand in need.
In practice, we never make use of the whole range of symptoms, but only of a particular combination of a small portion of them. To the general symptoms of every form of disease, corresponding ones may be found in a large number of remedies - and every remedy contains the indications of a vast variety of diseases.

Section 2
THE GOAL OF STUDY

Every medicine has its peculiar characteristic traits which must occur in each of the groups that are mentioned above. There cannot be the least doubt about this fact. But this only shows the goal from afar - a goal that we may reach by a careful study of the Materia Medica.
Up to this time, only a few fragments of such characteristic traits have been discovered. Anyone may soon learn these by heart; but this can never be called studying the medicines.
Properly speaking, the study of the medicines is rather the road to a fresh discovery of those traits which, during practice, are continually presenting themselves to us. And, at the same time, it will show the fallacy of many well-known dicta proceeding from some who have attained the reputation of great authorities through the indolence of others.
The homœopathic physician who knows little more than the characteristics of a few polychrest medicines (with the addition, perhaps, of a few other scraps of knowledge which he himself picked up) has only a one-legged stool - we may turn ourselves hither and thither, but it will fall to the ground if not sat on by someone with two legs.
The homœopathic physician who knows no more than this is like a bad chess player – someone who only knows one or two methods of giving checkmate which he has learned from studying the fag ends of games played by celebrated players - put together with but a few other modes he has discovered himself.
The master of the game commands all the pieces in every situation. He shows his skill even when checkmated, and, properly speaking, he never loses.
Even though the physician at the bedside of the patient has ever so carefully compared a medicine with the case before him, this will tend but little to advance his knowledge of it. And such a comparison cannot be termed a study of the medicine, as it is only viewed in connection with the case thus before him.
To study a remedial agent is to attentively observe its symptoms and curative powers, without any reference to particular cases or particular diseases. It is to consider all its effects as connected with one another.
All its individual symptoms are seen as separate parts of a whole. The many changes produced in the sensations by its action, which have been separately observed and collected together, are to be regarded as symptoms of one and the same artificial disease. They are seen to belong to one morbid picture.
The proper mode of studying the whole Materia Medica consists of first making one self the complete master of a few medicines. Afterwards comes the mastery of those medicines most nearly connected with the first few, and so on.
There is always a comparing of the new ones with those that were first studied. On this account, I call this the diagnostic method.
After one or more families of nearly related substances have thus been worked out, the others follow much more easily. After pursuing the study in this manner with unremitting diligence for several years, then any new medicine may be made available after only one perusal.
By carefully reading it over only once, so much remains impressed on the memory by the unconsciously acquired habit of comparison, that in a case of disease in which it is indicated, it is easily recalled to mind.
He who can do this will not complain of the number of imperfectly proved medicines, or of the fewness of their recorded symptoms, while at the same time finding fault with the large number of symptoms presented by other medicines.
Be the symptoms as numerous as they may, he can make himself be the master of them. Be they ever so small in number, he understands how to avail himself of them.
He who has not the requisite foundation finds all additions to the Materia Medica a disagreeable burden. He shows by his discontent that he has not yet made himself master of the old matter.
Methinks most of those who complain of our Materia Medica, are either totally ignorant of, or have but a scanty acquaintance with, our medicines.
Before we proceed to give specific directions, we shall:
1. Endeavor to defend the method we have proposed
2. Show how a single medicine is to be studied
3. Show how the others are to be connected to this one

Section 3
A DEFENSE OF THE METHOD WE HAVE PROPOSED

The assertion that one remedy must first be perfectly known, and that then the rest will be acquired with less difficulty, and still more easily the farther we advance, is founded on the principles and practice of mnemonics.
This diagnostic method, indeed, appears to me to be the only practical plan of studying the Materia Medica, or at any rate, the shortest and most direct way of attaining the end proposed.
There are certainly two other possible methods. One is to learn what are called the principal symptoms of each

medicine. The other is to study each substance by itself, and thus, all of them unconnectedly. A fourth and last method would be, not to study the Materia Medica at all. (Exempla sunt odiosa!)

To learn the so-called principal symptoms - e.g., to extract from an epitome like Jahr's Manual, the most prominently marked sentences, and to get these off by heart - is the shortest way to practice.

But, at the same time, it is the surest way to permanent mediocrity. Let him who is forced to make a trade of his profession, adopt this method. It will bring him soonest into the center of the woods.

But let him not forget to secure at the same time a permanent possession. If not, he will resemble the squatters in the far west, who establish themselves without troubling their heads about their right to the soil. And when the buyer of the land chases them off, they remove to a distance, out of one wretched wooden hut into another.

They barely support their existence by the scanty profits arising from ill cultivated ground, and the uncertainties of the chase. This superficial, unmeaning sort of life has charms for them. And their labors, together with those of the destructive wood louse, lighten the task of the settler.

Those qualities that we at present term the principal symptoms of the medicines are, for the most part, unsatisfactory - nay, they prove an obstacle in the way of accurate individualization, and lead to carelessness. It is much more convenient to administer to patients a dozen homeopathic remedies according to this principle, than any plan of the old school. And one may, by such practice, be pretty sure, that by the end of the year a number of patients will have recovered.

These principal symptoms are, moreover, in many instances incomplete, and in many others perfectly false. They can only be known with certainty, and have their due value assigned them, by a careful study of the various medicines, having especial regard to their relations one with another.

A mere acquaintance with these principal symptoms cannot be called studying the remedies. If we were in possession of a scientific arrangement of the Materia Medica, we might make it the basis of our study of the medicines. But at present, we cannot expect to construct anything satisfactory on such an uncertain and incomplete basis.

He who seeks to study the medicines according to their symptoms, but each medicine separately and without instituting a comparison between them, will, with the very best memory, not advance far before forgetting what he had previously learned. The memory is incapable of retaining anything but what is presented to it in connection with something else. An idea is easily brought to the recollection only when in connection with others.

We would remind him who has had no experience of the comparative method, either on himself or others, that acquiring a knowledge of the symptoms of medicines, is exactly similar to the mode in which the chemist, the mineralogist, the botanist, and the zoologist acquire a knowledge of the objects connected with their respective sciences. We should, therefore, set about it in a similar manner.

Let it be considered what a multitude of signs are so perfectly at the command of the zoologist, that he can easily recall them to his recollection. Although no one is capable of giving a complete description of all animals, a repetition of all their characteristics “off the book,” as the saying is.

Yet the zoologist can at once tell a new animal when he sees it. He can instantly determine to what class it belongs, and point out its particular characteristics. By merely looking at each animal, he already knows its characteristic peculiarities, or at least has no difficulty in discovering them.

The homeopathic physician must do just the same with his medicines. Let it not be alleged that zoology and the other branches of natural science are things quite different from our science. It must be regarded and dealt with in exactly the same manner as the natural sciences.

Let it not be said that those sciences are so far advanced, and the system so perfect, that everything connected with them is much easier. Suppose that our Materia Medica were at present as little advanced as a natural science - as zoology in the time of ARISTOTLE.

This should not deter us from regarding it as such, working it out as such, and studying it as such.

By this means we should make as much progress in it as was then made in zoology - and that is a good deal in comparison to knowing nothing at all, or to wandering in benighted ignorance amidst a profusion of everything.

I refer to those who possess a real knowledge of our Materia Medica, if that has not been obtained in the way I have just pointed out - and I doubt not that some now see that they have unconsciously obtained their knowledge in the same manner. There can only be one right way. But this may have been pursued without the individual being exactly aware of it himself, as has happened to those proficient in many of the arts.

When one remedy has been accurately studied, and the art has been acquired of classing others along with it according to their resemblance and of distinguishing the differences between them, then each subsequent group that is studied in a similar manner costs far less trouble. The result will be that he who has thus made himself master of a hundred medicines will require for the second hundred scarcely so much time and labor as he expended on the first ten.

An increase of the medicines, therefore, **ad infinitum**, will never prove too much for human capabilities.

Entomologists can easily acquire knowledge of a number of new insects. It requires little trouble on the part of the botanist to learn an endless succession of new plants. This they do by a speedy conception of the resemblances and differences among them - and the more practice they have, the easier it is.

It may be urged that no such laborious mode need be adopted to acquire of one of the natural sciences, but that the general characteristics of the various classes are soon learned. In the present state of the natural sciences, all the relationships existing among the various classes and orders may be seen at a glance, and the study of them thereby greatly simplified.

But, as we have not brought our Materia Medica to such a pitch of perfection - and from the short time of its existence, it has been impossible to advance it farther than it is at present - we must dispense with this simplifying glance.

We must, however, on this account, follow the only path that leads to this end - laborious though it be at present. As the progress of inventions facilitates commerce and travel more and more, so the progress of science always lightens the task of learning what has been discovered. The same will be the case as regards the Materia Medica.

Until that time comes, we must study the remedies as we find them. The time is, we hope, not far distant, when we shall be able to talk about the objects of our science in the same manner as natural historians do of theirs - when, like them, we may be able to give complete descriptions of these objects without touching upon unimportant information.

The time, we hope, is at hand when we shall know what is and what is not important in our Materia Medica.

Section 4

HOW IS A SINGLE MEDICINE TO BE STUDIED?

How can a remedy be studied, if the symptoms are not learned by heart? It can be learned through the same principle as the whole materia medica - by comparison.

The symptoms of a medicine are to be read through carefully several times. This should be done from beginning to end, in the first years of study, with the pen always in hand. While reading, one thing or other is always to be particularly attended to.

-- The First Reading --

At first attention should be directed to the organs in which the symptoms occur. It will be at once noted that many organs or tissues are particularly attacked. The organs that show the greatest number of symptoms are to be regarded according to their physiological relationship.

In this, our previous studies are a great assistance, just as every physiological dogma, every hypothesis, even though false, is an aid to the memory.

Thus, the ear is said to be the peculiar organ of the osseous system. Therefore, when pains or nodes in the bones occur, I would observe attentively the symptoms of the ear. And, in this manner, many individual symptoms would appear more significant where connections exist.

For instance, between the functions of the skin and kidneys, symptoms occurring in the one system will always call to our mind those of the other - whether those symptoms harmonize with or are opposed to one another.

In our comparison, pathology will also be of use, and that will be so whether its theories are true or false.

Thus, where symptoms referable to the liver occur, I would always compare the pains in the right shoulder, and vice versa.

Where turbid urine is passed in small quantity, I would pay attention to the symptoms which point to the serous cavities.

In doing this, for example, when studying *Aurum*, a number of symptoms would thereby appear more important, and consequently be more deeply impressed on my mind. And this remedy would occur to my memory not only in cases of effusion into the pericardium, but also in hydrothorax and ascites.

The important observation of Neumann - that diabetes is always preceded by a diminution in the activity of the kidneys - will be often serviceable in our consideration of the medicines. It will, for example, help to confirm the supposition that not much is to be expected from *Argentum* in cases of diabetes, and that this disease is mentioned in our repertories in connection with silver in this manner: HAHNEMANN, distrusted the alleged diuretic properties of nitrate of silver. Rather he ascribed to it powers that are exactly the reverse. But as far as I know, he does not adduce a single instance of its efficacy.

While studying the symptoms of *Phosphoric acid*, we should call to mind the same observation that is also the recorded experience of its efficacy in several cases of milky urine - a kind of diabetes.

In this manner we will see that a large number of the symptoms may be pathologically connected.

During the first reading and comparison, the symptoms arrange themselves, as it were, into some sort of definite form. Thus we gain a collective impression of the whole that we retain in the memory, and recall to mind in all cases where the remedy is suitable.

-- The Second Reading --

During a second perusal of the medicine, attention should be directed at the character of the symptoms. The former perusal was but a preparation for this step. The

character of the pains in different parts should be compared - all pains or other sensations of the same, or a similar or a nearly related kind, that occur in different parts should be carefully observed.

If this is done, it will be found, for example, that burning pains occurring frequently in various parts are not peculiar to *Arsenic* and *Carbo-vegetabilis* alone, but they also occur in *Phosphoric acid* and other substances. The mind will take a comprehensive view of them, and a complete picture of them will be retained.

At the same time, attention must be paid to the parts where these pains principally occur. Thus, we note whether the burning pains are more in the mucous membranes, or in the serous cavities, or in other parts.

For instance, the burning pain in the case of *Arsenic* occurs most frequently internally, in the blood vessels. In the case of *Carb. veg*. pain is seen more externally, in the skin and joints.

Both substances cause burning in the stomach and bowels, but *Arsenic* to a greater degree. On the other hand, *Carb. veg*. causes much more in the breast - and so forth.

In every substance where the same description of pain prevails, an attentive examination will show the characteristic features of each.

We will soon discover that certain kinds of pain prevail in certain organs and tissues, e.g., tearing in the muscles, dartings in the chest, cuttings in the abdomen, pressure in the head, compression in the ears, boring in the bones, etc. But this we shall enter into more particularly in another place.

This tends much to assist the memory, both directly and indirectly - the circumstance of an unusual pain occurring in any organ would be the more observed. A number of isolated symptoms are, moreover, more easily remembered in connection - when placed side by side.

For example, with respect to *Aurum*, it produces determination of blood to the head, to the chest, to the eyes; toothache from a similar cause; determination of blood to the legs; and many other symptoms that may be found to be connected with these.

An accordance of many of the symptoms of different organs may often be observed. Thus *Caust*. has sparks, flickerings, figures, an appearance of gauze before the eyes. Also, it has ringing, whistling; singing, chirping in the ears.

On the other hand, *Phosph*. has points and spots, dark, black, and gray veils before the eyes; loud noises, buzzing, throbbing in the ears.

After the moral symptoms have been arranged in groups, they may be easily impressed on the memory by comparing them with the corresponding symptoms of other organs.

Thus anxiety, melancholy, etc., are to be compared with the symptoms of the heart and chest – or a weak, wandering, or obstinate state of mind, is compared with the frequently analogous symptoms of the digestive organs. And so forth.

Section 5

-- The Third Reading --

At the third reading, the conditions under which the symptoms take place should be noted. This must always be done pen in hand, even though Ruckert's comparative work be employed.

Doing it one self has great advantages, especially at the commencement of the study. One is exercised thereby; and all that has been previously learned is at the same time revised.

It should be observed whether the symptoms take place on the right side or the left. If this has not been done previously, note at what part of the day they occur, when our pathological knowledge will be of great assistance to us. Observe in what attitudes, positions, during what motions, etc., the symptoms occur.

Care should be taken not to indulge in vague generalities, such as "aggravation in the evening," "worse on motion," and the like. This is of small use in acquiring knowledge of the medicine, and it is an obstacle in the choice of it as a remedy.

What we wish to know is, what symptom is aggravated in the evening or on motion. When possible, this symptom should be noted along with some connecting idea.

Since HAHNEMANN taught us to distinguish between *Bryon*. and *Rhus*. by pointing out their opposite qualities - motion producing aggravation in the one case and rest in the other - it has frequently happened that too much value has been assigned to this circumstance in the choice of *Bryon*.

Many other similar remedies are distinguished by possessing a similar pair of opposite properties - *Bell*. and *Hyosc*.; *Nux*. and *Puls*.; *Chin*. and *Seneg*.; Phos. and *Nitr*.; *Sulph*. and *Con*.; *Carb*. and *Dros*. These along with many other substances bear the same relation to each other as *Bryon*. and *Rhus*.

Bell. has a far larger number of symptoms that are worse on motion than *Bryon*. - yet the symptoms that are worse on motion are perfectly distinct. As regards *Bell*., they occur mostly in the vascular system. With *Bryon*. they are chiefly to be found in the joints. The symptoms of the respiratory organs with *Bryon*. are not aggravated by motion. However, those produced by *Bell*. are decidedly so.

One should be careful of coming to a converse conclusion. I mean to say, in the case of a remedy having a number of symptoms that are aggravated by rest, it does not follow that they will be ameliorated by motion, and vice versa. Thus *Dulc*. has many symptoms that are better on motion, but very few that are worse when at rest.

The Fourth Reading

The remedy may be perused yet a fourth time, with particular attention being paid to the combinations of the symptoms. The student may carefully observe what symptoms follow each other or occur simultaneously.

However, the attention must have been previously directed to this point. When this was not the case, the student should seek to bring these combinations into connection with his former observations.

Care should be taken not to adopt the notion that a remedy can cure groups of symptoms in a patient only if they occur in the order it produces them. A remedy is capable of curing groups of symptoms which it does not produce in the same combination at all - groups whose component parts were observed in a number of different provers, and frequently in quite a different order.

From a pathological point of view, a special study of a medicine which compares it at the same time to different forms of disease may be useful after a thorough knowledge of the symptoms of the medicine has been acquired. Experience teaches us that a number of apparently perfectly different diseases, which are far asunder in pathological works, may still be cured with the same remedy.

It would consequently be necessary to go over almost all diseases in connection with the remedy.

This would be a great waste of time, and would not lead to a perfect knowledge of the remedy after all - our pathological systems are very far from being complete enough for this.

It would be well, however, to compare the description of individual forms of disease, with many classes of remedies. Thus, for instance, those catarrhs which indicate *Mercury* and allied medicines are very dissimilar to those in which *Arsenic*, and medicines of its class, are efficacious.

Section 6
HOW OTHER MEDICINES ARE TO BE CONNECTED TO THIS ONE

After a thorough acquaintance with one or more remedies has been gained in the above manner, the student must then pass on to others. The best course will be to go on next to those most nearly allied.

The study of the second remedy is already somewhat easier. This is partly owing to the practice that has been had in acquiring knowledge of the symptoms, and partly because deviations from the character of the last studied medicine become more vividly impressed upon our mind.

We must, consequently, have a very clear perception of these differences. They must assist us to attain a distinct idea of the peculiarities of the second medicine, as well as to stamp the knowledge of the first more forcibly on our memory.

Therefore we must search for resemblances and observe differences in the more prominent symptoms - and in those that are more easily remembered, rarer, and more striking.

I have called attention above, in the examples of *Bryon*. and *Bell*., *Caust*. and *Phosph*., *Arsen*. and *Carb. veg*., to the fact, that medicines which otherwise present great similarities in their symptoms, are yet widely different in certain respects.

No regard needs to be paid to slight differences, nor even to whole groups of symptoms which one of the medicines has, and the other has not. No attention need be given to the fact that, in one case many symptoms are known, while with the other, very few are.

These factors may, however, demand our attention in cases where the different characters of the remedies are thereby marked - as in the case of *Bell*. compared with *Bryon*. regarding the moral symptoms, the effects upon the organs of the senses, the symptoms of the throat, etc.

The differences sometimes lie in the combinations of symptoms, whereby they may present resemblances to perfectly different diseases.

More frequently, and much more clearly, these differences are expressed in the conditions under which the symptoms occur. These are often exactly opposite.

Thus the very similar headaches produced by *Bell*. and *Bry*. occur in the former in the evening, in the latter in the morning.

These differences are sometimes very subtle. For instance, most of the exacerbations of *Acid. nitr*. occur in the evening, but those of *Acid. mur*. are before midnight. Those of *Acid. sulph*. are after midnight, and those of *Acid. phosph*. are seen towards the morning. But all the acids present nocturnal aggravations.

Symptoms of an opposite character are rare. But differences in nature are very frequent, as is the case in the gastric symptoms of *Bell*. and *Bry*., *Bry*. and *Ant. crud*., *Ant. crud*. and *Ipec*., etc.

Symptoms in opposite situations are more frequent. Thus, similar symptoms are often distinguished by occurring in one case on the right, in another on the left side - as happens with *Arn*. and *Lach* and others.

The catarrhal affections of *Bell*. are distinguished from those of *Dulc*. in that those of the former occur more in the mucous membranes of the head and neck – in the region of the carotids – where those of the latter occur more in the chest and abdomen – in the course of the descending aorta, etc.

Beginners are apt to attend too much to specialties when making these comparisons. This over attention becomes a very laborious task, and is apt to lead to a total abandonment of the study.

There is, however, no better way of avoiding this error, and of learning how to make one's self quickly the master of the generalities, than to surmount undauntedly the laboriousness of the beginning.

On a second comparison, the mind is more accustomed to the work. According to the talents and previous acquirements of the student, will it be a longer or shorter time before he comes to be able to complete the comparison of two remedies in a few days.
We must caution those who pay too much attention to specialties not to be so very minute, but above all things to seek for points of crystallization. We must point out to those who are disposed to be superficial that important discoveries for practice may be made by a careful comparison.
The comparisons may be very easily made by means of Ruckert's systematic tables. The remedies to be compared are to be sought out in each division, their symptoms carefully read, and the result committed to writing.
A separate column is assigned to each medicine. Those symptoms which both have in common should be written in the middle. When there is only similarity, the sign of similarity should be placed in the middle between them. Where opposites, or well-defined differences exist, they should be distinguished by an interposed arrow, etc.
It cannot be expected that anyone, least of all a beginner, will compare every remedy with every other. The student should select remedies for this purpose that he considers to be analogous, and which are known to possess important properties.
All remedies that are closely related by the source of their derivation, must also be related with respect to their symptoms. All that are chemically allied must be so medicinally. Those possessing similar odors – as are *Phosph*., *Ars*., *All. sat*., *Asaf*., and *Bufo*. – must possess resemblances in their symptoms, etc.
The chemical preparations may be arranged in natural families, according to one or other system.
Those nearly related are thus compared, e.g., *Sulph*. and *Phosph*.; *Chlor*. and *Iod*.; the *carbons* and *Graph*.; the oxygenous acids, *Nitr. ac*., *Sulph. ac*., and *Phosph. ac*. are compared with each other, and with the hydrogenous acids, *Mur. ac*., *Hydrocyan. ac*.
Further, *Sil*., *Alum*.; the *carbonates* of *potash*, *soda*, and *ammonia*; *Bar*. and *Stront*.; *Calc*. and *Magn*.; the *muriates* of *soda* and *Am*., *Bar*. and *Magn*. The *acetates* of *Cupr*., *Ferr*., *Plumb*., *Mang*.; the metals *Aur*., *Plat*., *Stann*., *Arg*., and *Zinc*.
Interesting comparisons may be made between *Phos. ac*. and *Phos*.; *Sulph. ac*. and *Sulph*.; as also *Sulph*. and *Hep*., *Hep*. and *Calc*.

Section 7
MEDICINES FROM THE VEGETABLE KINGDOM

Among medicines belonging to the vegetable kingdom, those which may be compared as being nearly allied, are:
Anac. and *Rhus*.
Bryon. and *Coloc*.
Ind. and *Tong*.
Op. and *Chelid*.
Spig. and *Menyanth*.
Viol. od. and *Jac*.
Thuya. and *Sabin*.
Coff., *Ipec*., *Chin*.
Colch., *Verat*., *Sabad*.
Euphr., *Dig*., *Grat*.
Lauroc., *Prun. sp*., *Amyg. am*.
Led., *Rhod*., *Nux vom*., *Ign*., *Oleand*.
Arn., *Cham*., *Cin*., *Leont*.
Asa., *Cic*., *Con*., *Aet*., *Phell*.
Bell., *Caps*., *Hyosc*., *Stram*., *Tab*., *Verb*.
Acon., *Clem*., *Hell*., *Puls*., *Staph*., *Ran. bulb*., and *Sol*.
The cryptogamous plants, *Agar. musc*., *Bov*., *Lycop*., are too remote from each other - and yet their symptoms are much more similar than those of the more nearly related families of Solaneae and Ranunculaceae. *Sec*. can only be judged from the cures it has effected - the symptoms of it derived from epidemic diseases are not to be relied on.
It is worthy of observation that the differences of those substances which are allied in their origin lie principally in the conditions of the symptoms; whereas those substances nearly connected by the similarity of their symptoms alone, agree merely in single departments of symptoms, but in others have quite a different character and seat.
Families of substances that are related only in their symptom may be formed from such medicines as may be employed with advantage in succession - or which serve as antidotes to each other.
In the present state of homeopathic literature, the formation of such families is a very hazardous experiment. But they are of much greater practical value than those formed from their natural affinity.
It is perfectly evident that substances that have a similar origin must produce many similar symptoms. Our business should be to search for the differences, in order to avoid confusion.
When, however, minerals, plants, and animals, widely different from each other, produce similar groups of symptoms, there must be some deeper reason for this. It must indicate the similarity of the medicinal to the natural diseases.
Such allied medicines are in general the best antidotes of each other. However - as must happen from the rules laid down above - among the metals that form several families, there are antidotes which are never found among those that are nearly connected, but always among those that are widely separated.
Thus it follows that *Sel*., *Ars*., and *Am*.; *Plat*. and *Argent*.; *Stan. Plumb*., *Zinc*. and *Nic*.; *Ferr*. and *Mang*.

do not antidote each other. But the metals *Plumb*. and *Plat*.; *Ferr*. and *Ars*.; *Am*. and *Merc*. do.

Among plants there must be antidotes in each family, and perhaps in each genus. There are, indeed separate parts in every plant and animal, which seems to have a power of neutralizing the effects of the others.

Other homeopathic writers have pointed out a close connection between the two naturally allied substances *Nux*. and *Ign*., on the one hand, and the symptomatically allied *Puls*. - to which may be added *Cham*., *Coff*., and *Caps*. We may, I think, also reckon *Ambr*. among these.

Another family is *Ars*., *Verat*., *Ipec*., *Asar*., to which we may add *Ferr*. and *Chin*.; perhaps also *Staph*., and *Ac. sulph*.

Sulph., *Calc*., and *Lyc*. are well known as doing well in succession – to which may be joined *Led*., and in another point of view, *Therid*.

One of the most remarkable and beautiful families is *Hep*., *Merc*., *Bell*., and *Lach*. Between these and those allied to *Arsen*., may be placed *Phos. ac*. and *Carb. veg*., and those related to them, as also *Cupr*., and on another account *Aur*.

Anyone who has thoroughly made himself master of two or three families, and then from time to time makes a comparison between two remedies which appear to him to be related – and between which he has frequently needed to make a most accurate choice in practice, as for instance, *Sulph*. and *Ferr*.; *Phos*. and *Caust*.; *Ars*. and *Carb. v*.; *Bell*. and *Bry*.; *Bry*. and *Rhus*.; *Rhus*. and *Dulc*., etc. - this homeopathic doctor gradually obtains such an extensive basis of knowledge that all the rest of the remedies are acquired without difficulty.

If a crystal of salt is suspended in a saturated solution of the same salt, the most beautiful crystals collect upon it.

So, one who is acquainted with a large number of medicines in the above manner, can thereafter compare every medicine with every other in a very short time - and without many quires of paper.

This must happen before our Materia Medica, which ought to belong to the natural sciences, can be looked upon as one of them.

(From "*Wirkungen des Schlagengiftes*", Allentown und Leipzig, bei C. Kummer, 1837. British Homeopathic Journal, Vol. II, 7/1844. Modernized Translation, Copyright 2003 by Whole Health Now 1102 Pleasant Street, PMB816, Worcester, MA 01602 Tel: 250 881-1252 Fax: 443 638-2414 info@WholeHealthNow.com)

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2. THE NATURAL HISTORY OF THE HOMŒOPATHIC RESPONSE
M. ENGLISH John
(The BHJ. 70, 1/1981)

Research and Homœopathy

There seems to have been a tendency in the past for homœopathic research to be introverted and introspective. Having thought of one method of research, like the one being discussed this morning, if you do clinical proving, or re-provings of Hahnemannian Homœopathy, it should not be considered the only one. There are other types of questions which are legitimate ones to ask. A map of the area to be covered might include:

Academic studies: Questions to be asked—Do potencies produce physiological responses in the body? What are the physiological and biochemical responses to homœopathic treatment? Does it work clinically? This is the function of the evaluation study to answer. There is also a need to look at the relationships between the part of our work which borders on psychology.

Intra-homœopathic studies: Not enough is known about our provings and proving methods. High and low potencies are used and we need to know which work better, in what circumstances. There are local symptoms, general symptoms and mental symptoms, and their relative importance needs defining. Comparative history taking needs to be done, weighing the subjects differently, to find out which are really important symptoms. These subjects only interest the homœopathic physician.

Methodology

It requires different methodologies to do these different sorts of work. Some .of the scientific projects in the laboratory must be carried out by suitably trained technicians. Some require the co-operation of clinicians practising in hospitals and general practice. One of the methods that ought to be used is epidemiology. Is there a value in knowing the number of remedies we use, how often we use them; for what conditions do we use them, and in what sort of people? General practice showed.early in this century the overall value of epidemiology, in establishing the incidence of disease. Could it not also show us something of the incidence of the use of remedies, and would not that have a wider effect in showing us something about the people we are treating? That tool, should be used as well as the clinical evaluations already undertaken and planned.

This morning we heard about the intra-homœopathic material, and later on we are going to hear something more related to the scientific basis of what we do.

This discussion about subliminal Body Cues is based on Alexander LOWEN's book on the "Language of Body".

Body language

The factor of "imprinting" was mentioned this morning. If there is an incident in which there is pain and emotion, the environment in which it occurs will make a different impression, and this includes the thoughts passing through the mind at the time, and the things that others say. The effect stored in the body will be different than when an incident occurs without pain. It will affect the muscle tension, the posture a person adopts, and these have a reciprocal effect on other organs of the body. These bring into play the accepted musculo-musculo, musculo-cutaneous, and viscero-muscular and viscero-cutaneous reflexes. This has come out quite a lot in Acupuncture work, which uses skin stimulation to treat both muscular and visceral complaints. These things are closely inter-related, and Psychology shows how the earlier experiences in particular, have an ultimate effect in the way the whole body works.

Dr. CLOVER rightly pointed out that it is a mistake, in some ways, to divide us up into a separate Psyche and Soma. They are so closely related in the way they function that we ought to consider them an integral whole.

Alexander LOWEN was a pupil of REICH, who in turn was a pupil of FREUD. Thus his work derives from the psycho-analytic school. He was more interested in the way the body was implicated in psychological problems. In his character analysis he noted that the muscles became rigid in different areas for different sorts of psychological disturbances. He invented the term "Character analysis".

LOWEN described seven different types of character. His descriptions are partly psychological and partly physical. The types are: Oral and masochistic; hysterical; phallic; narcissistic; passive feminine; schizophrenic; and schizoid. His descriptions read remarkably like drug pictures; not that one recognizes, for example, a *Pulsatilla*_ patient—but the overall type is very similar.

There might well be useful correlation of this work with Homœopathy. To understand what is meant, two of his characters will be briefly discussed.

The oral character: Such a person has a great desire to talk, gets pleasure from talking, likes to talk about himself and be the centre of attention. He has exaggerated opinions of himself, but can get depressed and can have a cyclical changeable nature. He has periods of activity and elation, and periods of depression. His attitude to life is expressed by: "I don't know what I want"; he has difficulty in conceiving what his desires really are. These last two characteristics are not as easily translated into homœopathic terminology as the earlier ones are.

He has weak aggressive feelings. He cannot easily get angry; he may make a noise, and shout and bluster, but the feeling is not there with the noise. He clings, he sucks your energy; he wants a lot from other people to fulfill his own feeling of inner emptiness. He is envious. He sees other people being more fortunate than himself. Parsimony, melancholic seriousness, pessimism, are all characteristics. He will make an effort to get things he craves. He is restless. He has a morbid appetite for food, and if you go back to the Freudian basis for this type, he has oral-sexual perversions. There is the early basis for this in the oral stage of development.

Physiologically such people lack energy they have a low blood pressure and have a low metabolic rate. They have a characteristic posture which differs from the normal. They push their heads forward, their pelvis is tilted forward, and their backs are bent; they stand with their legs firmly pressed back with their knees locked, which makes the whole of their lower half stiff. Their feet are tilted forward. The normal person is more upright with their feet ready poised to spring forward, ready for action. A lot of the stress in the oral character is taken in the spine so that the neck muscles are tense, but the abdominal muscles are superficially soft. They have a feeling of inner emptiness, which goes with a depression in the sternum, and is felt in the epigastrium and lower chest.

The masochistic character:

The character on which REICH based his description used to get episodes of paralytic anxiety, which made him frantic at times. He used to get backache, and attacks of flu-like illness, and had some weight loss. He could not work, yet he complained of a compulsion to be busy. He had little interest in sex; was inert and sat and brooded. He had negative feelings toward other people; contempt, resentment and a desire to belittle them. His hair was dry and began to fall out and started to get grey. He had varicose veins. In his early life, toilet training had been a great problem and he was constipated, and he had had enemas and manual evacuations. His mother had forced food down him and he remembered being chased round the kitchen with spoonfuls of food he did not want to eat. At this present time he had problems about food, an understandable dislike of food, and nausea. He developed terrifying nightmares. He noticed that his penis was withdrawing into his scrotal sack, and that gave him a lot of fear and anxiety as well. He had a fear of physical contact. At school he had been a coward, although he was well developed muscularly, which is quite characteristic. He abdicated his rights rather than fight for them; he was too frightened to compete with

his contemporaries. He had tremendous anxieties at puberty and masturbated a lot. He had fears when he was near a girl about what would happen with these longings he had, and he never managed to overcome it, and had continuing sexual problems.

The masochistic personality has a great sense of suffering, a great sense of complaint, of self-deprecation, a compulsion to harm or torture other people. They become very awkward in their relationships with other people. When they are in a therapeutic relationship they expect a lot to be done for them. They "whine" about it, and have anger toward the person who is trying to help. No one can ever succeed in helping them because, basically, the person wants to prove that helping them is impossible.

They brood, yet do not have a real depression. They have a feeling of despair and hopelessness and humiliation. Continued failures in life happen, which justifies the feeling of inadequacy. REICH's character had the idea of a devil inside him, laughing at him all the time, and was related to his nightmares and the chasing by his mother. The therapist related it to the contortions his face would get into under any sort of emotional stress.

The physical stature which goes with that psychological type is of a heavily built person, with a short, thick neck and good muscular development. Their thighs and calves are huge by comparison with their bodies. They tend to be dark in colour with dark hair. Their muscles are tense and screwed up, especially their abdominal muscles. They hold their buttocks in a tight way. Their shoulders are broad**,** always held tightly. The legs get so inflexible as to make bending difficult. They have high foot arches, a contrast to the oral person, who has flat feet.

The mentals of these personalities sound like one of our homœopathic remedies. If the mentals correspond to the physical description, do we in fact use all those physical "Signals" as much as we could in choosing the correct remedy? Could we, by taking more note of the things which REICH and LOWEN have discovered, increase what we gain from observation? We do gain a lot from observation. Those of you who were here yesterday will remember Frank JOHNSON's beautiful description of the man with the rolled umbrella and gloves. One of the comments on the paper "Subliminal Body Cues in Homœopathic Prescribing" produced for the Midland Research Group for consolidation of comment, is very descriptive. It is a comment by Dr.Frank BODMAN, and it is probably the last thing related to Homœopathy that he wrote, because he wrote it a month before he died in January this year:

"I might offer an analogy; as I walk down the street, I see ahead of me a figure that reminds me of an old friend. The tilt of the hat, the carriage of the head, the hunch of the shoulders, the swing of the arms, the gait, all these items are not consciously observed, but the brain computes a gestalt. But I am not sure of recognition until he performs an entirely individual action, such as kicking against the pavement an empty cigarette carton; he never could tolerate any obstruction in his path. It is this unique action that confirms my idea that it is my old friend ahead. So it is my feeling that these body cues, valuable as they are, and often subconsciously assessed, should be consciously studied and taught, especially relevant as they are to the homœopathic picture. I still suspect that the unique feature belonging to each remedy may escape analysis". — and he concludes about the proposal: "I would suggest if such a project were undertaken, a limited number of remedies should be investigated to begin with".

We do use a great many body cues already. The idea arose at the British Homœopathic Congress Meeting in Norwich last year. Dr. CLOVER was in the group where the use of these cues was discussed, and it was thought the information could be used better if it all became more conscious. Both as a general idea and as a study, it is possible to use some of the information that other people find out about psychological typing and the relation between body types and Psychology.

Using Kent, the masochistic tendencies come through the Repertory: hatred, malice, misanthropy, cruelty, criticism, brooding, anxiety with guilt, contrariness, contempt, the delusional feeling about the devils, despair, discontent, fear of touch, quarrelsomeness, sexual excess. The remedies which come out are: *Sulphur*, *Nux vomica*, *Anacardium*, *Aurum* (although LOWEN comments the patient is not truly depressed, and *Aurum* is meant to be). *Arsenicum*, *Lycopodium*, *Mercury*, and *Platinum*, *Lachesis* and *Alumina* come through with at least nine of the rubrics. The group of remedies which would come through the oral personality would include some of the same ones, but they would also include the *Pulsatilla* and *Phosphorus* types of people.

Should not these remedies be thought of when seeing patients with the typical postures and their characteristic mental symptoms? Or when *Sulphur*, *Nux* and *Anacardium* patients are seen, should one not look to see if they have that body configuration? Could one, as is suggested in the "subliminal cues", study, pick out some people who are typically masochistic, or oral, as identified by experts in that field, and then see which remedy fits? Could the remedy chosen have the right set of symptoms? That is, right in comparison with what the body language people identified. That is the way we could each learn from the other discipline.

DISCUSSION

Dr. PINSENT opened the discussion by asking how many present would be able to recognize their friends

and their friends' constitutional types when they see them out shopping, etc.

Dr CAPEL: I wonder if it is relevant that one tends to see all those characteristics in oneself.

Dr ENGLISH: What is being described in the textbook is an extreme example, just as we are given extreme examples of the homœopathic constitutions, for instance, the *Arsenicum* person. Surely many of the patients we see and many of the characteristics LOWEN has mentioned in his book, fall between the defined limits. If we set out to divide people into water-tight compartments without attempt at typology, we would be disappointed. There are so many variables, we are not going to succeed: People vary much from one to the next. We can show which traits exist, and obviously they combine in different ways in individuals. It would be useful to see if there is a balance in favour of the "masochistic" or "oral" type, for instance, just as there is a balance in favour of our giving *Arsenicum* at a particular time.

Dr. LOKARE: When one tries to' describe characteristics, one has to be very careful. Are we describing a person when he is ill, with, characteristics which are the signs and symptoms of the illness, or are we describing an individual when he is well? If we do not separate the two, we might end up by having everyone who looks to be within a given range of remedies being called invalids. These are organic characteristics, but the person has many others. It is a universal problem. The signs and symptoms you observe in any patient are modified by the way you see them and your previous experience. You made an assessment before and you know it works. We must decide whether the description of types we are trying to standardize are of basic human characteristics, or are they part of a human being when he is ill? In Psychology, people were being looked at and described when they were ill, and then it was realized that there were lots of other people who were not ill, with similar characteristics and they did not need any medical help. The tendency then was to measure characteristics on an arbitrary scale, but it could be that we end up communicating with ourselves, using our own personal clues. If we are going to standardize information, we must make some such statement as: is this characteristic always, sometimes, or never, seen in a patient that is ill?

Dr LEWIS: We should bring in the comparison between objectivity and subjectivity. The one thing that has always bothered me about constitutional prescribing is that one is basing it on the characteristic.of the patient as they project it. Alastair JACK saw a friend of mine and his analysis of the person, from my point of view, missed out one important fact - that she was basically a very selfish person, and she would be the last person to actually recognize this, but one saw it in her everyday behaviour. In a medical consultation she would be a very sympathetic person. I think it is this inward-person and outward person, one has to contend with. It reminds me of that character in Cancer Ward (by Alexander SOLZHENITSYN, translated 1969), who was trying to devise a method analysing voices; it seems to be an endless series of problems.

Dr ENGLISH: You make the point for me. Body language people tell you that the body does not lie. If the person says "I'm.not angry", but their body says "I'm angry", that is, they may have a "put on", smile on their face but the rest of their body posture will tell if they are angry or not. Their words are less accurate. The body language gives you more basic information than the person will tell you.

Dr LOKARE: When a person comes into your consulting room and sits down, he demonstrates a physical habit, which at an earlier stage may have had some meaning, but later on it is merely an habitual response. You cannot always say that this characteristic is a sign of illness, or that it is meaningful in this present circumstance. If you identify a physical characteristic with anxiety, you still cannot say that when it is shown in a person it always denotes an anxious person.

Dr. ENGLISH: Its rather, like when you have an acute similimum; you must prescribe a remedy which suits the acute stage the patient is presenting. The *Chamomilla* person can be very charming and pleasant, but when they are in pain it is then they show the changed personality when they need a dose of *Chamomilla*. You are saying that some of the physical characteristics are deeply ingrained. Whether they are entirely meaningless, I do not know; but LOWEN says they have become "second nature". The dog that bit them may have caused a tic to develop, but it is still present thirty years later. Life is an onion skin, and if you once get through the first stage, it may be you can get down to dealing with that other one later.

Dr. LOKARE: They are sometimes relevant and sometimes not. People going through the same experience do not respond in the same way. If you have learnt a certain behavior response, we can also teach new ways of responding, and change them without having to go back to the original experience.

Dr. PINSENT: Can we say with any justification, that once one has a mature individual, and one ascribes a constitutional type to that individual, there is no danger whatever that his constitutional type will change? Can

one fingerprint people, can one derive a constitutional type that can be tattoo'd under the arm for the benefit of clinicians? It made life a lot easier to have blood groups tattoo'd under the arm during the war.

Dr. ENGLISH: My concept of a constitutional type is one which covers the body and the way it functions. There are aspects of the body which are going to be fairly fixed, like the colour of the eyes, but there are other aspects of it that are subject to change; even posture is liable to change and even more so, reactions and habits, and the metabolic rate. I do not think the constitution as such is an entity sufficient to describe in that way. Parts of it will definitely change—some parts of it will change at greater rates than others.

Dr. BOYD: I do not think that people stay in a mould. I certainly think the constitutional concept is useful in selecting remedies at certain periods of life. The total reaction of man to his environment is changing all the time, as he grows, gets married and has a career. About Dr ENGLISH's proposition—I can understand our looking more deeply and observing patients, looking for clues to help us get the remedy, but I cannot see any relationship between trying to fit remedies to all these personalities described, and how I treat patients or look at people. It seems quite irrelevant.

Dr. ENGLISH: It is interesting that some of the symptomatology you find in a book like LOWEN's is very much like what we are used to. Some of the concepts do not fit terribly well and yet they are valuable ways of looking at people. I think that the homœopathic tradition, through HAHNEMANN and KENT, has done tremendously good job in sorting out what characteristics people can have. I do not think it is complete, nor does it have an accurate balance, because it relies on histories people give themselves. The parts they do not see for themselves get left out. We do not have a description of all the types of behaviour or attitudes that are relevant. When you grasp the concepts in another discipline, it gives you a deeper understanding and makes you think more about what people are like. I find it useful. There is this possibility of enriching one's own conceptual basis of the nature of people, and therefore the nature of the remedies, in the end.

Dr. BOYD: I view the classification of LOWEN as a vaguely interesting observation, but of no real relevance in therapy. What does identifying a person as a masochistic do for LOWEN to help that person?

Dr. ENGLISH: It suggests lines of approach for his form of treatment, bio-energetic treatment. The patient with anger tied up in his shoulders would be encouraged to express anger and use the muscles of his shoulder to do it. Yes, his conceptual framework does tie up with his form of therapy. One could use other terms such as "sitting slovenly on a chair" or "sitting upright and tidying himself".

Dr. CLOVER: We may be getting rather confused by the terms here. I remember being taught by Dr. BOYD that we use *Staphisagria* for suppressed anger. We accept it in this way. We accept a *Calc.carb*. picture—Dr CAMBELL wrote down "*Calc.carb.* type", although he has reservations about the validity of types. "When we talk about the oral and masochistic types, we are in a particular point of approach and use of language.

Dr. BOYD: Yes, we do use remedies because of suppressed emotions or attitudes. It does not matter to me whether you label these with special psychological terms. I will certainly use the same information, and observe it.

Dr. PINSENT: Let us forget FREUD and think about JANNER and all that work on somatotypes: the extrovert, the introvert, the long and the short, the big fat one, the little thin one—do you get guidance from that sort of observation?

Dr. BOYD: Yes, we do consider patient types. Anthony CAMPBELL has been pointing out we can get so engrossed in this trying to fit people into the shape and colour of a remedy... these physical characteristics, that we completely miss a *Pulsatilla* that isn't fair, for example. You can use these things if they go along with the totality picture of the symptoms, but you should not be put off if the patient has the totality but does not have that particular posture.

Dr. JACK: When it comes to prescribing, your patient may be a clear cut *Calc*., very chilly, etc—KENT and BORLAND say they may change to need *Lycopodium* and then *Sulphur*. You can never say I found that person was a *Pulsatilla* a year ago and that is the medicine they are going to need now. We all have this experience, circadian rhythms over weeks. You go through phases when developing a cold; suddenly you become shivery and want external warmth, but at other times you can't tolerate heating and need a totally different group of medicines. Even if you find at the time of consultation a constitutional medicine, you are not going to find the solution to that person's problems for the rest of his life. It is not just growing up, but in the course of a year, changes do occur.

Dr LOKARE: Whatever method you use you will alter your prescribing in a year's time.

Dr. JACK: I think the danger that must be avoided is to say that we are altering constitutional types. Doctors

coming to our courses get the impression, that we are doing that, and this is certainly not so.

Dr. DAVIES: The important thing to remember is Professor KNOX's (Dept. of Gen. Practice, Dundee University) discussion of your paper, that it would be very useful educationally, to define what we are looking for. You are trying to bring to our attention the things we subliminally observe in a specific clinical situation, when we choose a remedy. You are not necessarily defining a rigid concept of *Pulsatilla* or a personality, but you are rather looking at things that are not characteristic. As had been pointed out in the discussion, the way a homœopath looks at a patient is different, and this can contribute to our knowledge about the way to look at people. Homœopathy has something to contribute to the psychological aspects of a personality, and it would help us homœopaths to know what we are looking for in a situation.

Dr. ENGLISH: The trial I designed would actually make a person go through a formalized series of movements which were then video-taped. These would be analysed by people who are body language experts, who would say the following is likely for this subject. The homoeopath could then take a history to find the remedy, and the observations would be correlated.

Dr DAVIES: We should use the video-tape in an actual clinical situation, pointing out to the student the things to note. An ordinary doctor might not note the red nose, or the herpes on the lip, or that the pupils were dilated. The observations the homoeopath makes in choosing the remedy are different from those the ordinary doctor makes in a clinical examination and for diagnosis. You have pointed out these are the things we should codify, analyse and record.

Dr. ENGLISH: Yes, and be more conscious of. That would make us better at our job.

Dr. PINSENT: I think, Dr. DAVIES, you are being a little hard on the ordinary general practitioner, because these are the very things he can pick up better than anyone else.

Dr. SEMPLE: The view that one gets can change incredibly rapidly, with a minute change of viewpoint, (if you happen to be standing in a hall of mirrors). At the core of our discussion we have a relatively constant body of information; the shape of the chromosomes (give or take a bit of radiation or drug-induced damage here and there), coupled up with the enzyme systems of the body. This then, as a genotype, can be reflected out into a phenotype, and the phenotype in turn can be tremendously influenced by the environment in which the person finds himself. What we are actually seeing at the superficial clinical presentation level is really several times mirrored from the deep-down structural base from which it springs. It does seem to me that some of the things that we say talking about constitutions and constitutional types are implying something of the permanence of the genotype to the reflections. These are, of course, much more liable to modification because the mirrors, through which these things are being transmitted, are slightly curved and are catching a lot of other aspects as well. We are seeing a blurred image out of the mirage. Anything that can help us to clarify our thoughts (a computer processing and a computer enhancement) of that blurred image so that we can get nearer to the true picture, is to welcomed. People find different tricks helpful in this situation. Body types have not been helpful to me in the past, but new ideas have been opened up today and I look forward to exploring them.

Dr. PINSENT: I feel that we cannot close this phase of the meeting without the observation that Dr.ENGLISH, in para. 2 of his Summary of the Method he would follow in recording subliminal body cues, gives a very good description of what happens every November at the Miss World Competition on television. I wonder if next year he could report on the particular constitutional remedies prescribable to the ladies who will be fulfilling his instructions precisely on the screen.

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3. Hartlaub & Trinks Pure Materia Medica: to save it or to lose it?
(IJHDR. 2, 5/2003)

Introduction

Homeopathic Medicine is grounded on the similarity between provings symptoms and the patient's symptoms. Any pathogenetic symptom is always an empirical fact, not a theoretical postulate. The full set of symptoms elicited by a remedy in a healthy individual is called a proving; the collection of provings constitute a Materia Medica. Hence, Materia Medica preserve experimental phenomena not only to be applied in actual practice but a source for a future deeper understanding of symptoms, especially regarding the continual advancement of Medicine. Facts survive time provided they are known.

This is one of the main differences between Homeopathy and allopathic Medicine. Our pure Materia Medica always preserves its accuracy, time only helps us to discover many previously unrealized features.

If provings survive time provided they are known, they depend upon publication and use; books not read tend to vanish into dust.

Hartlaub & Trinks Pure Materia Medica (Reine Arzneimittellehre)[5] is one of the few collections of provings available to homeopaths. Others are: T. F. Allen's, Hahnemann's, Hughes & Dake's, Stapf's Archiv and perhaps a couple more. Besides them, there are collections of the provings of a small number of remedies, such as Mure's, Hering's American Provings, Vienna Provings – the latter two, commercially unavailable –, J. Sherr's new remedies and some isolated publications. All other sources are mere compilations or clinical Materia Medica.

Hence, the main pathogenetic compilations available are six, and it is rarely remembered that they are our main textbooks. To this, we must add the fact that Stapf's Archiv and Hartlaub & Trinks' Materia Medica have not been fully translated into English (and perhaps, into any other language), which makes them very little known out of Germany.

What we know about them is merely what HAHNEMANN and ALLEN included in their compilations; the former made short versions and omitted many symptoms, the latter made partial translations of the symptoms that HAHNEMANN rejected.

Thus, we may say that one-third of pathogenetic compilations are available exclusively in their original German language, which explains the reason why their contents has not been included in neither repertories nor other Materia Medica.

The main purpose of the present article is to bare the tip of the iceberg, through the exposition of a few mental symptoms mentioned by Carl Georg Christian Hartlaub and Carl Friedrich Trinks, in order to understand the importance of these provings and awaken an interest in their use.

Materials and methods

Research was conducted in the sources' original language [3, 5] and their English translation when available [1, 4]. Our main purpose was to get new data for the construction of our Homeopathic Concordance [9], a task that the author has been developing for the last 8 years.

Homeopathic concordance involves the comparison of repertorial rubrics and the pathogenetic texts that originated them. This supplies the clinician immediate access to pathogenetic symptoms in the course of the consultation, without having to conduct a full research in all sources. After properly describing the patient's symptom, it is located in the repertory as a rubric and the Concordance indicates the remedy that expressed it in similar terms.

This research acquainted us with many symptoms in Hartlaub & Trinks Materia Medica that weren't used by Hahnemann nor Allen – partially or fully. We also found symptoms mistakenly translated.

We divided data into four categories: omission of modality; partial or full omissions; mistakes in translation and confirmations. What will be shown is not the full result of our research but a few examples.

Abbreviations and definitions of terms

A1- Allen's Encyclopedia [1]

H2 - Hahnemann's Chronic Diseases [3, 4]

HLB2 Hartlaub & Trinks Reine Arzneimittellehre [5]

We have kept abbreviations used in the original sources to indicate the source of symptoms:

C: Caspari.

Frz: Franz.

Hb or Htb: Hartlaub.

Htb. U. Tr. : Hartlaub & Trinks.

Ng: Cajetan Nenning.

Terms concerning the times of day have been translated according to Horst Barthel and Will Klunker Repertory[2]:

Morning (früh, Morgen): 5-9:00 a.m.

Forenoon (Vormittags): 9:00 a.m.-12:00 p.m.

Afternoon (Nachnittags): 1-6:00 p.m.

Evening (Abends): 6-9:00 p.m.

Omissions of modality

ALUM - H2 - 17 Anxiety and apprehension as if he has committed a crime. HLB2-3) Great apprehension and anxiety, as if he had committed a great crime, forenoon.

ALUM -H2-17) Angst und Bangigkeit, als habe er ein Verbrechen verübt (d. 5. T.). [Ng.] HLB2-3) Grosse Bangigkeit und Angst, als habe er ein grosses Verbrechen begangen, Vormittags (d. 5. T.).

CARB-AN -H2-5) Discouraged and sad; everything seems so lonely and sad that she would like to cry. HLB2-1)... for 1 hour, afternoon.

CARB-AN -H2-5) Kleinmütig und traurig; es kommt ihr Alles so einsam und traurig vor, dass sie weinen möchte (d. 3. T.). [Htb. u. Tr.] HLB2-1) Kleinmütig mit trauriger Stimmung: Alles kommt ihr so einsam und traurig vor, dass sie weinen möchte, 1 Stunde lang, Nachmittags (d. 3. T.).

CARB-AN -A1-40) Confusion in the head in the morning, she was vexed with everything she looked at. HLB2-9) In the morning, on waking up, obnubilation in head...

CARB-AN -H2-33) Gloominess in the head, in the morning, and everything she looks at vexes her. [Htb. u. Tr.]. A1-40) Confusion in the head in the morning, and she was vexed with everything that she looked at, [a3].

CARB-AN -H2-33) Düsterheit im Kopf, früh, und es verdriesst sie alles, was sie ansieht. [Htb. u. Tr.] HLB2-9) Früh beim Aufstehen, Düsterheit im Kopfe, und es verdriesst sie alles, was sie ansieht (d. 2. T.).

PHOS -H2-17) Apprehension as if she was afflicted by something, frequently recurring. HLB2-8) Waves of heat with apprehension, as if she was afflicted by something, soon passing and frequently recurring, afternoon, sitting.
PHOS -H2-17) Bangigkeit, als sey ihr leid um Etwas, öfterer wiederkehrend. [Ng.] HLB2-8) Hitzeaufsteigen mit Bangigkeit, als wenn ihr um Etwas leid wäre, bald vorübergehend und öfters wiederkehrend, Nachmittags im Sitzen (Ng.).
SARS -H2-5) Great anxiety, first in head, then in whole body, with shaking, mainly in the feet. HLB2-1) ... forenoon.
SARS -H2-5) Grosse Ängstlichkeit, erst im Kopfe, dann im ganzen Körper, mit Zittern, am meisten in den Füssen. [Ng.] HLB2-1) Sehr ängstlich im Kopfe, dann im ganzen Körper, mit Zittern, am meisten in den Füssen; Vormittags.

Mistakes in translation
MAG-S -HLB2-9) Morning, on waking, anxiety as from a bad conscience.
MAG-S -A1-4) Anxious, as if conscious of some evil, in the morning on waking (thirteenth day), [a1].
MAG-S -HLB2-9) Früh beim erwachen, Angst wie von bösem Bewusstein (d. 13. T.).
SEC -HLB2-29) Insanity: she understands nothing and does not answer.
SEC -A1-3) Delirium; he makes no answer (in a child eight years old), [a42].
SEC -HLB2-29) Wahnsinn: er verstand nichts, und antwortete nich, bei einem 8jährigen Knaben (Wichmann, a. a. O.).
VALER -HLB2-6) Remarkable happiness, almost licentiousness, slight acceleration of the pulse.
VALER -A1-3) Remarkable liveliness with great courage, with slight acceleration of the pulse, [a23].
VALER -HLB2-6) Ausgezeichnete Lustigkeit, welche an Muthwillen grenzte, bei etwas schnellerem Pulse (bald n. d. Einn.).

Partial or full omissions
AM-C -HLB2-1) He does not seem to be in his senses: suddenly, he begins to tell that the bells are ringing calling to church, no matter that it is not the [right] time and it is not true; besides this, he speaks coherently. (Translated by Tarcízio Freitas Bazílio) H2-31) She seems besides herself.
AM-C -H2-31) Er scheint nicht recht bei sich zu seyn. HLB2-1- Er scheint nicht recht bei sich zu seyn: er fängt auf einmal an zu behaupten, man läute zur Kirche, ob es gleich ausser der Zeit und nicht wahr ist; sonst redet er zusammenhängend (d. 35. T.).
ANT-C -H2-18) Continual state of enthusiastic love and ecstatic hope for an ideal female, who completely filled his fantasy; more when walking in pure open air than in the house; it went away after a few days, with an apparent decrease of the sexual drive. HLB2-15) After a few days, by the moonlight, it fell upon him a kind of the most constant condition of ecstasy, yet it was not fully a pure spirit of love, completely unknown to him, concerning an ideal female, whose possession he most ardently desired and he himself very vividly would present, whose image sometimes would also fill his fantasy most vividly, spontaneously it was in his mind and it completely filled it. That state became maximal by going into pure open air, it was less in the room, and made him happier and enthusiastically placid.
Sometimes, his fantasy would vanish from his thought, that he would not possible obtain that being, and this would tie him to a melancholic disposition, wild, or that he had to die, and would express it most sadly.
After a few days, it all went away and his sexual drive became normal again.
ANT-C -H2-18) Anhaltender Zustand schwärmerischer Liebe und ekstatischer Sehnsucht zu einem idealen weiblichen Wesen, das seine Phantasie ganz erfüllte; mehr beim Gehen in freier, reiner Luft, als in der Stube; nach einigen Tagen, unter scheinbarer Verminderung des Geschlechtstriebes verschwindend. [C.] HLB2-15) Nach einigen Tagen, während des Mondscheines, entstand ein mehre Tage anhaltender Zustand von ekstatischer, wiewohl nicht ganz rein geistiger Liebe zu einem ihm ganz unbekannten, blos idealen weiblichen Wesen, dessen Besitz er sehr sehnlich wünschte und sich sehr lebhaft vorstellte, deren Bild auch bisweilen seiner Phantasie äusserst lebhaft selbst geschaffen vorschwebte und sie ganz erfüllte. Beim gehen in freier, reiner Luft war dieser Zustand am deutlichsten, weniger in der Stube, und machte ihn da äusserst heiter und schwärmerisch sanft. Einmal trat auch seiner Phantasie der Gedanke entgegen, dass er dieses Wesen vielleicht nicht erlangen könnte, und versetzte ihn in eine düstere, wilde Stimmung, oder dass er es durch den Tod verloren habe, und stimmte ihn höchst wehmüthig. Nach einigen Tagen vorlor er sich allmählig und schien eine Verminderung des Geschlechtstriebes zurückzulassen (C.).
GRAPH -HLB2-187) Dream, that soldiers with their spades would stick her; she wanted to run away but couldn't, hence she woke up with anxiety. 188) She dreamed someone was making noises over her head, hence she woke up frightened. 189) Dreamed as if someone was whispering something in her ear; she wanted to scream but couldn't, no matter how much she strained; she tried to get hold around and thought she held a hand cold as dead, hence she woke up with anxiety and perspiration.
GRAPH -HLB2-187) Traum, dass Soldaten mit dem Säbel nach ihr stiessen; sie wollte ausweichen und konnte es nicht, worüber sie mit Angst erwachte (n. 11 T.).] 188) Sie träumt, es mach Jemand über ihrem Kopfe

Geräusch, worüber sie erschrocken erwacht. 189) Traum, als flüstere ihr Jemand etwas ins Ohr; sie wollte schrein und konnte es nicht, trotz aller Anstrengung dazu; sie griff herum, und glaube eine Todtenhand zu erfassen, worüber sie in Angst und Schweiss erwachte.
LAUR -HLB2-1) Depression and aversion to every work. 11) He is irritable and little disposed to continual and mental work. 15) Completely unable to think. 25) All pain vanishes.
LAUR -HLB2-1) Niedergeschlagenheit und Abneigung gegen alle Arbeit (Joh. Chr. Gottfr. Jörg, Materialen zu einer künftigen Heilmittellehre, Leipzig 1825. p. 96. 97). 11) Er ist reizbar und wenig zu anhaltenden und geistigen Arbeiten aufgelegt (Joh. Chr. Gottfr. Jörg, a. a. O.). 15) Ganz unfähig zu denken (Hb.). 25)† Verschwinden alles Schmerzes (Archiv für die Hom. Heilk. Bd. V. Hft. 1. p. 18).
PHOS -H2-5) Sad and melancholic as if some accident had fallen over his [family]. 13) Melancholy of spirit and violent weeping, morning on wakening from a saddening dream; he couldn't restrict himself nor ease his weeping and wailed instead for a quarter of an hour. HLB2-4) In the morning, he woke up weeping violently and with melancholy. He still remembered that some very sad words of his mother affected him so much that he was so moved that couldn't stop crying nor soothe himself, but continued to cry and wailed for a quarter of an hour; two days later he was still sad and melancholic and believed that during his absence, something bad had happened at home (after 2 weeks). Three weeks later, this fact came back very similarly, but in the morning he only remembered that he had bitterly wept the night before owing to something that he couldn't remember (Translation by Maren Boveri).
PHOS -H2-5) Traurig und melancholisch, als habe sich unter den Seinen ein Unglücksfall ereignet. (n. 14 T.) [Ng.] 13) Gemüthliche Melancholie und heftiges Weinen, gegen Morgen, beim Erwachen aus einem Wehmuth erregenden Traume; er konnte das Weinen nicht stillen, noch sich beruhigen und jammerte noch über eine Viertelstunde lang. [Htb.] HLB2-4) Gegen Morgen Erwachen unter heftigem Weinen und gemüthlicher Melancholie. Er wusste noch, dass ihn einige Worte von seiner Mutter so wehmüthig gestimmt und angegriffen hatten, dass er dazu genöthigt wurde: er war so ergriffen, dass er das Weinen gar nicht stillen, noch sich beruhigen konnte, sondern noch über eine Viertelstunde fortweinte und jammerte, und zwei ganze Tage darnach fortwährend ganz traurig und melancholisch gestimmt war, und glaubte, es habe sich in seiner Abwesenheit zu Hause ein Unglücksfall ereignet (n. 2 Wochen). Drei Wochen später kehrte dieser Fall ähnlich zurück, doch nur so, dass er sich am Morgen erinnerte, er habe die vergangene nacht über etwas Unerinnerliches bitterlich geweint (Hb.).
VALER -HLB2-1) Sensation as if mental functions were lighter and faster, evening. 3) Unusual vivacity, in the evening.
VALER -HLB2-1) Gefühl als gingen Geistesverrichtungen leichter und lebhafter von Statten, Abends. 3) Ungewöhnliche Munterkeit, in den Abendstunden.

Confirmations

AM-C -HLB2-439) Dream, that he vomited blood and flooded the room.

Compare to the symptom in Leila A. Rendell, The Homœopathic Physician, July, 1881, p. 292. 202) Vivid dreams; dream having nasal bleeding.

AM-C -HLB2-439) Traum, dass er Blut gebrochen und dieses in die Stube hinfliesst (d. 54. T.).
ZINC -HLB2-3) Peevish, morose; she answered with disgust, evening at 9 p.m.

Compare to two other provers that referred similar symptoms. . A1-53) Answers were slow, and he talked as if ill-humored [a52]. H2-21) Peevish, ill-humored for a few days, inclined to internal rancor and vexation; he is generally silent and becomes vexed when he has to speak one word. [Frz.]

ZINC -HLB2-3) Mürrisch, ärgerlich: sie antwortet nur mit Ueberdruss, Abends 9 Uhr (Ng.).

Discussion

In *Alumina, Carbo animalis, Phosphorus* and *Sarsaparilla*, symptoms lack hourly or circumstantial modalities.

The issue of time of day is questionable because it may be never ruled out the possibility of chance. But this doesn't justify its omission from a pure Materia Medica, because only time and comparison may confirm or rule out any modality.

Mistakes in translation must be corrected. They may be completely irrelevant, as in the case of *Secale*, where "insanity" was substituted by "delirium". On the other hand, they may be essential, as in the cases of *Magnesium sulphuricum*, where the prover said that he felt anxious as from a "bad conscience" instead of "aware of some evil"[1]; and *Valeriana*, where "almost

[1] In German, nouns are written with a capital initial, hence Bewusstsein may only be the noun "consciousness" and bösen, the adjective "bad"; as in VERAT -H1-312) Angst, wie von bösem Gewissen... translated by Dudgeon as 690) Anxiety as from a bad conscience...

licentiousness" was substituted by "with much courage"[2].

Omissions of symptoms or parts of them make impossible their verification in patients and may even lead to a mistaken choice of the remedy. Examples: *Ammonium carbonicum's* church bells, Graphites and *Ammonium carbonicum*'s dreams; the lack of pain of *Laurocerasus* and *Phosphorus'* delusion that something wrong happened at home.

Concerning omissions in *Ammonium carbonicum*, the original source mentions a modality that proved to be a characteristic feature of the remedy (aggravation by moonlight) and explains that the nature of his love for the ideal woman is of a sexual nature rather than romantic.

The confirmation of the bleeding symptom of *Ammonium carbonicum* brings more reliability to both provings and allows for its indisputable inclusion under the rubric "dream of hemorrhage".

In *Zincum metallicum*, the missing symptom is important, not only because it allows its inclusion under the rubric "aversion to answer" but also because it has been confirmed by two additional provers in different times.

Conclusion

Although in a short article we may not elaborate as much we would have liked, the examples mentioned bring enough proof of the importance of Hartlaub & Trinks Pure Materia Medica, as it contains symptoms not mentioned by any other source and it allows to make the proper corrections when symptoms were mistakenly transcribed.

Further research needs to be conducted upon this and other lesser known Materia Medica. Such rescue task is very far from the leisurely research of a bibliophile, on the opposite, its contribution to the understanding of patients will allow Homeopathy to shine in all its timeless beauty and healing ability.

[2] This instance may represent a case of confusion between grenzte (past tense of the verb to border; figuratively, to verge upon) and great; associated to Muthwillen (petulance, wantonness) and Mut, mutig (courage, courageous). The root muthwill appears also in *Baryta carbonica* (H2-26), *Mercurius* (H1-1262) and *Spongia tosta* (H1-155, or 390; original version and Dudgeon's version, respectively), all meaning licentiousness.

4. Proving of Golden Pyrite
EPH Experimentation Group
(IJHDR. 2, .5/2003)

The substance

PIRITA DOURADA - Golden pyrite. Proving began in February, 2002. . Sealed envelope opened September, 17th, 2003
Source: L. P. Minerais do Brasil Ltda.
Trituration: according to Hahnemann's instructions (3 triturations).
Dynamization: Korsakovian (from the first liquid dilution).
Potencies: 30 K; 200 K.

All Provers were Physicians and Veterinarians, postgraduate students at the Escola Paulista de Homeopatia.
Prover #2 was excluded from the proving as he didn't comply with the experimental protocol.

Tabela 1 - Relação experimentador-medicamento

Nº Experimentador	1ª parte - A	2ª parte - B
1	30 K	200 K
2	30 K	30 K
3	30 K	30 K
4	Placebo	Placebo
5	Placebo	Placebo
6	30 K	200 K

Pyrite's characteristics
- Chemical Formula: $FeS2$ (iron sulfide)
- Mineral Group: sulfides
- Luster/Color: metallic/gold or brassy-yellow
- Cleavage: absent
- Hardness: 6 to 6.5
- Streak: Greenish-black
- Refraction of Light: Opaque
Double Refraction: Opaque
- Density: 5,1 g/cm 3
- Chemical Behavior: Soluble in Nitric acid
- Other Characteristics: common cubic crystals.
- Origin: magmatic, sedimentary and metamorphic environments.
- Commentary: releases sparks when beaten
- Uses: preparation of Sulfuric acid, metallic sulfates and Sulfur. Traditionally used in the fabrication of steel. Easy combustion: used in Antiquity to make fire. During the 16th century it was an essential part of fire arms. Used by American natives as mirrors. Ornamental worth. May be used as a source of iron.
- Distribution: many parts of the world, especially where marble is abundant.
- Popular name: fool's-gold; witches'-gold.
- Etymology: from the Greek, pytires - fire.

- Pyrite and Gold: its color makes inexperienced miners believe it's gold. It's softer, less dense and more fragile than gold. Frequently, pyrite is associated with gold and copper: finding pyrite may indicate that there is gold in the area.
Folklore:
- good luck in business
- useful in respiratory syndromes, when applied to the throat. It helps to control bronchitis and allergies. Blood oxygenation.
- Acts upon the 7th chakra: physical, emotional and mental well-being. To see beyond the surface and to know what's behind words and deeds.

Matéria Médica

Mind

P1 - K30 -D2 - US-M/NS
2 hrs. after taking the remedy, sadness than increased until weeping, sadness attended with nostalgia of endeared person, it improves gradually when distracted watching a movie on TV. Afterwards, my mood was a lot better. When I was young I used to cry a lot, later I couldn't cry anymore. The remedy enabled me to cry again, now I'm able to cry more easily. I never feel nostalgic: I remember absent people, but without pain. After the remedy, I missed a person that was very good to me, I missed her.

P1- K30 -D4 - US-M
The whole day, feeling of lightness, didn't want to do anything. I tend to get distracted, not to pay attention to things, feeling as if I didn't want to remain on this world, it was bad, I don't want to be a part of it, I want to be disconnected. This feeling was increased by the remedy.

P1- K30 - D4 - US-M
Evening, anxiety and weeping, relieved by weeping. Night, same symptom.

P1- K30 - D4 - US-M
Bitten all my nails, but not up to the flesh as I usually do;it was more moderate. (night, after playing volley-ball).

P1- K30 - D7- NS
Don't care about anything around me. I'm always concerned with what I have to do, what is happening;after taking the remedy I would think, "To hell with it!"

P1- K30 - D8- OSR
Nasty quarrel between my daughters, I ended by joining it. Usually, I let them quarrel, if I join, it gets worse. This time I couldn't help it, I joined it. As a child, I used to lose self-control, I would attack and strike [people], if no one would hold me, I would strike. I got so mad by my daughter's fight that I spanked my [adult] daughter. Afterwards, I regretted it. I thought, "Why do they defy me so much? Why can't they do what I say? I give them advice, but they always have to oppose me." Usually, I manage to control myself.

P1- K200 - D2 - NS
Emotionally sensitive, ill humor, no jokes. Usually, I'm not ill-humored, I like to smile, I never arrive to any place and don'' say hi to people. Now, I wished there would be nobody there, wanted nobody to realize I was there.

P1- K200 - D3 - NS
Woke up without any will to talk. Whole day, wanting to cry, in a deep sadness; couldn't be nice to anybody. It was the previous day symptom continued: didn't want to talk, I'm never like that. I always like to say something nice to everybody, but couldn't.

P1- K200 - D12 - NS
Well during the day, we went away for the whole day; began to feel blue when coming back home, didn't want to talk (evening).

P1- K200 - D6 - NS
Anxious the whole day, until very late at night. I never feel anxiety when I have something to do: I make lists and do one thing at a time. After taking the remedy, anxious to do everything at once, wanted to have something over, but didn't know what it was; I couldn't do anything as I normally do. Wanted to do everything but couldn't, awkwardness.

P1- K200 - D6 - NS
No strength to do any physical exercise, it seems I'm tired of everything, even of life... (didn't care for good or bad things in life). This remained until now (1 year after the proving). I make plans for myself: first, I go to work, then I go to the gym. Now, I wanted nothing at all, nothing had any sense, why would I go places? Useless, I didn't want to do anything. And not only bad things: I didn't care for good things either, didn't mind if I was missing the good things in life.

P1- K200 - D10 - NS
Morning, very discouraged, only improved after lunch. I always wake up in good spirits, after taking the remedy I would wake ill-humored, as if the day should have to begin after noon.

P1 - K200 - D10- NS
Unable to work, seemed I was dull, unable to think, as if a drug-addict teen.

P1- K200 - D11- US-M
Unable to work, afternoon. Woke up in the morning feeling better, yet later it seemed difficult to leave, to move, didn't go to work. Usually, it's the opposite: it's difficult to start, but after I begin, I become more enlivened.

P1- NS
During the proving I kept thinking, "Will the remedy be effective?", but I was feeling bad, didn't want to feel like I was: sadness, weariness, tired body, discouraged, no will to do anything. I always like to say "I'd rather have the world to end at a precipice in order to die from inertia". That became very much worse after taking the remedy: I just wanted support, to hold on to something and let it go. I wasn't able to do anything, very bad. My daughters thought that I was more irritable, but I didn't feel irritated, I was feeling something very bad. Would answer harshly, irritated, wanted to be left alone, but they [daughters] kept bothering me.

P6- K30 - OSR
After the proving was over, bad feelings came back: itchy, overwhelmed, mad at everything and everybody, old symptoms but not so strong as before.

P6- K30- (D16 to 34) - OSR
While I was taking the remedy, I felt happy. Now get angry by the least cause, no patience, I don't know what's the matter, I verbally abuse people around me. I don't like this, oversensitive. I need to control myself in order not to fight with people. Noises from the neighbor's parrot, the howl of their dog get me mad, I have to go away in order not to listen. 2 years ago I had a depression. After stopping the remedy, that feeling came back, but only for a short time and less strong. Fear and lack of self-confidence, fear of thieves, mad at noises, unconfident, didn't know what to do.

P6- K30 - D34 - NS
Pondering on serious matters: future, family, career, money. Self-doubts concerning my own and other people's attitudes. (At the time, I had already decided to get married).

Vertigo

P3- K30 -D7- NS
8 am, woke up with strong headache, frontal, worse on the left side, around the eyes, with dizziness, it seemed I was turning in a circle, dizziness and sleepiness. 3 pm, unbearable dizziness and sleepiness. Had to stop the proving because it was getting worse. Dizzy the whole day. After stopping the proving, dizziness went away, but headache remained 5 more days.

Head

P3- K30 - D1 -NS
9 am, headache, left side, frontal, around left eye (slight).

P3- K30 - D1- NS
3 pm, headache, worse on left side, around left eye.

P3- K30 - D2 - NS
3 pm, headache, frontal, as a weight.

P1- K200- D9 – NS
Slight headache, more as a weight, worse on left side, frontal and parietal, began at 10:30 am, continual pain.

P6- K30 - D32 -NS
Slight headache, frontal, on the right side; afternoon, constant pain over right eyebrow. Pain as if a constant pressure over the eye.

P3- K30 - D5- NS
8 am, woke up with headache, feeling of a weight on frontal area, unbearable, gradually focalized on the left side, the whole morning, wanted to take an analgesic, but didn't because of the proving.

P3- K30 - D7- NS
8 am, woke up with strong headache, frontal, worse on the left side, around the eyes, with dizziness, it seemed I was turning in a circle, dizziness and sleepiness. 3 pm, unbearable dizziness and sleepiness. Had to stop the proving because it was getting worse. Dizzy the whole day. After stopping the proving, dizziness went away, but headache remained 5 more days.

P1- K30 - D17- NS
Unbearable headache, began after lunch and worsened until 7 pm, when I couldn't take it anymore and took 60 drops dipirone and fell asleep. Pain in whole head, worse on frontal area, throbbing, it seemed it would burst. Pained lasted 2 days, always at the same time, but milder, it got better by the third day.

P1- K30 - D24 - NS/US-M
Heaviness in head; burning eyes; aching in whole body as I'd been beaten up. Lasted 3 days. On the fourth day, clear coryza that got thicker, with mild cough lasting 5 days; at the same time, purulent conjunctivitis in both eyes, feeling as if smoke, much burning. Conjunctivitis usually comes every summer, it never comes this time of the year. Never felt heaviness in head before, I wanted but couldn't hold my head up. Aching in whole body as if beaten up: new. Feeling as if smoke: new. Vision completely blurred, as if sight was hindered, I rubbed the eyes but didn't got any better, as if cloudy.

P6- K30 - D32- OSR
Flat wart on forehead, below an older one that is flat and smooth. It took 1 week to go away, it became very thin, as if dry skin. Amazement at the speed of wart appearance and disappearance.

Eyes

P3- K30 - D30 -NS
3:30 pm, pain deep in left eye.

P1- K30 - D24 - NS/US-M
Heaviness in head; burning eyes; aching in whole body as I'd been beaten up. Lasted 3 days. On the fourth day, clear coryza that got thicker, with mild cough lasting 5 days; at the same time, purulent conjunctivitis in both eyes, feeling as if smoke, much burning. Conjunctivitis usually comes every summer, it never comes this time of the year. Never felt heaviness in head before, I wanted but couldn't hold my head up. Aching in whole body as if beaten up: new. Feeling as if smoke: new. Vision completely blurred, as if sight was hindered, I rubbed the eyes but didn't got any better, as if cloudy.

Nose

P1- K30 - D24 - NS/US-M
Heaviness in head; burning eyes; aching in whole body as I'd been beaten up. Lasted 3 days. On the fourth day, clear coryza that got thicker, with mild cough lasting 5 days; at the same time, purulent conjunctivitis in both eyes, feeling as if smoke, much burning. Conjunctivitis usually comes every summer, it never comes this time of the year. Never felt heaviness in head before, I wanted but couldn't hold my head up. Aching in whole body as if beaten up: new. Feeling as if smoke: new. Vision completely blurred, as if sight was hindered, I rubbed the eyes but didn't got any better, as if cloudy.

Throat

P6- K30 - D32 - NS
Sore throat the last 24 hours, it started yesterday evening. Seems I won't be able to swallow, scraping. Burning pain when swallowing, even saliva.

P6- K30 - D34- NS
About 6 pm, throat begins scraping, gets dry and aches, it seems swollen. It remains the whole night. Took vitamin C and propolis, but didn't afford relief. Throat very sore, nothing affords relief, desperate, I can't stand swallowing saliva.

P6- K30 - D35- NS
Sore throat, the whole day, aches when swallowing saliva, burning. I can eat and drink normally. I never had this before. My tonsils were removed when I was 6. Very odd, food wouldn't hurt, only saliva hurt.

P6- K200 - D20-NS
Sore throat began at 1:30 pm, burning, on the right side of the throat, while speaking or swallowing saliva. Constant, drinking doesn't ameliorate. Very bothersome. Very similar to the sore throat I had when taking the first vial (K30), but this time is more focalized, only on the right side. Unbearable, nothing ameliorates it. No relation with weather: it's hot.

Stomach

P1- K30 - D11 - OSR
2 pm, nausea and vertigo; at the office, I felt the taste of meat, sick feeling (took aluminum hydoxide: slight burning in stomach). Heartburn 10 to 15 years earlier, then I never felt it again until I took this remedy. No apparent cause.

P1- K30 - D13- NS/US-M
Feeling very sleepy and very hungry, I want to eat until feeling sick, until feeling the stomach very distended, heaviness over whole body. During the proving, sleepy all the time as when pregnant, I wanted to sleep and nothing else. Usually, I have to wake up early in order to drive my daughter to school. After taking the remedy, I would come back home and go back to bed and sleep 1 - 1 ½ hour, go back to bed as if I hadn't wake up at all. I usually eat a lot but not until feeling sick. After taking the remedy, need to eat until feeling sick.

Abdomen

P1- K200- D2 - NS
Abdominal pain, like a colic, afternoon, 2 pm, lasting for 2 hours. White, thread-like stools.

P1- K200- D8- NS
5 pm, strong pain in lower part of abdomen, feeling of a weight, lasting 2 hours, feeling as if thorns, as if something pressing, thought could be flatulence.

P6- K200 - D12- NS
Itch in abdomen, morning after rising; no skin rash. Slight itch, itching as if an allergic reaction, but nothing visible on skin.

Rectum

P1- K30 - D2 - NS
Bowel motions more regular than usual; stools more often during the day, thicker and easier to evacuate.

Bladder

P1- K30 - D10 – NS
Constant desire to urinate, copious flow each time (feeling as if full bladder): clear urine, not burning. It

seemed as if the bladder could never be fully emptied. Usually, I urinate very few times a day, after taking the remedy, I couldn't retain it, I had to run to the toilet, as if something was forcing urination.

Female genitals

P3- K30 - D18- NS
Menses 10 days late.

P3- K30 - D55 - NS
Menses 16 days late.

P3- K30 - D18- NS
Lumbar pain during menses.

P3- K30 - D42- NS
Vaginal bleeding as coffee sediment, small volume (13 days before menses).

P3 - K30 - D2- NS
Menses: dark blood, small volume.

P1- K30 - D41- NS
Menses began during the night. This time, without usual pain and pre-menstrual swelling. Different because it only lasted 3 days, blood was darker and volume smaller.

P6- K30 - D12 - OSR
Menses, darker than normal, small volume and blacker (coffee sediment).

P6- K30 - SN/SUM
Since menses - that were shorter - continual vaginal secretion of dark brown mucus; as I walk, I feel this vaginal wetness, bothersome. It's not new, but it's much more remarkable than usually.

P6- K30 - D10- NS
Itching on genitals all the time, but worse at night. I feel like those men that are always scratching their crotch.

P6- K30 -D11 - OSR
I'm about to get my period but not yet. Mild colic pain on the left side, strong but went away immediately. I usually feel no menstrual, I've already had many years ago.

P6- K30- D11- NS
8 pm, feeling of lassitude, an openness in the vagina that connects the uterus straight to the [outside] air, as if there were no muscles to be contracted. It went away immediately.

Chest

P1- K30 - D10 - US-M
At night (about 9 pm), pain in right breast: pressing, not irradiating to anywhere, continual. I usually feel this pain in the left breast, never in the right.

P1- K30 - D13 - NS
Afternoon, aching in breasts as if pre-menstrual.

P6- K30 - D32- USM
Mammography: cysts persist, small sized but bigger number: 6 in the left and 2 in the right breast.

Back

P3- K30 - D2 -NS
Pain in the back and lumbar region, irradiating to nated; deep pain, it seems as if in the bones, feeling as if formicating.

P3- K30 - D5-NS
9:30 am, stitching pain, as from needles, on left lumbar region, the leg became stiff, I couldn't walk, limping because of the pain. It lasted 3 hours.

P3- K30 - D9- OSR-M
3 pm, pain in right shoulder bone, with severe lumbar pain, cold sweat over whole body. It made me remember renal colic I had years ago, but then I didn't sweat. It was a cold sweat, over all the body, it made me feel sick, feeling as if was going to faint. It reminded me of hypoglicemic attacks I had as a child: they came whenever I was in a closed, crowded place. I never had again until now, I was at my office, the air-conditioning was on, no reason to feel like this.

P1- K30 - D6 - NS
At night I drank a beer and 2 hours later I felt a tensive pain in shoulders.

Extremities

P1- K30 - D41- US-M
Woke up at 9 am with violent cramps in left leg, lasted 5 minutes. Unbearable, I rubbed and moved the leg, it got better. I usually do feel cramps at night, after violent physical exertion of the legs. The remedy altered the time of day and the modality of amelioration: rubbing, pressing it. Usually, when I feel the cramps I shout for something to bring me a pain-killer, as it is the only thing that affords relief.

P1- K200 - D8 - NS
Feeling of heaviness in lower limbs, as if they were weak, powerless and needed to be still, immobilized.

E- - K200 - D8 - SUS-M
11 am, feeling of formication in left leg and foot, for 1 minute. I usually feel formication in the arm and hand, the remedy changed it to the leg and the foot. After the proving, it went back to the upper limb.

P6- K200- D6 -US-M
Subcutaneous excrescence on the joint of the right second finger, internally. I had this before, on the other hand. Uncomfortable when passing the finger over it. It came out from nowhere.

P6- K200 - D15 -US-M
Another excrescence on the skin (flat wart), on the right wrist.

P1- K30 - D3 - NS
Morning, skin rash on the palm of the left hand, wet as if by sweat, it doesn't itch, diameter about 1 cm, light red. It only began to itch , intensely, on the 11th day.

P1- K200 - D5- OSR/NS
Boils on the feet that itch and get dry, after that, they scale off, leaving the feet looking like unkempt and very dry.

P1- K200 - D10- NS
Skin on hands and feet ever more dry and thick.

P1- K200 - D15- NS
Skin is better on hands and feet, yet feet remain dry, skin broken on heels.

P6- K30 - D32-NS
Dark senile spots in arms, hands and legs.

P6- K200- D11 - US-M
Shaking of hands during nervous excitement, I used to feel this but when the nervous condition was worse.

Sleep

P3- K30 - D3- NS
1 pm, sleepiness after lunch, I need to lie down and sleep. All along the proving I felt this sleepiness.

P3- K30 - D5- NS
12;30 pm, much sleepiness after lunch.
P3- K30 - D5- NS
11:30 pm, very sleepy but unable to sleep.

P3- K30 - D6- NS
8 am, sleepiness, waking up is very difficult.

P1- K200 - D2 - NS
Very sleepy in the morning.

P1- K30 - D13- NS/US-M
Feeling very sleepy and very hungry, I want to eat until feeling sick, until feeling the stomach very distended, heaviness over whole body. During the proving, sleepy all the time as when pregnant, I wanted to sleep and nothing else. Usually, I have to wake up early in order to drive my daughter to school. After taking the remedy, I would come back home and go back to bed and sleep 1 - 1 ½ hour, go back to bed as if I hadn't wake up at all. I usually eat a lot but not until feeling sick. After taking the remedy, need to eat until feeling sick.

P1- K200 - D13 - NS
I've been sleeping too much, always feeling sleepy, ever more sleepy, I fight against sleepiness because I want to remain awake to watch TV. This sleepiness began after starting taking the remedy, although I always fight against sleepiness. Nonetheless, I'm able to accomplish what I have to do.

Dreams

P3- K30 - D5 -NS
Dream: pursued by a snake, I don't know how I managed to kill it.

P3- K30 - D18- NS
Dream: pursued by thieves, being threatened to be murdered. Woke up in fright.

P3- K30 - D22- NS
Dream: At home, I had had a baby and killed it. It was awful. Woke up sweating and ran to take a shower.

P3- K30 - D28- NS
Dream: I was shot, couldn't see who shot at me, I died and met some relatives that are dead. I thought: "What am I doing here? I was shot, I must be dead."

P1- K30 - US-M
Dreamed with a dead aunt, but it wasn't a nightmare, we were both happy. I usually do dream of dead relatives, but they are sad dreams, always in old places, it's bad.

P3- K30 - NS
The dreams I had during the proving were terrifying. I never dream with death. Each time I had one of those death-dreams, I would wake up frightened, thinking "I'll stop taking the remedy", didn't want to go on having those dreams. They were very vivid, it seemed as if I was actually living what I was dreaming.

P1- K30 - US-M
Dream of my family and an old boyfriend, we were at a different city, beautiful, savoring delicious food, and I

always want more (dissatisfaction?). When things get rough, I tend to day-dream, "If I had ...", for instance, another husband, etc. What was different is that it same in the dream, instead of waking-state fancies.

P1- K200 - D8 - NS
Dream of an old house, inhabited by ghosts, I wasn't afraid, they were nice, I was able to see them (I didn't know them). I slept a little bit more, and dreamed that I was contradicting my mother-in-law. I was always afraid of contradicting her, I wasn't able to do it. In the dream, I was able to speak my mind, and since then, I'm actually able to speak my mind to her, while before I used to think it was useless.

P1- K200- D9- US-M
Dreamed that I was in a pool, the water was ultra clear and transparent, public pool with many people, I was swimming, totally naked and wasn't ashamed, people too didn't mind. I usually have dreams of water, clean or dirty water, swimming-pool, rivers, etc. I use to dream that the city streets are full of water, you can't walk anymore, you have to swim, as if the city was a river. But in my dreams, I'm always wearing swimming-wear, and when I dream of the [flooded] city, everybody is fully dressed, I never dreamed before of being naked.

P1- K200 - D12 - NS
I remember that I dreamed and became sad, but I can't remember the dream's content.

P1- K200 - D14 - NS
Dreamed once again and as usually, I can't remember what I dreamed of; I just remember that I always dream of closed places: houses, hotels, auditoriums, and with known people, even relatives, but I can't remember the dream's content. I dream frequently of my old school, my schoolmates, but always in open places: backyards, streets, I never dream of closed places. And I usually dream of unknown people.

P1- K200 - D16 - US-M/SN
Dream of a house (where I have already lived, that's an usual dream), it was a hunted-house, its objects were "alive" and felt everything I was doing and what was the matter with me.

P1- K200 - D16- NS
Dream of a bingo or parade, I can't remember precisely.
P6- K30 - NS
Strange dream, like science-fiction. I owned a doll that looked like a space-man, his head was like a helmet. I was "invaded" and they took the doll with them to steal its information. I visited 2 women that seemed to be friends or relatives, their hair was in disarray, they were wearing nightgowns, they seemed to be seamstresses, everything was disarrayed at the house and I saw two other dolls like mine, suddenly they began to pass the memory of mine to one of them. I woke up.

Generals

P3- K30 - D30 - NS
8:30 pm, Just came from having a massage, ensitiveness is increased, strong pain on the left side, it seemed as if I had been beaten up, or fallen, all sore.

P3- K30 - D4- NS
4 pm, after eating at a barbecue, headache as from a weight, worse on the left side, around the eyes. Very sleepy. I never eat meat from that day (9 months ago), because I felt very sick, I related it to the meat I had eaten.

P1- K30 - D6 - NS
12:00 pm, lunch: nausea caused by the meat I didn't eat because it made me sick.

P1- K30 - D7- NS
Don't want to eat meat.

P1- K30 - D8 - NS
I didn't eat meat.

P1- K30 - D9 - NS
I didn't eat meat.

P3- K30 - SNS
After taking the remedy, all symptoms appear on the left side, when usually I feel symptoms on the right side.

P1- K200 - D1 - NS
Feeling of heaviness on whole body. Feeling of heaviness on whole body, as if it was difficult to move, everything is slow, as if a weight was pulling me down, something drawing me down. I wanted to remain lying, as if the body was telling me to keep quiet.

Appendix: Protocol

1. Consent Form
I,_______, Identity card # ___________, Social Security # _________, agree to participate in the homeopathic proving conducted by the Research Group of the Scientific Department of the EPH. I am aware that:
• The substance tested may elicit disturbing symptoms;
• I will be able to stop my participation the moment I desire;
• It may be interrupted if the proving Directors evaluate that there is my health is at risk.

I declare that I am aware of the contents of the trial protocol and do not hold the proving team liable to whatever it may happen, as I participate in this proving of my own free will, in the hope of contributing to the advance of homeopathic science.

• (signature)- Notarial certification.
• Name
• Place
• Date

Proving Directors:
1) General Director. Medical Identification #
2) Clinical Director. Medical identification #

Having complied with the initial requirements of the protocol, the proving consists of the following stages:
1. Ascription of provers to the Clinical Directors (CD). Every pair of prover-CD will discuss the PROVING DIARY, how it is to be recorded, and need of permanent availability. The initial auto-observation period is extremely helpful in this stage.
2. Distribution to provers of numbered vials that will have to be kept in boxes, protected from electromagnetic fields, strong odors, etc.
It is not mandatory that all provers test all vials: this will depend on the schedule set by the General Director (GD).
3. After the selection of the vial, the prover will drop 5 drops directly below the tongue, once every day, without ingesting any neither fluid nor solid substances nor smoking tobacco 30 minutes before and after the trial substance. The vial must be shaken 10 times before ingestion.
4. Ingestion will continue until symptoms appear, when it will be discontinued. If no symptoms appear on the 15th day, ingestion will be also discontinued.
5. If no symptoms appear, after a 30-day resting period, the next vial will be started.
6. When symptoms appear, ingestion must be discontinued, symptoms recorded and discussed with the CD.
7. After the disappearance of symptoms, wait 30 days before starting the next vial.
8. Women will begin the proving on the first day after the end of the menses (abiding to the 30-day drug-free period mentioned above).
9. The same sequence will be repeated with every vial. The proving may be discontinued at the local level by the CDs and/or the GD.

3. The proving diary

The proving diary will be elaborated by the Proving Team or it may follow any model that fulfills the requirements established by the group.
It ought to contain the truthful record of the prover symptoms and will be discussed weekly with the CD.
Any severe clinical complication must be immediately reported to the CD.
The record of symptoms will follow the same pattern both in the auto-observation diary and the proving diary, according to:
• Initial circumstances.
• Sensations.
• Time.
• Weather conditions.
• Place.
• Periodicity.
• Rhythm.
• Extensions.
• Alternations.
• Concomitances.
• Modalities of amelioration and aggravation.
• Mood for the duration of the symptom.
• Images and metaphors.

The diary must include all data that reflect a perfect record concerning the beginning and discontinuation of the doses.
The prover will only use the front of the page, leaving the back empty for the DC remarks.

4. Model

A. Identification of the prover (code).
B. Procedure:
1. The prover will legibly write the vial number.
2. Date, month, year; Weather conditions; Place.
3. The prover will permanently carry the diary with him/her in order to be able to record each symptom, indicating the time, place, modality, sequence, etc.
4.Symptoms must be recorded in a simple and natural language. Terms must be subjective-objective, i.e. provers must express themselves spontaneously, through the common descriptive language and employing analogies. It is essential to be true to the flux of speech, such as it expresses itself, even in the case of abstract images. Eventual interpretations may be included between brackets { }.
Medical jargon ought to be omitted, as the record is not devised to decode medical terms but to achieve the maximal accuracy of the individual’s reaction. But whenever this is not possible, the prover may employ technical terms.

C. Before the proving:
During the 2 weeks before the proving, the prover must record all symptoms, including those that he/she usually feels. Avoid every kind of excess.

D. Diet:
1.The prover will not alter his/hers usual diet, which ought to be as simple as possible.

2.Those used to regular use of coffee, tobacco, seasonings, alcohol, etc. may take them with moderation.
3.Those who only use the substances above occasionally will abstain from them. If they eventually use them, they will have to record the occasion.

E. Other remedies:
1.During the proving, the prover will not be able to use any other kind of remedies, including topical.
2. Avoid camphor, unusual perfumes, medicated lotions and creams, teas, laxatives, etc.

F. How to take the remedy:
1. See above, "Dynamics of the proving".
2. It must be kept in mind that a few well described symptoms are much more valuable than many of them that do not distinguish characteristic and imaginary symptoms.
3. The remedy must be discontinued immediately after symptoms begin to appear and should not be repeated.

G. Recording symptoms:
1. Date, hour and place of dose-intake.
2. Weather conditions.
3. Physical condition.
4. Date and hour of the symptom's appearance.
5. Disappearance of an old symptom.
6. Reappearance of a new symptom.
7. Aggravation or modification of a usual symptom.

H. Every symptom will be described according to the following modalities:
1. Chronological order.
2. Localization and Bodily Sides.
3. Sensations as if...
4. Gradual or abrupt appearance and disappearance.
5. Duration.
6. Modalities of amelioration and aggravation:
i. Open air, cold, sun exposure, bathing, crowded room, narrow places, in the bed, etc.
ii.Before and after storms; change of weather.
iii.Darkness, etc.
iv.Local or general motion.
v.Inspiring, exhaling, coughing, sneezing.
vi.Laughing, screaming, talking.
vii.During exertion; stretching; running; walking; standing; sitting; rising; bending; laying over something; resting upon something.
viii.Washing.
ix. Covering; uncovering; undressing.
x. Reading; writing; mental exertion.
xi. Yawning, etc.
xii. By sleep; dreams.
xiii. Before, during or after meals; which meals; drinking; eating; swallowing.
xiv. Before, during and after menses; sexual intercourse; passing stools; passing urine.
xv. Vomit; eructation; flatulence.
xvi. Perspiration.
xvii. Smoking; drinking alcohol (and which drinks).
xviii. Thinking on his/her symptoms.
xix. By odors.
xx. By music; noise.
xxi. By touch; hard or strong pressure.
xxii. When alone or in company.
xxiii. By any emotion: sadness, worry, bad news, reproof, reproach, indignation, contradiction, humiliation, mortification, disappointment, anger, happiness, surprises.
xxiv. If symptoms are: constant, continual, periodic, acute, intermittent, etc.
xxv. Extension and direction of sensations.
xxvi. Other modalities.
I. Laboratory tests:
Lab tests will be ordered before the proving and whenever necessary according to the CD/GD.

Addendum 1

The proving Group of the Fundação de Estudos Médicos do Paraná established the following guidelines, which are attached to the Proving Diary:
• Identify your records with the Prover Code, not with your name.
• Identify your records with the vial number to which symptoms correspond.
• Enumerate in ordinal numbers (1st, 2nd, 3rd) every day of the proving. The first day is the day when you began to take the remedy. Begin a new for each vial.
• Identify every day you take the remedy.
• State the duration of each symptom, from date and hour of appearance to date and hour of disappearance.
• State dates of beginning and end of menses.
• In each symptom, record:
  • Adverbs:
  Why? Triggers; initial conditions.
  Where? Organ; extension; physical environment.
  How? Sensations as if...; Rhythm (how it begins, develops and ends); Alternations; Concomitances, etc.
  •Factors that ameliorate and aggravate.
  • Emotional state during SYMPTOMS.
  •Intensity: (+) Slight; (++) Moderate;(+++) Strong, intense.
  • DC: Check in the repertory if data are sufficiently clear and precise as to belong in a rubric or sub-rubric.
  • DC: Classify the prover's symptoms as:
  • NS: New symptom.
  • USS-UnM: Usual sporadic symptom, unmodified
  • USS-M: Usual sporadic symptom, modified

• OSR: Old symptom returned.
• O: Others.

Addendum 2

The Proving Group of the Escola Paulista de Homeopatia added:

• Record even the most ephemeral sensations.

If you do not know how to classify a symptom, do not classify it or rate it NC: no classification.

• In the case of concomitances, state the smallest details; whenever be case, state the general effect that symptoms produced to you.

• Dreams: write them down as soon as you wake up; if possible, tape them.

• Severe symptoms: write them down and immediately call your CD.

• Pay attention to the spatial and geographical context of each symptom: when applicable, describe the environment. State when you are in a journey.

• Pay attention to family and job contexts.

• Record eventual commentaries that friends, relatives, coworkers may do.

• CD: Do not compare the patient's symptoms with symptoms of already known remedies.

Addendum 3

After the experimentation of Golden Pyrita, the group made the following addendums:

1. Follow patients during 3 months, 6 months and 1 year. Example: patient that noticed - after more than 6 months - that started having aversion to meat.
2. Don't omit any previous symptoms. This can inviabilize the proving.
3. Criteria of exclusion - clinics. Maintain some rigor. Any lesion excludes. Approval from experimenter DC presents the case to DE = approval or repproval. Obs. IDA - ask everything at all. Exact place.
4. Instruct the clinical directors about the controls. It's not a strictu sensu homeopathic consultation. It's necessary to know what is better, worse and ask actively. Pay more attention to the new and old modified symptoms. How has this changed? What is the new situation? Take notes of the simultaneous besides dispositions and indispositions.
5. Make at least three consultations with the DCs.
6. When there is bothering symptoms, suspend immediately the experimenter (reach emergency phone of the DC) and, if necessary, notify the DE and managers. And never take the medicine again while vigent sympoms persist.
7. Identify the bottle rigorously by codes. Names never should appear.
8. Chronogram

Never take medicine on vacation or altered routine periods.

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5. A Case of Suppression: A Commentary
   CHINDEMI, J. Wayne (SIM. V, 2/1992)

Preface: The following case is one I have been working on since 1989. Last remedies prescribed were *Sepia* and *Pulsatilla nigrans.* Her original complaints were listed as: 1) frequent headaches, 2) significant depression since age 23 (at age 23 she was devastated by a romantic disappointment), 3) prone to vaginal infections, 4) chronic bladder infections. Mary, a 31-year-old female, has had many male sexual partners, numerous abortions and many psychotherapy sessions. Here is her present case:

She is having daily headaches: severe, crushing (2), pressure sensation (2) over the left temple (2) over the left temple (2). The headaches are aggravated by perfumes and cigarette smoke. Mary experienced left-sided abdominal pain and PMS. Ultrasonic studies revealed a left ovarian cystic mass (2). Her PMS symptoms included irritability (2), better alone, breast soreness, and worse to touch. She was very much relieved with the menstrual flow (2). Also it was observed that both ears were very red and were hot to the touch (1). She is warm blooded (2) and blushes easily. She has been experiencing heart palpitations for no apparent reason the past several months. Mary sleeps on her back, wakes unrefreshed (2) and has nightmare and vivid dreams. Other data includes aversion to tight collars (2) and varicose veins of both extremities.

Mental/emotional symptoms include: jealous of others (2); vindictive person (2) (wants old boyfriends to fail in new relationships); suspicious nature (1) e.g. in a relationship she saw hair on the bed and immediately suspected that her boyfriend slept with another woman. She is a pharmacy technician and works very fast (2) when filling out prescriptions. When asked about fears she volunteered fear of snakes (3). The final note is a history of very many sexual partners (over 40 by age of 23) and numerous abortions (seven).

Assessment:

Essence**:** *Lach., Nux-v., Hyos., Stram.*

Totality**:** *Lach., Nux-v., Puls*., *Lyc., Hyos., Sep., Sulph., Med.*

Keynotes: *Lach.*

Plan: *Lachesis* 200c one dose. Return to clinic in 1½months for follow-up visit.

Discussion

Mary, a 31-year-old female was prescribed *Lachesis* 200c one dose. I confidently prescribed this because she confirmed the remedy with her physical and emotional data. Of particular importance were her physical and emotional data. Of particular importance were her severe crushing headaches over the left temple and her left ovarian cyst.

A follow-up visit occurred two months later. She told me her headaches are now gone but she was distraught in the interview. I asked her what was wrong and she replied: "I feel depressed like I was when I was 23, I hate my job (3). I want to sleep but I wake up terrible(2). I hate my job, I can't be who I am. I have problems with fellow workers, managers, etc. I cannot express myself at work. I'm very distressed (2), irritable (2) and angry (2) at work. I hate my job but I stay because the money is good. I hate feeling this way."

I questioned whether it was true depression. I feel her problem is genuine unhappiness with herself and surroundings (job, etc.).

Assessment: *Lachesis* has brought up many suppressed emotions.

Her headache symptoms have improved.

Plan: Wait. No prescription was given. Patient to return in 1½ months.

Discussion

She is avoiding the main issue: dealing with her job. She would rather reap financial gains than be happy. In conversation it turned out that this conflict occurred several years ago but she opted for the money. The remedy *Lachesis* has broutht the main issue "back up to the surface again." I really feel that, if the timing is right in her life, she will heed the word and find another job in a more social/happy atmosphere. This would be the truly curative direction.

Its amazing that *Lachesis* has brought up these old feelings. I feel that if she doesn't act on it within the next several weeks she will probably suppress again.

A second follow-up visit occurred 1½ months later. "Getting terrible migraine headaches (2) but my depression has 'lifted.' Because the migraines are occurring daily and are intense, she visited her M.D. and was prescribed Sibellium allopathic medication. She states to me that she doesn't have any problems except for the headache. She was very abrupt with me and I knew she did not want to talk with me any further.

Assessment: Migraine headaches came back—were helped originally with *Lachesis.* She suppressed her emotional state and her migraines have returned. Now she is taking daily allopathic meds for the headache.

Plan: Wait. Re-evaluate at a later date. Patient to return in 3 months.

Discussion

This is a case of suppression of the mental/emotional state leading to physical pathology. She is unable to deal with her emotions and is unable to attain happiness and peace with herself. This case illustrates that even though *Lachesis* was the correct remedy, lack of freedom on the mental and emotional level has prevented cure.

ROUND TABLE DISCUSSION

We invited the following homœopaths to comment on this case. They were asked: what do you think about this case? Is *Lachesis* the correct remedy? Is the assessment correct? Why is she not getting better? Should she quit her job? What other factors should be considered in this case?

A CASE OF SUPPRESSION COMMENTARY: Paul HERSCU

First, I would like to thank Wayne CHINDEMI for offering the forum for discussion. It promises to be fun and quite a learning tool. Seven years ago I reviewed much of the journal literature, reading many many cases with discussion. George VITHOULKAS was in the process of writing his Materia Medica and wished to include cases from the old journals for study purposes. Since I had read these journals already, he asked if I would review and collect all the cases that were interesting, collate them, and categorize them by remedy. This was the second time I was to read these cases, the journals spanning 130 years. I learned a great deal from that exercise. Most of what I did learn came not from the case presented but from the commentary that it drew. There one could learn practical philosophy, technique, living Materia Medica. And so I am thrilled to see this be offered again.

Now as for the case that Dr CHINDEMI presented. Reading the case the first time, I wrote down some ideas which follow. The case stressed that some major decline in her health occurred at 23 years of age, and listed a possible etiology. The case continued by stressing that she had had many lovers by the age of 23. Next came the physical symptoms followed by mental symptoms and the remedy selection.

I had a question arise at this point of the case analysis that was not answered in the paper. Was the case changed at 23 years old? Was there a change, a new layer that she entered or was it a worsening within the same layer? There is no information to differentiate this point. Without knowing that, it would be difficult to know which symptoms to include in the analysis of the current remedy. If it was a new layer, perhaps the fact that she had had so many lovers would not enter into the remedy selection for this first remedy. If we had more information (such as, "she became celibate after 23; her physical general symptoms changed at 23; the abortion period of her life changed her in the following way; her mental symptoms not only increased but changed as well at 23, etc.) we would be able to tell whether it was one layer or two layers, one developing when she was 23 years old.

The remedy was prescribed and then the follow-up showed that the headaches went away and that she

became depressed, as she had been in the past. The assessment was that the remedy was curative and that the depression was either suppressed originally or that it was caused by bad habit. HAHNEMANN goes into great lengths throughout the **Organon** to stress that illness may be caused or may be maintained by harmful habits. He further maintains that it may not be possible to cure people if they do not change harmful habits. I am making an assumption that Dr.CHINDEMI thinks that a form of greed, inertia, or fear keeps the patient in a stressful environment and that the depression is an overwhelming announcement of the organism to get the heck out of there.

That is possible. I have had quite a few patients who get better up to a certain point, but because they are unwilling to make certain changes in their lives they do not attain the level of health they seek or may relapse into their original state of health.

The first question to ask in a follow-up is, "Did the remedy that I gave effect the person one way or the other?" There are many parameters to assess the answer to that question but we can point some of them out in this case. Was there a change? Yes. What was the change? A chief complaint disappeared and an emotional change occurred. Can the change be directly attributed to the remedy? Yes possibly, and no. The answer to this question is somewhat unclear. I could answer with yes by stating that the symptom that disappeared, the headache, fits the remedy given. I can also say yes because there is a return of old symptoms, following one aspect of Hering's Law. I could also say possibly for the same reason, although it is not clear because of the following points. I could say no because the patient is in general worse; we do not know what has happened to the rest of the patient.

The remedy was not chosen based on the headache, and yet we are trying to decide the reaction to the remedy based solely on this symptom. That is impossible. We can never tell fully, unless we look at the whole case in general. What happened to the other symptoms of the remedy, the mental, emotional, and physical symptoms? I do not know, and so assessment is not really possible.

But if we play with the case a little, if we assume that the remedy caused this reaction, what possible ways are there to understand the response of the organism? I can think of several, beside the ones given above, but would mention two because they are exactly opposite each other.

First is the possibility that the remedy acted, that it was the incorrect remedy, and that the case worsened or was suppressed by this treatment. After all, if I said that she took a massive amount of an ergot derivative for her headaches and that all of a sudden her headaches ceased but now she is depressed, we would all rally around the suppression theory.

Second is the possibility that the remedy acted, and that it was the correct remedy, that the remedy removed one layer of the case and now we are in a different layer, dealing with different issues.

The basic difference between the two possibilities is whether there are one or two layers in the case. If there is one layer in the case (as in option number one) than the remedy may be acting suppressively. The argument would be that after a terrible grief, she became depressed (though still in the same layer), and that her organism rallied and managed to throw off the imbalance partially, now no longer depressed but settled with headaches (although still in the same layer), and that her organism rallied and managed to throw off the imbalance partially, now no longer depressed but settled with headaches (although still in the same layer). Getting rid of headaches, with whatever treatment, forces the organism to an imbalanced state once more and so the depression again. Once the depression leaves at the end of the case the headahches returned (again a better state within the same layer). One way to view this is to think of one of those slinky toys, with one end in one hand and the other end in the other hand. As you move your hands up and down the majority of the slinky ends up in one hand or the other. Well, one hand is health and the other is not and the slinky moves some of itself from one hand into the other with help of shocks, traumas, drugs, etc. the remedy given hurt the balance, although not that great, that the patient had achieved. We can use part of Hering's law to justify this viewpoint by showing that physical symptoms were replaced by emotional symptoms.

The other possibility is that there was a major shift when this women was 23 years old. She developed a new layer in which headaches were the major symptom. Once treated, that layer is replaced by the previous layer with all its sensitivities. In this layer she experiences depression, because of the broken love affair, because of her mis-spent youth, because of the abortions. We do not really know because we do not have her in front of us to ask her. We can use part of Hering's law to justify this viewpoint by showing that the body never really forgets, and that symptoms disappear in the reverse order of appearance.

I am writing in this forum to strengthen my contention (see any of the other cases that I have written) that we really cannot pick any of these possibilities. Would it not make a big difference if we knew what happened to the jealousy, the left-sided complaints, the mass, the palpitations, the suspicious vindictive person, the energy? We can never know what is happening in a case without looking at the whole case, vieweing it over time, trying to answer the most important questions of what is happening to the rest of the person as she is under treatment.

A CASE OF SUPPRESSION: COMMENTARY STEPHEN A. MESSER.

I appreciate participating in this case discussion. This and future discussions will, no doubt, add to our experience through interaction. I regret not starting this process with a cured case. Discussing treatment failures is difficult because we can only speculate. In addition, in this case, we lack the particulars of the earlier part of the case, the symptoms, analysis, and effect of the previous remedies. This limits our ability to fully understand the present case. And so, all our opinions here are, in fact, only conjecture.

Did this woman need *Lachesis?*

I'd analyze her case as follows:

1. What are the main problems that this woman suffers from? The answer will define a set of remedies that may help her. In her case her main problems are headaches and PMS. So we must choose a remedy that is know to cause and cure headaches and PMS.
2. What are the characteristic symptoms in this particular case? These are symptoms which are either: (a) Strange, rare and peculiar, especially if related to the main problems, or, (b) STRONG mental/emotional, or STRONG physical general symptoms.

In this case characteristic symptoms are: left sided headaches, left ovarian cyst, warm blooded, blushes easily, wakes unrefreshed, aversion to tight collars, jealousy, hurry, fear of snakes, maliciousness. These symptoms narrow down the choice of remedy to the *Lachesis* given.

Did the *Lachesis* act?

At the first follow-up, the patient has responded to *Lachesis* in a profound way. Her headaches, the reason for her seeking treatment, are now gone. In their place, her underlying emotional difficulties have surfaced. It is early to conclude that this is a curative change, but she has certainly responded. My impression is that this is a positive response.

What went wrong?

The problem in this case is more of inadequate management than the "suppression" mentioned in the title. The plan noted at the first visit is "Wait. No prescription given. PATIENT TO RETURN IN 12 MONTHS." (MY CAPS)

Lack of consistent and frequent follow-up is the reason, I believe, this has degenerated into a treatment failure. I would have asked her to return for a next evaluation 1 month after the first follow-up. At that point I would question whether the patient was still making progress. If not, I would retake the case and represcribe *Lachesis* in either the same or a higher potency depending on the circumstances. It is also likely that a new remedy, if clearly indicated by the major and characteristic symptoms of the new case, would be necessary. Represcribing, whenever necessary, dictated by the particulars of the case, probably would have brought this case to cure.

Analyzing treatment failures is difficult for any homœopathic prescriber. Resist the temptation to blame the patient for a treatment failure. Dr. CHINMDEMI says, "She is unable to deal with her emotions and is unable to attain peace and happiness with herself." We ought, rather, to closely evaluate our own methods.

In my opinion, this treatment failure is the consequence of a system of homœopathic case management that explicitly encourages prescribers to wait too long before reevaluating and represcribing. This case is an excellent indictment of the weakness of that method of prescribing.

A CASE OF SUPPRESSION COMMENTARY: JEFF BAKER

According to my understanding, this is, indeed, a very clear *Lachesis,* case, so there's no need to muddy the waters of discussion with questioning the correctness of the prescription. However, regarding potency, I believe I would have given *Lachesis* 1M or may be even *Lachesis* 10M because the organism was so decisively calling for that particular medicine. Perhaps a higher potency would have acted more profoundly, but admittedly this is conjecture.

The crux of the matter here revolves around interpreting the action of the simiullimum and managing the case beyond the first prescription. I believe we have the opportunity to learn a great deal about a particular organism by what gets better and what comes up after a correct prescription. Since the headaches abated and old emotional issues resurfaced, we can rest assured that the remedy is acting along predictably curative lines. However, given the level of emotional ferment, as described on follow-up, there is no way that I would have rested comfortably for an entire year. To actively suspend marking patient progress, (or lack thereof) at this particular point in treatment, was, I feel, regrettable. Because a full year elapsed and all that we know is that the patient, at some point, had a relapse of headaches and took allopathic drugs, leaves us in a void of understanding and I feel it also sends a wrong message to the patient, namely, that we are quite comfortable with the patient's state, both at present, as well as for quite a while into the future.

Consequently, we have no tangible understanding of how the case unfolded over the following year. In that light, it makes little sense to speculate on what kind of a symptom picture we might have seen had we been privy to the patient's intervening state. Perhaps we missed the opportunity to repeat *Lachesis* or to prescribe one of its complements, say *Nitric acid* or who knows what other remedy.

I believe it's a bit simplistic to say that "lack of freedom on the mental and emotional level has prevented cure," for surely it is the removal of just such limitations, with our medicines, that is our ultimate goal. George VITHOULKAS has emphasized that when patients receive curative treatment they will tend, spontaneously, to make those very decisions they most need to make in order to achieve greater freedom. Naturally, this is not always the case, since all situations have their exceptions. But I believe that in this instance, unless there were mitigating circumstances beyond our knowledge, continued correct treatment would have brought about a rather effortless, dispassionate decision, either to leave the job, if it were the "maintaining cause," or alternately, to say on the job and be relatively free from its irritations, even in its midst.

A CASE OF SUPPRESSION COMMENTARY: NEIL TESSLER

There are a number of issues that jump out at me in this case, though they have little to do with prescribing and a lot to do with case management.

Mary's depression, profound discontent, irritability, and self-reproach after the prescription of *Lachesis* is thought by the author to be "genuine unhappiness" rather than "true depression." Does he not ignore her powerful symptoms by making these distinctions and are they in any way relevant to a homœopathic assessment of the case? When he then says that she is avoiding the main issue, which he regards as dealing with her job, I feel convinced that he has missed Mary entirely, reducing this complex individual to a simple case of irresolution. When he suggests that she would prefer to reap financial gain rather than be happy, he is judging her rather then thinking homœopathically.

If a patient stated that she had many sexual partners and several abortions before age 23, as well as many psychotherapy sessions, various red flags would go off for me, and I would certainly take the time to explore some of her issues of family and childhood. Why? I strongly feel that this is part of the "totality" of symptoms, frequently revealing information that may be critical to the fullest understanding of the patient, and ultimately aiding the task of prescribing.

I might add in passing that it can be very valuable for the patient to have the opportunity in the course of a single interview to see their physical and emotional story as one piece. It is a potent mirror which educates the patient as to the triviality of one or two word answers to the question "What is wrong with me?"

I find it astonishing that Mary is left for two and then twelve months between evaluations after *Lachesis.* How would it be possible to build a supportive and trusting connection with such enormous gaps between visits at this stage of treatment, particularly when she is undergoing considerable distress? I am not surprised that after having been left to suffer on her own for twelve months she is abrupt and mistrustful. I am surprised she came back at all and doubt she will return.

In his final thoughts Dr. CHINDEMI says that even though *Lachesis* was (in his view) correct, a lack of freedom on the mental and emotional level has prevented cure. This contradictory analysis offers sure evidence that *Lachesis* has NOT acted curatively. I am sure that Dr. CHINDEMI is a conscientious classical Homœopathic practitioner, and as I read this case my own many mistakes come before my eyes. However, unfortunately, I am led to the conclusion that this case was not well taken, managed, or assessed, resulting in an impasse.

A CASE OF SUPPRESSIOIN COMMENTARY: JEREMY SHERR

Thank you for sending this interesting case for discussion. It is certainly a good idea for us to share our knowledge and ideas.

At a first glance the case seems simple and straight forward, and one is tempted to go along with the general line of thought presented. However, on a closer examination, there appear to be some issues that should be discussed. Of course, when reading this case, any prescriber's mind would at once turn to *Lachesis.* This immediately tends to make me suspicious (2). In my experience, when a case presents in such a clear manner for any particular remedy, one should definitely think twice, if not three times. I often have found that such a "clear" picture really hides a different remedy, as if to test the homœopath's prejudices. Also with such a clear picture, one must wonder if the homœopath wasn't questioning along the lines of a particular remedy. Whatever the case may be, the results are our final judge. I do agree that *Lachesis* is one of the possibilities here, but there are others.

First, as to the case, although it does cover the major symptomatology, mentals, and particulars, I find it lacking in fine detail, especially concerning the mental and emotional state of the patient. In my experience, it is much easier to understand the case that is written in the patient's own words, as recommended in paragraph 84 of the **Organon.**

The other issue is the underlining. Does it really help us to understand the three dimensions of the case? In this case we see that 95% of the underlines are (2), therefore we actually gain nothing from them. I often find that the key symptoms to the case are not at all "underlined," but seemingly insignificant and unemphasized symptoms that are just chance remarks, but give us an insight to the inner nature of the patient.

Looking at the results of the prescription, although the remedy might seem well indicated to the practitioner, I feel that a result such as this should put its validity in serious doubt.

What seems to have occurred is that the headaches are better but in herself she is worse, i.e., against the direction of cure. She is now depressed, angry, irritable, abrupt, and has lost patience with the practitioner. It is easy at this stage to blame her misery on external circumstances, but really we would expect a good prescription to place the patient in a state of greater freedom, the aim of all true medicine. What we see here is that the patient is in fact in a lesser state of freedom, imprisoned by her job, desires, and pressures. The fact that the emotional problems she is now experiencing have occurred before does not necessarily constitute a curative sign. If they were truly old symptoms returning, they should also be old symptoms going. I have often wasted many months deluding myself that the patient was improving when the patient has returned saying, "I am more aware of my anger, more aware of my fear; I feel like I was when I was sixteen," etc. I find that these "new age catharsis" symptoms are not necessarily always curative. If the anger and fear come up, they should also go away. We would not say it was a curative reaction if the patient came back and said, "How wonderful – I am now more aware of the pain from my ulcer." In fact, true cure should lead to a reduced awareness of problems, as in "when the shoe fits, the foot is forgotten."

Furthermore, we must examine whether or not the work situation really is a suppression. According to my understanding this constitutes an obstacle to cure and not a suppression. What is the difference between an obstacle to cure and a symptom? An obstacle to cure can be removed by the patient's will, and a symptom cannot. It seems in this case that although the patient is very much wanting to leave her job, she is not able to, due to various pressures. Now if she really was returning to health we would expect a greater ability to adapt to the environment, either by leaving work or by staying and feeling better about it. Of course, the physician can only gently hint about leaving the work in these situations, since any more pressure would constitute violence.

Considering this analysis of the first follow-up, I would not have waited much longer in this case – certainly not a year. I would either have changed or repeated the remedy, or asked her to come back within two months in order to assess her condition.

On the second follow-up, it seems that the patient's state is deteriorating further. The migraines are worse and she now is not communicating properly with the homœopath. Her general condition seems to be worsening. I therefore would not wait in this situation but definitely act now, for, in all probability, this patient will soon be lost to Allopathy.

There are now two possibilities in the case: (1) the remedy was correct and needs to be repeated, either higher or in LM's; (2) wrong prescription – find the right remedies. Having looked at the result of the case, I found to be dubious the conclusion that this is a case of mental emotional suppression leading to physical pathology. The fact that she is unable to deal with her emotions and attain happiness and peace with herself illustrates not that *Lachesis* is the correct remedy, but that it is actually a case of a wrong remedy pushing the external symptoms to the interior. The only action, therefore, is to re-examine the case and find a better remedy.

Now to examine the original case. I have taken the following symptoms:

Menses, before aggravate
Menses, during ameliorate
Ailments from disappointed love
Head, pain pressing
Suspicious
Generalities, side left

On repertorization in the **Complete Repertory** we get eight remedies running through: *Lachesis, Sulphur, Sepia, Phosphorus, Belladonna, Cimicifuga, Ignatia, Veratrum album.* Any one of these might be the correct remedy. It would be interesting to know exactly why this lady is putting money before happiness. Is it fear of poverty, avarice, or anxiety about her social position? Each one of these symptoms would lead to a different remedy in this case, and these possibilities have to be investigated more closely. So consider *Sepia, Sulphur and Veratrum album.* There are, of course many possibilities.

We cannot guess. However, if we add the symptom "Head, pain, temple, left," the only remedy running through is *Cimicifuga, Lachesis* does not have this symptom. Therefore, let us examine *Cimicifuga.*

First, what is the idea that we actually perceive running through the case? This is often to be found in the nature of the physical sensations, in this case a crushing and pressing headache. We see that this simple action is also mimicked by the patient's continual desire to clutch her throat. A similar pattern seems to be the pressure she is putting herself under in her work, i.e. a pressing, crushing situation from which there is no escape. So we see that the theme running through the case is "must put herself under pressure or must constrict herself."

Now if we examine *Cimicifuga* as a remedy we find this idea running through the whole remedy, as in the following symptoms:

Delusions, arms bound to her body.
Delusions, black cloud envelops her.

Delusions, encaged in wires, fear of narrow spaces, etc.

These are not symptoms the patient has presented, but they do represent the inherent idea in the case and remedy. However, the symptom of alternating mental and physical symptoms in the remedyis interesting regarding the alternation of depression and headache in the case. *Cimicifuga* has depression after suppressed neuralgia or menses, matching the alternation of depression with physical symptoms. We find also:

Hurry, in occupation
Hurry, in work
Impatience.
The financial side is also represented in
Business, talks of and
Mania, from business failure
Regarding the headache, *Cimicifuga* has:
Head, pain, constant
Head, pain, menses, before
Head, pain, violent
Head, pain, nervous
Head, pain, left
Pain, bursting, temple
Head, pain, pressing, as under
Head, pain, Pressing, brain as if bound up
Head, pain, pressing, in temples

Looking at PHATAK's **Materia Medica**, *Cimicifuga* has:

A great female remedy. Depression and low spirits, Many complaints dependent on utero-ovarian irritations. Symptoms irregular or alternating groups, tendency to abortion. Ill affects of disappointed love, over exertion, business failures. Depressed, sad, suspicious. Mental symptoms better during the menses.

From Allen's **Encyclopedia:**

Fullness and pressure in the brain, Brain feels too large for cranium, Brain feels compressed, Headache better for open air. Oppressive and intolerable head pain, Headache through temples with pressure as if they were compressed.

Naturally, I could not be sure that *Cimicifuga* is the right remedy without knowing more about the case. However, it is a definite possibility. As to the *Lachesis,* who knows? Repetition may help. However we should bear in mind paragraph 253 of the **Organon:** "In the case of ever so slight an improvement we observe a greater degree of comfort, increased calmness, freedom of mind, higher spirits – a kind of return to the natural state. Whereas in the case of deterioration we perceive a constrained, helpless, pitiable state of disposition of mind of the whole demeanor and of all the gestures, postures, and actions."

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6. SOME REMINISCENCES ON MY INVESTIGATIONS OF HAHNEMANN's LIFE AND WORK AND THE DEVELOPMENT OF HAHNEMANN MUSEUM AT STUTTGART

Richard HAEHL (From Pacific Coast Journal of Homœopathy, Vol.41.)

Mr.President, members of the American Institute of Homœopathy, Ladies and Gentlemen! . . . .

The Hahnemann-Museum of Stuttgart, the largest collection of this kind in the world, has been the result of many years of most conscientious collecting.

Being a great enthusiast of Homœopathy, I began to collect pictures and relics of Hahnemann when I was but eighteen years of age and I have never stopped up to the present time.

My interest in Homœopathy and in the life of its venerable founder, Samuel HAHNEMANN, dates back almost to my boyhood. Before I went to Philadelphia as a student of but twenty years of age, I had felt the serious need of an exhaustive account of Hahnemann's life and work. The German literature contained only two small pamphlets dealing with the life of HAHNEMANN, and both of these publications were written by laymen, Mr.ALBRECHT and Baron von BRUNNOW. The only book in those days that was at all satisfying to the mind of a well-educated young man was Ameke's "History of Homœopathy", But this dealt more with the development and struggles of Homœopathy from its beginning upto the time of publication of the book. Ameke's "History of Homœopathy", however, is one of the classics in homœopathic literature, a work well worthy of study even at the present day.

Just about the time when I arrived in Philadelphia to study medicine at the Hahnemann Medical College, in 1894, the HAHNEMANN biography by Dr. BRADFORD of Philadelphia had been published. This comprehensive book of some 500 pages impressed me very much, and I firmly resolved to translate it into German. But the more engrossed I became with this work, the more I recognized that the author had been guilty of serious errors and inaccuracies in many places, and that the representations were frequently incomplete. BRADFORD, the author, had never left his country of any length of time. He knew very little about German customs and conditions. He did not master the German language, and he did not try hard enough to gain access to the German archives. He was dependent for his book mainly upon American and English literature. Furthermore, some of his most

important chapters on Hahnemann's ideas and teachings had not been treated in any way exhaustively and could not impress and satisfy the mind of a scientifically educated man. If you read for instance, his chapter on the "Vis medicatrix naturae", and compare it with the same chapter in my book, I am sure you will come to the same conclusion.

No one will ever appreciate the great merits of BRADFORD for his investigations, of Hahnemann's life more than I do; yet I soon realized that a translation of his work into German would only be a waste of time and energy. A life history of Hahnemann which could not deal with all the contested points by means of a thorough investigation, and which was, moreover, unable to fill in adequately the existing gaps, would never accomplish its purpose. Such a work must have for its prominent characteristics and special qualities complete and undoubted reliability.

When I returned to Germany, in 1898, I was more than ever convinced of the absolute need of a complete biography of the great medical reformer of the nineteenth century - of a book which would not only be of value to homoeopathic physicians, but to every medical man desiring to make himself acquainted with the history of Hahnemann and the principles and development of Homœopathy. I was also convinced that the time to collect the necessary material for such a book had now arrived.

I never had the ambition to become the author of a Hahnemann biography, and I should have been quite willing at any time to turn over the material I had collected to any able and experienced writer; but seeing that no one else was willing to write the book, I decided to do it myself.

In the fall of 1898 I first began to make a careful perusal of the entire German homoeopathic literature. I never depended upon the index of any volumes, but in order to make quite sure of not missing anything of importance concerning the life of HAHNEMANN, I turned over page by page many hundreds of volumes of homœopathic journals.

There have been very few evenings from - October, 1898, to the publication of the book in August, 1922, of which I did not spend at least some hours on my Hahnemann biography.

Having obtained everything from the homœopathic journals, I started to look up old—school literature, especially **Hufeland's Journal of Medicine**, and some other leading journals on medicine and chemistry published during Hahnemann's lifetime. As a matter of course I studied most carefully all the original writings and translations of HAHNEMANN. There is not one of the many books and essays published by HAHNEMANN of which I did not at least give a short survey in my book. This was not an easy task, for Hahnemann used to publish many essays in a political paper, the Anzeiger der Beutschen or the Reichsanzeiger, of Gotha. It was only when I had nearly finished the perusal of a number of volumes of this journal, page by page, that I discovered a well-bound book in the library of the Central Homœopathic Society in Leipsic, which contained all these publications of HAHNEMANN. This valuable collection was presented to the library of leipsic by the editor of the journal, Hahnemann's life-long friend, Dr.HANNICKE.

Another very important source for my researches has been the second-hand booksellers and dealers in antiquities. From the year 1898 until 1914 I was in Constant communication with dealers in second-hand books in all the larger cities in Germany. With their help, I gathered an endless number of old homœopathic books, original letters, pictures, and other relics and souvenirs of HAHNEMANN. At first the harvest was so rich that I was scarcely able to earn sufficient money for the many HAHNEMANN letters offered to me. By the year 1911 there was almost sudden end to the supply, and to-day one may ask in vain for original letters or any other souvenirs of HAHNEMANN in Germany. The collection of pictures for the purpose of illustrating the book seemed to me of great importance. Here, too, I had been very successful. I not only obtained, as time went on, a complete collection of all the drawings, paintings and sculptures of HAHNEMANN himself, but also of those of his wives his children, and of most of his medical friends. The collection of pictures printed almost a century ago is not an easy task; it takes a great deal of time, patience and money, and even these three essentials are not always sufficient.
Let me give you one example. A drawing of Melanie d'Hervilly, Hahnemann's second wife, had been reproduced for her friends shortly after her wedding day. I tried to obtain a copy of this for my work, but all my efforts were in vain. I wrote to Berlin, to Leipsic, Dresden and Munich, and as I did not succeed, I enquired in London and in Paris. Finally, I applied to New York, Philadelphia and Chicago. No copy could be found anywhere. A few months after the publication of my work one of my relations - a private collector of engravings - went to a small shop in Stuttgart looking for some copper engravings, and here, in the very city where I had been living for more than twenty-five years, he found the picture of Madame Hahnemann, for which I had been searching almost all over the world.

It was also difficult to get hold of prints and drawings representing the cities, and especially the smaller towns and villages, at the time of Hahnemann's ' sojourn in them, and yet I considered these illustrations would be of great importance. For instance, on looking at the picture representing the University of Leipsic at the time of Hahnemann's student days, when it consisted of one building only, with no medical institution, no dispensary, or hospital attached to it, and comparing it with the large Hospital of Vienna at that time, under the supervision of Professor von Quarin, it can be readily understood why Hahnemann did not care to finish his medical education in Leipsic, but preferred to go to Vienna to Professor von Quarin. And again, when one looks at the beautiful and extensive University of Erlangen, erected shortly before HAHNEMANN entered it, it can be easily understood why he preferred this and no other medical institution in which to complete his studies in medicine.

It was impossible to make all the necessary investigations from my study in Stuttgart. In the summer of 1900, when my medical practice had afforded me the necessary amount of money, I made my first "HAHNEMANN journey". Instead of resting in some peaceful spot in the Black-Forest or Switzerland, I made use of my annual vacations by calling upon various relatives of HAHNEMANN and of his second wife, or visiting some of the cities or villages where the great master of therapeutics had lived or practised. "And often, very often I returned home with a rich store of valuable material.

My first visit, in 1900, was made to the son-in-law of Hahnemann's second wife, Dr.Carl von BOENNINGHAUSEN. The chief object of my visit was to negotiate with him over Hahnemann's literary heritage and to acquire more intimate information regarding Hahnemann's life in Paris. Dr.Von BOENNINGHAUSEN was the son of Hahnemann's most intimate friend. He was married to the foster-daughter of Madame Melanie HAHNEMANN. I had previously applied to Madame von BOENNINGHAUSEN herself, in 1897, as the actual owner of this precious treasure, and had asked her not to withhold it any longer from the world. Unfortunately, Madame von BOENNINGHAUSEN died shortly before my visit.

In Dr. von Boenninghausen's residence, a very small village in Westphalia, named Darup, I made the acquaintance of a French lady, Mademoisellee Elise JANIN. She had been educated by Madame Hahnemann in Paris and became Madame von Boenninghausen's life long friend and companion. My acquaintance with this lady proved to be of great importance to me. She knew a great deal more of Madame Hahnemann than even Dr. von BOENNINGHAUSEN, and moreover, she was the possessor of a great variety of original letters and valuable relics of HAHNEMANN, all of which are now incorporated in my Hahnemann Museum.

My visit to Darup was followed by a journey to Koethen, Meissen and Leipsic.

In 1905 I visited Hahnemann's grandson, Dr. Leopold Suss Hahnemann. He had retired from practice and was living at Ventnor, in the Isle of Wight. He allowed me to inspect all writings and letters of his grandfather, chiefly of the Koethen period. What rendered this visit of special value to me was my conversation with the grandson. He had spent his early youth - until his ninth year - in the house of his grandfather, and he was one of the few relatives present at Hahnemann's funeral. Indeed, he was the only living person who could tell of Hahnemann from his own observations. The biographies of Hahnemann's children are chiefly the result of my investigations in Ventnor.

Dr.Suss-Hahnemann had such confidence in my forthcoming work that he came to Stuttgart for several days to visit me, when he was eighty years of age. I showed him my manuscript on Hahnemann's life which then amounted to about 500 pages, and we discussed many details of the family life of his great ancestor.

A longer journey took me in the year 1909 to the United States of America. From there also I brought home numerous copies of original letters, pictures, etc. The reproductions of the Hahnemann monument in Washington have been made from my own photographs.

Needless to say, I have visited places, such as Paris, Koenigslutter, Gotha, Goettingen, Eilenburg, Altona, Hamburg, and other towns, where HAHNEMANN had been living. The thorough examination of the archives of these cities brought me a rich harvest. Very valuable and quite unexpected material for the biography was found in the city archives of Leipsic, Torgau and Dresden in the private Archives of the Duke of Anhalt-Koethen at Zerbst, and in the Brukenthal Museum of Hermannstadt, in Transylvania. I spent many hours in these archives, and I was the happiest man on earth when I discovered some new and unknown document concerning the life of HAHNEMANN.

Compared with the immense work of collecting the material, the writing of the book was much less difficult. The compilation progressed slowly but

steadily year by year, and at the beginning of the great war there existed an almost complete manuscript of approximately 700 pages.

I was constantly urged by my medical friends to publish it, but I resolved never to put it into print until I should have had some opportunity of making use of the many letters, casebooks and other documents left by Hahnemann when he died at Paris, in 1843.

It is not my intention to give you in detail all my efforts and difficulties in obtaining Hahnemann's literary heritage; suffice it to say that not one single year passed since my first visit to Dr.von BOENNINGHAUSEN, in 1900, in which I did not apply to Darup, begging more deliberately and more obstinately than ever for the unused literary legacy of HAHNEMANN to be made available for publication. Dr.von BOENNINGHAUSEN had died meanwhile, and the valuable handwritten books and documents changed hands several times. In desperation I had almost given up hope when, in 1920, with the help of my good friend William BOERICKE, of San Francisco, I succeeded in obtaining the complete literary legacy of our great master for a reasonable sum. For almost eighty years the homœopathic profession on both sides of the Atlantic ocean had tried again and again to secure it; for this reason I was proud of my final success.

In four large boxes, weighing more than four hundred pounds, I brought this precious treasure safely to Stuttgart through the Ruhr district, then much disorganized by revolutionary outbreaks. In Sorting the different hand-written books and letters, I found that my suppositions as to its value in connection with my work were not only confirmed, but greatly surpassed. Manuscripts left by HAHNEMANN contained an almost overwhelming amount of most reliable material for instance: fifty-four case books containing the records of all cases ever treated by HAHNEMANN from 1799 to 1843; four large volumes, of some 1,500 pages each, alphabetically arranged repertories, none of which has ever been published; the sixth edition of the "Organon", completely revised by HAHNEMANN himself in 1842; some 1300 letters of physicians from all parts of the world addressed to HAHNEMANN; letters of patients to HAHNEMANN from 1830 to 1835, with personal remarks and marginal notes, weighing about 75 pounds, together with letters from the Duke and Duchess of Koethen, from the daughter of Queen Louise of Prussia, from Hahnemann's children and other relatives, letters from his publishers; records of the first provings of remedies on HAHNEMANN and his friends, etc.

These documents shed a completely new light on Hahnemann's life in Koethen and Paris, and as they could not merely be inserted between the chapters, the entire work had to be rewritten before it could be sent to the printer.

The readers of the biography had to be referred quite often to the fundamental work of Homœopathy, the “Organon", which had been out of print in Germany for many years. I therefore considered it may first and most important duty to supply the profession with a new edition, using Hahnemann's revised manuscript of 1842. It was published as the "Sixth Edition of Hahnemann's Organon" in 1921. The year following, 1922, two volumes, of Hahnemann's life and work had been presented to the homoeopathic profession and to the general public.

Now the great question arose: What to do with all these letters, pictures, case-books and other souvenirs of Hahnemann? I decided not to sell them again, but to place them in a special room and to endeavour to enlarge this HAHNEMANN collection as time went on. Since 1922 the Hahnemann-Museum has reached atleast three times its original size. It now contains "not only all the printed books published by HAHNEMANN, but also all his case-books, his original letters, the paintings by Hahnemann's second wife and many other relics. Indeed, the collection has grown so large, that to-day I am not able to present you everything; a single room of considerable size being entirely too small for it. Within a few years from now a new homœopathic hospital will be erected on one of the pretty hills surrounding Stuttgart.[3] The entire HAHNEMANN collection is supposed to be transferred to this new building, in which several halls are to be reserved for this special purpose.

Having given you a general survey of the development of the Hahnemann-Museum from the very beginning to the present day, I now intend to make you acquainted with its most important objects, illustrating my words by the use of some lantern-slides.

The home of the Hahnemann-Museum is in my residence, **Obere Birkenwaldstrasse 118**.

Entering the door of the HAHNEMANN room, you will please first turn to the left. Here you will see a wall covered with different pictures of HAHNEMANN

[3] This new hospital, with a capacity of 150 beds, will be erected summer of 1930 to Spring of 1931.

and of a large number of towns, villages and houses, in which HAHNEMANN had resided or practised. A large and a small glass case containing many very valuable souvenirs and relics of HAHNEMANN. Upon a special table you will find the different busts of HAHNEMANN.

The next picture presents the well known oil painting of Hahnemann by the celebrated artist SCHEFFER of Paris. Here # you will also see some of the furniture of Hahnemann's drawing room in Paris. Everything in the room has some connection with Hahnemann; even the curtains, very well preserved, once belonged to HAHNEMANN. Curtains and furniture are made of heavy, red silk. Although they appear to be quite new, I must ask you not to sit on any of the chairs; the silk being almost a hundred years of age, may not be able to bear the weight of a grown up person.
A third wall shows Hahnemann's writing-desk and a large show case, containing from above down; Hahnemann's record books, 54 case-books, comprising the time from 1799 to Hahnemann's death in 1843.

A complete collection of Hahnemann's original writings and translations, four large repertories in hand writing, and a great many letters of patients addressed to Hahnemann and containing many remarks by HAHNEMANN. A large medicine chest of HAHNEMANN, and the second edition of the "Organon" completely rewritten by the author. The wall again showing many valuable pictures of HAHNEMANN and of some of his friends.

Compared to the Museum of Stuttgart, there is scarcely another Hahnemann collection worthy to be mentioned. The only exception being the homœopathic dispensary of Leipsic, which contains a room with furniture, pictures and some original letters of HAHNEMANN, transferred from Coethen after the death of Hahnemann's daughters.

There are not many men who have been painted in oil and reproduced in steel engravings so frequently as was the case with HAHNEMANN. One of these pictures, an oil painting in miniature, a steel engraving, has been reproduced from an oil painting by Schoppe of Berlin.
One of the best, and no doubt one of the finest and most valuable objects of the Hahnemann Museum, is the Hahnemann painting by SCHEFFER of Paris. The original, which you will have a chance to admire tomorrow, is generally considered to be a perfect masterpiece. A very good reproduction of this painting used to decorate the faculty room of the Hahnemann College of Philadelphia. It has been used as a frontispiece to the German and English edition of the Hahnemann biography.

There are two other original paintings of HAHNEMANN in the museum, by BUTTERWECK of Paris. The one representing HAHNEMANN on his death-bed, the other in his coffin, five days after death. The tremendous change in the body within this short space of time being due to a very careless embalmment.

Among the busts and reliefs of HAHNEMANN those of STEINHAUSER, DAVID of Angers and WOLTRECK of Paris are best known. You will, however, see still another bronze bust of HAHNEMANN in the museum, which is considered to be a good likeness of the master. It has been modelled by one of Hahnemann's patients, a young sculptor by the name of Straube.

There are but few monuments of HAHNEMANN in Germany. The best known being the monument modelled by STEINHAUSER, erected by the German Central Society of Homoeopathic Physicians at Leipsic in 1851. The Statuette near Hahnemann's writing desk, also the work of STEINHAUSER, represents HAHNEMANN as a teacher, the "Organon" in his left hand. It is a pity that this model has not been used for the monument at Leipsic.

A comparatively small monument of HAHNEMANN, modelled by Woltreck, had been presented to the Duchess of Anhalt by Hahnemann's second wife. It decorates the entrance hall of the castle at Dessau.

In Coethen, where HAHNEMANN was practicing from 1821 to 1835, there is still another monument, erected by Mr.WITTING of Coethen in honour of HAHNEMANN and LUTZE. The trees back of the monument belong to the garden of the castle of the duke at Coethen. In the centre of goddess of Hygea has been represented, to the right side being a bust of Hahnemann, to the left one of Lutze, who practiced a number of years at Coethen as a representative of the homœopathic school.

In the garden of Dr. LUTZE's residence a small monument of HAHNEMANN had been unveiled in the presence of Hahnemann's daughter LOUISE, on the 100th birthday anniversary of HAHNEMANN, April 11th, 1855.

HAHNEMANN died in Paris on July 2nd, 1843. His body had been put into a vault at the cemetery of Montmartre. In 1899 it was transferred to Pere Lachaise, where a fine monument, erected by internationational subscriptions, adorns the final resting place of the master.

Hahnemann's first wife and three of his daughters have been buried at the cemetery of Coethen.

The largest and by far the most impressive monument of HAHNEMANN is the one erected by the American Institute of Homœopathy at Washington. You have every right to be proud of it. The reliefs of this monuments are exceptionally fine masterpieces, representing HAHNEMANN in his student days, as a chemist, as a teacher and a physician.

A compilation of HAHNEMANN and the first provers of homœopathic medicines, the pioneers of Homœopathy, shows the faces of such well-known men as FRANZ, GHRIESSELICH, SCHWEIKERT, GROSS, TRINKS, MUHLENBEIN, RUMMEL, HARTLAUB, HARTMANN, RUCKERT, STAPF, VON BOENNINGHAUSEN, MORITZ .MÜLLER, HAUBOLD, NOACK, GERSDORFF, CONSTANTIN HERING, etc.

Our next picture represents Hahnemann's friends, Dr.AGIDI, Dr. Von BOENNINGHAUSEN, and Dr. LEHMANN, Hahnemann's assisting physician and successor in his practice at Coethen. The Museum is now also in the possession of a fine oil painting of Dr.von BOENNINGHAUSEN.

The governor of Transylvania, Baron von BRUKENTHAL, had been one of Hahnemann's protectors in his early career. He gave him a chance to earn some money by rearranging his large library and his collection of coins and enabled him thus to finish his medical studies. The Duke of Anhalt-Coethen, Ferdinand, permitted HAHNEMANN not only to treat patients according to his new method, but he also gave him permission to dispense his own, medicines to his patients.

Hahnemann's first wife, the daughter of an apothecary at Dessau, had been his true companion in life until she died, March 31st, 1830, at the age of 67 years. The next picture represents six miniature paintings by SCHOPPE: HAHNEMANN, his first wife, his daughters AMALIE, ELENORE, FRIEDERIKE and CHARLOTTEE.

Only one grandson of Hahnemann studied medicine. He was a son of AMALIE, Dr. LEOPOLD SUSS-Hahnemann. He practised medicine, in London and died in September, 1914, in his residence at Ventnor, I.W., at the age of 88 years.

In 1835, at the age of 80 years, Hahnemann married a French lady, Mademoiselle Melanie d'Hervilly-Gohier. She inspired him to remove to Paris, where Hahnemann practiced almost up to the time of his death. It is marvellous how many patients he treated in these eight years.

Mademoiselle d'HERVILLY-GOHIER was 35 years of age when she married Hahnemann. The original of a pencil drawing, representing her as a young girl, you will also find in the Museum. A second picture, a photograph, shows Madame Hahnemann at the age of 63, and a third one represents her shortly before she died at the age of 78.

Madame MELANIE Hahnemann was said to be equally talented in painting as well as in poetry. The Hahnemann Museum is now in the possession of all her poems and of most of her oil paintings.

Our first picture is the reproduction of a painting of Hahnemann by MELANIE, painted in Coethen in 1834, a short time before the wedding day. It shows HAHNEMANN at the age of 80 years. The original you will see tomorrow in the Museum.

The next picture, also an original painting of MELANIE, represents herself and her grand-parents.

Still another painting is that of Melanie's friend, Monsieur GOHIER, one of the presidents of France. The drawings are also sketches by Madame Hahnemann, the originals being now in the Museum. There are four more oil paintings by Melanie in the possession of the Museum; they all prove her to be a real artist.

Hahnemann's second wife had no children of her own. After the death of her husband she adopted a little girl; an oil painting of her is now in the Museum. She was married to the eldest son of Hahnemann's friend, Dr. Carl von BOENNINGHAUSEN; a large photograph represents her at the age of 35 years.

There are photos, drawings, and paintings of almost all the towns and houses related to Hahnemann's life, in the Museum, as for instance: Meissen at the time when Hahnemann was born. The house in Meissen in which Hahnemann was born. The old, original building had to be removed, a large restaurant taking its place now; Leipsic at the time of Hahnemann's sojourn; the University of Leipsic at the time of Hahnemann's student days; the University of Erlangen at the time when Hahnemann graduated; the Hospital of Vienna, where Hahnemann received his first clinical instructions by Professor von QUARIN, the physician of the empress of Austria; Coethen, the capital of the province of Anhalt Coethen, during Hahnemann's sojourn (1821-1835); the house in Coethen, in which Hahnemann resided and practised; a view of the house from the front and from the rear; the little house in Hahnemann wrote large part of his "Chronic Diseases" and where he used to receive many of his prominent guests; the house in Paris on the rue de Milan, in

which Hahnemann practised and resided until he died in 1843.

Besides the many objects, books, and pictures which I have demonstrated to you by the lantern slides to-night, the Hahnemann Museum contains Hahnemann's pocket-watches, his inkstand of Meissen porcelain, a clock in black marble from Hahnemann's drawing room, with a lion by Canova in white marble; a number of small medals of Hahnemann in bronze and in a Meissen porcelain; some twenty-five cameos of Hahnemann; three medicine chests of Hahnemann, containing more than 2,000 bottles filled with medicated globules; a college book of Hahnemann's student days; a book containing the results of the first provings on the healthy; a fine playing table, inlaid with the initials of Hahnemann; Hahnemann's writing desk from Paris; hair locks of Hahnemann; an immense number of original letters from 1791 to 1843, a collection of letters by the daughter of Queen Louise to Hahnemann; a complete collection of letters by Madame Hahnemann; the little dog of Melanie Hahnemann and some 120 case books of Hahnemann's friend, Dr.Von BOENNINGHAUSEN. All these valuable objects you will have a chance to see tomorrow, by visiting the Hahnemann Museum.

[All these collections of Richard HAEHL were later obtained by Robert BOSCH. These are now in the Institute for History of Medicine of the Robert Bosch foundation, Stuttgart. The ‘Foundation’ has added to those of HAEHL. I had the opportunity, thanks to the grace of HAHNEMANN and God to see all these = KSS].

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7. Homeopathy: Medicine of Last Resort

Steven MESSER
(NEJH. 7, 2/1998)

It was a typical cool, rainy Eugene afternoon on January 23rd, 1997, at the end of long week of attending to the usual retinue of patients with ear infections, depression, chemical sensitivities, headaches, heart arrhythmias, etc., that I received a most unusual phone call. A woman called from the local ICU asking if I would treat her husband. She explained to me that her husband was in the hospital following his eleventh intracranial bleed. He was running a high fever, was septicemic, breathing with a respirator, feeding through an nasogastric tube, running a blood pressure above 180 and was expected to stroke again soon. She cried as she told me that the attending internist suggested that the most humane thing she could do for her husband was to allow them to disconnect life support and let him die peaceful death, that would surely come soon. But she was a Christian, she told me, and loved her husband desperately. She assured me that she had a strong faith regarding the afterlife but that her conscience could not rest if she “didn’t do everything possible" to save his life. If she could feel secure that she had "done everything possible" for him, she could deal peacefully with his imminent death.

I explained to her, in as gentle a way as I could, that her husband's brain had likely been damaged beyond hope of repair, that the chances of recovery of any sort were extremely slim. She repeated that she needed to feel that everything that could be done, **had** been and that she had talked to the attending doctor and convinced him to go along with homeopathic treatment.

I agreed to consider the situation and get back to her. I asked for the internist’s name so I could consult with him. When I called, he was cordial but skeptical. “What do you possibly think can be done here? This man is going to die.” I told him that I certainly agreed that the prognosis looked bleak, and that primarily I would be treating to help the patient's wife's peace of mind, but that I never gave up on the possibility of miracles, that I had seen them occasionally with homeopathic treatment. He answered “Yes, miracles are possible, but this case, I am afraid, is past the point where a miracle could occur!" He agreed to order whatever homeopathic medicine I requested and noted it in the chart to have the nursing staff administer it to the patient. He would be going on rounds later that evening and he would write the order then. After I hung up, I called a few colleagues to ask their opinion about the ethics of taking on such a case. Was it fair to offer this grieving woman what might likely be false hope, and what about charging for it? My colleagues persuaded me to go ahead and treat, so I left my office and went to the hospital.

When I arrived, the wife, Jane, was waiting for me. I told her that considering the circumstances of the case I'd like to treat her husband for no charge, but she insisted that she understood that there was little hope and would feel better paying me.

I entered the ICU room where all the paraphernalia of modern medicine was on full display. On the bed lay John, hooked up to IVs and tubes and respirator.

I performed a cursory physical exam:

He had a fixed stare; his eyes did not track. He seemed non-responsive to tactile stimuli over most of his body. He moved his fingers a bit. He grasped my hand when I put my hand in his palm. When I told him I was going to leave he squeezed my hand harder. It appeared that he did not want me to leave.

Of course, almost all the symptoms in this case were common symptoms of the pathological condition

of this patient, but I was buoyed that I had at least one possible 'characteristic' symptom to base a prescription on. So I left *Phosphorus* 200C with instructions to administer this once a day and to call me the next day. I explained to Jane that the internist would be by that evening and that he would write the order for the medicine. John would be given the medicine by the nursing staff. She was to hold onto the vial until then.

She reported by phone the next day:

Temperature 38.6 C. Blood pressure 123/68. He has been without blood pressure medicine since 6:00 AM. His pulse is 89. The right side is more active. Labs: excellent. He looks more peaceful and restful**.** They are needing to suction him less.

In addition she told the following interesting story. John was already improving when the attending internist arrived for his evening rounds. He said to Jane "See, he didn't really need that homeopathic medicine after all." She replied, "Doctor X, I know I was supposed to wait for you to order the homeopathic medicine until tonight but I just couldn't wait and I gave it to him myself!"

Assessment : Obviously the patient is improving and instructions were given to simply wait and watch.

In his ftrst prescription I was guided by the recollection of a case that George VITHOULKAS presented of a young hospitalized child in a coma from meningitis. Vithoulkas spoke of how he noticed that whenever the child's mother would let go of the child's hand for a short while (to take a walk, for example) the child's fever would aggravate. He used the symptom better from and need for company" to successfully prescribe*Phosphorus.*

My patient, John, squeezing my hand when I said I had to go, made me think of that case. In addition, the general pathological state of frequent hemorrhages and paralysis were consistent with *Phosphorus.* Is this a good case and one where we can be confident that the patient will react to the medicine? Of course not, but there was nothing to lose by trying.

All the following reports were taken over the phone.

1/28/97: John is off the respirator. Jane thinks he is more awake. Otherwise no major changes.

Plan: *Phosphorus* 200C

1/29/97: He is sitting up with the help of the bed but his right lung is not functioning as it should be.

They are considering tracheostomy.

1/30/97: John is slipping. He is breathing quickly. If he slips more they will do a tracheostomy. Can she give him more *Phosphorus*?

Plan: Wait

2/5/97: Has been moved out of the ICU into a regular hospital room. John has a recurrence of a staphylococcal infection in his lungs. He is on antibiotics. His breathing is labored at 48-50/min., temp. is 38.7 C. He is less conscious. His wife inks that this is because of the infection rather than from a neurological cause.

2/6/97: John was more alert. His temperature is still elevated. His breathing is still labored. His respiratory rate is 44-50. Staphylococcus still in his lungs. He is not tracking any longer with his eyes. Today he did say the word, "Jane".

Plan: *Phosphorus* 200C

2/7/97: His respiratory rate is up to 46 again. His temperature is more normal. He is definitely improved in terms of his alertness. He tried to talk this morning. The internist decided not to do a tracheotomy. He has foamy white sputum but no fever.

Plan: Wait

2/8/97: His respiratory rate is down. Temperature is normal. Neural response is 8-10.

2/10/97: Temperature normal. Tracheostomy was not needed. Stopped antibiotics. Discharge to nursing home tomorrow.

2/11/97: Staphylococcal infection has come back. Jane gave 200c herself at 9:50. He won't be leaving the hospital. He is on Cefotaxime 1 gram/50 ml.

Plan: *Phosphorus* 1M

2/12/97: He had *Phosphorus* 1M today. He is not better yet. Considering tracheostomy.

2/13/97: I prescribed *Antimonium tartaricum* based on the amount of secretions in his lungs. He had it yesterday 2/12/97 at 9:25PM. Afterwards, he spoke clearly during oral care given by his wife. He said "That's a pain in the ass, why do you do that, etc." Stroked her hand and then opened his mouth to cooperate. He is definitely better.

2/14/97: He had a tracheostomy. A lot of secretions**.** He is more comfortable. He is doing better.

2/17/97: He is leaving for nursing home today.

2/20/97: He is coughing. His blood pressure is 170/70 He is sitting in a chair now. Respiration 30. Pulse 90. He has goose pimples when touched. He kissed Jane. His left leg is twitching. His face becomes red with coughing. It is a distressing cough. He sweats a lot. He is smiling 1-2 times a day now. He is not distressed. He seems indifferent to his condition. He seems affectionate. Jane describes him as childish (3), as if he were 2-5 years old.

Plan: *Baryta carbonica* 6c tid.

Here the symptoms which pointed me to the remedy were more constitutional in nature, i.e., the color of the face, his mood and appearance. Although he certainly improved after this remedy, I wonder reading over this case whether he might not have done even better with *Opium.* It also has these characteristic symptoms and covers the paralytic state better.

2/24/97: Remedy seems to increase his alertness. Yesterday his head seemed frozen to the left. Soon after taking the remedy head seemed normal. Generally more communicative. The remedy seems to make him bring up more sputum.

Plan: Continue *Baryta carbonica* tid.

3/3/97: Fever today. Secretions have increased. He is off antibiotics. He is less responsive. He has shallow breathing. His right lung capacity is diminished. He has cloudy urine. It is white and puffy and completely clogging his catheter. Blood pressure was a bit higher today. We need to treat this acute urinary tract infection.

Plan: *Asparagus* 30c tid

3/4/97: Tremendous improvement after *Asparagus.* No fever. Sputum turned from yellow-white to foamy. Sediment in the urine was very thick. He started swallowing food within 10 seconds after taking the remedy. His color looks good. He will be going home to Ashland. He has brownish urine. She will put Calendula salve on sore places on his skin.

3/10/97: He is at the hospital again having a PEG tube put in. Secretions are yellowish. He is out of the remedy. Blood pressure is fine. He is resting well. He had a difficult time with the tube this weekend. He was fed baby food.

Plan: Restart *Baryta carbonica* 6c tid

3/11/97: He had the PEG put in last night. Entry tube was removed. It was causing Pneumonia. He is doing better. He is more alert.

3/13/97: Slow progress. After second surgery he was sleeping and quiet. His urine is brown and concentrated. He has oily skin on his head (2). Sore on his lip. His hands are pale. He is not as alert now. He is on Cipro. He has Staphylococcus and Pseudomonas cultured from his sputum. He has a white film on his tongue. Sputum is now creamy pale and yellow. His skin is flaky on his feet and head.

Plan: *Calcarea carbonica* 6C tid. Calendula ointment for lips as needed. Calendula lotion for skin as needed.

This prescription of *Calcarea carbonica* was obvious, but the case was still defective.

3/14/97: Much more alert today. Two hours after starting *Calcarea carbonica,* he is looking and not gazing. His sputum is whitish and loose. His stools are forming now. (They are changing his diet.)

At 1:30 AM. Jane fed him an entire jar of baby food while the tube feeding was going on. This is a definite improvement.

At this point John was moved out of the nursing home and back to his home in Ashland (a city some 3 hours distant from me). After this, follow up became sporadic and although he did well when I was able to treat him, it seemed difficult for Jane to contact me except at times of crises.

I treated him with moderate success for another bout of Pneumonia. The principal remedies were *Hyoscyamus,* when he had the peculiar symptom of hiccough with the coughing, and *Antimonium tartaricum* at a later stage when he had profuse secretions in his lungs.

Later yet he had what appeared to be another stroke. He responded well to *Bufo, Plumbum,* and eventually again *Phosphorus.* My last chart note was on 8/28/97 when he was doing quite well. At that point Jane decided to follow my suggestion and she continued homeopathic care with a local homeopath rather than rely on intermittent long distance phone visits with me.

I last talked to Jane a few months ago (5/98) and heard that John has continued to do well with homeopathic treatment.

This case helped me observe once again the amazing ability that the living human organism has to respond, in a healing manner, to stimulation by a medicine homeopathic to the symptoms of the patient's disease. Even cases that appear beyond the limits of therapy can sometimes respond in 'miraculous' ' ways. John never improved to the point of full functioning. But he did regain functions that seemed at the time of my first visit with him impossible. This man, who was expected to die when life support was removed, was able to leave the ICU, and then the hospital, and then eventually go home. The psychological benefit to his wife was inestimable.

To be able to prescribe effectively in these cases it is important to remember Hahnemann's description in the **Organon** about how best to choose a homeopathic medicine for a given stage of an illness. First, we must consider ALL the symptoms the disease produces.

§18

> "It is an indubitable truth that there is absolutely nothing else but the totality of symptoms—including the concomitant circumstances of the case (par. 5) by which a disease can express its need for help.

> We can categorically declare that the *totality of symptoms and circumstances observed in each individual case is* the *one and only indication* that can guide us to the choice of the remedy."

Then we must try to perceive which symptoms in that totality are most individualizing in each particular case.

§153

> "In this quest for a homeopathically specific remedy, i.e., in comparing the totality of symptoms of the natural disease with the symptom lists of available medicines so as to find a disease agent similar to the trouble being treated, the more *striking*, *strange, unusual, peculiar* (characteristic) signs and symptoms in the case are especially, almost exclusively, the ones to which close attention should be given, because it is *these above all which must correspond to very similar symptoms in the symptom list of the medicine being sought* if it is to be the one most suitable for cure. More general and indefinite symptoms, such as loss of appetite, headache, weakness, troubled sleep, discomfort, etc., if not more precisely qualified, deserve little attention, because one finds something general of the kind in almost every disease and almost every medicine."

This is difficult in these cases at the edge of life. We must avoid the extremes of basing our prescription simply by focusing on the pathology or, alternately, on some insignificant but striking common mechanical symptom of the disease process. (Of course, the dysfunctional personality quirks of the patient, which can sometimes help to find a prescription in earlier stages of disease, are useless when the disease reaches this defective stage.) Treatment of these "defective diseases" are discussed in the Organon 172-184.

It takes a bit of faith to prescribe according to Hahnemann's guidelines especially when giving a medicine one hasn't ever used before. For example, on March 3rd, I prescribed *Asparagus* for a febrile urinary tract infection. This is a remedy I had never used before, and I was drawn to it based on the one characteristic symptom in that disease, which was the very thick white flocculant discharge in the urine gumming up his catheter! How does one explain using such a symptom, to decide on a medicine, to the local urologist? Superficially, it seems absurd, but it is the logic of Hahnemann. And as we can see from the result, the remedy helped, not only the urinary tract, but the whole patient as well.

Finally, it is also interesting to note how well homeopathic treatment was able to integrate with conventional care. He may have had a better result had he relied more on homeopathy and less on conventional interventions, but that was not what his wife wished nor were there hospital facilities to accommodate this if it were. It seems that in spite of recurrent allopathic and surgical interventions, some of them quite invasive, this patient was able to respond well to each homeopathic prescription. It would have been a shame to deny treatment to this man because of the use of concurrent allopathic treatment.

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8. Thoughts on the Treatment of Seizure Disorders with Case Examples
   HERSCU Paul (NEJH. 7, 2/1998)

When I first started studying Homœopathy, I learned about many remedies for the treatment of seizure disorders and I listened to many people lecture on the topic. I heard them talk about how *Cuprum* has this and *Cicuta* has that, yet it seemed like the vast majority of the actual patients were not doing that well. It wasn't about knowing the symptoms of the remedy but rather how to look at the case and see the individual. It's important to know when to look beyond just the symptoms of the seizures and to focus instead on the patient.

The classification of seizures by our allopathic colleagues changes every few years. This has become very important with regard to the selection, dosing and combination of allopathic medications. Likewise, homœopaths need to develop a protocol for the successful treatment of seizure disorders using homœopathic medications. In looking though my cases, I've decided to develop a classification system for seizures which informs homœopathic treatment; I believe this classification approach will work for some time to come and should help those treating patients with seizure disorders.

This classification system involves three categories.

1. Patients who have seizures with an unknown cause. Idiopathic seizures. CAT scan and EEG are normal. Many people with seizures fall into this category.
2. Patients for whom there is a reason for the seizure activity such as injury, scar tissue or tumor.
3. Patients with seizures where there is an underlying metabolic or genetic problem and the seizures are only part of a larger symptom complex.

Thoughts on remedy selection for the different classifications:

Group 1 – The symptoms of the seizures are not so severe, not so striking. For the vast majority of these patients, their other symptoms are clearly those of a polychrest. Give the polychrest.

Group 2 – These patients may also need a polychrest, the more severe the seizures are, the more likely they will need a more intense remedy, what I would call a Phase Four remedy (see pages 15-25, on "The Map of

Hierarchy" in my book **Stramonium With an Introduction to Analysis using Cycles and Segments** for a complete description of this concept). Perhaps there are some key symptoms of the polychrest missing, and some good confirming symptoms of a smaller remedy. Keep in mind, that it is important to base the prescription on the **general state** of the patient rather just the seizure itself. Remedies aimed strictly at the seizure tend to fail; I know this from personal experience. If you are giving a nonpolychrest remedy i.e., a remedy which appears to have a smaller sphere of influence, one that is geared very specifically to neurologic complaints, the patient should exhibit symptoms of that remedy **beyond** only its seizure symptoms; you would want to see some confirmatory symptoms outside the neurological ones. If you find such symptoms then you can feel confident prescribing a 'seizure remedy' **first** such as *Cuprum, Stramonium,* etc. Give one dose of a 200c. Don't worry about drugs antidoting the remedy.

Group 3 – In these patients, you will often need a remedy known for seizures. You may need to go through a succession of remedies such as *Tuberculinum, Medorrhinum, Stramonium.* Don't be **quick** to change the remedy, but don't be afraid to, either. You may need to start with polychrest and go to more severe remedies, or vice versa. At the end of their life they don't have many energy resources left. However they will live a lot longer than other patients with the same diagnosis. Give the lowest possible potency that will do the trick so then you won't run out of potencies.

Likely Outcomes:

1. People in the first group will get better. All their symptoms go away and seizures do, too.
2. Some patients in the second group will get better with the remedy in all regards. In other people, many of their symptoms may improve but they will still have seizures. They may have to stay on seizure medication which does not seem to interfere with the remedies. Repeat EEGs can show improvement, yet the remedy may not **cure** the seizures. Often the patient will be able to get by on less medication, thereby suffering fewer side effects and fewer or no breakthrough seizures.
3. What you see with the third group is that you give a remedy and they show sudden dramatic improvement in many areas but then suddenly relapse. This pattern repeats over and over – each time the highs are not as high and the lows are lower. One day they are doing great and then the next they day, just as dramatically, symptoms recur. The treatment is strictly palliative, it will most likely not cure the patient in a permanent fashion.

Case examples:

Case 1.

The first case is a 35 year-old woman. She came to see me out of desperation. She has a seizure disorder of unknown cause that is atypical and uncontrollable. She has periods of what she calls petit mal seizures, which are not so bad. They are characterized by 'spacing out.' During these seizures she has fits of extreme coldness(3), and her extremities and face turn a bluish color(3). This coldness is ameliorated only by getting into a very hot bath.

She also has 'major seizures.' They begin with "losing oxygen to her brain" and with intense chills. She develops a sick feeling in her abdomen, "feeling of weakness there, or a feeling as if someone hit me in my abdomen"(3). She shakes internally and externally before the attack, "like a sudden shaking anxiety"(3). She begins to act like a drunk. She can hear the sound of words but cannot understand what others are saying. She cannot speak, her pupils dilate, and her eyes glaze over. She then falls to the ground, is sometimes conscious and sometimes unconscious, and is in a state of flaccid paralysis in which she is breathing deeply, almost snoring. After the attack the intense coldness remains, and she has to take a hot bath.

Attacks can be brougnt on by being in a very cold or very warm room. She develops insomnia the night before the attack, sensing an anxiety building in her abdomen(2). I observed her seizure activity twice in my office, where I could see the change in color, shaking, unconsciousness, and the visible weakness after the attack. The seizures began during her second pregnancy when she was 23 years old. They used to occur once a month; now they occur a couple of times a week.

With her first pregnancy she was bedridden with intense nausea(3) and edema for the full nine months(3). She gained 70 pounds, losing only 40 pounds afterward. She is now obese: five feet, one inch; 205 pounds. During the third month of pregnancy, she developed terrible migraines located in the right side of her occiput, which continue to bother her. The headaches are aggravated by sudden motion and by rising from a seat. Her health history revealed right-sided Bell's Palsy at age 16, which resolved quickly. Over the past six years she has developed an intense vertigo(3), which is aggravated upon waking(2), rising from bed(2), and with the slightest motion. She becomes very nauseated with it(3). She feels that she has lost a lot of her memory in the past year.

She has difficulty sleeping 3 days out of each week. She cannot fall asleep because she feels "…like sparks are flying in my brain, like I'm going to short-out my brain. Then my mind won't quiet down to let me sleep." She may also wake from dreams, though she does not recall them.

She gas a large appetite(3). She eats a great deal of food, saying that she is hungry after eating and therefore continues to eat(2). Food occasionally gets stuck in her esophagus. She had gallstone colic and had her gallbladder removed at age 27. She still gets colic in the region. Since the operation, she gets cramps and diarrhea alternating with constipation. She craves sweets(3), milk(2) and meat(2). She is averse to fat(2) and spicy foods(3). She has had a tendency for irregular menses her whole life. Before the flow she often shakes with anxiety and develops seizure activity(2). She also becomes sad and weepy and retains water in her abdomen and extremities so much so, that she feels she looks pregnant. The flow is dark red with no clots and may be accompanied by cramping.

She tells me that she is basically a positive, optimistic person and indeed, she seems to be so. She has belonged to a strict religious movement over the past two years, and reports that she has "given up her former self." Because of this affiliation, she denies having any fears. When I asked her about her former self she describes the opposite extreme. She was scared of everything and everybody, and she does not know how anyone could possibly live without knowing God. She proceeded to try to convert me!

Analysis and Follow-Up on Case Number 1

I place this case into my first category: patients who have normal EEG readings, do not have a cause for their seizures, and are usually not on medication. This category is the easiest to treat. The remedy is usually clear, and in most cases there are no masking or antidotal influences from medications. You may treat this kind of patient as you would treat any other person in your practice, while keeping two suggestions in mind.

First, I recommend that the potency be no higher than 200c. This is because there is a possibility that the remedy chosen will be incorrect, but close enough to affect the case. There may be an undetected problem in the brain, and a strong aggravation is not in the best interest of the patient. A 200c dosage is strong enough to do the job for quite a while. If the patient is initially on medication, I usually begin with a low potency such as 6c, repeated daily. I then see the patient for a follow up three to four weeks later.

Second, when a patient is on medication and the remedy is indeed the simillimum, the patient will improve. I ask the patient and the doctor in charge of medication to begin withdrawing the drugs gradually. In the process, the patient begins to break through the threshold of medication and remedy, and may then worsen. Ideally, the symptoms will be on the level of the general state of the patient, or will be other less severe symptoms that worsen, so that we can catch the decline (resulting from decreased medication) before seizure activity resumes. I then increase the potency to 12c, also repeated daily. This process is continued, decreasing allopathic medication and increasing homœopathic dosages, until the patient is off medication. Then we are ready to prescribe one dose of a medium to high potency. I have had good results with people in this category.

HERSCU: Do have any suggestions for Case Number 1?

JULEK MEISSNER: What jumped out at me in this case was the patient's coldness with the seizures, so I immediately consulted that rubric. This suggested *Oenanthe crocata.* I've never used it before, but BOERICKE also describes a strong connection between this remedy and pregnancy. This patient's seizures began during her second pregnancy.

LILLY CUNNINGHAM: What struck me in this case was how it began in her abdomen. The remedy I found in the repertory was *Aranea,* the papal cross spider, which also has the coldness. It powerfully affects the nervous system and has the periodic attacks. One other thing I found to support *Aranea* was the distension of her abdomen during menses.

DURR ELMORE: You said you were probably not using small remedies, so that suggests a larger remedy. If you've got someone who's chilly, craves sweets and salt, and has an aura beginning in the abdominal area, *Calcarea carbonica* is a good possibility.

Analysis and Follow-up

If the seizure symptoms in this case are closely examined, *Bufo rana, Cicuta virosa, Causticum, Cuprum, Camphor, Helleborus, Moschus, Nux vomica* or *Oenanthe* would come to mind. But, what if I were to ask for a remedy for a woman who is aggravated by the cold, has intense vertigo, is sleepless from mental exertion, and has Gallbladder disease? I think we would all say *Calcarea carbonica.* Patients have seizures of this nature? Yes. It doesn't matter whether it is in all the specific rubrics; what counts is that it fits the patient.

Plan: *Calcarea carbonica* 200c

Follow-Up

Calcarea carbonica cured this woman of her seizures. It has been three years since she has had seizures.

Case Number 2

This patient from the second group is of a 35 year-old woman who has had grand mal epilepsy with EEG abnormalities for the last five years.

As a child she had strange indescribable feelings throughout her body that were diagnosed as petit mal seizures. By the time she was 16 years old, she was

having several seizures a day. She was put on Dilantin for ten years. Seven years ago she took herself off the medication independently. She then started getting petit mal seizures, "just a strange electric feeling in the head." During the seizures she would stare. After a few years they went away, and she began to have grand mal seizures.

She knows when she is about to get an attack but cannot describe how she experiences the aura. She tells us it is like a déjàvu(2), something familiar that she experiences. Beyond that, she cannot describe it. When she feels the seizure coming on, she must lie down(2) because she knows she will lose consciousness. After the attack she has a migraine headache(2), intense weakness(3), and fatigue. She is depressed(2) for two or three days afterward.

Her roommate has seen the seizures and described them to us. The patient begins to growl and laugh hideously(3) and has a high-pitched squeak(3). She then becomes cyanotic and rigid(3). She shakes all over(2) for a few minutes, with fast, shallow breathing. She is incoherent afterward and does not recognize her roommate. She chews her tongue(2) but does not foam at the mouth. Her eyes roll back, and her teeth are clenched.

The seizures occur more frequently in the morning(2), after exercising, and before or with menses(2). She becomes fearful(2) and anxious(2) when she gets the déjà vu feeling. In the last few weeks she has developed twitching of the hand and eyes, lasting the whole day(2). Her roommate describes her last attack by saying "…. Her knees were drawn in, she clenched her fists, and began to laugh before the attack. She clenched her jaws and drooled a little. The attack was of a rigid, tonic and clonic nature. Her eyes rolled backwards and she was cyanotic with it. She lost consciousness with it, and when she came to, she was limp and went to sleep."

She tells us that she has had a problem with weight control. When she was five years old, her tonsils were removed. Then she began to gain weight. She weighed 225 pounds seven years ago. In the last seven years she has lost 75 pounds.

Her digestion is good; it used to be sluggish. She has either diarrhea or constipation, and passes a stool every other day. She has internal hemorrhoids that itch and are painful if she becomes constipated.

Sugar acts like alcohol in her(2). Her extremities begin to tingle, and she becomes tired, moody, and irritable(2).

Craves salt(2), sweets(2), and ice cream(2).

She regurgitates slightly if she eats cold foods. She burps up milk if she drinks it. She does not digest meat or fish very well, and does not care for them.

Averse to pork(2).

She is always thirsty, drinking ten glasses of room-temperature water a day.

As a child she craved burnt food, like burnt toast.

Her menses are sporadic. The time between varies from 30 to 50 days. They last for seven days and are very heavy. The discharge varies from bright to dark and contains dark clots. Before the menses she desires sweets, gets a backache, her abdomen bloats, and she gets cramps with occasional breast tenderness.

She is not sexually active; has never been pregnant or used birth control pills.

She has had many yeast infections in her life. She has an occasional vaginal itch now.

Her sleep is not very refreshing. She sleeps on her right or left side, or on her back. She talks in her sleep. She likes to get warm, using an electric blanket, but will stick her feet out if she gets very hot.

Her perspiration is normal. If she exerts herself greatly, her head will perspire especially if warm. She has had no history of urinary tract infections. She frequently voids but never feels like she empties her bladder. She wet the bed until she was 14 years old.

She has had many ear infections in her life. They stopped several years ago, and then she began to get them again. She ruptured her eardrum seven years ago. Her ears itch all day.

She occasionally has postnasal drip.

She had bad Eczema on her scalp in the past. It was very itchy and would peel in large scales.

She does not like tobacco smoke, which gives her a headache.

She has no major fears except gaining weight and possibly snakes.

Analysis and Follow Up on Case Number 2

This second category in the classification includes people with epilepsy resulting from a brain lesion or scar. Patients in this second group should never be led to believe that they will be rid of epilepsy. Many in this group will, in fact, stop having seizures. Others, however, will improve from the simillimum in many ways but will still have seizures. I have found it difficult to predict ahead of time what will happen, and I don't feel it is a function of the degree of clarity of the remedy picture. It is as if the pathological change, whatever it may be, sets a barrier that the simillimum cannot cross.

Generally, I strongly suggest that one begin treatment with a low-to-moderate potency, rarely giving above a 200c. My reason for this is that often the reaction to the remedy is very strong. After all these years of seizures and medication, the organism is finally given something that may begin a healing process. The organism takes that remedy and uses it to open Pandora's box. A strong response usually follows, such as an intense illness. The winter desolation of this

illness is awakened with the remedy, and so follows the springtime of hope and growth. But with springtime, comes a vigorous cleansing of the body.

What seems like a severe acute illness in people in this category is really part of the curative reaction brought about by the remedy and should therefore not be treated simply as an acute illness. It has to be managed correctly: sometimes not treating it, sometimes repeating the simillimum. There are many case management challenges at each of these 'acute illness' visits.

Be aware of these reactions as they lurk about. Treated incorrectly, the reaction goes away and then the patient may have seizures again, sometimes worse than before. Can you imagine what it would be like to be in prison for years, surviving by determination alone, and then one day you are told that you will be released? You dress and prepare to go. Then, just as you leave your cell and get your first taste of freedom, your keepers change their minds, throw you back into the cell, and slam the door. That shock to the organism is immense. And so it is when interfering with an acute, sudden reaction of the organism to the simillimum. If this reaction is ruined, it may be a very long time even with correct homœopathic treatment, before the organism will again attempt to throw off the yoke of this illness. Its reactive, curative ability was damaged with the first interference.

For people in this category, I often begin with a low potency, 30c or 200c. If given the 30c or 200c, the reaction often occurs within a few days to a few weeks. If given a lower potency, the reaction often occurs within a few days to a few weeks. If given a lower potency, the reaction takes several weeks, building up steam before it breaks through with an acute episode. On a clinical side, with this lower potency group, often all that is needed is to increase the potency, from 6c to 12c for example, to manage the acute.

If this acute occurs and is handled correctly, the likelihood of cure is great. If the acute never materializes or, worse, if it does materialize and is mismanaged, the likelihood of cure is poor.

Case Number 2 is one in which *Causticum* and *Cicuta virosa* equally cover the symptoms of the seizures, with laughing before seizures, bladder insensitivity, Eczema on the scalp, and a desire for burnt food. *Kali bromatum* strongly fits the symptom of déjà vu. At various times, I prescribed the first two remedies. Neither helped the patient, and, in fact, both increased the frequency of her seizures.

I asked myself what remedy I would give her if she did not have epilepsy. What remedy has obesity, a tendency toward constipation, and a craving for salt, sweets, ice cream, and burned foods? What remedy begins the night chilly and **then** sticks her feet out? Why did she begin to have ear infections seven years earlier, just when the seizures began again? The only remedy and explanation for all these symptoms is *Calcarea carbonica.*

Then I returned to the symptoms of the seizures, with the terrible headaches, weakness, and aggravation by exertion and before menses – all of which fit *Calcarea carbonica.*

Plan: *Calcarea carbonica* in 6c doses, repeated two times daily.

Follow-Up

I began treatment with this patient five years ago. Eventually, over a period of six months, the grand mal seizures ended as the petit mal seizures continued. The little déjà vus and blanking states disappeared as well, over a period of two years.

JAN RAYMOND: Why does repertorizing the symptoms of the actual seizures often not reveal the correct remedy?

HERSCU: It depends on what you think is individual in the case. If she had acne instead of epilepsy, for example, would you extensively repertorize the acne? Sometimes you would, and sometimes you wouldn't. It depends on where the individualizing symptoms lie in a given case. It is easy to get so caught up in the symptoms of the epilepsy, especially if they are severe, that we focus only on those symptoms in prescribing. Yet, these symptoms are just part of the disease.

You are looking for individual symptoms, whether inside or outside the disease, and then you must relate the two aspects. Many times the remedy you are going to give will not have the specific symptoms of the acne or the epilepsy. Ask yourself, 'Does the remedy fit the general nature of the patient as well as some of the elements of the chief complaint?' Play the two aspects together.

PRAKASH VAKIL: KENT says that you cannot prescribe for a patient of epilepsy unless you see an attack. May be that explains the difficulty. Quite often we have not seen the attack. The seizures are described by other people who maynot have observed it properly. Modern technology would make it possible for someone to videotape the actual seizure.

HERSCU: Yes, video can be very useful in these types of cases. Four months ago I took a case and couldn't find a remedy. At that time I was videotaping many of my cases, so I played the video back. The person complained of sadness and depression. In the space of time that I finished the videotaping and bent down to turn off the video, he had a petit mal seizure. No one knew he ever had seizures! He didn't know,I didn't know, no one knew. I became aware of it only because it was captured on video, and I happened to see it when reflecting on the case, after the fact.

Case Number 3

The patient I would like to describe in the third group is a 10 year-old boy diagnosed with Batten's disease, which is a lipid storage disorder similar to Tau-Sachs.

Amy and I first saw this boy on November 22, 1986. He had been in a wheelchair for years and was blind since age five. He and his sister were adopted when he was two years old. When each child turned five, they started to show signs of the disease. The first symptom for both was blindness. They they began slurring words and were unable to learn at school even though they both had quite high IQs. They started to lose their ability to walk, and their knees started knocking together. The disease has progressed steadily in the last ten years. His sister died this year and the family physician expects this boy to die this year as well. By the time he came into our office most of his nervous system and his brain had degenerated. I would like to mention a quick word here about his family, made up of loving, patient people who cared for these two extremely handicapped children in their own home and who gave endlessly until the end.

He stares with wide open and tremulous eyes, which move about from side to side. He has strings of mucus running down his nose and face, which his parents wipe frequently.

He does not control urine or stool.

He constantly swallows saliva, bites his lip, rocks back and forth, sighs, and sucks air through his mouth.

During his grand mal seizures, his eyes roll around(2), he screams(3), he becomes taut and tense, and then he begins to shake(2). He falls asleep for a few hours afterward. He loses urine with the attack. He does not foam at the mouth. His parents hear strange noises from him during an attack(3), and he usually throws his head backward(2). Attacks may occur more often when he is overheated or tired.

Suddenly in the office he starts to whine, "Mom, go home! Mom, go home!"(3). He repeats this over and over again, faster and faster; the mucus is now really running from his nose. He has a nasal voice. I tell him where he is and try to communicate. He just continues yelling. Now he starts hitting his face with his open palm of his right hand again and again, rapidly, harder and harder, "Home, home!" His face has turned bright red.

He seems totally unaware of his surroundings and mucus is everywhere. His hitting is almost like a spasm from his elbow. My impression is that this really sweet child has been suddenly possessed.

I wait until he quiets down. He is silent. I ask him, "You don't want to cry do you?"; this sets him off as if I had turned on a switch. The attack is very intense(3). Everybody in the room is agitated, and my heart is pounding.

His parents say he becomes angry if tired or if he has to do things he doesn't want to do, such as going to the doctor. He also gets angry if he is wet. He loves music, not hard rock, but more of the mellow type. He doesn't curse. He loves motion. His parents were blessed with one biological child, after they adopted this patient and his sister, and this 'normal' brother, who is 8, pushes the wheelchair up and down our hallway, as the patient yells, "Faster, faster!" and makes the sound of a motor with his lips, "brbrbrbrbrbrbrbrbrbr," with more and more intensity.

He has no finger or toe nails to speak of. He has a fungal infection on his toes, and he picks and bites at his nails compulsively.

He has a ravenous appetite (3); he eats and eats and eats. He is constipated. He has one stool a week, which is voluminous. There is no evidence of worms.

He can often go without sleep for the night (2). Sometimes he kicks covers off his feet. He always stays in the position his mother puts him in.

He loves snakes. When he could still walk, he would find snakes and stuff them into his shirt.

Analysis and Follow-Up

This final case exemplifies my third category: seizures that are only one major part of the case. These patients tend to be children with many genetic or metabolic problems, one of which may be epilepsy. Many of the patients in this group **are** children because often patients with these sorts of problems do not live into their teenage years. These are the children with all those 'orphan' diseases – illnesses that are not well known. Because I am young, I cannot yet say if Homœopathy can stop or eradicate any of these illnesses. It seems that, at the very least, the pace of deterioration can be slowed. When I am older, I hope I can say more.

What I can say is that, if the illness reaches a certain point, it is irreversible and the patient most likely will die. Once the simillimum is given, the patients often improve incredibly, in many ways. Then their health suddenly deteriorates, and the seizures return. With good treatment, they will improve again but often not to the extent that they did the first time. This 'yo-yo' effect can continue until they die, as if the fabric of their lives has been worn too thin to be restored.

With very little reservation, I can say that most patients in this third category respond beautifully to the simillimum. Some will stop responding, while others will remain well, at least for a number of years. with this third category, I tend to begin with a low potency to buy as much time as possible. The lower potencies will palliate much longer, and I still have the higher potencies to use later. The goal is not a cure, it is not possible for many of these degenerative illnesses. The goal is palliation, as illustrated by this case.

HERSCU: What would you prescribe for Case Number 3?

LINDA SHOWLER: How much of this symptomatology is due to Batten's disease?

HERSCU: All of it. Basically, the nervous system and the rest of the body are 'melting.' One could think of it that way.

RICHARD PITCAIRN: I don't know the pathology of that disease very well. But I looked up softening of the brain, and I crossed that with the desire to home. This suggests *Lachesis. Lachesis* also has constipation without desire. And I thought it was quite odd that he was attracted to snakes.

HERSCU: Yes, and the face getting red would also support *Lachesis.* Other remedies?

JENIFER JACOBS: I thought of *Tarentula hispanica* because of the frenzied activity you described and the desire to be pushed fast. He liked music. And *Tarentula* can certainly have Neuromuscular conditions, Multiple Sclerosis, Chorea, and so on.

HERSCU: *Tarentula* is a very good thought. It is also listed in the repertory under striking oneself.

NEIL TESSLER: I suggest *Medorrhinum* because of the copious discharges, the intensity, and the biting of his nails.

NICK NOSSAMAN: I am thinking palliatively, looking at the picture of the seizure. I would consider *Belladonna* because of the desire to go home, the striking himself with his hand, and the **red** face as opposed to cyanosis. The boy had such small reserve I would expect him to be cyanotic.

ANDREW LANGE: Nick just stole my fire. I agree with him. I chose *Belladonna* for the rreasons he has given. I want to also mention a story that may be of some use. Two nights ago I was on an airplane a woman was in status epilepticus. I didn't have any remedies with me. I resorted to my meager knowledge of Acupuncture, and pressed on the point, Governing Vessel 26, right under the nose. Within 15 seconds she came out of the seizure, after having been in the seizure for 45 minutes. Each time she relapsed a littler bit into seizure activity. I would apply pressure to that point, and she would simply go to sleep. It was like a knockout drug. I was quite impressed.

HERSCU: Yes, the 'magic button.' There are a lot of kids with epilepsy who refer to their 'magic button.' Anytime they start feeling that 'weird thing,' they press on this point. I owe my awareness of this to Ember Carriana. We were fellow students at NCNM.

STEPHEN KING: Ordinarily I don't comment on cases because I know the content ahead of time. But I didn't look at this case, so I can give my impressions. The first thing that strikes me is the miasmatic quality. The pathology is quite destructive. So, I think of the Syphilitic or tubercular (Psora plus Syphilis) Miasm. He's very intelligent. The case states that he and his sister had very high IQs. He is suffering tremendously because he started with a very acute awareness. There is a quality of intensity and of precocity. He is striking himself probably out of a kind of torment.

HERSCU: If I can stop you for a second, I want to mention something. We have to wonder what we are doing with these children when we give them the remedy and prolong their lives. Each time I saw this boy I would ask him, "Do you want to live? Give me some kind of clue!" We must think about this because we are perhaps keeping a human being in a state of considerable suffering.

STEPHEN KING: Yes. He's suffering a lot, and he's hitting himself and he wants to go fast. Somehow it reminds me of Kent's lecture on *Tuberculinum* in which he mentions the homœopath, GREGG. GREGG developed Tuberculosis, and he found no comfort except when riding in the cold winds along Lake Erie. This boy's desire to go fast seems similar. So, I would suggest the possibility of *Tuberculinum.*

Case Analysis and Follow-up

This patient illustrates the dilemma of deciding the basis for the prescription. The child has many symptoms. Few of these symptoms are characteristic or individualizing. His illness is quite progressed. Another homœopath had given him many remedies, to no avail. He came in and started to have an intense attack. Just from the intensity of his state, the sheer agitation of the patient (as well as myself!), redness of the face, and the striking of his head, I reached for *Belladonna* 30c and placed one dose in his mouth.

The attack ended quickly. As the agitation was subsiding. I took the rest of the case.

Plan: *Belladonna* 30c to be taken as needed.

I saw the child one month later. The report was nothing short of a miracle. His teacher said that his attention span went from less than a minute to 20 minutes. He seems much more alert in the office, has been more insistent of others, is aware now of who is in the room, and calls for people.

Follow-Up

Now, when his mother tells him in the morning, "It's time to get dressed." He will say, "pants, pants, pants," insistently. After his pants are on, he will sequentially yell out for a shirt, socks, shoes, and so forth, until he is dressed. He hasn't been able to do this in years. When it is time for him to get out of the bathtub, he reaches out and tries to stand up. His nails are growing in; he isn't biting them anymore. He is also picking his lips less. He is crawling more. He crawls to the dinner table and all over the house. He hasn't had any angry fits or seizures. He smiles more. He sleeps calmer, still uncovering himself and staying in the same position he is laid in. His appetite has increased. If he doesn't drink distilled water, his urine smells very

strong. He has had three bowel movements in the past week.

I would like to mention three points here. First, his body's incredible response to the simillimum is fairly common in these kinds of patients, although it does not indicate the outcome of the case. Second, when a remedy is correctly chosen, improvement occurs in every facet of the organism, not just whatever the chief complaint might have been, in this case, the seizures. This is a great clue that you have hit upon the simillimum. Third, the repetition of the 30c dose was absolutely necessary in this case because the fabric that the remedy had to act upon was practically nonexistent. The remedy would constantly act and then stop acting, so it had to be repeated. This is a very big clue that the case, although responding well to the simillimum, is incurable. Amy recently treated a young man with Frederick's ataxia who had an initial response to *Mercury* which was no less miraculous, but which didn't last more than a few months.

The case progressed quite nicely on *Belladonna.* Eventually, I changed the potency to 200c and later to 1M. Several months after the first treatment and during the course of a two year treatment with *Belladonna,* the case began exhibiting the 'yo-yo' effect I mentioned before, where the child's health was remarkable but would then drop suddenly. We would repeat the remedy or go higher in potency, and the child would respond quickly each time.

Then my wife called while I was away on a trip. She said that the boy had gone into a collapsed state: no bowel movement, no sweat, nothing. He just lay there without moving, not eating or drinking. The parents were using a turkey baster to squirt some juice or broth into the back of his throat, but he would just spit it out.

I said to my wife, "Well, there must be some other symptoms, some sort of irregularity in the breathing or something else," Her response was, "No, nothing. Absolutely nothing. He just lies there."

HERSCU: What would you do? Do you give a remedy? He may be dying.

JOHN COLLINS: I think homœopathic *Opium* is a possibility because *Opium* is indicated for patients who are obstructed and comatose, especially if there is a lack of pain. It is also indicated for patients who tend to get capillary congestion in the face, a red face, and perspiration in the coma or during the seizure.

JEFF BAKER: If I were igoing to give any remedy it probably would be *Phosphoric acid,* but I don't think I'd give any remedy.

HERSCU: That's a very personal choice. You have to think about it. What are you going to do in that situation? You have to think about it **before** you see a patient like this for the very first time because sooner or later you're going to get to that point. You would just let him pass? What about the parents? The parents are very religious. The parents are wonderful people. They said, "He's alive because God wants him to be alive. He's going to die when God wants him. Until then, we'll bring him to you." I felt I had to try to help him and them.

At first I thought that this must be *Opium.* But further reflection suggested the idea of *Calcarea carbonica.* Why? Because of the complementary nature between *Belladonna* and *Calcarea.* Can *Calcarea* have a collapsed state, with extreme constipation? Yes, of course. He had responded very, very well to *Belladonna* for years. So, it is necessary to be flexible and creative. He was given *Calcarea carbonica* 200c, and he snapped right out of it.

The boy did very well for several months. *Belladonna* and *Calcarea* were given as needed – sometimes one and sometimes the other, depending on which one he responded to.

Then, at a certain point, he went into another collapsed state, and neither remedy produced a beneficial effect. The symptom picture was slightly different. He lay there, sweating, grinding his teeth, and banging his head on the floor. *Tuberculinum* brought him right out of this state, and he did well for quite a while until he developed a number of severe Decubitus Ulcers. His state began to deteriorate once more. It was as if his soul was stuck in this body, as his body was disintegrating.

[Editors' Note: Dr. HERSCU then showed a video of the patient at this point in the case. There were 20 or 30 Decubitus Ulcers of various sizes, some quite necrotic. In some places it was possible to see the underlying bone. Other areas of the body were edematous with puffy, shiny skin. Dr. HERSCU asked for remedy suggestions. *Secale cornutum, Apis, Anthracinum,* and *Arsenicum album* were offered as possibilities.]

Arsenicum album 200c was prescribed. If you look at the rubrics for swelling of the lower limbs, dropsical, white, *Arsenicum* is there, often in bold type. It is indicated even in the small rubrics, shiny skin and swelling. And, if you look at the gangrene rubrics, *Arsenicum* is in bold type throughout. Many people go into an *Arsenicum album* state at the end of life.

Three or four days later the mother said that the ulcers were healing. No new lesions developed. The swelling went away. The boy became more active and alert again. He began once more to hit his head on the ground, to grind his teeth, and to sweat.

Because he had responded so well to *Tuberculinum* previously, this remedy was given again: 12c on a daily basis. He did well for about two months. There were no ulcers, no seizures, and no symptoms. And then he died. This is a typical course for this kind of case. The patient responds quite well to treatment, then relapses,

then responds well, then relapses, as the overall condition inevitably deteriorates.

So, the child progressed from the *Belladonna* **state to** *Calcarea carbonica, Tuberculinum, Arsenicum album,* and finally *Tuberculinum* once more before he eventually died after four years under our care. This was the progression of correct prescriptions for the **palliation** of this case. He lived much longer than anyone expected, and I believe he was one of the oldest surviving persons with this illness.

Concluding Remarks:

It has been ten years since I initially put forth this basic approach to treating patients with seizure disorders. Perhaps because of the pediatric book I wrote, I have developed a practice where a good number of my patients have problems such as seizure disorders, genetic problems, Autism, etc. and I have much more experience to base my thinking on. That said, I would not change my basic philosophy, as I have had ample opportunity to work with this population and have found this framework to be extremely useful. I would be interested in other peoples' perspectives on treating seizure disorders, especially those of you who have seen many cases over many years.

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9. Excerpts From History of Homœopathy And its Institutions in America

   (This Tenth part narrates the impressive manner in which Homœopathy began taking its roots in America.)
   (HH. 19, 1 - 6/1993)

The Metropolitan Hospital on Blackwell's Island dates its history from the year 1894, and is the outgrowth of the older institution known in history as the New York Charity Hospital on Ward's Island. The latter institution was the result of a movement which originated as far back as 1857, when the homœopathic profession in New York was making an earnest and honest endeavor to introduce its treatment in some of the great charities of the city. The efforts then made were well directed but the petition presented to the authorities seems to have fallen into the hands of the old allopathic enemy, as the majority report of a select committee declared "that it would be both unwise and inexpedient to change the medical government of Bellevue Hospital, or place any portion of it in charge of a board of homœopathic practitioners for the purpose of experimenting with that system of practice upon its inmates." The minority member of the same committee also made a report, but his declarations availed nothing against those of the majority. Although the adverse report of the commissioners had not a disheartening effect upon the hopes of the homœopathic profession and its friends in the city, there was no further well organized attempt to introduce Homœopathy into the public charitable institutions until the winter of 1874-5, when the subject of homœopathic success in general was being discussed in one of the leading clubs by several men of prominence in professional and official circles. A narrative of the events of the occasion are not deemed important here, but the consensus of opinion inclined to the belief that the homœopathic profession was entitled to representation in the great charitable institutions of the city; and out of the opinions then well voiced there grew a petition which was so strongly reinforced with names of representative men that the commissioners of charities could not turn a deaf ear to its presentations, for it asked only the recognition of a right, and not a favor. The county homœopathic society also took an active part in the movement, and as its result, on August 7, 1875, the commissioners agreed that a part of the old inebriate asylum on Ward's Island should be set apart for a hospital to be under the charge of homœopathic physicians, subject to such rules as the charities department might establish.

The story of the origin and marvelous growth of Homœopathy in the United States had its beginning in the year 1825 in the city of New York, when Dr. Hans Burch GRAM, a brilliant surgeon, physician and scholar, visited that city, where his brother, Neils B.GRAM, resided. Dr. GRAM, an American by birth, had recently come from Copenhagen in Denmark, where he had been educated and where he had become a believer in the medical doctrines promulgated by HAHNEMANN the founder. Thus, in America GRAM was the first exemplar to teach and to practice medicine according to the law of Homœopathy.

Hans Burch GRAM was the son of Hans GRAM, whose father was a wealthy Sea captain of Copenhagen. Hans GRAM when a young man was private secretary to the Governor of the Danish island of Santa Cruz. While travelling in the United States in 1782 or 1783 he became interested in a Miss BURDICK, the daughter of a hotel keeper in Boston, where GRAM was then living. He married her and for his action his father disinherited him, but relenting on his deathbed, left him his fortune. Mr. GRAM settled permanently in Boston after his marriage, but the records of his life are meager. At one time he was living in Cambridge and was an organist. He afterward lived on Common street, where he died in 1803. Mr. GRAM on hearing of the death of his father prepared to leave Boston and return to his native land and receive his patrimony, but the night before he was to have sailed for Denmark he was taken sick and died

in a few hours. His widow survived him but two years, dying in 1805.

Hans Burch GRAM, the son, a year later, in 1806, at the age of eighteen years, went to Copenhagen to claim the fortune left by his grandfather. He obtained a portion of it and was successful in finding friends and relatives willing to aid him. Prof. FENGER, physician-in-ordinary to the King, was his uncle, and through his favor GRAM received a superior education. He was placed in Royal Medical and Surgical Institution, and Dr. FENGER gave him every advantage of the other school and later of the hospitals of Northern Europe.

Within a year after his arrival in Copenhagen he was appointed by the king assistant surgeon to a military hospital. This appointment was preceded by a rigorous examination in Latin, Greek, Philosophy, Anatomy and minor surgery. He was officially connected with the hospital as surgeon during the last seven years of the Napoleonic wars, residing therein much of the time. In 1814 he resigned his position, having been advanced to the rank of surgeon, and won the highest grade of merit in the Royal Academy of Surgery, with the degree of C.M.L., the highest of three degrees. He then devoted himself to general practice in Copenhagen, and so successfully that at the age of forty years he had acquired a competence for himself and also was enabled to assist the members of his family, all of whom had remained in the United States.

During the years 1823 and 1824, GRAM had become acquainted with the principles of Homœopathy and had tested the new system very carefully on his own person and in his extensive practice, and had become convinced of the truth of the doctrines propounded by HAHNEMANN. But he longed to see his family in America, and therefore returned to the land of his birth. He sailed from Stockholm in the ship "William PENN," Captain William THOMPSON, and landed with him at Mount Desert, Maine, where he lived for some time as a guest of Dr. Kendall KITTRIDGE, the first doctor ever settled on the island. GRAM afterward took passage with Captain Thompson for New York, where he landed some time in 1825 and where his brother, Neils B. GRAM, was established in business. He lost his fortune by endorsing notes for this brother, who seems to have been unfortunate, and was obliged to resume the practice of medicine.

It is probable that GRAM was induced to return to America more because he believed he could disseminate the doctrines of Homœopathy than with any thought of entering into active practice. He was a ripe scholar and in Europe had been the associate of many learned men. However, he opened an office in New York, though on account of his modesty it was several years before he became well acquainted with his brothers in the profession. GRAY says of him: "He was too modest by far in his intercourse with his fellow men. He was not diffident nor timid, for no surgeon knew better how to decide when or how any operation of the art should be performed, and very few, indeed, could operate with his skill and adroitness; but in conversing with a fellow practitioner he very much preferred hearing the sentiments and opinions of others to delivering his own. He made it a rule never to express his opinions on scientific matters until they were sought for in detail. Yet GRAM was apt and willing to converse and to teach." It is thought that he must have been a homœopathist in Copenhagen for ten or twelve years previous to his departure, and he claimed to have been one of the earliest of the European believers. Desiring to call the attention of the medical profession of New York to the subject of Homœopathy, a few months after his settlement he made a translation of Hahnemann's "Geist der homœopathischen Heil-lehre" and published it in a small pamphlet of twenty-four octavo pages, with the title "The Character of Homœopathy." This work was dedicated to Dr. David HOSACK, at that time president of the New York College of Physicians and Surgeons and Professor of theory and practice in that institution. This essay was first published in a German newspaper of March, 1813, and afterward in a volume of the second edition of the "Materia Medica Pura." It was printed in the form of a letter to HOSACK, and was gratuitously distributed among the leading members of the medical profession, and especially to the medical schools.

GRAM had long been away from the country and his English was bad. His twenty years in Denmark gave this little missionary tract such a Danish-German-English grotesqueness and such complicated grammatical construction that it was difficult to read understandingly. GRAY doubted whether any one to whom it was sent ever did read it. HOSACK said he had not done so. GRAM was greatly disappointed that the truth he so firmly believed in should be so coldly received, and with the exception of certain manuscripts afterward loaned to Folger, and lost by him, nothing further was written by him. This pamphlet was the first ever published in the United States on the subject of Homœopathy. Only one copy is known to exist, and that was presented by Mrs. WILSEY to Dr. HENRY M. SMITH and by him donated to the New York library.

A powerful factor in the introduction of GRAM to his fellows in New York was that he was an enthusiastic royal arch mason, and it was through the influence of the lodge room that he formed several close friendships with influential persons; he met FOLGER at a Masonic meeting. It is said that he was an officer in Jerusalem chapter No.8, and took part in the exaltation of FOLGER at an extra meeting on May 25, 1826. After the ceremony GRAM introduced himself to FOLGER and thus formed an acquaintance that lasted until the latter left the city, in 1828.

Robert B. FOLGER, born in Hudson, N.Y. in 1803, commenced the practice of allopathic medicine in New York in 1824. For sometime after he met GRAM he ridiculed the new method of small doses, but in August, 1826, GRAM, at Folger's request, treated successfully several cases that the latter had deemed incurable. He then became interested and began the study of German under GRAM's tuition, reading with him the Organon and the "Materia Medica Pura." FOLGER began the practice of Homœopathy in 1827, but having no confidence in his own knowledge of the system, GRAM accompanied him when he visited his patients. In 1828, on account of ill health, he was obliged to visit the south, and GRAM bade him goodbye at the vessel when he sailed. During this time FOLGER was Gram's only student and assistant. After FOLGER went south his connection with GRAM ceased and he did not again practice medicine. He returned to New York in 1835 and gave his attention to mercantile pursuits. During the first week of their acquaintance, GRAM introduced the subject of Homœopathy, presented him with his pamphlet and with a manuscript article on the pharmacodynamic properties of drugs. While FOLGER was in North Carolina GRAM determined to go there, and was to have joined him in Charlotte in 1828 but reverses in business on Folger's part caused the project to be abandoned.

In November, 1827, GRAM was proposed for membership in the Medical and Philosophical Society of New York, and was elected the following February, initiated in June, and at the general meeting the next month was elected corresponding secretary. In july, 1830, he was elected president. He had taken a prominent part in all the proceedings of the society and in January, 1929, proposed a plan of correspondence with the fellows soliciting their co-operation in collecting facts, especially respecting diseases and remedies, whereby much knowledge could be obtained, erroneous opinions corrected, and sound doctrines become better known and appreciated.

In September, 1826, FOLGER introduced to Ferdinand Little WILSEY, a merchant, who also was a prominent mason and master of a lodge, in order that GRAM might instruct him on certain important Masonic points. Mr. WILSEY was born in 57 Reade /street, New York, June 23, 1797. Friendship was at once established between the successful merchant and the physician, and the former often entertained GRAM at his house. WILSEY was a sufferer from dyspepsia and his own physicians, Dr. John F.GRAY, having failed to relieve him, he was induced to place himself in his friend's care, and thus became the first patient who was treated with homœopathic remedies in the United States. The success of the treatment was such that WILSEY, who for sometime had inclined toward the healing art, began the study of medicine under GRAM at the same time attending lectures at the College of Physician and Surgeons. He began practice in private, acquiring the title of doctor and quite a reputation among his friends, with whom his medical services were entirely gratuitous. The panic of 1837 caused him to give up mercantile pursuits and, being somewhat reduced in fortune, his friends procured for him a situation in the custom house, which he accepted, still continuing his private practice. Dr. WILSEY received the medical degree from the College of Physicians in 1844. In 1845 he joined a company for mining copper in Cuba, and sailed for that island to superintend operations. The project was a failure, his health became poor, and returning to New York, he at once opened an office and commenced for the first time the public practice of medicine. His efforts were successful and he amassed a considerable fortune. A few years previous to his death ill health caused him to give up practice and remove to Bergen, N.J., where he died May 11, 1860. He was devotedly attached to GRAM and remained so during his life; was his companion in his last illness, and the last at his final resting place. He was the first convert to the doctrines of Homœopathy in the United States, and also the first American who made any pretension to practice the same. WILSEY had frequently urged his old family physician, Dr. JOHN FRANKLIN GRAY, to be introduced to GRAM, but GRAY considered him a quack and refused to meet him until in 1827, when in Wilsey's store they became interested in the new theory of cure and permitted himself to discuss it with GRAM. It was with reluctance, however, that he consented to Wilsey's placing himself under Gram's treatment for his dyspepsia.

Dr. GRAY thus told the story of Wilsey's conversion to Homœopathy: "I had treated WILSEY for dyspepsia for a long time with such poor success that at his request I consented with much reluctance and almost boorishly to place him under Dr. Gram's care, to test the value of the improved practice. Under his treatment the patient experienced early and marked benefits. At that time I ascribed the change to his improved diet. But as my training, reading and experience, which had been unusually extensive for so young man, had failed to inspire me with confidence in any past or existing plan of therapeutrics, I was soon ready to put the method of HAHNEMANN to the test of a fair and rigorous observation. Moreover, Gram's inimitable modesty in debate, and his earnest zeal for the good and the true in all ways and directions, and his vast culture in science and art, in history and philosophy, greatly surpassing in these respects any of the academic or medical professors I had known, very much shortened my dialectic opposition to the new system. I selected three cases for the trial, the first, hemoptysis in a scrofulous girl, complicated with amenorrhoea; the second, mania

puerperalis, of three months standing; and the last, anasarca and ascites in an habitual drunkard. Following Gram's instructions, I furnished the proper registry of the symptoms in each case. He patiently and faithfully waded through the six volumes of Hahnemann's "Materia Medica" (luckily we had no manuals then) and prescribed a single remedy in each case. The first and third cases were promptly cured by a single dose of the remedy prescribed and the conditions as to diet and moral impressions were so arranged by me (GRAM did not see either of the patients) that, greatly to my surprise and joy, very little room was left for a doubt as to the efficacy the specifics applied. The case of mania was perhaps the stronger testimony of the two. The patient was placed under the rule of diet for fourteen days previous to the administration of the remedy chosen by GRAM. Not the slightest mitigation of the maniacal suffering occurred in that time. At the time of the giving of the remedy, which was a single drop of very dilute tincture of *Nux vomica* in a drink of sweetened water, the patient was more furious than usual, tearing her clothing off, and angrily resisting all attempts to soothe her. She finally recovered her reason within half and hour after taking the *Nux vomica* and never lost it afterward. I was determined the patient should not have the advantage of imagination, so I gave her a junk bottle full of molasses and water during the fourteen days and made her take a tablespoonful every two hours put the *Nux vomica* in molasses and water, so that she did not know that we had made any change of remedies. The husband came for me after she had taken the *Nux vomica* and said his wife was crying; she had recovered her reason and begged me to go and see her. I saw the lady and she thanked me for her restoration; she was perfectly well. I was her physician for a number of years afterward. A fourth case was soon treated with success, which had a worse prognosis, if possible, than either of the others. It was one of traumatic tetanus. During the first year of my acquaintance with GRAM I subjected only my incurables and the least promising instance of the curable to Dr. Gram's experiments, but this was simply because I could not read the language of the Materia Medica, and it was impossible to do any more without a knowledge of the German. During that time I surmounted this difficulty and became a competent prescriber and full convert to Homœopathy.

The year 1839 witnessed the first break in the circle of faithful enthusiasts who had dared and suffered so much for the cause of Homœopathy. GRAM, who had been the guide, wise and affectionate, was suddenly stricken with apoplexy. GRAY says: GRAM failed in health completely just as the new period began to dawn upon us. Broken in heart by the misfortunes, insanity and death of his only brother, upon whom he had lavished all the estate he brought with him from Europe, he was attacked with apoplexy in May, 1839, from which he awoke with hemiplegia; after many months of suffering he passed away on February 13, 1840. WILSON and I tenderly cared for him, and Curtis watched him as a faithful son would a beloved father. He was an earnest Christian of the Swedenborgian faith, and a man of the most scrupulously pure and charitable life I have ever known. In the presence of want, sorrow and disease, secluded from all observation of the world, he ministered with angelic patience and with divine earnestness."

Dr.GRAM was buried in St. Mark's burial ground, New York, but on September 4, 1862, his old-time friend and pupil, Dr. GRAY, removed the remains to his own lot in Greenwood cemetery. In the October number of the "American Homœopathic Review" is a long article by Dr.S.B. BARLOW, and another by Dr. H.M. SMITH, on GRAM. Dr. BARLOW writes: "Hans B. GRAM, M.D. died February 13, 1840, aged fifty-four years. So reads a marble tombstone erected over his grave in St. Mark's burial ground between Eleventh and Twelfth streets, on the east side of Second avenue, in the city of New York. On the fourth day of September, 1862, the grave of Dr. GRAM was opened and the remains taken up for removal to the private ground of Dr. John F. GRAY in Greenwood cemetery, where in a lovely spot his remains have reached a permanent resting place. I had requested to be present at the exhumation, which request was readily and kindly granted. I estimated his height to have been five feet ten inches, Gram's skull was of medium size, with good breadth of forehead showing that he had possed a great amount or volume of the perceptive and reflective faculties." Dr. BARLOW describes at length in this article the characteristics of GRAM from the phrenological examination of his skull at this time, thus: "Veneration, conscientiousness, benevolence, combativeness, cautiousness, firmness, attachment to friends, and to whatever was good, true, just and humane, were all characteristics of GRAM and the active operations of those sentiments could not but render their possessor a pleasant companion, a good man, a kindly physician, the central luminary of whatever circle he was placed in, not assuming dictatorial or arrogant in manner. Whatever feelings of superiority he may have felt toward those by whom he was surrounded, he could not but endear himself strongly to his friends and pupils, creating ties, the severing of which at his departure must have been painful indeed. Hence I find every person who knew him well still speaking in terms of the most endearing tenderness of him as a most estimable friend. Naturally he was, doubtless, a brilliant, cheerful and happy man; but had rendered him somewhat morose, taciturn, suspicious and distrustful – even of his best friends, embittering the evening of his days, producing

infirmities which brought a gloomy obscuration over his faculties and sentiments and throwing clouds of disappointment and unhappiness over his fastest friends.

"Future generations of physicians will do honour to the memory of Hans B. GRAM. The plate of his coffin bore the following inscription, portions of which were difficult to decipher, but I am sure it was all finally made out in perfection: Hans B.GRAM, M.D. a Knight of the Order of St. John, died Feb. 13, 1840, aged 53 years." (There is a discrepancy of one year in his age as given upon the coffin plate and that inscribed on his tombstone.)

At a meeting on Hahnemann's birthday, April 10, 1863, the meeting at which GRAY gave his address on "The Early Annals of Homœopathy in New York," after the banquet there were various toasts, and the talk turned on the early times of Homœopathy in New York city. Dr. BARLOW was asked to give his opinion of the character of GRAM, and he said, "The impressions I received from viewing the craniology of Dr. GRAM were first, the massiveness of his mind of brain, of his ability to grapple with whatever subject he undertook. Secondly, I was impressed with the idea of his courage, exactly, but courage for all good purposes, courage for a man who knew no fear except the fear of doing evil, doing wrong. I was impressed with his ability for general scholarship. His organ of languages was very good, his head could be called well balanced."

This story is told by Dr. MOFFATT of New York, illustrating the fearlessness of GRAM: "I heard it from his own lips. When he lived in Copenhagen and was a physician or surgeon in the National Military and Naval Hospital, a menagerie of wild beasts was there exhibited, among the animals being a full grown lion. The keeper entered the cage of the lion intoxicated which enraged the lion and he attacked the man and escaped from the case. GRAM was talking with a friend, and picking a nut with a nut-picker, when there was a sudden cry and the people ran out shrieking. Looking, he saw that the lion had escaped. Everybody fled but himself and he stood in a defiant attitude, fronting the beast, which came so close that he felt the heat of his breath, and Gram's purpose at the time was to plunge his hand with the instrument into the beast's mouth as the only means of staying the destruction that would follow should he attempt to escape with those behind him. As the creature crouched to spring, he felt his hot breath. While he stood fronting him in that attitude the attendants came with rods and cords and secured him. When it was over GRAM fainted. He did not get over the effect for six months ."

The only portrait of Dr. GRAM in existence is a pencil sketch by Dr. CURTIS, which was lithographed and published in the "United States Medical and Surgical Journal" for July, 1867, and is that from which is produced the portrait in this work. GRAY said the original was wonderfully accurate. At the 1863 meeting GRAY mentioned that a cast was taken of Gram's head, but did not know if it was then in existence. At the meeting GRAY, WILSON, and BALL were appointed a committee to arrange for erecting a monument over the grave in Greenwood, but nothing seems to have been done at that time. In 1869 the New York State Homœopathic Medical Society inaugurated a movement to invite dollar subscriptions for a monument to GRAM. At ameeting held September 14, 1869, at Cooper Institute, the following committee was appointed: Drs.John F. GRAY, L. HALLOCK, S.B. BARLOW, B.F. BOWERS, Carroll DUNHAM, H.D. PAINE, of New York; R.C. MOFFATT, of Brooklyn; I.T. TALBOT, of Boston; Walter WILLIAMSON, of Philadelphia; G.E. SHIPMAN, of Chicago, and Wm.H. HOLCOMBE, of New Orleans. Circulars were issued and some subscriptions were raised, but the matter was allowed to drop.

Dr. Gray's open adoption and profession of Homœopathy dated from 1828. He was born in Sherburne, Chenango county, New York, September 24, 1804, and was the fourth of five sons of John GRAY, first judge of Chenango county. When sixteen years of age his parents removed to Jamestown, Chautauqua county. Thrown on his own resources, he devoted himself to obtaining an education and a profession. After working for a time at a mechanical employment as a means of supporting himself, he obtained a situation as assistant and student with Peter B. HAVENS of Hamilton, Madison county, where there was an academy, and where he gave his services for his board and the opportunity for study and instruction. After two years he found a position as teacher in a neighboring district school. With money thus earned he was able to visit his home, and the journey of two hundred and fifty miles he accomplished on foot. While teaching and studying he fitted himself for a medical school. He was for a time under the tuition of Dr.Ezra WILLIAMS of Dunkrik. He went to New York in 1824, provided with letters to members of the college faculty. One from Governor Clinton to Dr. HOSACK brought him to the favorable notice of that leading physician, who soon became attached to him, admitting him to his private classes and otherwise aiding him. In 1825 he passed an examination for a license before the county medical society with a view to taking the position of assistant surgeon in the navy, but which, by the advice of friends, he declined. He received his medical degree from the College of Physicians and Surgeons in 1826.

Dr. HOSACK through his own influence and that of DeWitt CLINTON and Thomas EDDY, two of the governors, secured for GRAY a position in the New York Hospital as assistant physician. His appointment had been opposed by many who were unfriendly to

HOSACK and was coupled with the condition that he should undergo examination by the men who opposed him. Dr. WATTS, to open an office in the more thinly settled but rapidly growing ports of the city, had now formed an attachment with the lady who afterward became his wife, the daughter of Dr, Amos G. HULL, a wellknown surgeon of New York, and father of Dr. A. Gerald HULL. He opened an office in Charlton street and soon gained considerable practice. At this time he was regarded by his professional brethren as a young man of unusual promise and ability. And now, with everything favorable to him in a professional way, because of honest conviction he became a devoted adherent to the medical system which when spoken of at all, was considered as the latest medical absurdity, not worthy of serious attention. With his full adoption of Homœopathy in 1828, the immediate effect was to alienate his patrons and diminish the number of his families. Even those who had been cured without knowing it was with homœopathic medicines, declined, longer to trust themselves in his hands. His carriage which for sometime had been a necessity was given up as a useless extravagance.

In 1829 GRAM and GRAY were alone in the practice of homœopathy in New York city. GRAY devoted himself to learning German and soon was able to read Hahnemann's work in the original. He also mastered French, but from 1830 to 1838 he was poor and had a struggle to support his family. In 1835 his father-in-law, Dr. HULL, who had been in the truss business, died, leaving him executor. In attending to the estate much of his time was taken up, and from 1835 to 1838 he had an office in Vesey street, under the Astor house, where he could attend both to his profession and to his duties as executor. In his later years he was very fond of reading philosophical and medical writings in Latin. In 1871 he received an honorary degree from Hamilton College.

It is said of GRAY that he received pupils without fee, and that he always was ready to aid poor students of medicine. He died at the Fifth avenue hotel in New York, June, 5, 1882, after an illness of three weeks. GRAY was one of the first physicians who advocated a more extended and thorough system of medical education, and that the state should grant the license to practice. At a discussion in 1832 before the philosophical society he offered a resolution that but one medical school should exsit in a state; that rival schools ought not to be approved; that every physician in the state should be a teacher in such school, and that there should be one board in each state that should have the sole power of recommending candidates for license or degree. In November, 1832, he delivered a lecture on the policy of chartering medical colleges, the same being introductory to the course on theory and practice in the New York School of Medicine.

The next to join the homœopathic ranks was Dr. Abraham Duryea WILSON. GRAY and WILSON had been medical friends. In fact the coterie of brilliant young physicians, students and associates of Hosack, who one by one accepted the truth of Homœopathy, were intimates, members of the philosophical society, and it can readily be understood how they became acquainted with GRAM. WILSON, who had been in practice in New York since his graduation in 1822, was introduced to GRAM by GRAY. At first WILSON was incredulous, deeming, like his brethren, the new doctrine simply humbug, but the arguments of GRAM and the surprising cures accomplished induced WILSON to make further experiments. These tests resulted in his conviction of the truth of the homœopathic law, and in 1829 he publicly adopted that method in his practice.

Dr. WILSON was born in Columbia College, New York city, September 20, 1801. His father, Peter WILSON, was Professor of languages and Greek and Roman literature in that institution. He was educated in the college, graduating in 1818, when but seventeen years of age; but he did not receive his diploma until of legal age, in 1822. After graduation he at once commenced the study of medicine under Drs. HOSACK and FRANCIS, receiving the degree from the College of Physicians and Surgeons in 1821. He at once settled in practice locating in Walker street, New York city. In 1824 he married Eliza HOLMES. He died of pulmonary apoplexy, January 20, 1864, aged sixty three years.

On Hahnemann's birthday anniversary, April 10, 1865, Dr. GRAY delivered a eulogy on the life of the founder, and spoke of the period of Wilson's adoption of Homœopathy as follows: "WILSON was already a conspicuous practitioner of medicine when he adopted Homœopathy. This change took place in 1829, the eighth year after his graduation from the College of Physicians and Surgeons, and the twelfth after receiving his baccalaureate in Columbia College. His social status and professional standing were such as to make a strong sensation respecting the new practice in a wide circle of the community at the time. His father, an eminent Scottish scholar, was professor of the Greek and Latin languages at the time of his son's birth, and for many years after. His brother, the late George WILSON, an accomplished counselor at law in the city, who was twenty years his senior, and therefore able to aid him behalf. Moreover, this brother, as WILSON told me, earnestly interested himself after the venerable father's departure, in his culture in ancient and modern literature and philosophy. Whatsoever the elder brother could accomplish for him in society and in aid of his professional career was certainly effected with gratifying success. Dr. WILSON had also the great advantages in that day resulting from the personal

friendship and patronage of his illustrious preceptor in medicine, the late Dr. David HOSACK, in whose private classes he was a diligent pupil, HOSACK had received classical training from Wilson's father, to whose memory he was gratefully attached; and thus it can be imagined how readily this young man's studious qualities were appreciated and his aspirations in the outset of life fostered by his powerful preceptor. And that WILSON was a keen and prompt student under HOSACK, accepting and using all the advantages afforded by his great master's private and public lectures and by the great Clinique of the New York hospital in which HOSACK took the leading position was abundantly demonstrated by him when, in the capacity of a censor in the county medical society, he officiated as examiner of candidates for the diploma of that body. WILSON made the acquaintance of GRAM and myself (William Harvey KING) and encountered the great new problem of his life work, Homœopathy. After a patient study of its principles and a protracted trial of its art-maxims at the bedside, during all of which study and trial he refrained from expressing a judgement, he decided the question firmly and fully for himself and for all his future patients, in the affirmative; and thence forward he openly avowed his adherence to the doctrine and discipline of HAHNEMANN. WILSON came into our circle with all his stores of sound culture and with all his indomitable courage in defence of the right and true. I have said that the avowal of his change of practice ensued upon a very mature and thorough examination of the questions involved in the change; and I may add that this was his method in all other philosophical and administrative problems. His powers of analysis were never embarrassed by the perturbations of his emotional nature. Though generous, even to a decided fault on some occasions, and full of sympathy at all times and in every fibre of his being, yet he could at all times set his reason to work in the precision and cool steadiness of mathematical logic; and thus it was his wont so to apply his happily dormant rational power to the largest questions of faith and of practice in ethics and theosophy, as well as in ours of medicine. His characteristic lay in this rare peculiarity of constitution, one which belonged to the old time philosophers, that he could apply his consciously rational test processes over all the lines sketched by his intuitions; and his merit as a man consisted in the ever rare quality that he openly avowed and sustained whatsoever he found to be true by this his double process of investigation, pocolepsis, and demonstration. WILSON took this great step, Homœopathy, with a deliberation and courage consonant with his training in letters and science and with his constitution as a man. He was no adventurer in the community, with nothing to lose by the change, and perhaps a gain to make by heralding a novelty in medicine. Nor was he any view of his constitution, an eager innovator, a reformer of popular mistakes; but rather from his harmonic tendencies (he loved music) and his cordial, social rapport with all good meaning people of his place and time, he was a conservative; was indulgent to harmless errors and indisposed to violent uprooting. Nevertheless he went with his conviction of truth whensoever these were fully ripe in his soul.

"Bitter were the pangs and sore the costs of this bold change for the accomplished and successful young WILSON. In less than two years after the adoption of the new method, that is to say in 1831, when the birth of the last of his children had rendered the demands of family support strongest upon him, his change had deprived him of all his family practice save one; of that goodly broad basis founded by his familiar associates among the Masons in the Dutch church, of which he was a cherished member, and from among his family adherents, including those of his brother, the Counsellor WILSON, only one stood by him, Mr. THOMAS DUGAN, Sexton of St. George, who happened to be the mutual friend of WILSON and myself."

WILSON did not study German, therefore could not determine the remedy for himself, and as he was ever anxious to do his utmost for his patients, he was in the habit of taking them to GRAM for advice; and WILSON and CHANNING held daily consultations with GRAM. But long before his professional reputation was re-established, Wilson's careful methods and cures greatly advanced the system in the community.

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10. Polarity analysis, a new approach to increase the precision of homœopathic prescriptions
FREI Heiner (HOM. 98, 1/2009)

Introduction: The objective of the Swiss double blind randomized controlled trial of Homœopathy for attention deficit hyperactivity disorder (ADHD) was to find evidence of a specific therapeutic effect attributable to homœopathic treatment of hyperactive children. Each of the three phases of the trial yielded positive results. In the open label treatment phase prior to the double blind trial, a highly significant difference between the effect of initial suboptimal and the final optimal prescriptions were observed ($p < 0.0001$). this demonstrates that the effect of homœopathic treatment is causally tied to the choice of an appropriate homœopathic remedy and not just the result of the physician's attention to the patient.[1] during the double blind phase the effect of homœopathy was significantly different from placebo ($p = 0.0479$).[2] Sixty of 62 participants of the crossover trial were available for a 5-

year follow-up. Twenty-eight patients (47%) who were still on homœopathic treatment had a mean longtime-improvement of the Conners Global Index (CGI) ratings of 63%, and 25 patients (42%) who had stopped any treatment at all had a mean persistent improvement of the CGI of 53%, suggesting a partial healing of ADHD following homœopathic treatment.[3]

The study, being a rigorous clinical test of Homœopathy, also unmasked weaknesses of the method. Due to a low percentage of initially correct prescriptions the suspicion arose, that parents do not report symptoms precisely. Analysis of 100 unsuccessful prescriptions in children who finally improved with another homœopathic remedy, enabled identification of misleading symptoms. Frequently these were sensations and mind symptoms, while modalities (especially aggravations) and polar symptoms usually proved to be reliable information for repertorisation. The exclusion of unreliable symptoms led to an improvement of results, but also often resulted in oligosymptomatic cases, i.e., cases with only few usable symptoms. This problem was resolved by an experimental reintroduction of (pathognomonic) perception symptoms into repertorisation, which again improved our positive treatment results significantly.

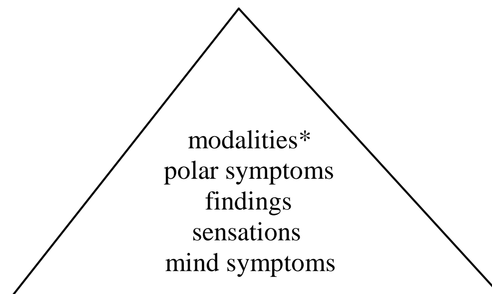
To allow for a precise differential diagnosis of possible homœopathic medicines, polarity analysis, a further development of Boenninghausen's concept of contraindications, was introduced and tested. It increased the rate of optimal prescriptions by 20% and thus turned out to be the most efficient improvement to our case analysis. The treatment modifications for ADHD-patients have been reported in an earlier publication.[4] This paper describes the transfer of insights gained in the treatment of ADHD into general case analysis strategies applicable also to other diseases. The results reached with the new approach are compared with the effects of a conventional homœopathic procedure.

Methods

The use of reliable symptoms

The reliability of the observation of symptoms as found in ADHD-patients can be summarized in a pyramid with the most reliable symptoms at the top and the least reliable ones at the bottom (Table 1). This pyramid was used for designing and testing checklists for acute diseases and questionnaires for chronic diseases (see below). As outlined in the publication on the treatment modifications in ADHD-patients,[4] pathognomonic symptoms are no longer excluded from repertorisation if they are characteristic, because such an exclusion violates the Law of Similars. (In ADHD-patients we found that by the inbtroduction of perception symptoms – which are pathognomonic for the syndrome – into the repertorisation, the rate of successful prescriptions increased significantly).

Table 1 Reliability of symptoms



*especially aggravations
Most reliable symptoms on top, least reliable at bottom

Polarity analysis

Polarity analysis is the result of the search for a way to better match the characteristic patient symptoms with the "genius symptoms"[5] of a homœopathic medicine (i.e., the most characteristic symptoms, of high grade), thereby improving the reliability of the prescriptions. To this end Boenninghausen's idea of contraindications was modified: almost every homœopathic medicine includes a number of polar symptoms. These are symptoms which also encompass their opposite, e.g., desire to move/aversion to move; thirst/thirstless; warmth ameliorates/warmth aggravates; etc. A medicine may exhibit both poles, usually indifferent grades. According to BOENNINGHAUSEN, high grade symptoms (grade three, four and five) correspond to the characteristics of the medicine. In choosing the medicine for a patient we have to find the one, whose characteristics best corresponds to the characteristic patient symptoms. All important symptoms of the patient ought to be covered by the correctly chosen medicine, in as high a grade as possible. If, in a given polar symptom, the opposite is covered by a particular medicine in a high grade, whereas the pole exhibited by the patient occurs only in a low grade, then this medicine – according to BOENNINGHAUSEN – is contraindicated and will not cure the patient. *Nux vomica,* for example, has aversion to movement in third grade, desire to move, however, only in first grade. Consequently, *Nux-v* will likely not cure a patient who exhibits a strong desire to move, even though it covers this symptom in principle. BOENNINGHAUSEN used this method to check his choice of medicines.[5]

Polarity analysis is a further development of this concept of genius symptoms and contraindications: by summing the grades of all polar patient symptoms for each likely medicine and subtracting the grades of the

corresponding opposite polar symptoms one arrives at the polarity difference.[4] For example: a patient suffers from tonsillitis with the following symptoms: <swallowing, <speaking, <cold food, <after waking, >after eating, thirst increased. All these symptoms are polar and covered by 19 medicines. However, only three of those are not contraindicated according to BOENNINGHAUSEN: *Natrum carbonicum, Mercurius solubilis* and *Magnesium carbonicum.* The concept of polarity difference for these three medicines is illustrated in Table 2. The **polarity difference** is the sum of the grades of polar patient symptoms minus the sum of the grades of polar opposite symptoms.

The higher the polarity difference, the more likely the medicine matches the characteristic symptoms of the patient, provided there are no contraindications. A negative polarity difference points to remedies which cover the patient symptoms in an unspecific way, i.e., do not cover all patient symptoms with their **genius symptoms.** Such remedies have very little chance of curing the presenting complaint in the patient. According to our example, *Nat-c* exhibits the highest probability to cure, *Merc.* The second highest. Using this method, the best suited medicine in a repertorization containing several medicines, which cover all the patients symptoms, can be more readily identified. The algorithm of polarity analysis has been since integrated in several repertorization programs of Boenninghausen's **Therapeutic Pocketbook.**[6-9] The case example given below demonstrates the practical application of polarity analysis.

Checklists for acute diseases and questionnaires for chronic diseases

After testing reliable symptoms and polarity analysis in ADHD-patients with good results,[4] we attempted the transfer of the method into the treatment of other diseases. To this end checklists and questionnaires with repertory-specific wordings of symptoms were created **to complete conventional case histories,** emphasizing modalities and polar symptoms. They were structured as follows: cause of the disease (free formulation)/general modalities/local modalities, findings and sensations/mind symptoms /symptoms not contained on checklist or questionnaire (free formulation). Eleven checklists for acute diseases and eleven questionnaires for chronic diseases were outlined for different main complaints (Table 3). In chronic illnesses, patients had also to complete a general questionnaire for additional symptoms not concerning the main complaint.

Table 2 Polarity analysis showing patient-and opposite-symptoms and polarity difference for a patient with tonsillitis.

	Medicine, degree of symptom				
	Nat-C	Merc	Mag-c	Rhus-tox	Graph
Patient Symptoms <Swalloing	1	3	2	3	1
<Speaking	4	1	2	4	3
<Cold food	1	2	1	4	3
<After waking	4	4	3	4	5
>After eating	4	1	1	2	2
Thirst increased	2	4	1	3	1
Total	16	15	10	20	15
Opposite symptoms					
>Swallowing	1	2	1	1	2
>Speaking	0	0	0	0	0
>Cold food	0	2	1	1	0
>After waking	1	0	0	0	0
<After eating	3	1	2	4Cl*	3Cl*
Thirstless	1	1	0	2	0
Total	6	6	4	8	5
Polarity difference	10	9	6	12	10

*Cl = Contraindication i.e., patient symptom low grade, opposite symptom high grade.

Organization of the homœopathic consultation

We organize a consultation for acute disease as follows: Open case history, physical examination, then parents or patients work through the specific questionnaire concerning their complaint and write down the symptoms observed, discussion of symptoms followed by repertorisation. Finally, the specific homœopathic remedy (single dose, 200 C) is given to the patient. In addition, parents receive a second possible remedy as a backup, which they can administer if the patient does not improve at least 50% within two days.

In chronic diseases the case taking is split into two consultations. During the first session a short open case history is recorded, followed by a physical examination. Then the questionnaire for the specific main complaint and the general questionnaire are explained. The patients take them home to give them sufficient time to answer all questions accurately. In the second session, the symptoms reported on the questionnaires are

discussed and the case history is completed by an additional interview of the patient. The repertorisation is made in the presence of the patient, and the differential diagnosis is also discussed with the patient. Finally, the choice of the patient's homœopathic remedy is arrived at after a careful Materia Medica comparison. Then the patient receives the remedy, usually as a single dose in the 200 C potency.

Table 3 Checklists for acute disease and questionnaires for chronic disease

(A) Checklists
- Airways
- Allergic rhinitis and conjunctivitis
- Disease of infants
- Ear-, nose-and throat disease
- Epidemic childrens disease
- Gastro-intestinal disease
- Headache and vertigo
- Influenza
- Musculo-sceletal disease
- Travel sickness
- Urinary tract disease

(B) Questionnaires
- General questionnaire
- ADD/ADHD and sensory disturbances
- Allergies
- Disease of ear, nose, throat and airways
- Gastro-intestinal disease
- Gynecologic disease
- Heart and circulatory disturbances
- Musculo-sceletal disease
- Neurologic disease
- Psychosomatic disease
- Sleep-disturbances
- Urinary tract disease

A case example

A woman, 46 years of age, a secondary school teacher presented with intense pain in her left shoulder. The problem began a few months ago with a strain of the left shoulder after gymnastics, which exacerbated to a florid acute inflammation. Any movement of her arm is painful, she is extremely sensitive to touch at the shoulder, and has a numbness in the fourth and fifth fingers of her left hand. The pain prevents sleep and is of such intensity that she cannot work.

The physical examination reveals redness, swelling, heat and sensitivity to touch anterior to the left humero-scapular joint. The movement of the left arm is severely restricted. No other findings in the general physical examination. The laboratory values show no signs of inflammation or rheumatic disease. An X-ray of the left shoulder two days later confirms the diagnosis of a calcific tendonitis of the rotator cuff tendons.

In the questionnaire for musculo-sceletal disease the patient underlines the following symptoms:

- <touch
- <external pressure
- <warmth
- <warmly wrapping up
- <exertion of body
- <,motion
- <raising affected limb
- <sitting
- >standing
- >letting limb hang down

She returns the general questionnaire without any symptoms, and further inquiry did not reveal any additional symptoms.

The repertorisation with the PC-version of the revised edition of Boenninghausen's **Therapeutic Pocketbook**[6] results in twelve homœopathic remedies covering all symptoms, but only three have no contraindications: *Ledum, Nitricum acidum* and *China* (polarity difference of *China* = cf. Table 4). (See the Table 4, P.no.101)

The patient received one dose of *Ledum* 200 C (due to the totality of characteristic symptoms, highest polarity difference and confirmation of symptoms in the Materia Medica).

Her sleep in the following night is undisturbed. The pain returns two days later after the X-ray examination, for which she has to stand in an unfavorable position. Following *Ledum* 500 C it improved again, but only for four days. *Ledum* 1 M acts for another ten days. Finally *Ledum* Q3(LM3) daily over one month improves all symptoms by 80%. Further *Ledum* Q-potencies (6, 9, 12, 15, 18, each over one month) follow. Eight months after the beginning of treatment the patient is completely cured, i.e., free of any symptoms, even after vigorous exertion. In the follow-up X-ray image the calcification of the rotator cuff tendons has completely disappeared. No relapse up to the present (observation time 3½ years).

Evaluation of results

Acute diseases: Initially, the results reached with polarity analysis alone in 100 patients with cough were compared with the results of an earlier investigation, in which the cough rubrics of Boenninghausen's **Characteristics and Repertory**[10] were prospectively tested in 103 patients.[11] All patients with cough who consulted the paediatric-homœopathic practice within a given interval of time were included. After four days, parents reported the results of treatment by phone. A prescription was counted as a "hit", if the first remedy was associated with an improvement of symptoms by at least 50% within two days, or if the backup remedy led to a total cure within another two days. "Cure" was

defined as disappearance of all acute symptoms for at least two months. In a second step, the results of polarity analysis in combination with the checklist for airways were evaluated with another 48 cough patients. And in a third step, all the other checklists were evaluated in 206 patients with a mixture of corresponding diseases.

Chronic diseases: 153 patients with a variety of different diseases were prospectively analysed with questionnaires and polarity analysis. Their results were compared with 50 patients of an earlier study which served to compare with the results of different ranking-systems of symptoms (as proposed by HAHNEMANN, BOENNINGHAUSEN, HERING and KENT).[12] From this study a group of 50 patients, their symptoms for case analysis ranked according to HAHNEMANN served as a baseline. In each group all patients with chronic diseases treated within a given span of time were included. Two months after receiving a single dose of the 200 C potency, patients or parents were asked to rate the subjective improvement of each reported symptom as well as make an overall rating of the (subjective) improvement the total of symptoms on a percentage scale. A total improvement of 50% or more was counted as a successful prescription ("hit").

Results

Acute diseases: In the reference group with cough patients treated according to Boenninghausen's **Characteristics and Repertory,** 75 of 103 children (73%) were cured within four days. In the first group, polarity analysis alone was applied in 100 patients with cough: here 81 patients were cured within four days (81%). In a group, the checklist for airways was added to the application of polarity analysis: here 40 of 48 patients were cured within four days (83%). The other checklists were tested in combination with polarity analysis in 206 patients with a mix of different acute diseases (Tonsillitis, Sinusitis, Otitis media, Enteritis, Influenza, Abdominal colic, difficult dentition etc.). of these patients 175 were cured within four days (85%).

Chronic diseases: In the conventionally treated reference group 34 of 50 prescriptions in patients with a mixture of different diseases were "hits" (68%), and the average subjective improvement rating was 75%. With the application of questionnarires and polarity analysis in the test collective, also with a mixture of different diseases, 128 of 153 patients had an improvement of 50% or more after two months (84% "hits"), and the average subjective rating of their improvement was 85%.

The results found with each of the different questionnaires. The lowest number of evaluated patients was 8 (heart and circulation/gynaecology), the highest number 20 (neurology).

The application of polarity analysis, checklists and questionnaires has been published along with case examples in a book entitled "Effiziente Homöopathische Behandlung" (Efficient homœopathic treatment) in German.[13]

DISCUSSION

The introduction of checklists and questionnaires deviates from the Organon § 82 – 95 which demand an open case taking.[14] But questionnaires have a long historical tradition. HAHNEMANN himself treated many patients by written correspondence only. To enhance an exact observation of symptoms he urged them to read the Organon and pointed out a number of helpful paragraphs. A first actual questionnaire was Boenninghausen's publication **Die homöopathische Diät (The Homœopathic Diet)** from 1833.[15] It contains an extended list of symptoms according to the head-to-foot scheme, with detailed modalities, serving patients for the preparation of the homœopathic consultation. Many later authors, including J.T. KENT, have used similar tools. Nevertheless, there may be disadvantages of such a procedure: A structured interview could prevent a free description of symptoms and force patients into a certain direction. It is important to point out, that checklists and questionnaires are mainly used **to complete** the patient history with important symptoms. Beside them there is still room for an open case interview. New in the approach presented here is the use of repertory-specific formulations. They have the advantage, that the patient's symptoms do not have to be translated into the language of the repertory, a process which itself might be a source of misunderstandings.

Any introduction of new methods into Homœopathy should be carefully evaluated. Polarity analysis has been tested in the highly frequented paediatric practice of the author. Possible consequences of a new procedure could be (a) that the precision of the prescriptions suffers, leading to a lower number of cures, or (b) a restriction of prescribed remedies to polychrests only. Concerning the rate of cures we observed an increase of the rate of successful prescriptions. To get information on the variety of homœopathic medicines used, the prescriptions in the conventionally treated reference group were analysed and compared with the two groups in which polarity analysis and checklists were applied in acute disease (checklist for airways and all other checklists). In the cough reference group 75 patients were cured with 24 different remedies, i.e. a mean of 3.13 patients received the same remedy. In the test group for acute disease the 215 cured patients needed 65 different remedies, i.e., a mean of 3.3 patients received the same remedy. This shows that the individualization of the treatment remains the same. In addition, we made the experience

that by using the new method, **small remedies** not rarely lead to spectacular results.

Concerning the results in acute diseases, one may argue that part of the cures is spontaneous. This is certainly the case, but since each group has been evaluated the same way, the relative increase of successful treatments is what matters. Another objection may be, that polarity analysis is only based on the symptom grading by BOENNINGHAUSEN as a possible source of bias. Since Boenninghausen's grading is very homogeneous and incorporates the experience of other physicians of his time including HAHNEMANN, the problem is presumably small. It will be resolved by the complete revision of the Materia Medica being undertaken by the **Boenninghausen Working Group** in Germany. First results of this revision have already been published.[16-21] Basing the new method on the revised edition of Boenninghausen's **Therapeutic Pocketbook** (published in 2000) inherently restricts the spectrum of homœopathic remedies to those 133 remedies contained therein. Possibly, the 16% treatment failures encountered in the evaluation of the treatment of chronic diseases are due to this limitation. With the progress of the complete revision of the Materia Medica this problem will hopefully disappear. So far it has to be circumnavigated by a good personal knowledge of Materia Medica.

Conclusion

Polarity analysis and repertory specific checklists and questionnaires lead to a higher precision in homœopathic prescriptions. The awareness of the individual patient or parent for the observation of their own relevant symptoms is sharpened, and the consultation requires less time, which may be a great advantage in busy homœopathic practice.

Conflicting interests

None declared.

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PART III

(While Part II features articles from other journals, Part III contains the editor's own contribution and other original articles.)

I. An Open Letter

Ref No.213/09-10. Date: 10th April. 2010.

To,
Dr. Edzard ERNST,
Professor of Alternative / Complementary Medicine (CAM),
Exeter University, Exeter,
Exeter, England, U.K.

Dear Dr. Edzard ERNST,

Please do not talk to press and write in Medical and Non-medical papers and give statement as follows;

"We are happy to confess that our minds have closed down on Homœopathy (AJM - Nov. 2009)." Why?

This statement has exposed your ignorance about real Homœopathy. You claim and you are the Professor of CAM at the University. There is a doubt among the public and medical profession. Thc doubt is; in which system of medicine you are clinically competent - Conventional medicine - Allopathy. Homœopathy or any other (CAM) medical systems to teach and preach for and against as a Professor of CAM at the University of Exeter? Are you not crossing demarcated boundaries (Laxman Rekha) of CAM? What is CAM? It does mean Complementary and Alternative Medicine. Complementary to which system of medicine? Again, Alternative to which system of medicine? You know very well the answers better than me. Conventional Medicine -Allopathy has no treatment for very many diseases, conditions and syndromes, e.g. Viral infections, ITP, etc. hence the need of complementary and alternative medical systems for the suffering patients, the world over. During discussions with the Health Secretary; Govt. of USSR in 1960, when I asked him a direct question - why do you have homœopathic clinics by your Govt.? His reply was; "If Allopathic system of treatment fails to give relief or cure to patients, we have for such patients and others who prefer - an alternative system of medicine - Homœopathy". It is all recorded in 'Black & White'.

The statement given by you in an article to the medical journal proves that you have bias and prejudice against Homœopathy and you are one among the skeptics to it and skeptics are denialists. Denialists are not interested in discussion, facts and evidence based Homœopathy. Hostile attitude towards Homœopathy is not a new. It started from 1796 and a virtual "war of words" attacks since 1810.

Homœopathy has survived all games and plots since then and it will survive till the Earth is dissolved by merciful GOD as HE has gifted Homœopathy to mankind through HAHNEMANN who was an instrument to bring forth and develop it on our 'Planet'.

I think and feel that you have not read any of the editions of Organon of Medicine by Dr. Samuel HAHNEMANN. It is a practical manual on how to use Homœopathy. You have missed the 'boat' of Homœopathy hence your mind has been closed down on Homœopathy. Without reading the subject of Homœopathy only an ignorant person can give the above statement. Please open widely your eyes and mind "to the salutary truth (HAHNEMANN, Preface to first edition of Organon)"; and do not 'closedown' your mind so early. **Homœopathy is not 'Placebo effect'**. Dear Dr. ERNST come out with the truth and facts that once you were/are Homœopath and you had many, many failures, and unsuccessful practice because you were not 'competent' and 'unable' to understand, learn and practice the principles and potencies of Homœopathy which are discovered by HAHNEMANN. And also I think that you have no idea of difference between 'Dilutions' and homœopathic 'Potency' of medicine. Homœopathic Potencies' will not work in dead laboratories and give results what you expect but

will work clinically on the living human sicks - the patients and give results which are evidence based of Homœopathy.

Homœopathy is both science and art. You are probably missing a lot in your life without it when you have 'divorced' Homœopathy from your life. Now you have become hostile to it. Why?

Homœopathy and its potencies action has been well proved by 'clinical trials' on live patients in homœopathic clinics and hospitals the world over. Dear Dr. ERNST do I have to challenge you by words, writing in newspapers, on street walls, and distribute leaflets and, potency pills in the streets of London to a mass of public without knowing each of them what their constitutions, emotions and suffering are? No. **Instead**; I am inviting you to visit India - **the super power of Homœopathy** in the community of Nations - the world and visit Government and private clinics and hospitals to see by yourself 'Clinically and Practically' how Homœopathy works.

My homœopathic Cancer Clinics are 'open' for you to see with your open mind. You can see live cancer patients, not one, two or fifty (50) but hundreds if you stay and attend clinics for only one month with me. These cases are 'evidence based Homœopathy'. You can look at written histories of patients and all relevant reports by Conventional Medicine. You can take notes for or against Homœopathy and Conventional Medicines as these cases are referred cases after failures of Conventional Medicine and very many cases are 'virgin' cases treated purely with Homœopathy.

I am sending you "THE 50 MILLESIMAL JOURNAL" on Cancer Cases Part I; Breast Cancer, Part II; Leukaemia, Part Ill; Prostate Ca. & PSA levels and Part IV; Ovarian Cancer and The 50 Millesimal souvenir issue which contains Protocols for Cancer and Bronchial Asthma for the research works - trials.

Please go through them carefully . These cases are treated with Homœopathy and its potencies after the failures of Conventional Medicine - so-called Allopathy, a modem medicine. Can these cases live painless and productive life for 3, 5, 10, 20,45 yrs. with "**Placebo effects**"? I am going to publish 2000 (two thousand) cases of cancer or malignant tumours, treated with evidence based Homœopathy.

If you have 'open mind' and not 'closed mind' or 'skeptic mind' or 'blind' to the truth, **I invite you to visit India** and I will bear all your economy class travel expenses from London to Mumbai and return from Mumbai to London. For travelling expenses within India you and your sponsors have to bear as you by a chance had become 'skeptic toward Homœopathy'. Also you have to find out how Homœopathy works in India and why it cannot work in U.K., U.S.A., Europe, Russia and the world around for rich and poor patients? Hahnemann's Homœopathy is one everywhere. I will receive you at Mumbai with "open arms" and also with "open mind".

Are you, Dear, Dr. ERNST accepting my challenge and invitation? Do not give up a given opportunity. You may regret later.

Thanking you,

Yours sincerely in Homœopathy,
Dr. R. P. Patel

P.S. Please do reply as it is an Open Letter and it will be released to public and press in the interest of Homœopathy. I am 84 years and 60 years in Homœopathy which has saved my life from deadly spindle cells Sarcoma with metastasis in the right lung; that happened in 1960-1966.

II. BOOK SHELF

I. Lesser Writings, Dr. P.S. KRISHNAMURTY; 3-4-497, Barkatpura, Hyderabad – 500 027, India. 67 pages Rs.100/-.

Dr. P.S. Krishnamurthy, is one of the well-known (both within India and abroad) Homœopathy Physicians. He has taught Homœopathy to several Physicians and still he is teaching abroad, in his eighties.

We have a very very small number of 'old homœopaths' who have crossed their 80th year and still actively occupied with Classical Homœopathy.

The 'Lesser Writings' of Dr. KRISHNAMURTY contains brief articles of great value for example: (1) Exteriorization, (2) Potency selection, (3) Use and misuse of the Foot Note to §60, (4) Direction of cure (5) Symptom totality prescription vs Miasmatic prescription, etc. etc.

There are very valuable hints – for example, what to do when the patient does not respond to the well-selected remedy.

Dr. KRISHNAMURTY says that most of the acute condition like Measles in Hahnemann's time are now potential Chronic illnesses like sub-acute form of Pan-Encephalitis which is a complication of Measles [How many of us have thought this? = KSS]

Here is another very interesting observation which I have also observed: p.49 "Usually the doctors are satisfied with one or two or three characteristic symptoms of the patient to tally with the remedy and give it. In spite of it, it still works because post Hahnemannian Classical authors observed this therapeutic of these characteristic symptoms which are required to three legged stool to stand on the anti gravitational effort. There is no harm in this but unfortunately the direction of cure will stay at the point

of remission…" What an observation! A genuine homœopathic cure is scarcer than a blue moon, indeed.

There is an Appendix on 'Prana' and 'Prana and Kundalini!'

There are few printing errors but they do not in anyway interfere with the understanding of what author meant.

K.S.SRINIVASAN.

II. The supreme value of Single Remedy Rubrics, Dr. P.S. KRISHNAMURTY, 3-4-497, Barkatpura, Hyderabad – 500 027. India. Pages 47. Rs.100/-.

This booklet contains 50 Case Reports, very briefly and succinctly given. The beauty is that he has picked up such cases where the curative remedy was the only one in that rubric (in Kent Repertory).

It is very interesting to me to note that in several of his cases the 'Direction of Cure' (Herings' Hahnemann's Law) is manifest. For example in the very first case of a woman who was sterile for several years was given *Oxalic acid* 50M one dose, and she broke out with eruptions all over and became pregnant and delivered a child full term! Homœopathy's action beautifully demonstrated.

The booklet is filled with such cases. This impresses the reader that the single remedy rubrics have their value even if they are only with 1 mark and/or clinical symptom only.

Many of us would have had some such experiences but how many of us note them down and ponder over it?

At the end of the book Dr. KRISHNAMURTY has given an "unforgettable" case of his. For information of colleagues who may not be knowing it, KRISHNAMURTY has contributed more cases under the title,"My most unforgettable Case" in the famous Indian journal **The Hahnemannian Gleanings** (1933-1986). I am fortunate to have read all of them.

Enjoyable and instructive.

K.S.SRINIVASAN.

III. Materia Medica Revisa Homœopathicae, *Drosera,* von Daris BARZEN, (Sammlung homœopathiae Arzneimittel in meherern Bänden) Klaus-Henning GYPSER (Hrsg.), Wunnibald GYPSER Verlag, Glees. 2008. ISBN-978-3-940940-03-2.

In this Monograph on *Drosera,* we find 545 symptoms as against 287 symptoms only in the Materia Medica Pura In his Introduction to this remedy in his Materia Medica Pura HAHNEMANN has said that *Drosera* has to be proved further. Unfortunately there seems to have been no further Proving as such.

The present Monograph has drawn from reliable clinical Reports from such sources a Dorothy SHEPERD Margaret TYLER, KELLER and KLUNKER amongst others. Attention is drawn to TYLER's Drug Pictures wherein she has delineated the great role of *Drosera* in Tuberculosis.

A careful study of the Materia Medica would reveal that *Drosera* can be applied in more ailments other than respiratory. It is upto the colleagues to prescribe the remedy in suitable cases and communicate the results to the Materia Medica Revisa Arbeitsgruppe.

K.S.SRINIVASAN.

IV. Materia Medica Revisa Homœopathicae, *Gelsemium sempervirens,* von Daris BARZEN, (Sammlung homœopathiae Arzneimittel in mehruln Bänden) Klaus-Henning GYPSER (Hrsg.), Wunnibald GYPSER Verlag, Glees. 2009. ISBN-978-3-940940-03-2.

Gelsemium sempervirens, (yellow Jasmine) is a remedy very frequently used in the day today practice, mostly for Flu type fevers including Dengue, anxiety before an event, vertigo etc.

In his classical and brief manner Dr. BOGER, has put the characteristics so succinctly e.g. "Dull, drowsy and dizzy"; "aching, tired, heavy, weak and sore"; "Confused, dazed, apathetic, torpid" and so on. Keeping these in memory, never to be forgotten, has helped in several cases. Now with the help of this Monograph by Robert GOLDMANN we can **study** the Materia Medica and apply it in more cases where it is **the** remedy; example: the typical headache from back of the head extending to the front. It is quite fascinating to study in this manner; we will not feel that the study of the Provings as 'dry' or boring', rather become 'alive' and 'interesting'.

This Monograph has 1640 symptom is from a large number of sources.

These Monographs must be in every Homœopathy practitioner's library; of course it will be much more of service if these are carefully translated into English by competent person.

K.S.SRINIVASAN.

Repertorisation

Homoeopathic remedy	led	Rhus	Bry	Nux-v	Calc	Phos	Nit-ac	Borx
Number of symptoms	10	10	10	10	10	10	10	10
Sum of grades	24	22	21	20	19	18	16	16
Polarity difference	18	3	7	4	1	3	12	7
Patient symptoms								
<Touch	3	3	3	4	1	1	3	2
<Pressure external	2	1	1	1	3	2	3	1
<Warmth	3	1	1	1	1	1	1	1
<Wrapping up	1	1	1	1	3	2	1	3
<Exertion of body	1	4	4	3	3	2	2	1
<Motion	4	1	4	4	2	3	2	2
<Raising affected limb	3	3	2	1	1	1	1	1
<Sitting	1	4	1	1	2	1	1	2
>Standing	3	1	2	3	2	4	1	2
>Hang down affected limb	3	3	2	1	1	1	1	1
Opposite symptoms								
>Touch	0	0	2	0	4CI	3CI	0	0
>Pressure external	1	3CI	2	2	1	1	0	3CI
>Warmth	1	4CI	2	4CI	1	2	1	3CI
>Wrapping up	1	4CI	1	3CI	0	1	0	1
>Exertion of body	0	0	0	0	0	0	0	0
>Motion	0	4CI	1	0	1	1	1	0
>Raising affected limb	0	0	0	1	4	2	0	0
>Sitting	2	1	4CI	4CI	2	2	1	2
<Standing	1	3CI	2	1	1	1	1	0
<Hang down affected limb	0	0	0	1	4CI	2	0	0

PC-version of Boenneihausen's Therapeutic pocketbook,rev.ed.2006.[6]
CI = Contraindication

How-to for Flu: Healing homoeopathy Remedies by MIRANDA CASTRO

Before the flu – or for the very first symptom			
Oscillococcinum For prevention of flu or atf first sign of getting sick	**Influenzinum** For prevention of flu	**Aconite** At the first sign of a flu with sudden onset with no clear symptom, i.e., within the few hours	**Ferrum phos** At the first or second sign of a flu(i.e., after the first few hours) with no clear symptom yet

FLU REMEDIES

Remedy	Onset	Fever	Pain	Cough/Coryza Head/Eyes	Thirst	<Worse for	>Better for	Miscella -neous
Arsenicum		Chilly		Profuse, acrid discharge from eyes and nose	Thirsty for sips frequently	Cold	Warmth except the headache	Irritable and anxious Great prostration
Baptisia	Sudden	High fever with prostration with profuse sweat	Sore/ bruised feeling or all in bits, scattered	Face is dull/red	Intense thirst			With gastric symptom i.e. vomiting/ diarrhea Stuporous
Bryonia	Slow	Very hot and dry	Aches all over	Painful cough (causes headache)	Large quantities infrequent (for cold)	Least movement	Pressure	With chest symptoms Wants to be still & left alone
Eupatorium Perfoliatum		Shivering/ chills of back	Severe pains in limbs and back. Bones feel broken	Bursting Headache Eyeballs are sore	Thirst for cold drinks	Least movement		
Gelse-mium (No.1 flu remedy)	Slow	Heat alternating with chills. Shivers/chills run up & down spine. No sweat	Aches all over Muscles ache Heavy and weak	Sneezing Dull headache Eyes/head heavy Double vision	Thirstless		Urinating, Open air, Sweating	Apathetic, drowsy, 'benumbed' Limbs tremble Stiffness of cervical region
Mercurius solubilis		Creeping chilliness		Thick, acrid, smelly, yellow/green discharges. Nose is swollen, Shiny and sore. Cold ascends to eyes	Intense thirst Constant hunger	Heat and Cold, i.e., extremes of temperature	Moderate temperatures Rest	With sore throat Salivation, bad taste in mouth & bad breath Restless
Nux vomica		Chilly with shivering (esp. after drinking)	Limbs and backache	Nose stopped up at night	Thirst for hot drinks	Least movement, Cold	Warmth	With gastric symptoms, Extremely irritable
Pyrogen		Creeping chills &thumping heart Rapid pulse & low temp or vice versa. Chills in back/limbs	Severe pains in back and limbs. Feels beaten and bruised all over (bed feels hard)	Bursting headache	Thirstless			Intensely restless with the pains &the chills
Rhus toxicoden-dron		Chilly	Aches and pains in joints/bones	Tip of tongue is red (triangle)	Thirsty	Keeping still motion	Gentle motion warmth	Restless & confused, fear Of being poisoned

After the flu

China	Kali phosphoricum	Gelsemium	Influenzinum
More of a physical weakness after a flu with a lot of sweating (and possible dehydration)	Mildly depressed after a flu.	Weakness after a flu with heaviness that won't go away .	Feels that he or she has never recovered from the flu has never been well since