

CONTINUING HOMŒOPATHIC MEDICAL EDUCATION SERVICES

QUARTERLY HOMŒOPATHIC DIGEST

VOL. XXVIII, 3 & 4, 2011

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. Making Hahnemann's 'Organon' a modern Text book
SHEPPERD, Joel (AJHM. 102, 3/2009)

Students new to Homœopathy find the **Organon** difficult to read. The author has proposed a new format and an updated translation that would greatly help. Homœopathic principles and methodology are still true. It only requires a modern presentation to nicely motivate students. Only a thorough foundation in the Homœopathy founded by Samuel HAHNEMANN leads to true advances and enrichment of the science. The author has suggested how the **Organon** may be made into a 'modern' Text Book (see Part II).

2. The Science of Homœopathy: Part I & II
WHITMONT, Ronald, D.
(AJHM. 102, 4/2009 & 103, 1/2010)

Conventional medicine is in a state of crisis. Skyrocketing costs and growing discontent pervade the field. Homœopathy is a centuries-old system of medicine that offers a unique solution to the current health care dilemma. The evidence base of the conventional allopathic and homœopathic medical

systems are reviewed and contrasted. Ideological, practical and methodological impediments to the study of Homœopathy are discussed. Part II (next issue of the **AJHM**) continues with an exploration of the scientific data on Homœopathy, its benefits and safety.

3. The concept of health – in the history of medicine and in the writings of HAHNEMANN
SCHMIDT, M. Josef (HOM. 99, 3/2010)

The number of notions of health is not infinite. In the history of medicine we can only find a number of different conceptions or paradigmatic ideas of health, in a variety of references and combinations. Health was seen as: 1. Harmonious balance between principles or entities, 2. Result of a struggle against opposing forces, 3. Continuous dialectical process, 4. Hierarchy of components or functions, 5. Potential to perform and to develop, 6. Transcendence towards higher levels of being, 7. Result of conscious autonomous action, 8. Optimal causal functioning, or 9. Public task and responsibility.

Hahnemann's view of health, as reflected in his writings, utilized virtually all of these elements. They reappear for instance as: 1. Harmonious tuning of the life force, 2. Defeat of pathogenetic influences, 3. Admittance of aggravations, 4. Autocracy of the spirit-like life principle, 5. Reference to a higher goal of human existence, 6. Perfecting character of medical service, 7. Concern about dietetics and life style, 8. Utilization of causality and natural science, and 9. Appealing to governmental provisions and medical police.

These paradigms have been repeatedly recombined and applied. The theory of medicine is the attempt to analyze, adjust, and develop concepts that meet the demand of contemporary medical practice. Medical theory lies between the fields of observable facts and metaphysical convictions. Distinguishing the levels of practice, theory, and metaphysics could allow the open discussion of theoretical issues, such as the concept of

health or disease, without raising purely theoretical objections to well-established practice.

4. Paradigmenkrise in der Homöopathische Medizin und naturwissenschaftliche Rationalität (Paradigm crisis in Homœopathy Medicine and scientific rationality)
WÜRGER, Wolfgang (ZKH. 53, 3/2009)

Present homœopathic Medicine seems to divide into a multitude of schools and trends. The circumstances require a critical self-reflection on the concept of Reason in our Science. The first step is a discussion concerning the paradigm of Natural Sciences and its exclusive claims of scientific knowledge in medicine.

The interesting essay has chapters on identification of the problem, a look at the history of science, the mistaken self-identification of the scientific modern medicine, grounds and circumstances of self-mistaken stand of the modern medicine, paradigm difference between the Scientific Medicine and homœopathic Medicine, the Epistemological difference, the methodological difference, practical difference, difference of the nationality models, Theoretical and Practical conclusions.

In the process of this study, the author has explained Francis BACON, Rene DESCARTES, M. FOUCAULT, HAHNEMANN, Immanuel KANT, Will KLUNKER, KUHN T.S., WITTGENSTEIN, etc.

5. 200 years **Organon of Medicine** – A comparative Review of its six editions (1810-1842)
SCHMIDT, M. Josef (HOM. 99, 4/2010)

In 2010, the 200th anniversary of the **Organon** is celebrated by the homœopathic community. Samuel Hahnemann's **Organon of Rational Therapeutics**, published in 1810, however, marks neither the beginning of Homœopathy nor the end-point of its development. On the one hand, its contents are based on terms and concepts developed and published by HAHNEMANN during the preceding two decades. On the other hand the five revised editions of **Organon** that followed in the next three decades contain major changes of theory and conceptions. Hahnemann's basic idea, running through all the stages of the foundation, elaboration, and defence of his doctrine, may be detected by a comparative review of his works from a historical and philosophical perspective.

6. Susceptibility Bestow
POTDAR, Swapna (HCCR. 2/2009)

In this article, she writes about the susceptibility and the role of Homœopathy in the inheritance of

susceptibility which we call 'Miasms'. Talking about the *modus operandi* of the **similimum** she says that the homœopathic remedy is like the clone of that suffering soul, which vibrates on a similar energy frequency.

7. Homœopathy, Shamanism and Rajan Sankaran's Quest for the Vital Sensation
BUTEHORN, Loretta (HL. 20, 4/2007)

This article discusses how one's paradigmatic viewpoint influences what information is considered acceptable within a framework. Contemporary views of SANKARAN are often rejected as non-classical Homœopathy. However a shamanic worldview is inherent in Hahnemann's classical approach and Sankaran's innovative approach.

8. Paradise Lost: The Unified theory on Miasms
LOMBAERTS, Christel (HL. 21, 1-2/2008)

Among the most discussed topics in the homœopathic profession are the Miasm theories. Often the word Miasm is not used or defined correctly. A number of renowned homœopaths have tried to systematize remedies and their Miasms in order to use them as a tool to find the *similimum*. This article is an attempt to put all these theories and concepts into perspective in order to create a forum where there is consensus about definitions and the nature of Miasms.

9. Miasma und Konstitution
(Miasms and Constitution)
SPARENBORG-NOLTE, Anne
(ZKH. 53, 3/2009)

Hahnemann's Miasms concept as classified in his **Chronic Diseases**, can be transferred into our daily homœopathic practice, in this 21st century. His claim that complicated chronic diseases could be cured with homœopathic specific remedy for the (active) Miasm, still holds true in today's case analysis, with only little additions. The term of individual constitutional remedy is not abandoned due to its lack of differentiation, but instead defined more precisely thus gaining actually of the background of miasmatic, hereditary and collective burden.

This is a very interesting article.

10. Das Miasmenkonzept Hahnemanns in Lichte aktueller epigenetischer Forschung
(The Miasms Concept of Hahnemann in the light of actual Epigenetic Research)
MAYER, Gabriele (ZKH. 53, 3/2009)

Epigenetics means relating to, being or involving a modification in Gene expression that is independent of

the DNA sequence of a Gene; changes in Gene function without involving DNA sequence.

In this article Hahnemann's concept of the Miasms is discussed in the light of modern researches in Epigenesis. Also Epigenetic regulation and hereditary are discussed; as well as the relevance of Epigenetics for Medicine and particularly to Homœopathy. Main emphasis is put on the phenomenon of inheritability of epigenetic modifications in connection with heredity of the chronic Miasms.

11. Neuere homöopathische Lehren:
Fehlinterpretationen des Organons
(The new teachings in Homœopathy; wrong
interpretation of the Organon)
VITHOULKAS, George (ZKH. 53, 4/2009)

For a correct homœopathic prescription, the patient's physical condition as well as his mental state, both have to be taken into consideration. Prescription based on 'mental' symptom alone may only be doing suppressive treatment. There has been much misinterpretation of the §210. The new ideas only confuse and in the opinion of the experienced author 'disastrous' for Homœopathy.

12. Zur therapeutischen Anwendung des
Seitenwechsels der Symptome
(Therapeutic application of symptoms that Change
Sides)
BÜNDNER, Martin (ZKH. 53, 4/2009)

While Constantin HERING's article on Hahnemann's Three Rules concerning the rank of Symptom wherein the Law of Direction of Cure has been explained, is well-known, much less known is a subsequent article of HERING on the 'Rule of the Sides'. In this Rule of the Sides HERING has postulated on the basis of the conception of Alkalines and Acids, that the remedy selected should be one that is the opposite of the complaint, i.e. if a pain came first on the right and then went on to the left limb, the medicine that has the opposite in its Proving must be selected.

However, in actual practice over several years, this has not been borne out, and what has been in actual practice would continue.

II. MATERIA MEDICA

1. Venus Merceneria, the clam or quahog
EVANS JO (AJHM. 102, 4/2009)

Main Polarities: Split, detached, disconnected or clamped, closed, tight. Open or Closed. Giving or Receiving. Material or Spiritual. Money or Love.

Mind: Dr. RAESIDE writes of the Proving that "thinking and coordination were more disturbed than feelings." Aware of acute senses and their emotional effects; sensitive heart. Feels the need to cut off or detach from others due to acute emotional sensitivity and excessive sympathy. The patient experiences the inability to feel emotion as a sensation of inner coldness. Fears losing control; such as, screaming on a bus. Unconscious life and dreams are violent and fearful: dreams of murder, violence, spiders. Claustrophobia.

Sensations: Split, disconnected, detached, separated. No emotional feeling, yet sensitive to touch. Cramping, clamping, band-like, constriction. Stabbing. Heavy, stone-like, pressing. Tingling, itching. Throbbing.

Dreams: Spiders, violence ending in death, disturbing dreams of death and disease.

System Affinities: Cardiovascular. Respiratory. Reproductive. Musculoskeletal. Skin.

Clinical Affinities: Psychopathology. Inflammations. Arthritis, Peritonitis, Enteritis. Dysmenorrhoea. Headaches, Migraine: like a band, clamp or helmet. Bilious headache with constipation, frequent urination and nausea. Chronic constipation. Boils, Eczema, Urticaria, Ulcers. Stabbing sensation in heart, tender sternum, anaemia, bruised sensation, Phlebitis. Paralysis of the diaphragm.

Generals: Generally sensitive to touch, sound and odors. Better for movement. The physical particulars are of an inflammatory nature ("-itis"): ulceration (mouth, stomach, gastrointestinal), while the general sensation is of being cold, often with a cold or even icy sensation in particular parts. Cold or icy sensations. Desire for cold food and drink.

Classification

Kingdom: Animalia Phylum: Mollusca Class: Bivalvia
Order: Veneroida Family: Veneridae Genus:
Mercenaria.

Homœopathic name: *Venus mercenaria*. Abbreviation:
Ven-m.

Latin names: *Venus mercenaria*, *Mercenaria mercenaria*.

Common names: Common edible clam, American hard shell clam, quahog.

Etymology: *Venus*: goddess of love; *mercenaria*: concerned with trading, exchange or money.

Remedy Source

The remedy is prepared from the mother tincture of the animal, plus an equal part of a trituration, at 1/100, of the shell. For the original proving, in 1960, Nelsons pharmacy, London, received a live clam sent to them in

seawater from Marine Biological Laboratories, Woods Hole, Massachusetts, USA. They minced the fleshy portion and preserved it in alcohol. A portion of shell was triturated up to 3C and used to make a 4C liquid potency. The provers' powders were medicated with a combination of the clam shell and clam flesh, prescribed in three potencies – 30C, 12C, and 6C.

Proving

The proving substance was chosen by Dr. FOUBISTER and the proving itself was conducted by Dr. John ROBERTSON RAESIDE in 1960-61, in the United Kingdom. There were nineteen provers during three terms (nine men and ten women, plus three controls in the first term and four in the second and none in the third); powders were taken, one dose morning and evening for fourteen days, using the following potencies: 30C in the first term, 12C in the second term and 6C in the third term. The third term produced the most symptoms. Dr. FOUBISTER suggested that these potencies might be more suitable than lower ones (in the 'X' range), since the clam is a food and therefore less likely to produce symptoms in low potency. ('A Proving of *Venus mercenaria* (clam)', by J.R. RAESIDE. **British Homœopathic Journal** 1962; 51(3): pp. 200-206.)

Confusion in homœopathic literature

The common name of the remedy has been confusingly and incorrectly given as 'American scallop', despite being correctly named by the original prover, RAESIDE, as American clam. This has led to some errors in homœopathic literature, confusing *Pecten jacobus* and *Venus mercenaria*. Samuel SWAN experimented with the scallop, *Pecten*, as a medicine, half a century earlier.

Compare

O.A. JULIAN states that *Carcinosin* is complementary to *Venus mercenaria*. *Conchiolinum*, another mollusk shell remedy, is also comparable to *Carcinosin*. Prescribing *Carcinosin* or *Venus mercenaria* does not necessarily relate to cancer pathology, but it should perhaps be noted here that the clam, and extracts of clam, are important in cancer research, and the clinical data, below, reveals some similarities to the *Carcinosin* remedy picture.

Generalities

Sensation: Weakness, exhaustion, desire to lie down, frailty. Sensation as if the body is bruised on being touched or pressed. Sensation of extreme coldness (worse 3-5pm). Weakness on rising. Stabbing pains.

Function: Faintness at 10 am. Symptoms are similar to those at the beginning of Influenza. Allergies of psychological origin. "Allergic (psoric) sycotic types, tending towards a cancerous condition following severe self-intoxication." Bilious headaches. Inflammation: Gastrointestinal, Arthritis, Cystitis, Phlebitis.

Mind

Sensation: Split, detached, disconnected. Cut-off. Senses acute: irritability from company and noise: "keep away from me". Boredom, indifference, apathy. Delusion bus goes too slow, time passes slowly. Concentration difficult. Thoughts disconnected. Difficulty writing. Dreams of spiders, death, murder, violence. Fear of crying or screaming for no reason. Intoxicated feeling: as if drunk, cannot think or coordinate well. Split mind: schizophrenia, delusions; rift between emotion, thought and behaviour.

Functions: Concentration: difficult. Thoughts: disconnected. Depression on first day of menstrual bleeding. Tired and dizzy in the morning. Schizoid conditions.

Aversions: Noise, company. Claustrophobia.

Desires: Wide empty spaces. To go home. To be left alone. Peace. Bright or light colours. Light.

Dreams: Spiders. Violence ending in death. Disturbing dreams of death and disease.

Sleep

Restless or disturbed sleep. Waking (after midnight, 2am). Waking from dreams.

Face

Sensation: Itching skin.

Function: Spots turn into boils.

Head

Sensation: Mind/brain/head is not coordinated with body.

Headache.

Sensation: Dull, depressing, heavy, sensation as if head is being held tightly: gripping, constricting, tightness. Sensation of headache on waking, with blood rushing to the head and tingling, itching of the scalp. Throbbing, stabbing, sharp pain.

Function: Migraine accompanied by digestive or urinary concomitants.

Location: Frontal, occipital, **left-sided**, right-sided, behind the eyes, over left eye, at the back of the head, vertex.

Aggravation: Morning on waking, afternoon, going upstairs, mental effort.

Amelioration: Darkness, quiet, sitting still, late evening.

Concomitants: Vertigo, Nausea, buzzing, vomiting, frequency of urination, digestive symptoms, difficulty thinking.

Time modalities: 4 pm, 1 pm, 10.30 am to 1.30 pm, 3.30 pm. 2 pm. 5 pm.

Vision

Blurred vision.

Eye

Sensation: Of inflammation.

Function: Swollen. Redness and inflammation of lower eyelid.

Hearing

Sensation: Pain in left ear. Buzzing. Burning itch behind ears.

Concomitants: Irritability from noise.

Sounds: Buzzing.

Taste and Appetite

Mind Sensation: Desires cold food and drink.

Taste: Metallic taste in the mouth, food tastes metallic.

Desires: Cold food and drink.

Aggravation: Nausea after eating followed by vomiting.

Amelioration: Nervous tension in stomach > eating.

Tongue

Sensation: Cold.

Function: White-coated; white at the root, furred.

Mouth

Sensation: Cold feeling in mouth and throat. Soreness of the lower lip, corners of the mouth.

Function: Blisters on the lips. Soreness in corners of mouth and lower lip. Cracks in corners of mouth with Mastitis.

Teeth

Sensation: Teeth sensitive to hot and cold, toothache (upper left side).

Gastrointestinal

Stomach Sensation: Nervous tension. Nausea. Heaviness, sensation of a stone. Pressing pain. Constricting feeling.

Sensation Abdomen: Waking at 4:30 am with pain in left side of the abdomen, worse lying on left side. Sensation of wind and rumbling. Pains feel like menstrual pain.

Function: Indigestion. Stomach ulcers. Nausea. Vomiting. Flatulence (extreme, continual). Slight diarrhea (with stomach pain and nausea). Inflammation, Peritonitis, Enteritis. Chronic, severe constipation (no urging).

Ameliorations: Eating.

Aggravations: Nausea, worse after eating, during headache, during pain in stomach, cycling, at night.

Concomitants: Heat and perspiration. Migraine.

Thirst

Thirsty for cold drinks, better in the evening.

Rectum

Sensation: No urging or desire for stool despite chronic constipation.

Function: Diarrhea or extreme constipation. Flatulence.

Stool

Function: Loose. Diarrhea.

Urinary

Sensation: Pain in the right kidney, worse on waking. Brief pain in left kidney. Pain in bladder.

Function: Frequency of urination day and night (disturbing sleep).

Urine: Profuse, frothy, cloudy, offensive urine.

Nose and Sense of Smell

Sensitive to odors.

Sensation: Sensitive to odors.

Function: Common cold with discharge initially watery, becoming thick. Green post-nasal catarrh.

Discharge: Green, watery, thick.

Aggravation: Morning, change of temperature, heat, right side.

Amelioration: Evening.

Respiratory System

Throat Sensation: Dryness. Constriction in the pharynx and larynx. Tight pain in the glands. Pain, worse on the right side, extending to the ear, with pain on swallowing, dryness and tightness.

Throat Function: Sore throat, going from left to right.

External Throat: Swollen lymph glands. Boils on the neck.

Chest sensation: Very tender over sternum. Short, stabbing pain in heart.

Heart

Sensation: Short stabbing pains. Marked tenderness over the sternum.

Circulation

Sensation: Pain in veins of leg (left). Sensation of blood rushing to the head. Faintness: morning, 10 am.

Veins: Phlebitis (inflammation of the veins).

Sex: Female

Menstruation Sensation: Strong cramping, better heat, lying down.

Menstruation Function: Dysmenorrhea.

Breasts Function: Mastitis.

Touch, Movement and Temperature

Subjective Perception of the Body: Mind and body feel uncoordinated when trying to concentrate. General heavy, painful, cold sensation. Loss of sensation in limbs. Emotions are felt in the right hypochondrium.

Perception of Space: The patient guards his space and privacy, intensely disliking any invasion of his privacy.

Balance: Dizzy headache. Dizziness worse when tired. Faintness (morning; 10 am). Vertigo, worse on rising after sitting for a long time, and with migraine, better pressure.

Perception of Pressure: Pressure and touch aggravate.

Pains: Pressing, stone sensation, sensation of being bound or held tightly, helmet-like pain in headache, stabbing, throbbing.

Heat/Cold: Sensations of extreme coldness in parts; e.g., the mouth, limbs, vagina. Desire for cold food and cold water. Period pain, better application of heat.

Skin

Skin Sensation: Itchiness of face, ears, back and limbs. Tingling, crawling, burning (worse 9 am and night).

Skin Function: Urticaria (left hand). Boils. Pimples. Eczema. Prurigo. Bruises easily.

Back

Back and Spine Sensation: Stiffness in muscles of back and nape of neck on waking. Pain under right scapula.

Back and Spine Function: Arthritic pain.

Musculoskeletal

Musculoskeletal Sensation: Cramps. Heaviness. Pains in hip, knee and ankle joint. Dull, rheumatic or sharp muscular pains in arms, with heaviness, tiredness, heat and stiffness (worse right arm). Tingling in fingers (worse right hand). Arms and legs itching (arms worse at night).

Musculoskeletal Function: Arthritis. Swelling in general; swelling of the lower limbs with heat and pain (knees, right knee). Motion ameliorates.

2. Fehlerhafte Symptome in verschiedenen Ausgaben von Hahnemanns Arzneimittellehre (Erroneous symptoms in different editions of Hahnemann's Materia Medica) HANSELMANN, Beat (ZKH. 53, 2/2009)

In the recent times there has been published a "Collected Materia Medica" of HAHNEMANN (in German); the Materia Medica Pura, Chronic Diseases and other works of the Master have all been put in one place. This work has been carried out by Drs. Christian LUCAE and Matthias WISCHNER.

These authors have said that "No symptom was taken off, no symptom was altered with regard to its wordings, only clearly errors in writing have been corrected". However, in this article several mistakes have been listed in regard to *Sulfur*, *Lycopodium*, and *Calcarea carbonica*. These mistakes are not to be lightly brushed aside. All these are with reference to the German editions. In so far as the English version is concerned we have the DUDGEON (Materia Medica Pura) and LH. TAFEL, HUGHES et al editions wherein only the original entries are put in and hence no question of error. [However, I have made a random comparison of these with the 'mistakes' pointed out in

this article and the English editions already in use since decades are free from these mistakes = KSS.]

3. Large-scale application of highly-diluted bacteria for Leptospirosis epidemic control

BRACHO Gustavo, VARELA Enrique, FERNÁNDEZ Rolando, ORDAZ Barbara, MARZOA Natalia, MENÉNDEZ Jorge GARCIA Luis, GILLING Esperanza, LEYVA Richard, RUFÍN Reynaldo, TORRE DE LA Ruben, SOLIS L Rosa BATISTA Niurka, BORRERO Reinier & CAMPA Concepción (HOM. 99, 3/2010)

Background: Leptospirosis is a zoonotic disease of major importance in the tropics where the incidence peaks in rainy seasons. Natural disasters represent a big challenge to Leptospirosis prevention strategies especially in endemic regions. Vaccination is an effective option but of reduced effectiveness in emergency situations. Homœoprophylactic interventions might help to control epidemics by using highly-diluted pathogens to induce protection in a short time scale. We report the results of a very large-scale homœoprophylaxis (HP) intervention against Leptospirosis in a dangerous epidemic situation in three provinces of Cuba in 2007.

Methods: Forecast models were used to estimate possible trends of disease incidence. A homœoprophylactic formulation was prepared from dilutions of four circulating strains of Leptospirosis. This formulation was administered orally to 2.3 million persons at high risk in an epidemic in a region affected by natural disasters. The data from surveillance were used to measure the impact of the intervention by comparing with historical trends and non-intervention regions.

Results: After the homeoprophylactic intervention a significant decrease of the disease incidence was observed in the intervention regions. No such modifications were observed in non-intervention regions. In the intervention region the incidence of Leptospirosis fell below the historic median. This observation was independent of rainfall.

Conclusions: The homeoprophylactic approach was associated with a large reduction of disease incidence and control of the epidemic. The results suggest the use of HP as a feasible tool for epidemic control, further research is warranted.

[I feel that it is erroneous to keep writing merely "highly diluted substances"; mere high dilution does not make it a remedy. HAHNEMANN called his method "dynamisation". In FN 269 to §269 of **Organon** (p.237, Organon of the Medical Art, Edited and annotated by Wenda Brewster O'REILLY, Bird Cage

Books, California; 1996) HAHNEMANN has said “daily we hear homœopathic medicinal potencies referred to as *mere dilutions* when they are, in fact, the opposite. There is a true opening up of the natural substances produced by trituration and succussion, bringing it to the revelatory light of day the specific medicinal powers that lie hidden in their inner Wesen. The non-medicinal dilution medium merely helps as supervening *accessory condition*. For example, the simple dilution of a grain of salt in a large amount of water results in just plain water, the grain of salt disappears and never becomes the *medicinal salt* that our well-prepared dynamizations have heightened to such admirable strength.” – we should always beware of using the “dilution” instead of the word “dynamization” or “potentization.” Too many criticisms have been made using this word “dilution” without understanding the process involved in preparing the homœopathic medicinal “dynamizations” = KSS]

4. A proving of Chanel No.5
BENASSINI, Sandra & BESSERER, Lorrelaine
(AH. 15/2009)

The proving of the perfume Chanel No.5 was the project of the fourth year at the Vancouver Homœopathic Academy under the supervision of Director Murray FELDMAN.

Remedy made by Helios Pharmacy. 13 provers. Proved in 12c, 15c, & 30c.

Double blind experiment. [In my opinion these are crazy substances choice = KSS]

5. A Trituration Proving of the Ancient Bristlecone Pine
LANDOWNE, Deborah (AH. 15/2009)

A trituration proving of *Pinus longaeva*, the ancient Bristlecone Pine, was conducted in San Francisco on October 29, 2005, at 10:00 A.M. There were 9 provers, all female, who at the time were students or graduates of the Pacific Academy of Homœopathy. The trituration was supervised by Richard PITT, and the prover diaries were analyzed by the author, under a single-blind methodology. Only the supervisor knew what the substance was until after the symptoms were reviewed and sorted. A sample of needles and twigs from a branch of ancient bristlecone pine, *Pinus longaeva*, was triturated to the 3C potency. Each prover kept a short diary for up to a week following the trituration, documenting any dreams and unusual symptoms or events.

Several themes emerged during the analysis of the provers' experiences:

Emergence of old traumas with a sense of resolution or understanding
Joint and extremity symptoms

Sharp pains
Restriction/Expansion of vision
Sleepiness
Irritability
Old feelings, memories, etc.
Heart and chest symptoms
Ocean and waves
Itching and dryness
Compassion
Indifference
Clutter/Belongings/Possessions

6. A proving of *Gavia immer* (Common Loon)
HUENECKE, Jason-Aeric (AH. 15/2009)

MASTER PROVER: Jason-Aeric HUENECKE led the proving of *Gavia immer* for the Northwestern Academy of Homœopathy in 2006.

COMPILATION: Lori Foley and Sandra Haering, with students and alumni of the Northwestern Academy of Homœopathy.

METHODOLOGY: 24 provers began and 18 completed this proving. Neither the provers nor their supervisors knew what the substance was. The master prover knew it would be one of three substances.

SOURCE: One whole loon feather: Loon's feather from the Queen Charlotte Islands, off the northwest coast of British Columbia, Canada.

KINGDOM: Animalia

PHYLUM: Chordata

SUBPHYLUM: Vertebrata

CLASSIFICATION: Aves (bird)

ORDER: Gaviiformes

SPECIES: *Gavia immer*

Themes:

Apathy versus productivity
Appearing, disappearing quickly
Birds
Burning
Contamination, disgust, disrepair & filth
Desire nature and fresh air

Distance & space from others, aversion to company,
desires solitude, self-reflective
Esoteric, mysterious, trance-like
Exhausted, walking with birds
Gaining awareness & a deeper understanding
Ghosts, undead, & vampires
Grief

Insects
Irritable, sudden anger
No worries
Playfulness, attractiveness, & sexuality increased
Spacey, disconnected
Vigilance, watching & observing
Water/flowing/floating/sinking

[Personally, I feel that it would be far more useful if our old remedies are reproved, instead of trying new substances. These new remedies where would I, a simple practitioner in a part of the world, get the medicine? These ‘proving’ reports are of no value for a regular practitioner. = KSS]

7. *Niobium metallicum* proving
MILLER, Linda F.G. (AH. 15/2009)

Niobium is found in Group five, Row five of the periodic table. *Niobium* physically facilitates electrical connections.

Helios Pharmacy prepared the remedy and 30c potency was given to all 13 women provers in a triple blind proving.

The themes and rubrics are given.

8. Die Bedeutung der hervorgehobenen symptome in Hahnemanns Arzneimittellehre
(The significance of the symptoms emphasized in the *Materia Medica* of HAHNEMANN)
WISCHENER, Matthias (ZKH. 53, 3/2009)

In his *Materia Medica*, HAHNEMANN has emphasized certain symptoms by special typesetting – for example, spaced letters, bold letters, or capital letters. ... The author examines, with reference to such emphasized symptoms, whether such symptoms were characteristics in actual practice. As a result of careful study the author has come to the conclusion that the emphasis had no specific significance in actual practice. For some reason HAHNEMANN felt some symptoms as worthy of being emphasized. Not all those symptoms are based on ‘Proving’ but include toxicological as well as clinical.

There is detailed discussion in the article.

However, George DIMITRIADIS has much to say in this matter, in his ‘Letter to the Editor’ (ZKH. 53, 4/2009) he points out that HAHNEMANN stressed the **grade of certainty**, in respect of particular observations. Exactly the same was the practice of von BOENNINGHAUSEN who also has followed this.

9. *Arundo Donax* sive *Mauritainca* sive *Mediterranea*
HOLZAPFEL, Klaus (ZKH. 53, 4/2009)

This is a ‘small’ Hayfever remedy. The remedy appears to have only incomplete proving. However, the author has studied this useful medicine with reference to HERING, ERASTUS CASE, RABE, etc. He has cited three cases from his own practice also.

10. *Lac maternum* or *Lac humanum*...
How do we choose?
HATHERLY, Patricia
(HL. 20, 4/2007)

While *Lac maternum* and *Lac humanum* have many similarities (as one would expect since they both contain mature human milk) they are essentially different, although complementary medicines. *Lac-m* also contains colostrums and it is this which affords the connection with in-carnation issues often as a consequence of birth trauma or damage done to the Vital Force through vaccination or drug abuse. It is this which constitutes the primary aetiology for the *lac-m* state while it is perceived lack of a suitable length of time spent at the maternal breast that forms the basis for the *lac-h* state.

Proving themes of *Lac maternum* are given.

- Disconnection between the spirit and physical body
- Alternating states and sides
- Confusion of mind
- Indifference; detachment
- Heightened senses; sensitive to

A case example for *Lac maternum* from the book “Challenging children: success with Homœopathy” by Linlee Jordan is given. [*Lac maternum* M, three doses a day for three days to be immediately followed by *Lac humanum* 7c again for 2 weeks, for a four-year old child! = KSS.]

III. THERAPEUTICS

1. An Autistic Boy
MOSKOWITZ, Richard (AJHM. 102, 3/2009)

A case of an autistic boy is described. Prescribing indications – largely, silly behavior, sexual acting out, and loquacity, among others – led to the prescription of *Hyoscyamus*, which acted effectively in various potencies, until, at one point, the patient no longer responded. At this stage the MMR Nosode was prescribed, since the child’s autistic behavior appeared soon after that vaccine was administered. There was definite benefit derived from the Nosode and, subsequently, it also restored the patient’s receptivity to later doses of *Hyoscyamus*.

2. Usefulness of the Bowel Nosodes: Two cases
CHASE, Sandra (AJHM. 102, 3/2009)

Two cases are presented, the first of which showed few significant improvement from conventional homœopathic remedies and the second of which, after a satisfying response to *Sepia*, then developed intractable recurrent urinary tract infections. Both of these cases then responded very well to their respective Bowel Nosodes, *Dysentery-co* and *Morgan pure*. The cases illustrate the utility of bowel nosodes when evidence of

dysbiosis (the first case of the respiratory tract, with additional history of ulcerative colitis and ongoing menopausal complaints; the second of the urinary tract, with green leucorrhea and a history of hemorrhagic uterine fibroids; both cases had been previously treated with several antibiotics) is present and conventional remedies either fail to act or obstacles to further action arise.

3. A constipated child

NOSSAMAN, Nicholas (AJHM. 102, 3/2009)

Amelia, 2 years old, with past h/o recurrent Otitis Media, presented with constipation. Tendency to constipation before the onset of acute illnesses. Now with the urge, she would cross her legs forcefully, grunt and become red in face and resist the urge.

She is clingy with separation anxiety, fastidious – angry when things are not tidy and refusing to use the potty chair. *Arsenicum album* 200. Within a day, she began having three to four stools a day without resistance and within a week, much less anxious and demanding with her mother.

4. A collection of Cases

WEMBER, David (AJHM. 102, 4/2009)

A four year old boy with emotional lability, temper tantrums, contrary and sighed a lot. Disliked being touched, hated to be combed and feared dogs. Loved swings, rocking and dancing which calmed him down. Purplish haemangioma on the right side of face. *Tarentula hispanica* 1M. Definite improvement for 6 weeks. Calmer, less moody, less afraid of dogs, brushing his hair. Relapse. Another dose helped for six weeks. Then a dose of 10M.

Forty year old man with Prostatitis of 12 years duration. Recurrent urinary tract infections requiring six weeks of antibiotics. Resentments from prior work and parental situations. *Staphysagria* 10M. Three weeks later, no change. Now with acutely swollen and tender right submandibular glands. *Clematis* 30. 20 – 30% >. Then daily dose for a week of *Mycoplasma urealyticum* 30. Immediate > and any relapse subsided with *Clematis*. (The author clarifies that *Mycoplasma urealyticum* is a sexually transmitted organism which frequently infects the Prostate gland. This medicine is effective in Prostate patients.)

Fifty year-old woman with two day history of pain and swelling in external throat. Felt exhausted and had a low grade fever of 99 degree. Taken *Aconitum napellus* for the anxiety. After a dose of *Kali iodatum* 200, fever subsided, energy returned and pain subsided. Swelling persisted. Diagnosed as Thyroglossal duct cyst and surgery was advised. *Silica* 12c once a day and cyst gone in one week, without recurrence.

2½ year-old boy with constipation since six months of age ever since the third set of inoculations. Belly was swollen and hard, stools hard, dark, dry but well formed. Lot of gas. Itching rectum. *Collinsonia* 30 thrice a day. After four days stools more frequent and less painful.

45 year-old woman singer with heartburn and hoarseness. Six months earlier diagnosed with vocal nodules and a polyp and gastroesophageal reflux. Chronic sinus congestion. Three deaths in the family in the past year and resentments. Weekly doses of *Natrum muriaticum* XM. Six weeks later, 50% better. Less anxious, sleeping better. Voice better. Much happier. Six weeks later, digestion, congestion and voice much improved.

A woman with neuralgia after herpes six weeks ago. No relief after medication by Neurologist. The skin was still sore and sensitive to any touch. Deep sense of betrayal by former husband. *Staphysagria* XM. Once daily for a week. One month later, pain almost gone. No longer depressed. Better attitude in life.

18 month old boy, had Eczema at 3 months, Impetigo at 5 months and failing to thrive since 6 months of age. Not vaccinated. On iron for anaemia. Picky eater. Likes salty things and no fat yogurt. *Natrum muriaticum* 6x twice daily. Two months later, eating much better and gained 20 ounces. Eczema much better. Two months later, Eczema almost gone and gaining weight progressively.

50 year-old man with an abscess in the lower back was admitted for 3 days with intravenous antibiotics. A month later given Penicillin for dental procedure. The same night the abscess started to develop again. It was of six inch area, surrounded by a four inch darker red area with multiple pus vents. *Pyrogenium* 200 and a remedy made from the pus in 4x potency. Three days later, improving. After another dental procedure, relapse and subsided with *Pyrogenium*.

Six year old girl with Otitis thrice, Bronchitis thrice and Pneumonia in the past 1½ years. Adenoids removed. Increasing asthmatic episodes. Phlegmatic and sweaty at night. *Calcarea carbonica* 1M and *Bacillinum* 200 weekly. One month later, she was off all daily allopathic medications.

A fifty year old woman with h/o chronic Crohn's disease, Asthma, recurrent Sinusitis and Bronchitis, Insomnia on several medications. *Kava Kava* a calming herb was given. Also *Avena sativa* tincture drops one week later. Admitted for acute gall stone colic and pain got relieved. No gas and bloating from Crohn's disease and her sleep was great.

A young highly stressed woman with sudden chest tightness with difficult breathing and heart pounding. Diagnosed as Panic attack and Hypertension and was put on medication. Then developed reflux with Oesophagitis and again sudden chest pain with anxiety

and difficult sleep. Was suggested Kava kava at bedtime. *Argentum nitricum* XM. Six weeks later, sleeping well, more relaxed.

5. One in a million: A four month old with Hepatoblastoma
FIER, Timothy (AJHM. 102, 4/2009)

This is a case of Hepatoblastoma in a four month old boy treated concurrently with Homœopathy and allopathic care consisting of Chemotherapy and surgical resection.

He was seen on 23.09.2004 – after two cycles of Chemotherapy. His characteristic symptoms were the perspiration on back at night, vomiting after nursing and hiccoughs. Mild nature. Chubby appearance. *Calcarea carbonica* 30, daily once.

2.10.04: After the first dose, vomited once, and no fever, energy and mood better.

15.10.04: *Calcarea carbonica* 30, if he was cranky, which averaged every two to five days.

29.11.04: *Calcarea carbonica* 200.

The hepatoblastoma was completely resected on 10.12.04. He did well post-operatively. He continued to do well on *Calcarea carbonica*. On 22.2.05 1M and on 14.2.07 10M. The remedy was repeated during acute illnesses and facilitated rapid resolution.

On 14.3.08: Surgeon reported recovered well from portal vein stenosis and hepatoblastoma resection.

On 21.3.09: Mother reported, he still takes *Calcarea carbonica* XM occasionally.

6. Das “unzuverlässige” homöopathische symptom
(The “unreliable” homœopathic symptom)
RABE Steffen (ZKH. 53, 2/2009)

This article refers to the work of Dr. Heiner FREI with particular reference to his treatment of AD(H)S applying BOENNINGHAUSEN’s Therapeutic Pocket Book. We also have a very good book by Dr. FREI on this method.

However, in this article Dr. RABE discusses some important points. In the course of his studies on the homœopathic treatment of ADHS, Dr. Heiner FREI identified reliable and unreliable symptoms for the choice of the homœopathic remedy. Using the Symptomen-Lexicon by Uwe PLATE, it can be substantiated that the rubrics of Clemens von BOENNINGHAUSEN’s Therapeutic Pocket Book, which FREI found to be unreliable, contain even in their so-called characteristic degree predominantly curative symptoms, whereas the reliable symptoms and rubrics can be traced back to symptoms of the respective proving of the remedy.

7. Case history: Individualised Homœopathy and Severe Chronic Idiopathic Neutropenia (SCN)
POOLE, Jennifer (HOM. 99, 3/2010)

Boy of 3 years & 8 months with idiopathic SCN. BCG vaccine at birth and repeated course of antibiotics for variety of infections – including of the umbilicus and Otitis. Perforated ear drums with foul smelling discharge from left ear. Some speech delay and poor short-term memory. Attending a special educational needs unit. Grinding teeth in sleep. *Sulphur* XM. This resulted in several earlier infections and skin eruptions which were treated with few remedies reappear. After 10.75 months, *Carcinosin* 1M. 2 weeks later horrible ear discharge and five days later, felt hungry with all symptoms resolved. At the annual appointment, left sided cellulitis. *Lachesis* 30. *Silicea* 50M as constitutional remedy. 24 months following commencing individualized homœopathic treatment, ear discharge stopped, right ear drum healed. Neutrophil count was 3-4 after 29 months of treatment and 3.8 after 41 months. Healing followed the direction and order of cure mentioned by HERING, with the Ear symptom the last to clear.

SCN is considered incurable. But with individualized homœopathic remedy it was cured.

8. The Healer within
MUELLER, Manfred (AH. 15/2009)

A well respected architect in her sixties, had accustomed to too much drinks. She explained that was for social reasons. Upon further probing, she said that she found out a major error in a static calculation which she had done for a high rise building which could affect the structural integrity of the building. She buried the secret and needed the alcohol to keep it there “I am such a coward”. *Lycopodium*.

Three weeks after she took the remedy felt the shift and next day called the city council and told them. They thanked her and wanted to redo the calculation and make necessary recommendations to make it safe.

“Was it the “confession,” or was it the remedy? The author ventures to guess by activating the healer within her, gave her the courage to reveal the information. [Clearly *Lycopodium* helped her. Remain grateful to HAHNEMANN = KSS.]

9. A case presentation Using Cycles and Segments Analysis
ROTHENBERG, Amy (AH. 15/2009)

A cycle is made up of a group of segments. A segment is a group of symptoms that represent the same idea in the patient. RADAR’s Herscu Module reflects this approach and is straightforward to use.

A 52 year-old woman with Vertigo in her perimenopausal years. During Vertigo she had dyspnoea and was anxious. She felt it in crowded places and when overcome with emotions. A sort of floating away, confused. Loquacious and belching frequent. While doing many things, love to begin with, feels constricted when overdoing segments – Vertigo, confusion, closing off, discharges, company > and overwhelm, *Nux moschata* 200. Six weeks later, no vertigo, felt more grounded. After a few years, *Calcareo carbonica*. [To me, old HAHNEMANN and his genuine followers are enough. No innovative methods = KSS].

10. Experiences with C4 Triturations
GWYNETH, Evans (AH. 15/2009)

The author discusses her experience while triturating the remedy substances herself to C4. The idea of C4 trituration was postulated by German Pharmacist withold EHRLER.

She feels while triturating, there is resonance with the energy of the remedy. This means we can be in a different, deeper relationship to the client's state because of the trituration experience. Trituration discloses the essence of a remedy level by level C₁ – physical, C₂ – Emotional, C₃ – Mental (Delusion), C₄ – Spiritual (Core or Essence).

11. Homœoprophylaxis for Infectious, contagious Disease
BIRCH, Kate (AH. 15/2009)

See full article in Part II.

12. A case of *Opium*
WOOD, Paula Grandpre PT
(AH. 15/2009)

A 2½ year-old boy with delayed speech, lack of eye contact and difficulty with transitions. Not responding. Seemed to be in his own world. Temper tantrum. Tends to be independent and play on his own. Wants to be held if he is sick. Fears strangers. Reactive Airway Disorder. By using Paul Herscu's cycles and segments, *Opium* 30 was given. Two months later: much better. Responding when called. Using 100-150 words. Transitions are easier. More interactive. No need of nebulizer.

Six months later: Continued to improve in eye contact. Responds 100%. Tantrums last only two minutes. Not cupping ears, rubbing fingers. Respiratory issues persist. *Opium* 200. Six months later *Bufo* 200. Then due to aggressive behavior, kicking, biting *Tuberculinum* 200. Doing well.

13. Cured long ago in the real sense: Malignant Meningioma
MAMGAIN, S.K. (AH. 15/2009)

22 year-old patient, with a history of fall and possible head injury. Meningioma in the left parasagittal region. Undergone three Radiotherapy sittings. Sudden attacks of Vertigo. Continuous occipital and frontal headache > pressure. < exertion. Periodic headache at vertex < 1 pm, maximum at 2 pm. and declining at 3 p.m. Tears flow on seeing happy scenes in T.V.

Itching inside thighs with dark, leathery skin.

11 Feb. 1992 – *Conium maculatum* 200, followed by daily doses of *Asterias rubens* 30c for 29 consecutive days.

19 Aug. 1992 - CT revealed increase of tumor size, though there was feeling of general amelioration. Previous course was repeated.

20 Sep. 1992 - CT revealed reduction in the size of tumor.

26 Dec. 1992 - Final CT showed normal study.

19 Oct. 2008 - Till day he is normal. Successfully completed his BHMS and practicing in Uttarkhand, India.

14. A case of *Gavia immer* (Common Loon)
JOHNSON, David, A. (AH. 15, 2009)

41 year-old female with conflict and anxiety related to family issues. Itching rashes. Anxiety for children, dreams of flying and swimming underwater, sadness, a connection with birds, an affinity for bright colours, fear of spiders and needle like pains. *Gavia immer* 200c. Four months later no rash. Dreams have changed. Feeling calm and more balanced and a confusion now. Another dose. 10 weeks later, more focus. Working through nightmares. No anxiety. No remedy. 15 months later feels less chaotic.

15. Seizure Disorders in children
MUELLER, Manfred (AH. 15/2009)

The author discusses three cases of children with organic brain pathology, apparently cured of seizures with homœopathic treatment. Two had severe Cerebral Palsy (CP) caused by perinatal brain injury, and one had Congenital Microcephaly. Parents tried homœopathic treatment because of limited efficacy of conventional anticonvulsive therapy and because of adverse health and developmental effects. Homœopathic treatment removed the seizure disorders in all three cases.

Seizures resulting from brain pathology constitute what HAHNEMANN referred to as “one-sided” cases, where only pathological symptoms can be elicited. This makes it necessary to take an especially detailed case to obtain every available element of the totality of the

symptoms of the disorder and peculiarities to narrow down selection of an appropriate remedy. It is necessary to take note of subtle differences such as the areas affected during convulsions and the character and nature of the convulsive activity, as well as symptoms that appear when no seizures are noticeable, since convulsive disorders can affect the general well-being of the whole person.

In such cases, it is important to understand that emotional signs such as crying may be misleading in severe organic brain pathology. Crying and laughing are sometimes triggered by abnormal neurological reflexes. It is often best to rely on the parents' intuition as to the meaning of their child's emotional expression. For these reasons, these symptoms are relatively less reliable than they would be under other circumstances.

Case 1: Petitmal and focal seizures with severe cerebral palsy. Adam was born with foetal distress, meconium in amniotic fluid and forceps delivery, Asphyxia. Δ with seizures and was put on medication incessant crying. Failure to thrive. CT & MRI revealed Global brain injury. Developmental delays, profound motor impairment and Athetosis. Swallowing difficulties. Increased dosage of medication further delayed development.

During initial assessment, distorted facial features, sunken eyes, turned upward. Bluish discoloration around eyes. Clenched teeth, horrible breath. Clenched thumbs. *Cuprum metallicum* 30, single dose, liquid on forehead. Seizure terminated in few minutes. In consultation with paediatric Neurologist anticonvulsants were weaned. Now conscious during seizures. Nystagmus. *Cuprum* 200c, single dose and an additional dose during each seizures applied to the forehead in liquid. The seizures subsided more quickly with *Cuprum*. Bluishness gone, countenance changed. His arms still twitched. *Cicuta virosa* 30, followed several weeks later with the 200c.

Seizures gradually improved, now of shorter duration. Less distortion. Less dehydration. Prolonged drowsiness and sleepiness for several hours after seizures. *Opium* 30, followed four weeks later by 200c. in the next few months seizures involved only right arm could eat and drink. Then *Opium* was discontinued. Based on several routine neurological checkups, no seizures were recorded in EEGs. The boy remained seizure free, while he remained compromised by CP. In the next ten years of observation, no seizures were documented.

Case 2: Petitmal seizures and Eczema with Microcephaly.

Thomas was born with missing frontal lobes. Seizures soon after birth. Microcephaly and unilateral cleft on right side of the brain. Episodes of staring. Eczema on his neck.

Sulphur 1Q, once daily, for 10 days then 2Q.

Gradually weaned off medication. Mild seizures. Began with a jerk. Nystagmus. Tightness of face. Looked weak, wrinkled, pale, drawn. *Phenobarbitalum* 30, three doses daily for three days. Change *Sulphur* to olfactory dose. Alternate with *Belladonna* 1Q. Ten days later *Opium* 1Q. seizures more intense. Rash on face, upper arms, elbows and calves. *Sulphur* 4Q, then 5Q. alternate with *Bell* 2Q, then 3Q.

Seizures became less frequent and then no further seizures. Thriving. EEG showed no seizure activity.

Case 3: Complex seizure disorder, causing multiple focal seizures in child with profound CP.

Corrine with cord around neck with low Apgar score and seizures on the first day of life and continued to have. Delayed milestones. Multiple medications due to hundreds of seizures daily. *Viscum album* tincture reduced the frequency initially. Profound motor impairment at 12 years. With physical therapy and speech therapy. Multiple clonic motions. Esophageal reflux. MRI – periventricular leucomalacia with ventricular dilatation. Expressed displeasure, joy and sadness through sounds and countenance. Nystagmus, drowsiness after each paroxysm. *Nux vomica* 1Q ten days, then 2Q. Tautopathic antidotes in 30c.

Seizures significantly reduced in frequency and milder. *Nux vomica* 3Q, 4Q, alternating with *Opium* 1Q, then 2Q. Seizures completely gone.

Difficulty in falling asleep. Terrible sleep apnea. Constipation. Stamina increased.

Nux vomica 3,4Q and *Opium* 2, 3Q.

Sleep apnea gone. No reflux. No seizures.

Nux vomica 5, 6Q, *Opium* 4,5Q.

Continued constipation, but improvement in stool. Learning skills improved.

Homœopathic treatment continued for several more months and finally discontinued.

16. Heilungsgewissheit aus der Materia Medica (Certainty of Healing in the Materia Medica) – Part I

HOLZAPFEL, Klaus (ZKH. 53, 3/2009)

One of the essential features of knowledge of Homœopathic Therapeutics is the **apriori** knowledge about the certainty of the curative action of the remedy given to the patient.

On one side is the so-called apriori healing certainty and the relationship of this certainty with the Materia Medica on the other side. Several well-known persons – Will KLUNKER, FRÄNTZKI, GYPSE, Josef SCHMIDT have studied this aspect – does the similie principle come within the purview of being considered in actual practice as being considered as ‘apriori certainty’?

The discussion by the wellknown persons are considered whether apriori certainty of cure and Law of

Similar fall within Natural Law or Law of Nature. It is pointed out that the role of the patient is not to be underestimated.

17. Back from the Brink

Real help for the walking wounded: Healing Post-traumatic stress

ACOSTA, Judith (HT. 31, 1/2011)

Lena, 17 year-old girl maintained that she was pregnant despite evidence to the contrary. Expressionless face. Distended abdomen. On returning from a party, the problems had started. Inability to urinate. Chilly. Left sided ovulation pain. Faintness during menses. Sympathetic. Incoherent. All started after she found out her boyfriend was cheating on her. *Ignatia* XM. Within 24 hrs, she broke out in hives and went to bathroom until her bowels were emptied of two weeks' worth of stool. Till then none noticed her retained stool. A week later, she was calmer, could remember and communicate clearly. The anti-psychotic medicines was reduced. Within a month she was back to her usual self and continued to blossom, in the next several months.

Four months later, she was becoming angry with people whom she liked, confusion. Started vigorous exercises. Felt estranged from family and leaving house often. Bright red right cheek. *Sepia* 1M. Within a week confusion gone and beginning to reach out her family members.

Stacy, 35, under wide range of stress symptoms since starting a job working with abandoned children since 6 months. Sleepless, intensely sensitive and frightened for no reason. Irritable. Abortion at 16 yrs of age. Stricken conscience. *Cyclamen* 30, once a day for 3 days. She released her memories about the abortion and her feeling of abandonment over the next few weeks in dreams, long overdue crying. Next periods was regular without pain and clots. Migraine symptoms reappeared after many years and subsided. She shed fears and learned to handle her work.

Melissa, mid 20s. was in tremendous distress, breathed in puffs, looked horrified. Sexual abuse since childhood. Raped by a friend six months ago and since then terrified and fear of being attacked again. *Stramonium* XM. A week later calmer and began productive counseling. A month later no nightmares. Few months later, wept openly, compassionate and loved company and reassurance. Warm blooded with feet out of covers, craved ice cream. *Pulsatilla* 1M. Since then improving steadily.

18. Prescription for PTSD. Remedies to the Rescue

SHALTS, Edward (HT. 31, 1/2011)

Indications for *Aconite*, *Arnica*, *Arsenicum album* and *Stramonium* for the use in PTSD are given.

19. Fertile Ground

Homœopathy Effective for Infertility

COWARD, Steven (HT. 31, 1/2011)

Trish, 37, already had four children. Last two pregnancies were with the help of ovulation stimulants. She wanted to conceive without the use of them. Since her second delivery, menses was scanty, watery and pale. Day time hot flashes and awakened by sweating at night. Volatile moods, sensitive to criticism; noise. Mild urinary incontinence. Intolerant of heat, sun, humidity. Sensitive to collars and waistbands. Many complaints in the past were left sided. *Lachesis* 1M, three pellets per week.

One month later she was pregnant. Less tired. Improved mood. Less anger. Feeling calmer, happier. Urinary incontinence better. Two months later, headache with chills, nausea and light sensitivity. Sleepless after 2.30a.m. New fastidiousness. Panic when house was out of order. *Arsenicum album* 1M – once a day for 4 days and then weekly once. Two months later, no headache, but increased anxiety and melancholy. Sleep better. Compulsion to clean completely gone. *Arsenicum album* XM as needed. In the next visit no anxiety and melancholy. She gave birth to a healthy baby girl.

Katie 31, having Polycystic Ovarian Syndrome (PCOS). After hormonal treatment. She conceived and delivered a son. Now wants to conceive without the fertility drugs. Scanty menstruation. Volatile emotionally, lighter the period, worse she felt. Hungry but unable to eat. Distension from greasy foods. Moodiness and irritability during mid cycle. Low energy between 2 -5 p.m. Sleepless and woke up unrefreshed. *Pulsatilla* 200, once a week.

A month later, improvement in several areas. Better sleep and more energetic. Less distension. No PMS & normal flow. Was pregnant. Slight nausea. > with *Ipecac*. Delivered a healthy baby boy.

Nicole 32, menstruated just thrice in the past ten years. Diagnosed with Hypothalamic Hypogonadism and PCOS. She had a pregnancy scare at the age of 22 and stopped menstruating since then. Frequent hunger. Extremely sensitive to anyone disagreeing with her. *Staphysagria* 200, once per week. A month later she had her menstruation. Noticed changes in vaginal mucosa indicative of ovulation. To repeat one dose, next month, if she does not get the sign of ovulation. Two months later she was pregnant.

20. Babies, Springtime & Staying out of the doctor's office

CASTRO, Miranda (HT. 31, 1/2011)

Author explains why Homœopathy doesn't always work. Understanding that the remedy doesn't actually cure is key. All a homœopathic remedy does is act as a catalyst for healing by stimulating the body to heal itself. A well directed homœopathic remedy can send healing ripples to every part of a person.

Grand daughter Amelie at 7 days of life had sticky eyes, goopy during the day, cold hands and feet. *Silica* 30 and overnight became alright. At 2 months of age, overtiredness and wanting to be carried a lot and snuffles better in open air. *Pulsatilla* cleared.

Another case of recurrent cold and cough becoming better by the use of *Ars. alb.* by referring to the complete Homœopathy Hand book (by the author) is given.

21. 7 Stepping stones to select a successful Remedy Practice is Everything
CASTRO, Miranda (HT. 31, 1/2011)

1. Step back and consider the whole picture.
2. Make notes.
3. Gather 3 or more symptoms.
4. Remember, common symptoms are for dummies.
5. Identify a "cause".
6. compare two or more remedies.
7. Give your chosen remedy and observe carefully.

22. It's Sneezing, Snuffling, Itching season!
ULLMAN, Robert, REICHENBERG-ULLMAN, Judyth (HT. 31, 1/2011)

Todd, 26 year-old, nose ran all the time, eyes bleary, itchy, puffy and water. Sore throat due to incessant post nasal drip. Pressing headache due to swelling of sinuses. Worse outdoors. Usually his hay fever symptoms last for about 4 months. *Allium cepa* 30. Three days later nose was dry, no sneezing.

Erik, 29, with Spring Hay Fever since 5 years of age. Frequent, violent, paroxysmal sneezing. Watery, runny nose. Skin under nose red and sore. Eyes itchy, dry and irritated. Stuffy nose. Itchy forehead. Lethargic. *Sabadilla* relieved him in 2 days.

23. Springtime joys and Challenges
Solutions for seasonal stings & allergies
ROTHENBERG, Amy (HT. 31, 1/2011)

Stings

Indications for *Apis mellifica*, *Ledum*, *Hypericum*, *Staphysagria* and *Urtica urens* for use in insect bites are given.

Hay fever

Indications for *Allium cepa*, *Euphrasia*, *Ferrum phosphoricum*, *Natrum muriaticum*, *Nux vomica*, *Sabadilla* and *Wyethia* are given.

24. Breast Cancer: Facts Women Should Care
GUHA, Debjani, CHATTERJEE, Ramdas & BANERJEE Sarmistha (S & C. 72, 7-8/2006)

Breast Cancer is one of the most common cancers among women worldwide. Risk factors for the disease include aging, early menarche, late menopause, nulliparities, family history, obesity, high fat diet, use of contraceptives, exposure to radiation and viral infections. Multiparity and lactation after pregnancy have protective effects. The chances of cure in women depend largely on early diagnosis. Surgery followed by Radiotherapy is the usual treatment for breast cancer. Chemotherapy, generally, is an adjunct to Surgery. Consciousness and knowledge of women leading to early diagnosis of breast cancer is the key solution of this global problem.

25. A Case of Food Allergy
MISTRY, D.E. & CHITALE, Neeta
(HCCR. 2/2009)

Mrs. SCB, 45 years with urticarial rashes on nose, face from sour food, ground nuts and ice cream since 25 years. Diarrhea from ground nuts and bony pains. Cleanliness³. Easily angered. Brooding. Hurt by husband's behavior. *Staphysagria* 30/3 doses. Three days later no < from sour food. Two months later, loose, sticky stools with abdominal pain after outside food. *Pulsatilla* 30. Two months later, < from sour food. *Staphysagria* 30/3. Two months later again headache, rashes. Gaining weight. Lazy. Scanty flow. *Calcarea carbonica* 200. 80% improvement. 4 months later another dose and no problem at all.

26. Osteomyelitis of left mandible
MAMGAIN, S.K. (HCCR. 2/2009)

37-year-old female, had her carious tooth extracted from left lower jaw. Continuous pain even after that. Then pus started exuding. Unable to chew her food due to thin plate of bone. Δ OM. *Aurum met.* 200, once a day for 3 days. One month later, some improvement *Aurum met.* 200, once in five days. With *Calcarea phos.* 200 once in two days. 7 weeks later, a small piece of bone exuded out. Able to eat with ease. *Aurum met.* 1M and then *Angustura vera* 30.

7 months later, occasional discharge of pus. *Silicea* 1M. No more problem.

27. Chronic Fistula
MAMGAIN, S.K. (HCCR. 2/2009)

29-year-old male with fistula since two years. operated twice and then recurred. Offensive purulent discharge painful. *Silica* 200, every two days. 4 weeks later, wound dried up and no pain. One month later relapse after long travel. *Silica* 200 every 3 days. Then patient did not turn up.

28. Obstacles to recovery in a case of Mania
POTDAR, Swapna (HCCR. 2/2009)

12 year-old girl with bouts of violent behavior since 2½ years. Throwing things, beating, biting. Jealous of elder sister. Hates her. Number of Psychiatrists and Counsellors could give no relief. Whimsical appetite and mood. Desires cheese. Feels forsaken. *Stramonium* 1M. 15 days later better. One week later, intense irritability from being spoken to. *Stramonium* 10M. One month later better, but still losing control. *Tuberculinum* 1M. Status quo. Investigations revealed, very low B₁₂ level and Hb%. When these were supplemented, she improved very rapidly.

The importance of §261 is stressed.

29. A case of coconut tree
POTDAR, Swapna (HCCR. 2/2009)

A lady with a garden, presented a problem of coconuts growing well in size and drop down without maturing fully. They are full of water. This tree is near the sea.

Natrum mur. 6x powdered and dissolved in a half bucket of water and the tree was watered with it once. It is five years since this and never again did a coconut drop down prematurely!

[Wonderful! If we apply Homœopathy in Agriculture, chemical pollution and poisoning of the soil by the Fertilisers Industry will end. So much economical too. = KSS.]

30. Duchenne Muscular Dystrophy (DMD)
SOLANKI, Manisha (HCCR. 2/2009)

26 year male with DMD since 9 years of age. Since a year intolerable pain in right leg, < night. Fastidious. Aversion to sour food. Sleepless due to pain. *Plumbum met.* 200 as needed. *Mag.phos.* 30 for pain. *Syphilinum* 200 as intercurrent – over the next 9 years. CPK levels – 12/12/99 – 26000 1u/L. 16/7/09 – 6481IU/L.

31. A case of *Lac caninum*
SHAH, Devang (HCCR. 2/2009)

23 year-old male with Acne, sneezing, Aphthae. Black heads and discoloration below eyes. Avoiding others due to the feeling others are better than him. He feels he is a loser. Based on the Rajan Sankaran's

understanding of case, *Lac caninum* 1M. 15 days later, acne decreased. Sneezing decreased. 2 months later, confidence improved. Feeling of rejection reduced. 4 months later, constipation. Another dose. [The method adopted appears to me, strange indeed and even amusing. To label this line of treatment one need not spend years in a Medical College. = KSS].

32. A Case Of Macular Degeneration
MISTRY, D.E. & CHITALE, Neeta
(HCCR. 2/2009)

45 year-old man with right inguinal hernia since 20 years, dimness of vision due to macular holes, chest pain when tense, fear of heights and earthquake. Tendency to loose stools from change of water and diet. Anal Fissure. Anger on contradiction. Anxiety about health. *Nux vom.* 200 and *Ginko biloba* Q 2 drops b.d. Mucus in stools after street food. *Nux vom.* 1M. Two months later slight reduction in vision. *Thuja* 30/3 doses. Six months later. Flatulence. ↑ Acidity. Difficulty in vision ↓. *Lyc.* 30, 200, 1M. 1 dose each hourly. [This dosage is strange. What is the excuse for this kind of doses? It makes me shudder. = KSS.]

One month later all well. Then *Sil.* 30 for boils. *Lyc.* 1M for gastric problems six months later. *Carcinosin* 30 for disturbed sleep. His vision is improving.

33. A case of Infantile Diarrhoea
MAMGAIN (HCCR. 2/2009)

3 month old infant crying incessantly with diarrhea since a month. Relapse after DPT. Restless twisting. Emaciated. Abdomen distended. Offensive greenish stools. *Podophyllum* 30, 4 hourly. 24 hrs later, only 3 stools. *Kali phos.* 30, 2 doses. Next day one normal stools.

Eczema on palms

48-year old lady with Eczema on palms since 2 years. Rough skin with cracks. Even on feet. Slight pain in hepatic region and lower angle of right scapula. *Petroleum* 200 once in two days and *Sarsaparilla* 1M once a month. Better.

34. A case of deep Vein Thrombosis (DVT)
CHOUHAN, Vikram (HCCR. 2/2009)

A swelling in the left leg was diagnosed with DVT and then found to have segmental micro thrombi in lungs when investigated for exertional dyspnoea. Better with Warfarin and Heparin. Still discomfort. *Platina.* No complaints. Repeat Doppler showed no evidence of venous thrombosis or occlusion.

35. Journey towards being Unprejudiced
KARKARE, Amit (HCCR. 2/2009)

Mrs. S. with chilliness and bodyache since 4 days. High grade Fever with chilliness from feet. Knee pain only during fever. Palms and soles hotter. *Petroleum* 200, within three hours 80% > and total recovery in a day. Prescription was based on Boenninghausen's Repertory.

36. A Case of Vitiligo
KARKARE, Amit (HCCR. 2/2009)

7 year-old with Vitiligo since 2 years. Patches on left forearm, forehead of scalp. Father has Vitiligo. Buyont mood. Tolerates pain. Sweat on scalp. *Syphilinum* 1M. One month later, *Calcarea flour* 30 q.i.d. One month later, forearm patch reducing in size from periphery. Face patches, except one, all gone. In the next 6 months gradually reducing in size.

37. A case of Vitiligo
KULKARNI, Ajith (HCCR. 2/2009)

9½ years old boy with white discoloration of right ankle gradually increasing in size. Greenish nasal discharge < by damp weather, getting wet. *Natrum sulph.* 30 was repeated at intervals and *Thuja* as intercurrent remedy. The white spot disappeared in 21 months.

38. Clinical Experience with Homœopathy in Vitiligo
PACHEGAONKAR, Uttereshwar & MEHER, Subhash (HCCR. 2/2009)

These two doctors share their clinical experience in treating Vitiligo, by giving few case examples. Different remedies were given based on the totality and improvement was seen.

39. Bleeding Haemorrhoids
KAKADE, Vaishali
(HCCR. 2/2009)

A woman with bleeding piles after allopathic medication for UTI. Protruding piles with burning and itching. *Nux vomica* 30 od for 7 days in the evening. *Sulphur* 30 one daily for 3 days in the morning, 2 weeks later. Piles > but pain abdomen with fullness and breathlessness. *China* 30 tds for 3 days. All complaints relieved.

Diarrhea

4 year-old child with loose stool since 10 days. Profuse, sudden, watery, foul and sometimes undigested food particles. *Podophyllum* 30 tds for 2 days. 10 days later febrile convulsion with dry lips and poor thirst – *Bell.* 30.

40. One individualizing Technique
SHUKLA, Chetna N. (HL. 20, 4/2007)

This article is about 'an-other' technique into the Individualizing examination of a case of disease (after following the guidelines of the **Organon**). It is the integration (according to my understanding) of Footnote 9 to aphorism 16 of the 6th edition of the Organon of Hahnemann: "Most severe disease may be produced by sufficient disturbance of the Vital Force through the imagination and also cured by the same means" and Carl C. Jung's techniques of (Dream) Active Imagination and Amplification.

These techniques were applied in a 19 year-old female case and the remedy prescribed *Raphanus* produced marked improvement. [This FN to §16 is given in the Boericke edition and J.Reeve's edition, but not in KÜnzli, O'REILLY, HOCHSTETTER edition = KSS]

41. Metal prescription in paediatrics
ROUX LE, Patricia (HL. 20, 4/2007)

Stages of development are clearly discernible in the child that grows up and matures. Remedies for these stages can be found in every kingdom, but in no other kingdom can the stages be traced back to remedies as easily as in that of the minerals. Three cases are presented as examples.

Case 1: Iron series: *Chromium metallicum*.

Mathilde, 12 years, consults for chronic Sinusitis. Listless, lacks energy, odd joint pains. Needs reassurance. Hugs mother. Negative, defiant. Likes glittery clothes and bright jewellery. Conflict between parents. Prefers not to act, rather than to act and fail.

Iron series has to do with performance, attack and defence.

Stage 6: Forced to work or act.

Chromium metallicum 200. Three months later, her Sinusitis disappeared. Needs less help. Nine months later, situation is stable.

Case 2: Silver series: *Indium metallicum*.

Théo, lacks energy, disobedient, unable to reconcile. Hyper sensitive. Loves to dress up as girl. No responsibility for his actions. Nightmares. Frightened of being abandoned. Spendthrift. Desires raw meat.

Indium metallicum 200. 3 months later, stopped dressing as a girl. Much calmer, obeys. One year later, still stable.

Case 3: Gold series: *Iridium metallicum*.

11year-old Italian girl, developed Synovitis and Cysts on her wrist, couple of weeks before a major tennis competition, which could affect her future career. She is taking care of financial responsibility by winning competitions.

Iridum metallicum 9, 12, 15, 30CH for four days. Ten days later, she is back on court. The Cysts and Synovitis have gone.

42. A demanding child. A case of *Rheum*
PANCHAL, Manish (HL. 20, 4/2007)

Two year-old nephew with severe cough. Holding genitals for no reason. Demanding mother to be with him always. Screams and shrieks when he demands certain things to be done. *Chamomilla* 1M did not help. Using Phatak's repertory – craving for a particular object and Impetuous *Rheum* 1M. Cough reduced in intensity, but change in behavior, gradually occurred over a period of 5-6 months. Even 12 years later, no relapse.

43. *Mandragora*. The world of Angels and Demons
MESSENGER, Alain (HL. 20, 4/2007)

Through particularly expressive drawings, a patient gives us direct access to the psychology of *Mandragora*, a magical plant known as far back as the time of the Egyptians. The study of the remedy led us to discover a proving carried out in Germany in 1996 with C30, C200 and C1000 potencies. That proving contains a large number of mental symptoms that confirm the observation.

[In none of these cases we have any information about any order in the 'cure' and the follow-up time. The cases (and articles) end as old fables end "and then they lived happily" = KSS].

44. An Energetic Model of Homœopathy
GOLDEN, Issac (HL. 20, 4/2007)

We are more than just our physical body. Who and what we are is discussed in terms of the energetic matter which makes up our different energetic vehicles or bodies. Homœopathy is explained in these energetic terms, showing that the remedies do not heal us, but permit our own self-healing energy to do the job it will always do if not obstructed. The true nature of our Vital Force is explained in energetic terms, as is the nature of miasms and our constitution. Homœoprophylaxis is defined, and research showing its short and long-term safety and effectiveness is presented. The mechanism of prevention is also explained in energetic terms. The need for objective study of homœoprophylaxis is discussed to ensure that the full benefits of all aspects of Homœopathy are available to all.

45. Post vaccinal Behavioral Problems
SMITS, Tinus (HL. 20, 4/2007)

In this article it is intended to show evidence of the relationship between vaccination and behavioural

problems in children, from mild to severe (ADHD and Autism), through 30 case histories. The evidence is provided through the use of potentised vaccines. The hypothesis is that if the complaints disappear or strongly ameliorate with the treatment of the potentised substance which is supposed to be the cause of the complaints, the proof is delivered that the particular substance caused the damage. The fact that mild moderate and severe cases of behavioural problems, often with concomitant physical problems, are seen and cured by this method strengthens the evidence of a casual relationship between vaccinations and behavioural problems.

46. Identifying with society
MANGIALAVORI, Massimo
(HL. 21, 1-2/2008)

35 year-old lady with severe Seborrhea and Acne eruptions. Frequent bouts of Cystitis. Anxious. Quarrelsome. Startled from sleep by noise. Desires chocolate. Mouth ulcers. Spicy food disagrees. Indifference to persons and pleasure. Does not want to be in contact with other human being. *Kali muriaticum* Q1. She had < of mouth ulcers initially. After three months, no colic. Once mild Cystitis. *Kali muriaticum* Q5. After 2 weeks leucorrhoea and mouth ulcers. Stopped remedy and is on placebo for several months. Calmer. [Repertorisation is done with more than 15-16 'rubrics' in computers.]

47. Cases treated using Triple salts
LOUKAS, George (HL. 21, 1-2/2008)

During the past few years, many new homœopathic remedies have been prepared as a result of cooperation with the pharmacists Ioannis and Christiana Efstathiou. The most significant of these were new coordination compounds consisting of three chemical elements, excluding hydrogen and oxygen. These compounds were named triple salts. In this article a few cases are presented that were successfully treated using triple salts.

[Are these proven medicines? Where is the Materia Medica for these remedies? = KSS].

48. About the Beginning of creation
SCHLINGENSIEPEN –BRYSCH, Irene
(HL. 21, 1-2/2008)

36 year-old patient consulted in 2003 for colitis. Migraine, frequent stool with bleeding and flatulence. Exhausted feeling in right side of the body. Feeling of losing power and of being paralysed. Delusions of being handicapped, feeling of dependence and premonition of impending global dangers. Fear of disease and finance. *Barium arsenicosum*. For 2½

years it stopped the bleeding Colitis and Migraine and improved the exhaustion. Then relapse and the remedy did not help. During retaking the case he spoke of the beginning of the universe, and of having returned to the origin and of Big Bang, which is the primary source. So *Positronium* C 200. 4 months later 1M. 4 months later XM. Since then no need of any further dose. Steadily growing feeling of security. [Who has 'proved' in the homœopathic sense, *Positronium*? Is the *Materia Medica* of this remedy easily accessible to an ordinary practitioner? = KSS.]

49. Unlocking the case with one key 1
BJORNDALE, Andreas, N. (HL. 21, 1-2/2008)

A woman in her late 30s with Ulcerative Colitis. Stool once every 15-20 mins. So life limited to her home and her office. It all started after twin brother killed himself. Withdrawn state of mind. Diarrhea from oranges. Chilly and slow in answering. *Phosphoric acid* 200, 5 tablets 5 times a day for 5 days, to be repeated after one week. 4 weeks later, she was much better. Within 3 months, no diarrhea and no relapse at all thereafter.

50. Astringent like a Taut Spring
SCHADDE, Anne (HL. 21, 1-2/2008)

36 year-old mother of three children with exhaustion and dyspnoea. Feels herself responsible for everything. This causes Headache, Tension in head. Feels tension, locked. Plant remedy – *Cocculus indicus* 30. A week later tinnitus gone, but headaches off and on. Now Flu with severe cough and severe back pain. Ultra sensitive to noise *Natrum muriaticum* 200. Better but relapse 3 months later. *Natrum muriaticum* 200. Two months later, dislocated neck, strong strain felt, astringent. Tense feeling of nerves and tendons, blocked feeling. Tension is like a taut spring. So a plant remedy with astringent feature. *Menyanthes trifoliata*. After the remedy, she got a fever and suddenly discharge of milk from her breast. After weaning many months ago, she had fever with nodes in mammae, "cured" with *Phytolacca*. Tension in cervical region and Headache disappeared. 9 months later, heavy cold. *Menyanthes* 200.

51. The Excluded Feeling in Two remedies of the
Lili-florae
NOONEN, Resie (HL. 21, 1-2/2008)

85 year old, widow, religious and a Jehovah's Witness. Warm blooded. Suffocating feeling at times. Jealous. *Lachesis* had helped for 16 years. In 2002 acute event. Shocked by daughter-in-law's behavior towards her in a public place. She became pale, could not walk. Could not recognize her daughter. Restless.

Trying to escape. Religious delirium. Shrieking with fear. Refused to eat. Abusive, insulting. Sleepless. Was on psychiatric medication. *Veratrum album* 1M every hour one spoonful of dilution. By evening of same day she recognized her daughter, wept for 2 hours and then became calm. Slept well and became normal.

A woman, who as a child was abused in Japanese concentration camp in Indonesia and traumatized by rigid military behavior of father developed a feeling of 'out cast'. Walking difficulty since 14 years of age and from her thirties sitting in wheel chair. Nightmares, Dreams of escaping. Suicidal thoughts. Constipation since childhood. Severe pain in stomach. Tympanic abdomen. *Carcinosinum* helped her.

Then severe stomach ulcers with pain at night, oppression in epigastrium. *Ornithogalum umbellatum* 200. Two months later, sleeping better. No dreams. Pains much better. For the first time in 40 years, normal stool without laxative. Feeling of living. Three months later came walking. One year later, Grawitz tumor, in right kidney. Operated. *Ornithogalum* 200 and *Conium* 200 alternated. Recovered.

52. New Lac cases
ROUX, Patricia Le (HL. 21, 1-2/2008)

A case of *Lac asinum*.

Louis, two years old, has not slept whole night since birth. He is Vietnamese and was adopted. He wakes his mother every hour in a very obstinate manner asking for milk. When he gets it he falls asleep. Mother is exhausted. During the day he is charming and sociable. *Lac asinum* 1M.

Child slept since next night after the remedy and relapse was 12 months later and a repetition of dose relieved.

Proving symptoms are given:

- Forsaken sensation, lack of help
- Surroundings are felt with injustice, lacking any pity or compassion
- The patient is victim, innocent, passive, without defence
- He wants to rebel, often nasty
- He has feelings of serenity, is in good shape, he is never very hungry
- Often suffers from headache, round the eyes as if a band
- Swarming, paraesthesia in head, chest and extremities
- Lots of sympathetic symptoms; vaso-dilatation, oedema, oliguria.

A case of *Lac lama*

Llona, six years with severe tummy pains and vomiting after meals. Abandoned by father. Weight loss. Vomiting when contradicted. Severe since treated

for Pneumonia. Dry skin. Blepharitis. Likes to be in open air. Desires chocolate. *Lac lama* 1M. No vomiting and weight gain.

53. "Locked in a cage". A case of *Lac leoninum*
CHAUHAN, Dinesh (HL. 21, 1-2/2008)

47 year-old lady with a uterine fibroid with profuse bleeding. Associated with pain and weakness. During the course of interview she expresses sensations of strangulation/oppression with gestures. Feels locked in a cage. Feels crippled. In describing the sensation, she expresses sensitivities towards animal issues, especially with mammals and of lioness with which she identifies most strongly, *Lac leoninum* 1M. There was initial < of congestion in breast and then 10 weeks later normal periods. 16 months later, USG revealed no fibroids. [Because the patient identified herself with lioness she was given *Lac leoninum*! = KSS].

54. A Bitch or a Nun
A case of *Naja tripudians*
FRISCHKNECHT, Pablo (HL. 21, 1-2/2008)

A 47 year-old with depression related to her menstrual cycle. She feels she has neglected her duty. Strong anticipatory anxiety. Fear of losing control. Feels antagonism with herself. Desires alcohol which aggravates. She feels strongly victimized. Sensation of lump in throat. *Naja tripudians* Q9 once a day. Five weeks later – anxiety decreased. Better before menses.

10 weeks later – Depression gone. *Naja* Q10.

6 months later – Menstrual cycle improved. Coryza at night. *Naja* 1M.

8 months later – Relapse of Depression. *Naja* 1M.

9 months later – Erysipelas on nose. Painful. *Naja* 70M.

In the next few years, a dose of CM.

55. Nature vs. Nurture in Homœopathy:
Toward an Environmental View of Homœopathic Space
ROWE, Todd (HL. 21, 1-2/2008)

This article presents an environmental approach to homœopathic case analysis. Rather than focusing on "nature" based familial classifications, it explores the use of "nurture" based biomes. The Desert is chosen as a representative biome and themes, sensations and energies are explored for this particular biome. A case example of hyperlipidemia is presented using the desert biome classification and the remedy *Carnegiea gigantea* (*Saguaro Cactus*) was prescribed curatively.

56. The Gold series Stages 8 & 13
Osmium & Thallium
SEVAR, Raymond (HL. 21, 1-2/2008)

Case 1: Brendan, 41 years, with IBS for 8 years. Worse from alcohol. Burning in abdomen. Conscientious. He is hard, serious, emotionally cold, at war with his illness by starving. Indicates heavy metal of Syphilitic Miasm. High powered manager leads to gold series. *Aurum metallicum* 200. Improved after initial <. In the next five years few doses of 30, 200, 1M 10M & 50M, but relapse. Excellent response to *Aurum* indicates a related medicine – of gold series. *Osmium* is hard, and resistant to pressure. *Osmium metallicum* 30. Clear improvement in 2 weeks. In the next 2 years as and when needed *Osmium* 200.

Case 2: Miriam 62, short, fat, asthmatic, cramps in legs, indigestion. Eczema as a child. Depressed. Recurrent dream of sliding down a bank into deep water. *Sulphur* 30. Asthma was bad for 6 days after the medicine and then better. In the next one year few more doses and then sadness returns with a feeling of being sidelined, useless and finished – indicates stage 13. *Thallium metallicum* 30. In the next 3 months few more doses.

57. A constitutional remedy for a Burn
LEVANON, Dafna (HL. 21, 1-2/2008)

60 year-old, had Mastitis. *Belladonna* 200 relieved. Then a hot glass of tea fell on her arm and caused severe Burn. *Cantharis* 200 brought slight improvement. *Arnica*, *Calendula*, *Gel.* did not help. So an underlying constitutional dyscrasia for slow and deficient healing was suspected. Sad and complicated family situation. Pale, trembling, nervous, frightened, bottled inside. Feels guilty, restricted. *Carcinosin* 200. Healed rapidly.

58. A case of Chikungunya Fever
USUF, Mass R. (HL. 21, 1-2/2008)

42 year-old monk with great prostration, highly febrile, severe frontal headache with vertigo and crippling body pain. Severe physical and mental restlessness. Fear, weakness of lower limbs, weak pulse, b/l edema, worse after midnight, *Arsenicum album* 30, two doses. > and Relapse. *Ledum* 200 as it was due to mosquito bite. *Eupatorium* 30c tds x 2 days. Arthralgia & Myalgia receded. *Lecithin* 12x – to counter low vitality and symptoms of general breakdown.

The patient experienced his complaints receding fast and he felt much better. His mental symptoms receded dramatically and his physical restlessness abruptly. He finally had command of his mental faculties were evident by the slight smile that lit his otherwise despondent countenance.

59. Leitsymptom Husten – Therapie – möglichkeiten mit Homöopathie
(Leading Symptom Cough – Therapeutic possibilities with Homœopathy)
LUCAE, Christian (ZKH. 53, 2 & 3/2009)

Cough is a symptom for which a number of patients came to us. The cough could be due to Bronchitis, or even Pneumonia or anyother serious disease. Whatever may be, the homœopathic remedies will help speedy restoration of health.

The author cites from cases – each case to indicate the technique adopted to find the homœopathic remedy. In one it was a Nosode, on the basis of the diagnosis. In the next it was a characteristic ‘modality’; in the third the ‘general’ and ‘mind’ symptoms lead to the remedy; and lastly a “Key Note” lead to the right remedy.

60. *Ranunculus bulbosus* bei Heuschnupfen – Arzneifindung mit einen neuen Repertorium (*Ranunculus bulbosus* in Hay Fever Remedy selection with a new Repertory)
LUCAE, Christian, DAHLER, Jörn & TEUT, Michael (ZKH. 53, 4/2009)

Homœopathic treatment of Hayfever requires different strategies depending upon the symptoms of the patient. In three cases the prescription was *Ranunculus bulbosus* selected with the help of a new Hay Fever Repertory. The characteristics symptoms as well as the original Proving symptoms of the remedy also come into the discussion.

61. Kinderzeichnungen in der Homöopathie – Haus Baum-Mensch-Test und Tierfamilie als Wertvolle Bereicherung bei der Findung der Gesamtheit der Symptome
(Drawings of children in Homœopathy House, Trees – humans – Test and animal family as valuable for the totality of symptoms)
HADULLA, Michael, M., PFEIL Tinu, A. (ZKH. 53, 4/2009)

Drawing by children of house, tree, persons, animals, family, etc. are important in understanding the state of disposition of the child. It would be of great help in the selection of remedy.

Practical cases are narrated to impress this.

IV. REPERTORY

1. Das Symptomen-Lexicon – Welches Symptomenlexicon?
(The Symptoms dictionary – which symptoms dictionary?)
KRITZENBERGER Irmgard (ZKH. 53, 2/2009)

Uwe PLATE has published a “Symptomen Lexikon” sometime ago in 2004. This work was said to fulfill Hahnemann’s wish for a reference source. The author of this article analyses this work with regard to what was meant by Symptoms-Lexicon in Hahnemann’s time and whether the painstaking work of Uwe PLATE can be reckoned so. Copious references to HAHNEMANN, BOENNINGHAUSEN, HERING, JAHR and others are quoted.

This work is to self study of the Materia Medica and cannot be considered as a repertory to lead one to find out suitable remedy for a given case.

V. PHARMACOLOGY

1. Preliminary investigation of metal and metalloid contamination of homœopathic products marketed in Croatia
TUMIR, Hevoje, BOŠNIR, Jasna, VEDRINA-DRAGOJEVIĆ, Irena, DRAGUN, Zrinka, TOMIĆ, Siniša & PUNTARIĆ, Dinka (HOM. 99, 3/2010)

Background: Due to their popularity as a complementary therapy in many diseases, homœopathic products of animal, vegetable, mineral and chemical origin should be tested for the presence of contaminants to prevent eventual toxic effects.

Objective: Thirty samples of homœopathic products were analyzed to estimate possible contamination with potentially toxic elements: Pb, Cd, As, Hg, Cr, Ni and Zn, and to assess human exposure to these metals/metalloid as a consequence of their consumption.

Methods: Atomic absorption spectrometry was used to determine metal and metalloid concentrations.

Results: Most tested products had very low metal/metalloid levels (below the limit of quantification of the method), but the metal/metalloid levels in the remaining products were in the following ranges (in µg g⁻¹): Pb 0.33-1.29 (6 samples), Cd 2.78 (1 sample), As 0.22 (1 sample), Hg 0.02-0.12 (24 samples), Cr 0.40-10.27 (10 samples), Ni 0.43-55.00 (19 samples), and Zn 2.20-27.80 (11 samples). In the absence of regulatory standards for homœopathic products, the obtained results were compared to maximum allowable levels (MALs) as proposed by USP Ad hoc Advisory Panel. Some analyzed preparations had metal levels above MALs (Pb: 2 samples; Cd: 1 Sample; Ni: 2 samples). However, estimated cumulative daily intakes from tested homœopathic products were in all cases lower than permitted daily exposures for all dosage forms.

Conclusion: The risk of bioaccumulation of metals/metalloid from the homœopathic medicines seems to be rather low, due to small quantities of those products prescribed to be applied per day, as well as

insignificant metal contamination of the majority of tested products. However, the fact that particular formulations were contaminated by metals above MALs indicates potential risk and points to the necessity of regular monitoring of homœopathic products for metal contamination, due to their frequent and mostly unsupervised use.

2. LM or Q ? Signs and Symbol

FOURNIER, Denis (HL. 21, 1-2/2008)

Samuel HAHNEMANN, in his posthumous 6th edition of the **Organon**, proposed a new process of production of the remedy – the fifty millesimal. However, in part owing to the secret development of it, the issue of its denomination was not resolved. After a brief review of the historical background of designations for the new potency since HAHNEMANN, we will see the suggestions of those who were, in the 20th century, the first ones to use them and help maintain, even today, the confusion on this notation. The choice is essentially between “LM” and “Q”. Arguments like the Latin rules for numbers and the meanings of sign and symbol as determining factors to name a homœopathic dynamisation will be the tools in helping to solve the impasse. The conclusion is clear: Q is the only coherent and justifiable symbol to appear on the remedy’s label to identify the medicinal curative power of such potency.

3. Dosage and Restoration of Health

Homœopathic Pharmacology

BEIJERING, Frank, J. (HL. 21, 1-2/2008)

Homœopathy is based on the law of similars. From Archimedes to Ralleighjeans (thermic equilibrium), all natural laws can be expressed via a mathematical equation. Homœopathy’s law of similars apparently was an exception in this respect. This article aims to provide an equation for the law of similars.

4. Die Entwicklung einer neuen Potenziermaschine (The development of a new potentiating machine) RYFFEL-HAUSCH, Jacqueline (ZKH. 53, 2/2009)

The pharmaceutical firm who are wellknown - Spagyros – have been manufacturing genuine quality homœopathic medicines. In so far as Homœopathy is concerned we have no way of verifying the genuineness of a medicine and have to simply trust the manufacturer. We must concede that in general all the pharmacies have been manufacturing passable quality medicines. But what methods do they use? The ‘Korsakoffian’; someone said that beyond a certain potency – say above the 10M – the higher potencies are made by ‘Radionics’ method – which cannot be in any way considered as ‘scientific’. Of course the 50 millesimal potency

manufacture is another. Clearly there is much that is hazy and it is for the homœopaths to demand an approved, correct method by all pharmacies.

The author is the chief of the manufacturing unit of Spagyros and she has explained the need and relevance of a new potentiiser machine invented by her Firm and its advantages. She has traced briefly the history of homœopathic medicine potentiiser Machines.

An interesting article.

VI. VETERINARY

1. Homœopathic prescribing for chronic conditions in feline and canine veterinary practice
MATHIE, T. Robert, BAITSON, S. Elizabeth, HANSEN, Lise, ELLIOTT F. Mark & HOARE John (HOM. 99, 4/2010)

Introduction: The peer-review literature contains no controlled clinical research of Homœopathy in cats and very little in dogs.

Main objective: To collect clinical outcomes data systematically from individualized homœopathic treatment of cats and dogs that would help to inform controlled research in feline and canine Homœopathy.

Methods: Twenty-one homœopathic veterinary surgeons recorded data systematically from consecutive feline and canine patients over a 12 month period. Records included: date; patient and owner identity (anonymised); medical problem treated; whether new or follow-up (FU) appointment; chronic or acute condition; owner-assessed clinical outcome (7-point scale, range – 3 to +3) compared with first appointment.

Results: Data from 400 cats comprised a total of 372 individual chronic problems, of which 270 had FU assessment. Data from 1504 dogs comprised a total of 1408 individual chronic problems, of which 1070 had FU assessment. In both species, 22% of FUs in chronic cases received conventional medicines concurrently. In cats, 117 different chronic medical conditions in total were treated with Homœopathy. Five of those conditions included ≥ 20 cases, in which owner-reported outcomes (in decreasing rank order of frequency) were: dermatitis (69.6% patients with +2 or +3 outcome, 0% patients with -2 or -3 outcome); renal failure (57.1%, 14.3%); overgrooming (57.1%, 7.2%); arthritis (80.0%, 0%); hyperthyroidism (66.7%, 0%). In dogs, of 301 different chronic medical conditions treated in total, those most commonly recorded (≥ 20 cases) were: dermatitis (66.2% with +2 or +3 outcome, 0% patients with -2 or -3 outcome); renal failure (57.1%, 14.3%); overgrooming (57.1% 7.2%); arthritis (80.0%, 0%); hyperthyroidism (66.7%, 0%). In dogs, of 301 different chronic medical conditions treated in total, those most

commonly recorded (≥ 20 cases) were: dermatitis (66.2% with +2 or +3 outcome, 5.4% with – 2 or – 3 outcome); arthritis (80.2%, 0.8%); pyoderma (75.8%, 0%); colitis (85.2%, 0%); fear (31.6%, 0%); epilepsy (63.6%, 4.5%); otitis external (72.7%, 0%); diarrhea (68.2%, 0%); urinary incontinence (73.7%, 0%); aggression (57.1%, 0%); spondylosis (81.0%, 0%); lymphoma (40.0%, 6.7%).

Conclusions: A programme of controlled research in veterinary Homœopathy for these feline and canine conditions is clearly indicated.

2. Clinical Management of Anaemia Associated with Babesiosis in Dogs with *Trinitrotoluenum* 200c
CHOUDHURI, S. & VARSHNEY, J.P.
(HL. 21, 1-2/2008)

Anaemia is an important accompaniment of canine babesiosis, caused by *Babesia gibsoni*, owing to haemolysis. If anaemia is not attended to in these cases, it may prove fatal despite treatment with antibabesial drugs. Twelve cases of anaemia associated with babesiosis in dogs were treated with *Trinitrotoluenum* 200C in conjunction with the antibabesial drug diminazine aceturate, while six other cases of anaemia associated with babesiosis were treated with the antibabesial drug diminazine aceturate only. The study indicated that supportive therapy with *Trinitrotoluenum* 200C improved erythrocyte indices and was effective.

3. Homœopathic Approach to Separation Anxiety in Dogs
LOUKAKI, Katerina & KIRKILESSI, Georgia
(HL. 21, 1-2/2008)

Separation anxiety (S.A.) in dogs is a behavioural disease and is characterized as a pet's exaggerated fear of separation from its owner(s). Homœopathy can contribute to the treatment of these disorders. We choose two homœopathic methods of approaching animals: A) The specific characteristics are taken, considering the factors that influence the idiosyncrasy of the dog. B) The symptoms manifested by special modalities are recorded and analysed only according to the homœopathic repertory. Both methods have advantages and disadvantages. With the help of the homœopathic case history and the study of each cited remedy, we can analyse the dog's behavior that will allow us to understand their idiosyncrasy and the problematic picture that is presented, so we can prescribe the simillimum.

4. Impfkomplikation bei einer tragenden Stute
(Vaccine complication in a Mare)
SOLAKOV Iris (ZKH. 53, 4/2011)

A load-carrying Mare suffered from a vaccine complication which became life-threatening. *Arsenicum album* M and later 10M brought the Mare back to normalcy completely.

VII. RESEARCH

1. A Prospective Multicentric Observational Study to Determine the Usefulness of Predefined Homœopathic Medicines In the Management of Acute Diarrheal Disease in Children
NAYAK, C., SINGH, Vikram., SINGH, K., SINGH, Hari., SHARMA, Anita., OBERAI, Praveen., ROJA, Varanasi., NAYAK, Debadatta., PADMANABHAN, Maya., MISHRA, Alok., SEHEGAL, G.C., KAUSHIK, Subhash., CHOWDHARY, C.P., SINGH, V.K., SAHID Ali., HIMA, Bindu., & SARKAR, D.B.
(AJHM. 102, 3/2009)

Background & Objectives: Acute diarrheal disease is one of the major causes of morbidity and mortality in developing countries. No data regarding the pediatric population suffering from acute diarrhea seeking homœopathic treatment in India are available. Therefore, an observational study on acute diarrheal diseases in children was undertaken with fourteen predefined trial homœopathic medicines in an effort to identify a group of homœopathic medicines useful for the treatment of acute childhood diarrhea.

Methods: A prospective, multi-center observational study was conducted by the Central Council for Research in Homœopathy at its various Institutes and Units throughout India during October 2005 – September 2008. A total of three hundred twenty-seven children in the age-group 6 months to 12 years were included. Trial medicines selected on the principles of Homœopathy were prescribed and the diarrhea index score was assessed before and after treatment using SPSS (version 16).

Results: The difference in the mean number of stools and diarrhea index score was found to be statistically significant ($p=0.000$, <0.05) after the prescription of trial homœopathic medicines in 321 children. The diarrhea index score got either worsened or remained unchanged from the baseline score in 6 (1.83%) children. Of the 14 medicines half of them, viz., *Podophyllum peltatum* ($n=158$), *Chamomilla* ($n=49$), *Aethusa cynapium* ($n=25$), *Mercurius solubilis* ($n=23$), *Calcarea carbonica* ($n=21$), *Sulphur* ($n=18$), and *Phosphorus* ($n=17$) were found to be most useful among the 14 predefined trial medicines.

Conclusion: This was an Observational study with positive results requiring further validation by suitable Randomized Control Trial(s).

2. Case history: Individualised Homœopathy and Severe Chronic idiopathic Neutropenia (SCN)
POOLE, Jennifer (HOM. 99, 3/2010)

Background: Severe Chronic Neutropenia (SCN) places the sufferer at increased risk of bacterial infection, often requiring emergency hospital admission and long-term antibiotic treatment.

Method: A single clinical case study of idiopathic SCN in a boy of 3 years and 8 months at the start of treatment individualized, classical homœopathic treatment was given. Neutrophil count was measured at: 5, 17, 21, 29 and 41 months after commencing treatment.

Results: Low neutrophil count (0.6 and $0.3 \times 10^9/L$) was documented for 17 months prior to commencing treatment. After 17 months of individualized Homœopathy, neutrophil count was 1.74 , rising to 2.22 at 21 and 3.4 at 29 months treatment. Forty-one months after commencing treatment neutrophil count was 3.8 with an intermediate peak of 9 recorded during the year. As the child found the procedure distressing, blood testing was then discontinued by the parents.

Conclusions: The child received no other treatment, including complementary medicine or antibiotics, while receiving homœopathic treatment. Individualized homœopathic intervention may be the catalyst for the resolution of idiopathic SCN in this case. However, as this was a single case, a controlled study is recommended as a next step.

3. *Chelidonium majus* 30c and 200c in induced hepato-toxicity in rats
BANERJEE, Antana., PHATAK, Surajit., BISWAS, Surjyo Jyoti., KARMAKAR-Susanta Roy., BOUJEDAINI, Naoual., BELON, Philippe & KHUDA-BUKHSH, Anisur Rahman.
(HOM. 99, 3/2010)

Introduction: Homœopathy is a popular form of complementary and alternative medicine and is used to treat for certain liver ailments.

Aim: To analyze the efficacy of homœopathic *Chelidonium majus* (*Chel*) 30C and 200C in amelioration of experimentally induced hepato-toxicity in rats.

Methods: Rats were randomized into six sub-groups: negative control; negative control + EtOH; positive control; positive control + EtOH group; *Chel*.30; *Chel*. 200. Rats were sacrificed at day 30, 60, 90, and 120; various toxicity biomarkers and pathological parameters were evaluated. Gelatin zymography for determination of metalloproteinases activity and Western blot of p53 and Bcl-2 proteins were also employed. All analyses were observer blind.

Results: Chronic feeding of p-dimethyl amino azo benzene (p-DAB) and Phenobarbital (PB) elevated the levels of aspartate aminotransferase (ALT), gamma glutamyl transferase (GGT), lactate dehydrogenase (LDH), triglyceride, cholesterol, creatinine and bilirubin and lowered the levels of glutathione (GSH), glucose-6-phosphate dehydrogenase (G-6-PD), catalase and HDL-cholesterol. There were statistically significant modulations of these parameters in the treated animals, compared to positive controls. In both treated groups, there was downregulation of metalloproteinases, p53 and Bcl-2 proteins compared to over-expression in the positive control groups.

Conclusion: Both the potencies of *Chel*. exhibited anti-tumor and anti-oxidative stress potential against artificially induced hepatic tumors and hepato-toxicity in rats. More studies are warranted. [What for 'more studies'? At whose expense? Action of *Chel*. In so far its homœopathic form is well-known to every homœopath. It is immaterial whether it acts in rats and cats, etc. Why should Homœopathy copy the conventional Medicine ideas? = KSS]

4. Heparin-binding epidermal growth factor expression in KATO-III cells after *Helicobacter pylori* stimulation under the influence of *Strychnos Nux vomica* and *Calendula officinalis*
HOFBAUER, Roland., PASCHING, Eva., MOSER, Doris., FRASS, Michael.
(HOM. 99, 3/2010)

Introduction: Previous studies have shown the stimulating effect of *Helicobacter pylori* on the gene expression of heparin-binding epidermal growth factor (HB-EGF) using the gastric epithelial cell line KATO-III. *Strychnos Nux vomica* (*Nux vomica*) and *Calendula officinalis* are used in highly diluted form in homœopathic medicine to treat patients suffering from gastritis and gastric ulcers.

Aim and method: To investigate the influence of *Nux vomica* and *Calendula officinalis* on HB-EGF-like growth factor gene expression in KATO-III cells under the stimulation of *H. pylori* strain N6 using real-time PCR with and without addition of *Nux vomica* and *Calendula officinalis* as a 10c or 12c potency.

Results: Baseline expression and stimulation were similar to previous experiments, addition of *Nux vomica* 10c and *Calendula officinalis* 10c in a 43% ethanolic solution led to a significant reduction of *H.pylori* induced increase in gene expression of HB-EGF (reduced to $53.12 \pm 0.95\%$ and $75.32 \pm 1.16\%$ vs. control; $p < 0.05$), respectively. *Nux vomica* 12c reduced HB-EGF gene expression even in dilutions beyond Avogadro's number ($55.77 \pm 1.09\%$; $p < 0.05$). This effect was only observed when the drugs were

primarily prepared in ethanol, not in aqueous solutions. The data suggest that both drugs prepared in ethanolic solution are potent inhibitors of *H. pylori* induced gene expression.

5. Database on veterinary clinical research in Homœopathy
CLAUSEN, Jürgen & ALBRECHT, Henning
(HOM. 99, 3/2010)

Objective: The aim of the present report is to provide an overview of the first database on clinical research in veterinary Homœopathy.

Procedures: Detailed searches in the database 'Veterinary Clinical Research-Database in Homœopathy' (<http://www.carstens-stiftung.de/clinresvet/index.php>).

Results: The database contains about 200 entries of randomized clinical trials, non-randomised clinical trials, observational studies, drug proving, case reports and case series. Twenty-two clinical fields are covered and eight different groups of species are included. The database is free of charge and open to all interested veterinarians and researchers.

Conclusions: The database enables researchers and veterinarians, skeptics and supporters to get a quick overview of the status of veterinary clinical research in Homœopathy and alleviates the preparation of systematical reviews or may stimulate reproductions or even new studies.

6. Semi-standardised homœopathic treatment of premenstrual syndrome with a limited number of medicines: Feasibility study
KLEIN-LAANSMA, CT., JANSEN, JCH., VAN TILBORGH AJW, VAN DER WINDT DAWM, MATHIE RT. & RUTTEN ALB
(HOM. 99, 3/2010)

Background: Individualised Homœopathy involves a large number of possible medicines. For clinical research purposes it is desirable to limit this number, create more consistency between prescribers and optimizing the accuracy of prescription. Using a semi-standardised treatment protocol, we aimed to improve homœopathic management of targeted subgroups of women with premenstrual syndrome/symptoms (PMS/S).

Objectives: To design a semi-standardised protocol for individualized prescribing in PMS/S with a limited number of homœopathic medicines, and to explore the feasibility of working with it in daily homœopathic practice.

Methods: With help of an expert panel, homœopathic medicines were selected, as well as predictive symptoms and characteristics (keynotes) for each

medicine. With those, we designed a patient questionnaire and a diagnostic algorithm. The patient questionnaire contained 123 questions, representing potential predictive symptoms for 11 homœopathic medicines for PMS/S. The medicines selected (in rank order) were *Sep.*, *Nat-m.*, *Lach.*, *Cimic.*, *Lac-c.*, *Puls.*, *Calc.*, *Lil-t.*, *Mag-p.*, *Mag-c.*, *Phos.*

In a feasibility study 20 homœopathic doctors used the protocol in daily practice. The diagnosis was confirmed by daily rating of pre-defined symptoms during two consecutive menstrual cycles. The acceptability and feasibility of the protocol were evaluated after 3 months follow-up, at which time we also measured changes in premenstrual symptom scores and patient-reported changes in symptoms and general health.

Results: The doctors mostly complied with the protocol and valued the computerized diagnostic algorithm as a useful tool for homœopathic medicine selection. 33 patients completed 3 months follow-up. By then, 19 patients still taking the first medicine on the basis of the algorithm. We received valid symptom records of 30 patients. Premenstrual symptom scores dropped by 50% or more in 12 patients and by 30-50% in 6 patients; scores dropped by less than 30% or increased in 12 patients. Recruitment of patients (n = 38 in 9 months) proved difficult. Adherence to the diaries and the questionnaire was satisfactory.

Conclusions: It is feasible to use a semi-standardised protocol for individualized homœopathic prescribing in PMS/S helped by the selected medicines remain to be evaluated in further research. In future research, active promotion will be needed to recruit patients.

7. Dose-effect study of *Gelsemium sempervirens* in high dilutions on anxiety-related responses in mice
MAGNANI, P., CONFORTI, A., ZANOLIN E., MARZOTTO, M., BELLAVITE, P.
(HOM. 99, 4/2010)

Introduction: This study was designed to investigate the putative anxiolytic-like activity of ultra-low doses of *Gelsemium sempervirens* (*G. sempervirens*), produced according to the homœopathic pharmacopeia.

Methods: Five different centesimal (C) dilutions of *G. sempervirens* (4C, 5C, 7C, 9C and 30C), the drug buspirone (5 mg/kg) and solvent vehicle were delivered intraperitoneally to groups of ICR-CD1 mice over a period of 9 days. The behavioral effects were assessed in the open-field (OF) and light-dark (LD) tests in blind and randomized fashion.

Results: Most *G. sempervirens* dilutions did not affect the total distance travelled in the OF (only the 5C had an almost significant stimulatory effect on this parameter), indicating that the medicine caused no sedation effects or unspecific changes in locomotor

activity. In the same test, buspirone induced a slight but statistically significant decrease in locomotion. *G. sempervirens* showed a little stimulatory activity on the time spent and distance travelled in the central zone of the OF, but this effect was not statistically significant. In the LD test, *G. sempervirens* increased the %time spent in the light compartment, an indicator of anxiolytic-like activity, with a statistically significant effect using the 5C, 9C and 30C dilutions. The number of transitions between the compartments of the LD test markedly increased with *G. sempervirens* 5C, 9C and 30C dilutions. (Psychopharmacology 2010; **210**: 533-545.)

8. Comparative Analysis of *Gelsemium* and *Gelsemium sempervirens*: Activity on Neurosteroid Allopregnanolone Formation in the Spinal Cord and Limbic system
VENARD, C., BOUJEDINE, N., MENSAH-NYAGAN, AG. & PATTE-MENSAH, C.
(HOM. 99, 4/2010)

Centesimal dilutions (5, 9 and 15 cH) of *Gelsemium sempervirens* are claimed to be capable of exerting anxiolytic and analgesic effects. However, basic results supporting this assertion are rare, and the mechanism of action of *G. sempervirens* is completely unknown. [Almost every practicing homœopath gives *Gelsemium* in 'anxiety' related complaints and gets positive results. = KSS]. To clarify the point, we performed a comparative analysis of the effects of dilutions 5, 9 and 15 cH of *G. sempervirens* or gelsemine (the major active principle of *G. sempervirens*) on allopregnanolone (3a, 5a-THP) production in the rat limbic system (hippocampus and amygdala or H—A and SC are two pivotal structures controlling, respectively, anxiety and pain that are also modulated by the neurosteroid 3a, 5a-THP. At the dilution 5 cH, both *G. sempervirens* and gelsemine stimulated [3H] progesterone conversion into [3H]3a, 5a-THP by H—A and SC slices, and the stimulatory effect was fully (100%) reproducible in all assays. The dilution 3a, 5a-THP formation in H—A and SC but the reproducibility rate decreased to 75%. At 15 cH of *G. sempervirens* and gelsemine (5 cH) on 3a, 5a-THP production was blocked by strychnine, the selective antagonist of glycine receptors. Altogether, these results, which constitute the first basic demonstration of cellular effects of *G. sempervirens*, also offer interesting possibilities for the improvement of *G. sempervirens*-based therapeutic strategies.
(ecam 2009; doi:10.1093/ecam/nep083.)

9. Dissipative Structures in Extremely Diluted Solutions of Homœopathic Medicines: A Molecular Model Based on Physico-chemical and Gravimetric Evidences

ELIA, V., NAPOLI, E. (HOM. 99, 4/2010)

Conductometric and pHmetric titrations of extremely diluted solutions (EDS) were performed by adding NaOH or HCl solutions at concentrations between 1×10^{-2} M 1×10^{-3} M. the aim of this work is to obtain further confirmation of the hypothesized presence, in the EDS, of molecular aggregates of water molecules. The measurements on the EDS evidenced some relevant differences compared to those on solutions with just water as solvent. The conductivity and the pH variations caused by adding the titrant, namely NaOH or HCl were markedly different to those of the control solutions. We suppose that the preparation procedure of the EDS could produce non-equilibrium changes in the supramolecular structure of water.

The experimental results were interpreted by considering the interactions that can take place between the OH^- or H_3O^+ and the hypothesized molecular aggregates of water molecules, i.e. dissipative structures. A qualitative comparison was made about the nature of the driving force that leads to the formation of the complexes between the two ions deriving from water and the molecular aggregates of water molecules (dissipative structures). In this work we have introduced a new methodology to study the EDS and to have more information about the presence of the dissipative structures, i.e. the gravimetric analysis. We evaporate a known quantity of the EDS at 90°C for 36—48 h, and compare the obtained quantity of solid with the expected one given the chemical composition of the liquid, obtained via analytical measurements: atomic absorption and ICP mass. We systematically obtain that the experimental results are higher than the expected ones. The ratio of the obtained and expected results is about 3:2, putting in evidence that some water remains stable even after a very long treatment at 90°C. A linear correlation is obtained between the solid weight in excess, i.e. the difference between the experimental weight of the solid obtained after the complete evaporation of bulky water and the expected weight according to the chemical composition, Δ mg, and the conductivity in excess, namely the difference between the experimental conductivity and the expected one according to the chemical composition, X_r^E .
(Int. J of Design & Nature and Ecodynamics 2010; **5**: 39-48).

10. Research into the language of the patient: Improving clinical outcomes
POINDEXTER Beth., KOITHAN Mary., BELL Iris, R. (AH. 15, 2009)

This paper describes qualitative, quantitative, and mixed-method approaches to linguistic inquiry that can be applied by the discipline of Homœopathy to improve proving research and clinical outcomes. In a previous article published in **The American Homeopath**, Bell (2008) provided an overview of the state of homœopathic research and possible new directions for developing clinically relevant research. The current paper expands on specific methodological techniques that can be used to examine the individual's use of language to determine the characteristic effects of new remedies in proving and to select the simillimum for patients in the clinical setting.

11. Extreme homœopathic dilutions retain starting materials: A nanoparticulate perspective
CHIKRAMANE, Prashant Satish, SURESH, K. Akkihebbal, BELLARE Jayesh Ramesh & KANE Shantaram Govind (HOM. 99, 4/2010)

Homœopathy is controversial because medicines in high potencies such as 30c and 200c involve huge dilution factors (10^{60} and 10^{400} respectively) which are many orders of magnitude greater than Avogadro's number, so that theoretically there should be no measurable remnants of the starting materials. No hypothesis which predicts the retention of properties of starting materials has been proposed nor has any physical entity been shown to exist in these high potency medicines. Using market samples of metal-derived medicines from reputable manufacturers, we have demonstrated for the first time by Transmission Electron Microscopy (TEM), electron diffraction and chemical analysis by Inductively Coupled Plasma-Atomic Emission Spectroscopy (ICP-AES), the presence of physical entities in these extreme dilutions, in the form of nanoparticles of the starting metals and their aggregates.

12. Homœopathic *Symphytum officinale* increases removal torque and radiographic bone density around titanium implants in rats
NETO-Rubens Spin., BELLUCI, Marina Montosa., SAKAKURA, Celso Eduardo., SCAF, Gulnara., PEPATO, Maria Teresa & MARCANTONIO, Jr. Elcio (HOM. 99, 4/2010)

Introduction: This study evaluated the effect of *Symphytum officinale* in homœopathic potency (6cH), on the removal torque and radiographic bone density around titanium implants, inserted in rats tibiae.

Methods: Implants were placed in male rat tibiae, and the animals randomized to two groups (Control and *S. officinale* 6cH treated), which were evaluated at 7, 14, 28 and 56 days post-implantation. Radiographic bone density was measured at 6 points around the implant, using digital radiographic images, when implants were

inserted and at sacrifice. Removal torque of the implants was also evaluated.

Results: Both removal torque and radiographic bone density evaluation showed that *S. officinale* 6cH treatment enhanced bone formation around the micro-implants, mainly at 14 days. At 56 days, the radiographic bone density was higher in the treated group.

Conclusions: we conclude that *S. officinale* 6cH enhances, principally at the early stages of osseointegration, bone formation around titanium implants in rats' tibiae, based on radiographic and mechanical analysis.

13. Statins withdrawal, vascular complications, rebound effect and similitude
TEIXEIRA, Marcus Zulian (HOM. 99, 4/2010)

HAHNEMANN considered the secondary action of medicines to be a law of nature and reviewed the conditions under which it occurs. It is closely related to the rebound effects observed with many modern drugs. I review the evidence of the rebound effect of statins that support the similitude principle. In view of their indications in primary and secondary prevention of cardiovascular diseases, statins are widely prescribed. Besides reducing cholesterol biosynthesis, they provide vasculoprotective effects (pleiotropic effects), including improvement of endothelial function, increased nitric oxide bioavailability, antioxidant properties, inhibition of inflammatory and thrombogenic responses, stabilization of atherosclerotic plaques, and others. Recent studies suggest that suspension of statin treatment leads to a rebound impairing of vascular function, and increasing morbidity and mortality in patients with vascular diseases. Similarly to other classes of modern palliative drugs, this rebound effect is the same as a secondary action or vital reaction described by Samuel HAHNEMANN, and used in Homœopathy in a therapeutic sense.

14. Infection models in basic research on Homœopathy
CLAUSEN, Jürgen., WIJK, Van Roeland & ALBRECHT Henning (HOM. 99, 4/2010)

Introduction: The objective of this study was to search for effective agents for the treatment of infections in animals or infected cell lines.

Methods: The Homœopathic Basic Research experiments (HomBRex) database (<http://www.carstens-stiftung.de/hombrex>) on model biological systems in homœopathic research was searched. Eligible experiments were reviewed and analysed.

Results: The database contains 48 eligible experiments published from 1832 to 2009. Causative pathogens

were bacteria, fungi, viruses, proto- and metazoan. In the experiments, various parameters were observed and a large set of medicines was investigated. In eight of the 48 experiments, at least one of the investigated medicines was selected according to the similia principle. Nosodes and homœopathic complexes were investigated in 8 and 14 experiments respectively. Mice were the most often used host organisms (13 experiments). In 31 experiments at least one homœopathic medicine was found effective for treatment.

Conclusion: the results of basic research experiments may invigorate new clinical trials that investigate complementary treatments for infectious diseases. However, all experiments reviewed here await replication and no clear-cut conclusion can be drawn regarding the transferability of *in vitro* results to *in vivo* outcomes.

15. Efficacy of Homœopathy in childhood Asthmas MOHAN, G.R. (HL. 20, 4/2007)

This is an open study of 81 cases of Asthma in various paediatric age groups who received only homœopathic treatment for two years. The remedies were prescribed by individualizing each case. The study showed that asthmatic attacks due to a variety of causes, like exercise, infection and allergy, could be treated successfully with Homœopathy. Exacerbations and the use of nebulizers were reduced, and the asymptomatic period prolonged.

VIII. HISTORY

1. Hong Kong Homœopathy: How it arrived and how it connected with Chinese medicine FAN, Ka-wai (HOM. 99, 3/2010)

Translated as ‘Shunshi Liaofa’ in Mandarin, Homœopathy received considerable attention from local physicians, thanks to Dr. Heribert SCHMIDT who shared his views on the similarities between this western medical therapy and Chinese medicine during his visit to Hong Kong in 1954. Considered widely as non-scientific and superstitious, Chinese medicine was pushed to the periphery during the 1950s. On the contrary, adopted by western advanced countries, Homœopathy was generally regarded as scientific and reliable. Schmidt’s acknowledgement of the scientific roots of Chinese medicine excited many traditional therapists. The purpose of this paper is to trace the history of how Homœopathy was introduced to Hong Kong and discuss its relationship with scientification of Chinese medicine.

IX. GENERAL

1. The Heart of the Volunteer SMITH, Suzanne, J. (AH. 15/2009)

The heart of volunteerism is taking the first step – whether it’s to volunteer at a soup kitchen or proofread an article. It’s giving oneself whether for an hour, a day or a month. It’s giving, not just of one’s time but of one’s heart and spirit. It keeps us whole, reminds us we are part of the wheel of life and as part of this wheel, we become more empathetic people and that makes us better homeopaths. When you reach out you are rewarded. By reaching out to others, you develop a sense of inter connectedness to your community, to your country, to your profession or to the world.

2. International cooperation in support of Homœopathy and complementary medicine in developing countries: the Tuscan experience ROSSI, Elio., STEFANO, Di Mariella., BACCETTI, Soniam., FIRENZUOLI, Fabio., VERDONE, Marco., FACCHINI, Mario., STAMBOLOVICH, Vuk., VIÑA, Martha Perez & CALDÉS, Maria José. (HOM. 99, 4/2010)

Health is a fundamental human right which contributes to reducing poverty, and encourages social development, human safety, and economic growth. International initiatives have fallen far short of their goals. This paper describes collaboration between the region of Tuscany and Cuba, Western Sahara, Senegal and Serbia. These have introduced various forms of Complementary and Alternative Medicine, including Homœopathy and Traditional Chinese Medicine into primary healthcare particularly obstetrics, and into veterinary medicine.

Complementary and traditional medicine can represent a useful and sustainable resource in various fields of health care. Inclusion in the public health system must go hand in hand with scientific evaluation.

3. My Tryst with PC Individualising Examinations of PC-Cancer and PC-AIDS SHUKLA, Chetna (HL. 21, 1-2/2008)

The need for a scientific inquiry led me into an Individualizing Examination of two PC remedies (Cancer and AIDS) designed by Peter CHAPPELL. I can now validate the claim that PC remedies are Homœopathic Disease Specific. The gestalt that surfaced in the PC-Cancer proving was archetypal for

Cancer and that PC-AIDS for AIDS. Like any other proving this is not complete because the whole of the elements of the disease that PC-Cancer/AIDS can/is capable of producing can only be brought to anything like completeness by numerous observations (§ 135) to the point where subsequent experimenters can notice little of a novel character from its action, and almost always only the same symptoms as had been already observed by others. But these first proving convince me beyond doubt that they have definite sphere of action. The emerged image talks of an energy pattern similar to that of the usual disease images of respective diseases (call it prototype or archetypal) which makes the remedies homœopathic for these diseases.

X. BOOKS

I. SEIDENDER, A.: Heilmittelarchiv, Homöopathische Materia Medica – 6 Bände, (German) Kanderr, Narayana; 2008. 12064 S.geb. preis €890. Review Thomas GENNEPER. (ZKH. 53, 3/2009).

“A thorough and much a pathfinder work like this deserves detailed reviews. Armin SEIDENDER is an expert in Materia Medica Study particularly “details of the drugs in Homœopathy” so far known, and he has now in 12,064 pages covered 1380 medicines. The source for the book are the 19th century references which form the ground work of Classical Homœopathy. Literature of present day are considered where relevant, and thus there are about 550 source literature in which the major are 160 sources. Journals like AHZ and ZKH are also in place Can be recommended to every Practitioner; it makes Materia Medica comparison easier.... This volumes could be reckoned as standard reference work....”.

II. Kombinierte Arzneimittel in der Homöopathie, SPRINGER, WITTNER, H. (Combination Medicines in Homœopathy) Stuttgart, Haug; 2008. 195s. Karl Preis € 39.95. (German) review Elizabeth HÄCKER-STROBUSCH. (ZKH. 53, 3/2009).

“... This is a first work on this. W. SPRINGER has written a Foreword to help us the further study. 23 salts are dealt with in this – from *Alumina phosphorica* over *Calcarea arsenicosa* to *Natrium silicicum*... In my relaxed reading of the individual drugs the pictures came up before my internal eye and I pick up this book often”.

III. Hahnemann's Krankenjournal D22 (1821): Transcription und KommentarBand von Markus MORTSCH. (Case Register D.22 (1821): Transcription and commentary volume): Herausgeben von Robert JÜTTE Institut für Geschichte der Medizin der Robert

Bosch Stiftung, Stuttgart. 2008. Geb. 948s. (Transkription) /249s. (Kommentarband.) Preis €129.95. (German) review Christian LUCAE (ZKH. 53, 3/2009).

The Case Register D22 has been transcribed by Marcus MORTSCH with commentary; this was taken up by the University Bochum 2005 as medicohistorical dissertation. The period covers February to October 1821. Since HAHNEMANN shifted from Leipzig to Koethen in June 1821 there are patients from both and one may study the type of patients in a large city and a small town. 415 patients were treated during this period.

By reconstructing HAHNEMANN'S Practice Markus MORTSCH has given very interesting accounts: *Sulphur* was the most often prescribed with 1417 prescriptions in 108 forms; *Stannum* alone between Feb. and March with 198 prescriptions so often prescribed! *Nitric acid* and *Thuja* were close by. Many symptoms were marked with N.B.

Excellent researched work”.

XI. OBITUARY

1. In Memoriam

Dorothy COOPER: 30 June 1915-29 December 2008. (SPENCE, David. HOM. 99, 2/2010).

Dorothy COOPER was born on 30th June 1915 on highgate Hill to a London business family.

In 1934, she passed her First MB at Croydon High School and obtained a place at the London School of Medicine for Women.

In 1948, she entered General Practice with the inception of the NHS. She frequently attended Faculty meetings and lectures in London, being taught by amongst others, Sir John WEIR, Dr Lees TEMPLETON, Dr. Hamish BOYD and Dr. Elizabeth WRIGHT-HUBBARD.

In 1954, she was asked to take over the Bath Homœopathic Clinic, a charity endowed in 1849. She was very interested in and undertook much study of the Nosodes. Dr. Foubister's work on the *Carcinosin* and later *Folliculinum* fascinated her and she studied and discussed these with him. She wrote a number of excellent papers for the British Homœopathic Journal.

Her singular contribution will long be remembered.

XII. NEWS & NOTES

I. Presidents Message: HOOVER, Todd, A. National Healthcare Policy & Homœopathy. (AJHM. 102, 3/2009).

President Obama is driving healthcare policy toward three goals:

1. Quality, affordable and portable health coverage for all.
2. Moderating the U.S. healthcare system to lower costs and improve quality.
3. Promoting prevention and strengthening public health.

The Integrative Healthcare policy consortium, which represents multiple members of the complementary and Alternative Medicine Community was instrumental in passing an amendment to expand the definition of healthcare providers, for the purposes of bill, to include the following: Licenced Complementary and alternative medicine providers and integrative health practitioners.

Unlicensed providers wish to be included in potential reimbursement structures, so they prefer the language in upcoming bills as ‘certified’ practitioners as opposed to ‘licensed’ practitioners.

Many such relevant issues are being discussed within the Homœopathic Action Alliance.

II. LIGA Conference Report

WARSAW, POLAND 26-30 Aug. 2009.

HILTNER, Richard (AJHM. 102, 4/2009).

The theme of 64th LMHI Congress: Timeless quality of Homœopathy on 26th August evening, the President Elzbieta-Dernalowicz – Malarczyk elaborated the strong history of Homœopathy in Poland.

Ulrich FISCHER, highlighted the work of LIGA in a number of countries.

Lex RUTTEN gave the opening lecture on the “Lancet Review”.

On 27th, Ton NICOLAI reflected on Homœopathy as an Integrative Medicine.

Radko TICHAVSKY spoke about perspectives of Agro-Homœopathy which is economical practical and amenable to very rustic conditions. There are scientifically verified data.

Leon SCHEEPERS gave some wonderful details on Homœopathy in Thailand.

Larysa HUTSOL described some fascinating experiences teaching Homœopathy at Vinnytsia National Medical University in Ukraine.

Vangelis ZAFEIRIOU, a Psychiatrist, identified similarities that exist between national “Personality characteristics” of Japan, Greece, Italy, Germany and Israel and the remedy pictures of *Aurum*, *Sulphur*, *Lycopodium*, *Nux vomica* and *Arsenicum album* respectively.

Gloria FEIGHELSTEIN delivered some important information about the prophylactic dental treatment of children. She emphasized the constitutional typing by NEBEL, VANNIER, and EIZAYAGA. There were especially three important remedies. *Calcarea*

carbonica, *Calcarea phosphorica* and *Calcarea fluorica*. Each of these salts impregnate our teeth and bones and thereby impart distinct different anatomical characteristics, metabolic types, and disease propensities.

Josef SCHMIDT discussed the notion of health in the history of medicine, writings of HAHNEMANN and Homœopathy.

Nunzia CHIARAMIDA expounded on what he called “Darwinian Homœopathy” and biological basis of diseases. Molecular genetics identifies the subtle differences in the gene expressions on the basis of variation. It permits the investigation of the individuality of biological reactions to homœopathic remedies. The study of homœopathic medicines according to this approach enables a deeper knowledge of the working mechanism of homœopathic substances and of the biological bases of diseases. Many examples of this approach were described.

Anna FURMANIUK described patients with anoxic brain injuries. Over the past 25 years more than 50 cases of coma due to this pathology were successfully treated. The role of *Zincum sulphate* and *Carboneum hydrogenisatum* were emphasized.

Clinical Studies

Michael TEUT, et al., presented a paper on the “Homœopathic treatment of Elderly Patients-A Prospective Observational Study” with 2 years follow up. Disease severity demonstrated marked and sustained improvements under homœopathic treatment even though conventional medication was reduced.

Jaroslav CUPERA, delivered some case reports on the effective use of *Pyrogenium* in cases of sepsis in intensive care units.

Raymond SEVAR presented a fascinating case of a 58 year old woman with squamous cell bronchial Carcinoma treated homœopathically. She has been doing well for seven years.

Jonathan SHORE stressed the importance of penetrating to the center in case taking.

Ashley ROSS discussed the evolution of an African Materia Medica – a methodological overview of fifteen proving.

Ronko ITAMURA presented two cases in which the psychodynamics of *Magnesia muriatica* and *Magnesia carbonica* were examined.

28.08.09

Research

Michael van WASSENHOVEN gave an excellent discourse on his favorite subject: Evidence Based Homœopathy. He gave specific data on different studies on allergic conditions, including: Randomized Controlled Trials (RCT); Economic surveys; Quality of Life; Clinical Verification.

Lex RUTTEN, discussed on likelihood ratio and Bayesian algorithm

Karin LINGER, gave what could prove to be an historic presentation on how homœopathic medicines work, by two Magnetic Resonance Methods – Tesla coil method and the modified photomultiplier method.

Izel BOTHA explored a systemic review of the Nuclear Magnetic Resonance Spectroscopy studies of the physico-chemical structure of homœopathic dilutions.

Nikolay ZAMARENOV spoke for his colleagues in the Russian Homœopathic Association about the method of Crystallography in Homœopathy.

Chiaramida NUNZIO and clement LAURA developed a fascinating paper on the “homœopathic symptoms of allopathic drugs”.

Markus DUNTOSCH gave an original paper on finding the remedy based on the color preference of the patient.

Veterinary & Agro-Homœopathy

O.I. DINCHENKO related a variety of cases associated with good results in veterinary medicine in Russia with combination remedies. (!)

Elzbieta MISZCZAK – DZIADOSZ gave a very useful and optimistic report on the treatment of cats with worm infestation (Helminthiasis) with *Calcarea carbonica* in high potency. In addition to a radical regression of pathological symptoms, *Calcarea carbonica* provoked the massive expulsion of worms and improvement of aggressive behavior. Regarding dogs she said that she found *Phosphorus* as very effective in treating the symptoms often associated with this medicine. Thirst for cold water which is vomited after it becomes warm in the stomach, weakness and bleeding were the key symptoms.

E.A. ELIZAROVA et al, looked at a variety of relationships and approaches to treating dogs homœopathically for psychological states.

Stephen BAUMGARTNER, et al., presented 8 randomized, blinded studies for the prevention and treatment of the rosy apple aphid (*Dysaphis plantaginea* Pass) on apple seedlings.

Leoni Villano BONAMIN, et al., did a study using *Thymulin* 5c to increase productivity of chickens.

Clinical Studies

Grazyna MILEWSKA described a research project involving patients which demonstrated the clinical picture of *Causticum*. Also spoke of *Crocus sativa* in hypercoagulative states of the blood.

Antje OSWALD discussed the technique of applied Kinesthiology which improved the accuracy of his prescribing.

Purnima SHUKLA and Rajiv MISRA did a study with 45 cases of infertility successfully with

Thyroidinum, *Spongia*, *Natrum muriaticum*, *Calcarea iodata*, *Fucus* etc.

Sandeep KAILA, emphasized the importance of nosodes.

Samir CHAUKKAR approached the problem of addition to various drugs and alcohol in teenagers.

29.08.09

Ideas in practice:

Sigrid KRUSE, et al., presented a very important and optimistic report on the co-operation of conventional physicians and homœopathic physicians in the Dr. Von Hauner's Children's University Hospital in Munich, Germany. The single remedy homœopathic approach has been especially successful in Neonatology, Paediatric Oncology and Surgery, Neurology, Pulmonology and Gastroenterology.

Herbert PFEIFFER outlined the primary and secondary miasmatic views of paediatric illnesses. The psoric child is retarded and slow. The sycotic child develops quickly and immoderately. The syphilitic child is not only retarded, but also it can lose the capacity to move in a normal manner; as in a cerebral palsy child. Endogenous factors are the manifestations of miasmatic problems; we can find them in the primary miasmatic case history, the anamnesis of the children's family, and/or in the secondary miasmatic case history, in the prenatal, natal and postnatal anamnesis. The exogenous factors in the secondary miasmatic case history are diseases, injuries, intoxications, invasive techniques, etc. the knowledge of the normal and disturbed neurophysiologic development in children is called **Primaristic**. The diseases which are characterized by reversible dysfunctions are named central coordination disturbances (CCD per Vojta). He gave a number of cases demonstrating the above ideas.

Jonathan SHORE developed seven phrases in the complex proving process.

Carmen STURZA presented clinical information and proving of *Ytterbium metallicum*.

Tomas KOKOSZCZYNSKI enumerated the positive results of *Tuberculinum* and in his experience repetition in higher potencies is frequently without aggravation and brings about a faster healing process.

Natalia VORONINA reviewed the stress of Russian woman since World War II and found the medicines *Cimicifuga*, *Helonias*, *Lilium tigrinum*, *Onosmodium* and *Sepia* have been instrumental in dealing with present day female illnesses.

Julia VASSILIEVA pursued Tinus Smit's "Theory of Universal layers" in reference to the contemporary economic crises. She expounded on *Anacardium* when the patient becomes unable to live in compliance with his own wishes. She mentioned also *Rhus toxicodendron*, which typifies the patient who feels a helpless victim.

Clinics and Pharmacology

Leon SCHEEPERS discussed *Proteus*. It has the symptom of feeling good in sea. All the chlorides are listed as associated remedies by Paterson. Also proposed possibility of *Anisum stellatum* as being a Genus Epidemicus of H1N1 Fever. He presented some cases of this remedy.

Dentistry

RIBEIRO, et. al., gave evidence of the possibility of a relationship between dental fluorosis and the prevalence of fluorine characteristics in Constitutional Homœopathy.

NARDY, R.O., et.al., had positive results for Homœopathy in a study of treatment of dental hypersensitivity with *Hypericum* 3D over conventional oxagel. Also spoke on another study of third molar symptoms – of pain, edema, infection and ameliorating cicatrization with *Arnica* 6c, *Staphysagria* 6c and *Streptococcinum* 30D.

Clinical Studies

Sigrid KRUSE, et al., delivered a useful paper on the complementary homœopathic treatment of premature and newborn children with severe intracerebral hemorrhage in the Paediatric Hospital of Dr. von HAUNER in Munich, Germany. A 12 month outcome study revealed that adding homœopathic therapy can be successful in the ICU.

Also presented another paper on the complementary use of Homœopathy in Pediatric Oncology at the above mentioned Hospital.

30.08.2009

Maria-Luc FEYTON gave examples of how Homœopathy is a medicine in full harmony with Christian thought. She elaborated on patients aided in their pursuit of a higher spiritual and ethical life.

Father Jacek NORKOWSKI, a Polish Roman Catholic priest stated that many Popes, right from GREGORY XVI from the 19th century, have supported Homœopathy.

Ulrich FISCHER concluded with closing remarks and thanked everyone who helped the congress.

III. My experience with HWB and La Escuela Homœopática de las Americas. FLEISHER, Mitchell (AJHM. 102, 4/2009).

The author recounts his teaching experience in El Salvador and Guatemala at the invitation of Dr. Karl Robinson as visiting clinical faculty for a La Escuela Homœopática de las Americas (The Homœopathic School of the Americas) in Feb. 2009.

IV. Results of 8 year-long, prospective, multicentral Cohort Study by WITT and Colleagues. The study pertained to 103 chronically ill patients under treatment by Homœopathy.

The frequent complaints were Allergic Rhinitis and headaches in grown-up persons, Atopic Dermatitis and other recurring infections in children. Serious diseases rapidly withdrew considerably. ($p < 0.001$) between baseline, 2 and 8 years (Grownups from 6.2 ± 1.7 to 2.9 ± 2.2 and 2.7 ± 2.1 , children from 6.1 ± 1.8 to 2.1 ± 2.0 and 1.7 ± 1.9). The physical and psychological life qualities improved impressively. Younger patients, women and patients with serious diseases profit much more from homœopathic therapy. (ZKH. 53, 1/2009 from BMC Public Health 2008, 8:413)

V. Literaturdatenbank CAM base wit erweiterten

Inhalten: Literature data bank complementary and Alternative Medicine (CAM) base with enlarged contents (ZKH. 53, 2/2009): This online Databank has enlarged contents www.cambase.de. Now it contains more than 30 German language journals of repute with regard to Complementary Medicine – including Homœopathy.

The library team works continuously to update and improve the Data bank and add to the list of journals.

VI. Dr. Gerhardus LANG (who follows the Sehgal Method) has, in response to the article of VITHOULKAS (ZKH. 53, 1/2009) about the concerted Media attack on Homœopathy argued for tolerance of the 'innovative' 'new' methods.

In response Dr. VITHOULKAS has reiterated his well-known conclusions that the modern “innovations” like Rajan Sankaran’s ideas, the Periodic Table etc. of Jan SCHOLTEN, the ‘mind only’ of Sehgal et al. are reasons which are responsible for the Media attack.

VII. Guest Editorial.

The International Scientific Committee for Homœopathic Investigations (ISCHI) (HOM. 99, 3/2010).

ISCHI was established to fund research in Homœopathy, initially exclusively in influenza. It has now expanded its scope to include all research in Homœopathy, the main criteria in selecting studies to support impact and replication. Its international membership meets twice yearly to review research applications. Those with some or all of the following features will have a higher chance of success:

1. Impact: credible study design and immediate practical application with significant health economic benefits.
2. Replication of promising concepts or studies or potential for future replication.
3. Co-funding by other funding agency or research institution.
4. Collaboration with established institutions or researchers who are impartial but open minded about Homœopathy with no potential conflict of interest.

5. Groups with a strong record of completion of research studies and publication.

The ISCHI website is currently being revised. Until it is operational enquiries should be sent to: helmut.roniger@uclh.nhs.uk.

VIII. Editorial

The Spirit of volunteerism ELAND, Richa Christine (AH. 15/2009).

With any simple act of kindness, such as volunteering time: we serve that Greater good. In volunteering we are the spirit of kindness and the handmaiden to what it represents. Hundreds of hours are volunteered by the authors and thousands more are logged in editing, advising, proofreading to present this journal. These volunteer hours are pretty astonishing, especially in a time where fiscal contributions, as well as manual hours of contributions are falling nationwide.

The editor mourns the loss of Michael QUINN of HAHNEMANN Labs in San Rafael, CA. [See obituary reference, QHD. 3&4, 2009, P. 121]

IX. Freeing Homœopathy: A conversation with Diana MILLER, JD by MUELLER, Manfred. (AH. 15/2009).

Diane MILLER is a Minnesota attorney for National Health Freedom coalition(NHFC), which is a national information resource for health freedom decision makers and leaders, to support them in their work of protecting access to healing options of all kinds.

In a long conversation with Manfred MUELLER, he discusses about safe harbor exemption laws for homœopaths, naturopaths and herbalists, so that they will not be charged with practice of medicine without a licence.

He advocates against state licensing of homœopaths as it will restrict others from practicing. He opines that best way to protect Homœopathy is to promote in the public eye and do a campaign on the safety of Homœopathy and homœopaths and the benefit of the safe harbor model instead of always being on the defensive.

X. The Vital Force and the Law: one Homœopath's story. ROZENBERG, Vega (AH. 15/2009).

Vega ROZENBERG is the founder of the Evolution of Self School of Homœopathy (ESSH). This has acted as an educational foundation to many of Arizona's medical doctors and homœopathic Medical Board members, and also to many other students. The requirements to become a licensed homœopathic medical doctor in Arizona were 1. Being a medical doctor and having only 90 hours of homœopathic training.

After these were fulfilled by ESSH, the author and many non-licensed homœopaths were directed to desist

from teaching and practicing. After a long and costly battle, a paragraph was included in the law indicating an exemption exists for the treatment of the spiritual vital Force with homœopathic remedies. This exemption has been a great relief for Homœopathy in Arizona.

XI. A sketch of Dr. Maesimund B. PANOS (1912-1999). BRIDGMAN, Laura (AH. 15/2009).

Dr. PANOS made everybody feel very special she was very observant and always gave incredible care and attention to her patients, students and colleagues as individuals. She put a lot of effort to arrange guest speakers for the Ohio State Homœopathic Medical Society(OSHMS). She placed great value in newsletter one of her greatest strengths was in forming relationships that lasted a lifetime. She was committed to the AIH postgraduate course and NCH summer school. Her vision for the future of medicine was that licensed physicians should be trained in Homœopathy. After practicing in Washington DC, she moved to Ohio and founded the Woodward Foundation for Homœopathy. Her library is preserved at NCH. Without her efforts, Homœopathy in America might have died out in the 1950s and 1960s.

XII. Joint American Homœopathic Conference 2009. Barbara, FORREST (AH. 15/2009).

The fourth Annual joint American Homœopathic Conference in Seattle was about "Raising Healthy Children".

The pre-conference seminar "Family Dynamis and Remedy Relationships" was presented by Dr. Luc De SCHEPPER. On the advanced schedule, Dr. Luc presented "The womb of Disease: The importance of Intra-Uterine Trauma to unlocking cases".

Dr. Will Taylor spoke on "childhood through the Miasmatic Prism" spoke of the correlation of ADHD and Tubercular Miasm.

Conference attendees were invited to join in round-table discussions over lunch with Mirando CASTRO and Judyth REICHENBERG-ULLMAN.

XIII. In tribute to William Herbert Tankard – Hahnemann. COOK, Trevor (AH. 15/2009).

William Tankard – Hahnemann passed away peacefully at his home in Crowborough, East Sussex on 12th January 2009, his 87th birthday. He was the great, great, great grandson of Samuel Hahnemann. He served as a Major in the British Army and then honoured by his appointment as a Freeman of the city of London. On his retirement became the patron of the British Institute of Homœopathy in 1987. Since then he has given his time generously to promote Homœopathy in UK and around the world, in the next 22 years.

XIV. Forging alliances, making progress. Homœopathy to benefit from healthcare reform. GAHLES, Nancy (HT. 31, 1/2011).

NCH has been working hard to protect and advance the interests of everyone who uses Homœopathy. Integrated Healthcare Policy Consortium (IHPC) is a coalition of clinicians, patients, educators and organizations committed to ensuring access to safe, high quality conventional, complementary and alternative health care. Through the efforts of IHPC Practitioners who have earned the certified classical Homœopathy credential will eventually be identified as integrative health care practitioners.

XV. Swiss health insurance to cover Homœopathy again. (HT. 31, 1/2011).

Beginning in 2012, Homœopathy and other complementary and alternative therapies will be reimbursed by Switzerland's medical insurance. Data published in Swiss medical journal shows they lead to higher patient satisfaction and 29% lower costs than conventional medicine.

(Swiss Medical Journal, Dec. 15, 2010).

XVI. Nobel laureate's research significant for Homœopathy. (HT. 31, 1/2011).

Luc MONTAGNIER, the French virologists and 2008 Nobel Laureate will move to a research institute Shanghai's Jiaotong University to further his studies of the electromagnetic properties of dilute DNA fragments. – as funding in Europe became difficult. He speaks of Jacques BENVENISTE, as modern Galileo who was too far ahead of his time.

His research parallels the basic principles of HomœopathyMontaigner speaks of the intellectual fear around research into this topic in Europe "by people who don't understand it."

(Science, Dec. 24, 2010).

XVII. Patients turn to Homœopathy for kids' coughs & colds. (HT. 31, 1/2011).

Since 2007 when the FDA and the American Academy of Paediatrics began warning about the ineffectiveness and dangerous side effects of conventional cough and cold medicines for children under age 6, there is 30% growth in the sales of homœopathic products. Boiron, reported 300% sales increase in its children's cough syrup last winter.

(Herald News, Dec. 19, 2010).

XVIII. Homœopathy's rich history at National Library of Medicine. (HT. 31, 1/2011).

The National Library of Medicine's History of Medicine Division now offers free web access to its oral

History collections.

Visit www.nlm.nih.gov/hmd/manuscripts/oh.html and click on "oral history collections" and search for "homœopathy".

XIX. University of Michigan's large Homœopathy library online. (HT. 31, 1/2011).

Taubman Medial library's homœopathic collection originated with the Homœopathic Medical College which was part of the University in Ann Arbor from 1875 until 1922. At present 381 items are online dating from mid 1800s to the present. Browse at <http://quod.lib.umich.edu/h/homeop/>

XX. A toast to Homœopaths in the Trenches! Video premiere: Homœopathy around the world. BOYCE, Carol (HT. 31, 1/2011).

The video is a multimedia salute to the accomplishments of Homœopathy "in the trenches". Taking stock of just how far Homœopathy has spread in the last 25 years and looking at the incredible work being done across the world – with little or no resources apart from the devotion of the clinicians and teachers – is truly food for our collective "homœopathic soul". Homœopathy around the world offers a tasty and nourishing reminder of that truth!

A smile and a toast

Despite all the current turmoil in our world, we can smile knowing that HAHNEMANN has been right about so many things. As the father of experimental pharmacology, he developed proving-the first double blind drug trials. He developed the well-tested and increasingly useful Genus Epidemicus model, which has proven so vital in the developing world. With his theory of Miasms and the concept of predisposition, he saw what the new science of epigenetics has only just discovered: that genetics are not fixed, but are malleable and respond to environment, to life traumas and, in the case of homœopathic treatment, to miasmatic prescribing.

We have many millions of cured cases - solid clinical evidence that cannot be dismissed by redefining "anecdotal." We can be confident in what we do, in who we are, and in the very real and positive impact that Homœopathy is having around the globe. I hope to see you at the conference, and to share *Homœopathy Around the World* as a toast to those in the homœopathic trenches who lift our hearts!

Our shared vision of global Homœopathy is becoming a reality, right here and right now in our lifetime.

XXI. Council for Homœopathic Certification (CHC) completes 20 years. Karen ALLEN. (HT. 31, 1/2011).

The CHC is taking an active role in helping to define the homœopathic profession moving it forward.

XXII. Thermodynamic parameters for the binding process of the OH⁻ ion with the dissipative structures: Calorimetric and conductometric titrations (HOM. 99, 4/2010).

Conductometric and calorimetric titrations of Extremely Diluted Solutions (EDS) were performed by adding HCl or NaOH solutions. The aim of this study is to obtain further confirmation of the hypothesized presence, in the EDS, of molecular aggregates of water molecules. The measurements on the EDS evidenced some relevant differences compared to those on solutions with just water as solvent. The conductivity and the pH caused by adding the titrant, namely NaOH or HCl, were markedly different to those of the control solutions. We suppose that the preparation procedure of the EDS could produce nonequilibrium changes in the supramolecular structure of water. The experimental results were interpreted by considering the interactions that can take place between the OH⁻ or H₃O⁺ and the hypothesized molecular aggregates of water molecules i.e. dissipative structures. A comparison was made about the nature of the driving force that leads to the formation of the complexes between the two ions deriving from probes and the molecular aggregates of water molecules (dissipative structures). In this study, we have determined the thermodynamic parameters of association between molecular aggregates of water molecules (dissipative structures) in the EDS and OH⁻ or H₃O⁺ probe ions. The experimental results were interpreted by considering a favorable interaction between the H₃O⁺ and OH⁻ ions and the dissipative structures, due, probably, to steric hindrance and chemical affinity with the aggregates.

(ELIA, V., NAPOLI E., NICCOLI, M. J Therm Anal Calorim 2010; doi: 10.1007/s 10973-010-0757-1.)

XXIII. Barry NARSHALL and Robin WARREN, shared the 2005 Nobel Prize for Medicine for the discovery of the bacterium “*Helicobacter pylori* and its role in gastritis & peptic ulcer disease”. (S&C. 71, 11-12/2005).

90% of duodenal ulcers and 80% of gastric ulcers are caused by this bacterium. This has been established on the basis of studies of human volunteers, antibiotic studies and epidemiological studies. *H. pylori* can be diagnosed by antibody tests. Even in single infected individual all bacteria are not identical and during the course of chronic infection, it adapts to the changing conditions with time.

XXIV. Medical Law – some aspects. (GOOPTU, Naranarayan) (S & C. 72, 5-6/2006).

Medical Law has to be understood in the context of medical ethics and the Hippocratic tradition. The key element of the Hippocratic oath is for doctors to practice

and prescribe to the best of their ability for the good of their patients and to try to avoid harming patients.

The six important aspects of Medical Law namely

1. Medical negligence, 2. Consent, 3. Children & Consent, 4. Medical confidentiality, 5. Abortion and 6. Euthanasia are discussed.

XXV. Homœopathic Museum in Saxony to be opened in HAHNEMANN house, Torgau, Oct. 6, 2007. (HL. 21, 1-2/2008).

This 500 year old renaissance building, was to be demolished, when experts discovered its historical value back in 1992. This is the very place where the first edition of Organon was written as well as the first volume of MMP.

This building is being renovated since 10 years with 3 million Euros from the EC and is ready for public from Oct. 2007. [I had the great good fortune of visiting Torgau and seeing this house, in Sept. 2007. Renovation was still on. There were floral paintings on the ceilings and in some places in the walls. These were carefully being restored. Great work indeed = KSS].

XXVI. Uta Santos-König on Massimo Mangialavori – Interview by Harry van der zee. (HL. 21, 1-2/2008).

Ms. Uta was impressed by MANGIALAVORI's case taking and high level of observation and documentation. Also impressed by deep investigations of substances. All possible sources like Myths, toxicology, traditions. Another factor is reliability of his cases presented. His model is based on experience and cured cases. A deep understanding of human survival strategies and a refined ability to observe these and compare them with those of possible sources in nature seems to lie at the basis of his work.

XXVII. Moving on.

An Interview with Anne SCHADDE. MUCKENHEIM, Mareen (HL. 21, 1-2/2008).

Anne talks of Rajan SANKARAN's technique of case taking – a step by step progression based on his system of the seven levels of disease. His continuous creative development of ideas teaches us to be “unprejudiced” while listening to the descriptions of the patient. It is important to keep guiding the patient by following his own words and descriptions to come as close as possible to the ‘Vital Sensation’. The somatic expressions of the body offer us the possibility of perceiving the movement of the soul.

The idea is to trace this movement from the symptoms of the sickness to the general energy of the disease. This makes it possible to uncover “The undoubtedly morbid”.

XXVIII. Introducing Jan Scholten. Harry van der ZEE. (HL. 21, 1-2/2008).

Ulrich WELTE is impressed by the intuitive genius of SCHOLTEN. His ideas are simple, clear and systematic. His new concepts pass the test of clinical verification worldwide so they are beyond the stage of hypothesis. The idea that proving are “the only way” to understand remedies/patients is one of the intrinsic homœopathic prejudices. One can find remedies in so many ways. [The very foundation of Homœopathy is denied by this hypotheses although the results favor it. Can these “so many ways” become Homœopathy? = KSS.] The stages are the universal steps of creation, preservation and destruction. The eighteen steps are natural phenomena of the periodic table and shows the evolutionary structure of the elements of the universe. They are valid chemically, physically and mathematically.

A case of Crohn’s disease successfully treated by *Scandium* based on Scholten’s ideas is given.

[We do not need HAHNEMANN any more nor BOENNINGHAUSEN, HERING including his Law of Direction of cure -, ALLEN, BOGER, KENT, etc. If we follow SEHGAL we do not need even the *Materia Medica*! – just Mind section of the Repertory is sufficient! All these are Homœopathy – will these fit into the Healing (Medical) System authorized by Government? = KSS.]

XXIX. Linking Provings and sources. WICHMANN, Jörg (HL. 21, 1-2/2008).

A new website on homœopathic plants: www.pflanzenportraits.com by Jürgen WEILAND gives a collection of plant images named and classified by their natural families, plus an introduction to each one. It also includes themes of the families and their mythology as well as links to late proving.

The book “The Living Wisdom of Trees” by Fred HAGENDER, Duncan Baird publication, London. Photographs by Edward Parker – also gives similar information.

XXX. Cancer seminar Dr. R.P. PATEL – Voice of Experience. GAMBHIR, Kushali (HL. 21, 1-2/2008).

On Jan. 27th and 28th 2007, a seminar on Cancer cases was organized at Vadodara. Dr. PATEL highlighted his success with the LM potencies. He made it evident that a command over the ‘Organon of Medicine’ and the ‘Chronic Diseases’ by Dr. HAHNEMANN can make a homœopath treat and succeed with Cancer cases giving the much desired hope, care and quality of life.

Cases were presented directly from his records. Cases that had survived more than 10 years were displayed with all relevant pathological reports. Decades of experience came wrapped up in a concise form over these two days.

Dr. PATEL instilled confidence in everyone to handle Cancer cases.

A case of Cancer colon in a 58 year-old woman treated with *Calcarea carb.* 0/30, *Ornithogallum* 0/1 & 2 and *Hydrastis* D3 is given.

XXXI. Tribute to Madeleine. Jean M. BASTIDE, Leon; V. BONAMIN & AGNES, Lagache.

Madelina BASTIDE, Head Professor of Immunology at the University of Montpellier born on 18th March 1935 died on 10th June 2007. In the beginning of 1980s, she published several articles on scientific validation of the effectiveness of Homœopathy. In 1986, in collaboration with Dr. René Hahn, she founded an association devoted to research in Homœopathy, GIRI (Groupe International de Recherche sur Infinitesimal).

XXXII. Maun Homœopathy Project (MHP). (HL. 21, 1-2/2008)

MHP is making a real difference in a small town Maun, Botswana, Africa, where 35% have HIV, many people live below poverty line and traumatized by multiple bereavements, stigma and fear. MHP and School of Homœopathy and Alternative Training are training local homœopaths and its home study course is its cornerstone. MHP has become an integral part of the local society by treating over 200 patients a month, all HIV positive or victims of rape and trauma. mhp@homeopathybotswana.com

XXXIII. Face analysis in Homœopathy. A seminar with Grant Bentley. BARENDREGY-GEIST, Hetty (HL. 21, 1-2/2008).

Bentley has given a colour code for every Miasm. Psora - Yellow; Sycosis – Red, Syphilis - Blue; Tubercular – Green, Syc + Syphilis – Purple, Psor + Syc + Syp – brown.

After seven years of studying facial features, he could determine the leading Miasm.

XXXIV. Proscribed drug threat to vultures: “The illegal use of Diclofenac for Veterinary purpose is posing a threat to the vulture population in the country despite a ban on its veterinary use in 2006. Recent studies showed that it is available in a number of pharmacies. The drug was banned after its traces were found in cattle carcasses. The drug proved fatal for vultures feeding on the carcasses, resulting in a steep decline in their populations ...” (The Hindu, Chennai 21 Sept. 2011)

[We have been witness to steady and continued loss of several creatures – the house sparrows, even cats that were a common sight where I live, several herbs etc. – all due to ‘scientific’ progresses = KSS].

XXXV. Legacy in the Institute for History of Medicine of the Robert Bosch Foundation, Stuttgart:

The legacies of Robert FLURY, the famous Swiss homœopath of the last century are now in the Institute for History of Medicine. Dr. Robert FLURY (1903-1977) was one of the top homœopaths of the century apart from Pierre SCHMIDT, and Adolf VOEGELI. FLURY discovered the until then unknown Q-potencies-50 millesimal-and he established for himself a complete rang of Q potencies. In the 1960s he conducted several courses in Kent's Repertory, in the Munich University.

The legacy contains several letters, index of the medicines his writings and several manuscripts of several lectures in the Swiss Academy and the International Homœopathic Medical Association.

All these are carefully preserved for posterity.

XXXVI. Malarial deaths in India grossly underestimated by WHO (The Hindu, Oct.21, 2010).

According to World Health Organisation, 10,000 adult and 5,000 child malarial deaths occur each year. But the Lancet points out (Oct. 21) the number could be as high as 2,05,000 per year. The upper limit is around 2,77,000 and the lower limit is nearly 1,25,000. This number for India alone is much higher than WHO's estimate of 1,00,000 deaths per year worldwide!

WHO's estimation are a gross underestimation. The number of deaths is more than WHO estimates. WHO takes into account only those deaths that have been confirmed cases, and restricted to those seeking healthcare facilities.

Can the results from small studies undertaken in select states or in select subpopulations, and only from those families that the access to healthcare facilities be extrapolated to arrive at a national estimate?

The paper shows how wrong the estimates can be if the current protocol is used. For instance, the Lancet paper shows that the majority of deaths occur in rural areas and in people who do not seek medical assistance.

Deaths due to Malaria can be easily prevented with prompt treatment and proper diagnoses will not result in deaths.

The data provided by the field workers in 2001-03 confirm the cause of death of 1,22,000 people 90% of these deaths occurred in rural areas and 86% were not in health care facility. The authors agree that their study has a degree of "uncertainty" as the cause of death is deduced in those people who were never properly diagnosed or treated. "The major source of uncertainty in estimates arises from the possible misclarification of Malaria deaths as deaths from other diseases and vice versa".

Many workers have also noted that the health management information system in India is not fit for the purpose of recording malaria morbidity and mortality. If the numbers are indeed much higher than

WHO estimates, then serious re-evaluation of disease control strategies is required.

Also, as the authors note, there is an urgent need to concentrate on rural areas where healthcare facilities are poor. At a global level, it calls for enhanced funding to fight malaria, efforts to develop easy and rapid access to better diagnosis and effective drugs.

XXXVII. The Tamil language daily 'Dinamani' dated 3 Dec. 2011 carried Editorial on the health of school children. ('Dinamani' dated 3 Dec. 2011).

It says that 411 students of the City High School (run by the Govt.) were examined on the first day; in this 99 were suffering from skin disease, 65 with dental ailments, 41 with lack of stamina-Vitamin deficiency. Besides these 25 students were 'referred' to special branches for Visual, TB, hearing loss etc. etc. This is the situation in almost all Govt. schools. The children who are referred for special branches must visit the City Hospital which is possible for them on Sundays, when they will be accompanied by their parents; but on Sundays the doctors are not available!

So much about Govt. healthcare of school children. The doctors group may make another visit to the same school after 3-4 months and that's all. The students as well or ill as they were.

Neither the Govt. nor the School authorities nor the doctors are sincere in the least to restore the children to health. [What has Homœopathy to offer in this? = K.S.S.]

XXXVII. 64 Liga Congress: "Timeless Quality Homœopathy"/ 26-30 August 2009, Warsaw, Poland." Report by Dr. Thomas PEINBAUER (ZKH. 53, 4/2009). Extracts: 70 Patients were there. The Congress was organized by Poland Society for Homœopathy, Warsaw which was founded in 1892. Homœopathy has been shining in Poland under very trying condition.

There was a good international gathering.

The Congress Themes "Timeless Quality Homœopathy" opened up a wide field for discussion. There were Veterinarian, Odontologist, Pharmacologists and Agro. Homœopathical participation.

Marcin MOLSKI Professor in Theoretical Chemistry in the University programme opened with the key lecture on Quasi-Quantum phenomenon of key to the understanding of Homœopathy. Prof. Gerhard RESCH spoke on Homœopathy as key to understanding the Nature. In his second lecture he spoke Copernicus' methods in Hahnemann's thoughts between the 1st & 2nd edition of the Organon; they were explained by the study of the book title, the motto, parts of Introduction and the paragraphs 1, 2, 3, 4, 5, 6 and 7.

Ashley ROSS gave interesting brief look into 15 Proving which were carried out in the last 10 years in the Durban University of Technology, South Africa. Official guidelines on H1N1 – Influenza pandemic was presented by Dr. Michael van Wassenhoven and Dr. Léon Scheepers, with *Anisum stellatum* as the Genus epidemicum.

Prof. Dr. Josef Schmidt spoke on “The Notion of Health in the History of Medicine in the writings of Hahnemann and Homœopathy”. Dr. Ton Nicolai spoke on the role of Homœopathy as part of integrative Medicine. Dr. Michael Teut presented data on prospective observational study of homœopathic treatment of aged patients.

Dr. Lex Rutten spoke on the study of the 2005 **Lancet** study and he said that after careful study of all the data the conclusion was clearly that the quality of homœopathic studies particularly the smaller ones make better than the conventional ones.

XXXVIII. E-mails not all that ‘green’. (The Hindu, Chennai. 10th Nov. 2011).

We send electronic greetings. We believe that by switching from paper to electronic mode of communications, we are “green”, and that in doing so we have saved paper and thus done a bit to save the environment and generate less CO₂.

However, “E-mails are not so green” reports a news item in a recent issue of the journal **Science**.

The often-quoted estimate by Mr. Matthew Yeager of Computacentre claims that sending an e-mail attachment of 4.7 megabytes (MB) creates as much greenhouse gas as boiling a tea-kettle 17.5 times. His study claims that an e-mail of 1MB would be the equivalent to the emission of 19grams of CO₂, and if that mail is copied (cc’d, as we type) to 10 people, its impact is 73 grams of CO₂. Keira Butler in *Atlantic* (Aug. 12, 2010) says if you send a picture to 20 people by e-mail means the use of equipment such as personal computers, server storage centres (not to mention printers for hard copy, if used). All these cause energy and hence more CO₂ emission.

French Government’s environment and Energy Management Agency suggests that if 100 employees sent 10 percent less e-mails for a year, they would save CO₂ emissions equivalent to one round-trip flight between Paris and New York.

When Jeremy Nathan of John Hopkins was invited to give a lecture in Hyderabad in 2009, he declined coming in person, stating that he is doing his bit to the environment by not flying from Baltimore and back. He gave a lecture electronically and estimated how much CO₂ he would have saved by not flying.

Keira Butter points out in **The Atlantic**, you get an idea of how much energy is lost in electronic communications. Yes, e-communication does save

trees, is more efficient and produces less CO₂, than paper-based communication. But the scale of it is what needs to be kept in mind. Facebook users alone are uploading over 1000 photos per second, or 3 billion photos per month. Recall the tea kettle boiling equivalent of sending a 4.7 MB attachment, and you get the idea.

There are several ways of saving energy and cutting down greenhouse gas from our end.

1. Free up the memory space in computer. Clean up the e-mail box (in and out mails) periodically. Not doing these means greater demand for storage and energy used by that storage.
2. Limit the number of recipients for each e-mail (cut down the number of cc’s to).
3. Cut down the size of the attachments (boil less tea-water).
4. Enter the URL address directly rather than use a search engine. Cut down the times you “Google”, “Yahoo” etc.
5. Do not leave your computer and accessories on overnight (as many offices do), not even on ‘sleep mode’ (even if that eats up only 1-10 watts).
6. Laptops use 15-60 watts while desktops use 250W. Cut down the power by doing more ‘offline’ work than online. Finally, remember Facebooking and Twittering burn carbon and make CO₂. Talk more and twitter less! - D-BALASUBRAMANIAN

dbala@lvpei.org

XXXIX. Ultra dilute aspirin and rebound effects. (HOM. 99, 2/2010).

Aspirin remains the most widely used drug for prevention of vascular events. Recent observational epidemiological evidence has raised the concern that aspirin withdrawal for treatment non-compliance, surgery or side effects can carry an increased thrombotic risk. The delay to the thrombotic event was between 7 to 30 days in most reports and most frequently 7 to 10 days. The mechanism underlying this effect remains poorly understood. Using an in vivo model of laser-induced thrombosis, aspirin injected in one single dose of 100mg/kg bw has also shown a prothrombotic activity in the rat 8 to 10 days after injection in the normal rat. The hypothesis was made that minimal concentrations of aspirin or ultra-low dose aspirin (ULDA) could induce this effect. ULDA showed prothrombotic properties in the same model of induced thrombosis that were very similar to those described after aspirin withdrawal, but the effect was observed only one hour after aspirin administration. The prothrombotic effect of ULDA is very similar to the effect observed after COX 2 selective inhibition with NS 398. The administration of both the selective COX 2 inhibitor and ULDA did not produce further changes. High-dose ASA counterbalances the lack of COX 2

with an antithrombotic effect. No effect of residual ASA was observed in COX 2 +/- mice, thus confirming the existence of a COX 2 inhibition pathway. COX 2 inhibition produced by residual ASA is the probable cause of ischaemic accidents and drug-eluting stents thrombosis a few days after ASA withdrawal.

(Doutremepuich C, Aguejoui O, Desplat V, Eizayaga FX. Aspirin therapy: An attempt to explain the events of prothrombotic complications after treatment discontinuation. **Thromb Haemost** 2010; **103**: 171-180).

XL. Likelihood Ratio assessment. (HOM. 99, 2/2010).

Background: Signs and symptoms can be considered as diagnostic tests, updating prior odds by applying Bayes' theorem. In Homœopathy, signs and symptoms guide the doctor when prescribing appropriate medicines but the powers of these indicators are largely based on common experience.

Objective: We want to know whether it is possible to calculate the power of arguments of signs and symptoms indicating homœopathic medicines, expressed in likelihood ratios.

Methods: An observational patient-outcome study as advocated for diagnostic test evaluation. There was no independent observation of symptoms and results. Instead, observers were extensively trained in assessing each other's cases and the process was regularly monitored.

Results: A total of 4072 prescriptions for 4094 patients were recorded. The relation between six clinical symptoms and outcome was calculated. Variance between observers in assessing symptoms and results were considerable. Some indications of confirmation bias were detected by follow-up, and 48 statistically significant likelihood ratios regarding six symptoms were calculated.

Conclusion: A diagnostic patient-outcome study within Homœopathy collecting a large amount of data is demonstrated. Results partly confirm clinical practice at a 95% confidence level. This kind of research could validate knowledge from practical experience.

(RUTTEN ALB, STOPLER CF., Diagnostic test evaluation by patient-outcome study in Homœopathy: balancing of feasibility and validity. **J Eval Clin Practice** 2009; **15**: 1230-1235.)

XLI. The Clinical Trial in Homœopathy Exploring the limits. David BRULÉ, **Riverdale Homeopathic Clinic.** (HOM. 99, 2/2010).

Background: Classical Homœopathy involves individualized homœopathic drug treatment of the patient. Thus for anyone conventionally diagnosed disease, the homœopathic drug given varies from patient to patient. Applying randomized controlled trial

methodology to studies investigating the efficacy of homœopathic drugs in a classical Homœopathy setting is fraught with difficulties, especially if the design is meant to maximize model validity (clinical applicability).

Objectives: To discover what adaptations to the standard randomized controlled trial design are necessary when designing a clinical trial in classical Homœopathy with high model validity.

Methods: A literature review of homœopathic trials for Attention Deficit Hyperactivity Disorder (ADHD) was undertaken. The following databases were accessed using keywords 'homeopathy', 'Attention Deficit Hyperactivity Disorder', 'ADHD', and 'ADD': PubMed, EMBASE, Web of Science, ALT Health Watch, AMED.

Results: 180 studies and discussion papers were identified. Trial design issues identified include: need for pilot data to establish estimate of sample size requirements for powered studies, need to have an extended treatment period to allow for practitioner prescription error, need to use drugs that have a history of use in the clinical literature.

Conclusion: For a RCT in ADHD it is recommended that a pilot study using the same homœopaths for pilot and future trial is undertaken. The treatment period should be 9-12 months for the pilot trial. Remedies with a history of clinical use should only be considered.

XLII. The Effectiveness of Homœopathy for Mothers with Low Milk Supply. Dugald SEELY, Taya GRIFFEN. **The Newman Breastfeeding Clinic & Institute (NBCI), Canadian College of Naturopathic Medicine (CCNM)** (HOM. 99, 2/2010).

Background: Insufficient milk production is a real problem for some women soon after giving birth and current conventional treatments can be inadequate to treat this condition. Homœopathy, a safe non-invasive therapy, is used in lactation management yet there has been no formal investigation of its potential to help resolve low milk supply.

Objectives: This study explores the potential benefit of a select number of classically prescribed homœopathic remedies to increase milk supply for mothers who have an insufficient milk supply within the first three weeks postpartum.

Methods: Individualized open label pilot clinical trial. This study tests a non-invasive and non-toxic therapy to help newborn babies achieve complete nutrition through their mother's breast milk. Phase I assesses the volume of formula consumed by newborn babies of mothers with low milk supply via a lactation aid. Phase II will provide women with low milk supply, who are also supplementing via a lactation aid, an individually selected homœopathic remedy. Flow volume will be indirectly measured by changes in formula consumption

and compared to a set of control values previously established for infant formula consumption in women who have shown signs of insufficient lactation but were not treated with Homœopathy.

Outcomes: The primary outcome will be the change in formula consumption over a three week period. Secondary outcomes include perceived levels of satisfaction and satiety in both mothers and newborns respectively.

Results and Conclusions: We will focus our discussion on the processes involved in getting this trial off the ground and running. Key points include building a team of collaborators, developing the trial protocol, the clinical trial application process to Health Canada's Natural Health Products Directorate, and applying for ethics approval at CCNM.

XLIII. Chronic diseases in the light of normal physiology: A homœopathic review. Olga IMAS. **Healing Wheel Homeopathy clinic.** (HOM. 99, 2/2010).

Background: There are only five types of immune responses known to normal physiology (inflammation, exudation, allergic reaction, autoimmune reaction, regulation of carcinogenesis by activating cytotoxic function of the T-killer lymphocytes in order to eliminate cancerous cells). Each of these types occurs in chronological manner (starting with initial inflammation) and constitutes the depth of disease development. Homœopathic treatment of chronic disease also involves a chronological approach: "Hering's Law" posits that positive responses to treatment occur when symptoms shift from more vital organs to less vital organs.

Objectives: In this case study analysis we investigate the chronology of the symptomatology in two clinical cases of Breast Cancer and Diabetes.

Methods: Two 'best cases' in the treatment of Cancer and Diabetes using an adapted form of classical homœopathic methods were documented. The patients received a series of homœopathic remedies, including daily dosages of constitutional and simultaneous dosages of organ affinity remedies over the course of 18-24 months and the changing symptom picture was observed.

Results: The cases resolved in a distinctive pattern. The chronic disease was resolved by the development of an acute inflammation during the treatment. The case of the diabetes had a rapid response consisting of recurrent inflammatory reactions (such as flu-like symptoms, gout). In the Cancer case, the final state of the treatment developed an inflammatory reaction consisting of an exudation and excretion phase, which subsequently resolved the case.

Conclusion: Treatment started from chronic disease in an acute state (Cancer) or from deep chronic state

(diabetes) can be 'turned' into an acute state disease (the initial inflammation), leading to resolution. The state of initial inflammation may be a key to the ultimate resolution of such chronic disease. This observation warrants a further examination of this phenomenon using well-documented case studies and/or controlled trials.

XLIV. Intersex: Neither His nor Hers. Rachel LEVINE **Toronto Schol of Homœopathic Medicine.** (HOM. 99, 2/2010).

Background: Intersex individuals are born with possible anatomical and physiological sexual differences, resulting in many different intersex variations. Intersex best describes genital, gonadal and chromosomal variants, which are neither completely 'male' nor 'female'. Conventional medicine has historically defined intersex variations as a disorder in need of correction or potential elimination. Many intersex patients seek medical treatments for conditions (such as Klinefelter Syndrome and Polycystic Ovarian Syndrome) frequently seen in intersex individuals. Homœopathic treatment addresses the **being** from an integrated approach that encompasses both the internal and external structures.

Objectives: To examine whether Homœopathy can successfully treat individuals with intersex variations.

Method: This method of research is a case study analysis. Each case is approached with the understanding that the primary contagion is not a disease, but a variation of what society deems as normal. Two cases, one of Klinefelter syndrome and one of polycystic ovarian syndrome, were taken using a Hahnemannian approach to case taking.

Results: The Klinefelter case has been managed initially with *Phosphorus* 200c with *Sepia* 200D used as an intercurrent. The *Phosphorus* helped manage asthmatic and eye symptoms; while the *Sepia* helped manage testosterone and a monthly 'emotional period'. In the polycystic ovarian case, *Lachesis* 200c and *Sulphur* 30c were also used as intercurrents. *Lachesis* helped regulate cysts and recurring ovarian pain at the start of menses. The *Sulphur* helped with digestion, perspiration and acne, which are all secondary effects to polycystic ovarian syndrome.

Conclusion: This is a promising method of treating individuals with intersex variations. More research using more rigorous trial methodologies is needed.

XLV. Medicinal plants for the treatment of infant colic: remedies from homœopathic formulations in Satkhira district of Bangladesh

Ariful Haque MOLIK, Khadiza AKTER, Rohimul FARUQUE, Debashis SEN, Torikul ISLAM. (HOM. 99, 2/2010).

Department of Epidemiology, Biostatistics, etc.

Background: Homœopathic medicine is a frequent choice of parents with a colicky infant in Bangladesh. The use of medicinal plants for the treatment of infant colic varies considerably between different districts of Bangladesh.

Objectives: The objective of the survey was to conduct a medicinal plants survey amongst the homœopathic medicinal practitioners of Satkhira district which, because of its mangrove [Sundarbans] forest regions, contains a diversity of medicinal plants.

Methods: Interviews were conducted of the homœopathic medicinal practitioners and medicinal plant specimens as pointed out by them were collected and identified at the Bangladesh National Herbarium.

Results: A total of thirty two medicinal plant species were used by homœopathic medicinal practitioners of Satkhira district to treat infant colic. These medicinal plant species included *Alstonia scholaris*, *Carica papaya*, *Strychnos nux-vomica*, *Aegle marmelos*, *Saccharum officinarum*, *Oryza sativa*, *Cocos nucifera*, *Trichosanthes dioica*, *Luffa acutangula*, *Musa sapientum*, *Alocasia macrorrhizos*, *Lagenaria vulgaris*, *Trapa bispinosa*, *Maranta arundinacea*, *Cuminum cyminum*, *Streblus asper*, *Blumea lacera*, *Zingiber officinale*, *Swertia chirata*, *Centella asiatica*, *Foeniculum vulgare*, *Piper longum*, *Embllica officinalis*, *Holarrhena antidysenterica*, *Justicia adhatoda*, *Andrographis paniculata*, *Luffa cylindrical*, *Ocimum sanctum*, *Scirpus grossus*, *Agaricus albolutescens*, *Curcuma longa*, and *Solanum surattense*.

Conclusions: It is expected that scientific studies of the above-medicinal plants can lead to discovery of novel compounds to treat infant colic.

XLVI. Homœopathic products are used to treat diminution of milk of cattle: a pragmatic randomized survey in Bogra district of Bangladesh

Ariful Haque MOLLIK, Saroar SHADIQUE, Ikhtiar ZAHID, Mahbub HASAN, Azmal Ibna HASSAN
Department of Epidemiology, Biostatistics, etc. (HOM. 99, 2/2010).

Background: Homœopathic products are made from minerals, botanical substances, animal substances, synthetic substances, and several other sources.

Objectives: A survey was carried out amongst the homœopathic practitioners of Bogra district, Bangladesh to find out the type of minerals, botanical substances, and animal substances used to treat diminution of milk of cattle. The rural population can scarcely afford to visit modern veterinary practitioners and obtain modern medicines to treat various cattle diseases. Instead they rely on minerals, botanical substances, and animal substances administered by the homœopathic medicinal practitioners to treat diminution of milk of their cattle.

Methods: Homœopathic medical practitioners were interviewed and botanical substances as pointed out by

them were collected and identified at the Bangladesh National Herbarium.

Results: These botanical substances included *Aconitum napellus*, *Agnus castus*, *Ricinus communis*, *Vigna mungo*, *Oryza sativa*, *Saccharum officinarum*, *Piper longum*, *Cicer arietinum*, *Aegle marmelos*, *Amaranthus spinosus*, *Lagenaria vulgaris*, *Musa sapientum*, *Cynodon dactylon*, *Nigella sativa*, *Triticum aestivum*, *Bambusa arundinacea*, *Pisum sativum*, and *sorghum vulgare*. The names of various minerals obtained through the interviews and guided field-walks included *Acidum fluoricum*, *Calcarea caarbonica*, and *Natrum muriaticum*. The animal substances mostly used to treat diminution of milk of cattle included *Labeo rohita*, and *Apis florae*.

Conclusions: Since the rural people of Bogra district Bangladesh mostly do not have access to modern veterinary medical facilities, the above minerals, botanical substances, and animal substances can form the basis of treatment for diminution of milk of cattle without resorting to costly urban visits or veterinary practitioners.

XLVII. Framing a transdisciplinary perspective for health research: Where does Homœopathy fit?

Martin PICARD, Judyann McNAMARA. MICH, Montreal, Canada. (HOM. 99, 2/2010).

Background: To grasp the complexity of health processes and enhance health care, researchers must integrate knowledge from different disciplines and paradigms of health. Integrating discipline-based knowledge in a common conceptual framework is a challenge because of conceptual framework and pragmatic divergences between health domains (e.g., biological, psychological, energetic). The concept of transdisciplinarity, defined in the literature as a boundary-crossing integration of the natural, social and health sciences, implies generating a novel perspective and the creation of new knowledge. In Homœopathy, health is closely related to the Vital Force, a paradigmatic principle underpinning the expression of health and disease states.

Objectives: The purpose of this work is to synthesize and integrate health domains and key principles identified from the scientific literature into a transdisciplinary perspective of health, and then relate these concepts to the homœopathic principle of vital force.

Methods: We performed a Medline search using combinations of the keywords 'health', 'concept', 'biopsychosocial', 'model', 'framework', 'transdisciplinary/transdisciplinarity'. Relevant articles were categorized, and manually searched for additional references.

Results: We identified five main domains of health: biological, psychological, social, behavioral, and

spiritual. Key principles identified in the literature and integrated in the framework include: 1) discipline-based epidemiological and clinical variables, 2) complex and bi-directional casual relationships between domains; and 3) subjective and self-perceived measures of health and well-being.

Conclusions: Health – or global health – is defined as a holistic phenomenon simultaneously emerging from, and underpinning the expression of illness/wellness in various health domains. Similarities exist between the concepts of global health and Vital Force used in Homœopathy. Integrating discipline-based elements with global health may help to bridge current gaps between disciplines and paradigms of health.

XLVIII. Medical and social impact of the homœopathic consultation on mothers. Anne TAILLEFER. Université du Québec à Montréal (UQAM) (HOM. 99, 2/2010).

Background: Homœopathic medicine, as a complex system, requires innovative evaluative approaches. Inclusion of qualitative research methods along with well adapted RCTs can markedly increase our knowledge by addressing why an intervention works, and how participants experience benefits and derive meaning from it. There is little sociological research done exclusively on Homœopathy. In Quebec, as in many western societies, Homœopathy has no legal legitimacy, despite an increase in homœopathic consultation.

Objectives: To explore, in Quebec's sociopolitical context, a) how mothers (as 'caring labor') get to consult a homœopath and for what reasons; b) why they then adopt this health practice; and most importantly c) the evaluation of its long term medical and social impact on health.

Methods: Qualitative research using thematic analysis, taking the perspective of social constructionism and standpoint epistemology for the study of interviews with mothers.

Results: Giving a voice (back) to participating women, we learn about a) the difficult trajectory that leads to homœopathic consultation; b) the various transformations that effect health behaviours and empowerment; c) the unequivocal therapeutic effectiveness of Homœopathy on acute and chronic health problems; d) socioeconomic benefits, such as reduced medical visits and medication.

Conclusions: Homœopathic consultation offers a unique social environment which permits the sharing of expert-lay knowledge. Its therapeutic efficacy, emphasizing women's discourse on the subject, could provide a long term solution for the multiple needs of Quebec's health care system. This research will also permit revision of previous studies, which simplistically

attributed the effectiveness of Homœopathy to consultation length or patients' beliefs.

XLIX. Safety, tolerability and effectiveness of the homœopathic preparation

Euphorbium compSN for the symptomatic treatment of rhinitis in young children. Ilie Urlea-Schön, Vitalia Marinella Corgiolu. Zentrum für Ganzheitsmedizin, Siegen, Germany; Biologische Heilmittel Heel GmbH, Baden-Baden, Germany.

Background: Homœopathic therapies are common for symptomatic treatment of rhinitis in children. Few safety data are available from postmarketing studies.

Objectives: To study safety, tolerability and within the limits of the study design, effectiveness, of the homœopathic preparation *Euphorbium comp SN* (*Euphorbium*) in young children in clinical practice.

Methods: Prospective non-interventional, observational study in 25 German practices. Children aged 2-6 years with acute rhinitis (physicians' diagnosis) received nasal *Euphorbium* spray (3 x 1 puffs/day). No concomitant nasal-spray therapies were given. Adverse Events (AEs) were recorded. Tolerability was assessed by physicians and parents separately. The primary effectiveness variable was overall symptomatic improvement.

Results: 283 subjects were followed for 6.6 ± 2.1 days. Mean age was 4.1 ± 1.1 years; 47% were girls. At inclusion, mean duration of illness was 5.4 ± 10.7 days. 97% of physicians (96% of parents) reported 'very good' or 'good' tolerability. One (0.4%) probably treatment-related AE was reported: mild, transient burning sensation in the nasal mucosa, which resolved after discontinuation of therapy. There were no serious AEs. 48% of subjects had moderate to severe symptoms at first visit and 6% at final observation. Similar improvements were seen on specific symptoms. At study end, 95% of subjects improved, 82% were free of all symptoms and 89% had no sneezing or itchy nose. The mean time between starting therapy and first improvement was 2.1 ± 1.3 days.

Conclusions: *Euphorbium comp SN* is well tolerated and appears effective for symptomatic treatment of acute rhinitis in children in clinical practice.

XLX. Twelve clinical cases of Eczema cured by Borax.

Twelve children, between 5 months and 10 years old, were treated by *Borax MK* (one dose) with success. Most of the cases had pathological pregnancy or delivery: threatened miscarriage, difficult delivery, caesarean due to impending eclampsia or breech presentation, prematurely. In one case, the mother fell downstairs, and in another case, mother and child were separated immediately after the delivery while the infant was admitted to neonatal intensive care. Mother and

child were nearly always intensely close, the father sometimes rejected.

The fears of these children are numerous: fear of slight noises, of downward motion, of being touched, of going to toilets. We should think of *Borax* when we encounter problems of separation, autonomy, or rejection.

(Philippe L. Revue Belge d'Homœopathie 2009; 1: 140-155.) (HOM. 99, 2/2010).

XLXI. Indigo tinctoria.

The author describes a clinical case of back pain and hypothyroidism in a 37 year old man. This patient had a peculiar sensation of enlargement of his face and of his thyroid, and dreamt of flying. The main symptoms of this remedy are recalled: active persons, flushes of heat from stomach to face, rheumatic affections aggravated by rest and sitting, ameliorated by motion, worms with anal itching, convulsion preceded by anger or excitation, easy vomiting, epistaxis after sneezing, palpitations and rush of blood to head.

(NICOLAS F. Revue Belge d'Homœopathie 2009;2: 170-186.) (HOM. 99, 2/2010).

XLXII. Aranea Diadema

This article begins with a clinical case of a man, 47 years old, who had atypical neurological symptoms withdrawing from intravenous drug abuse. He had cirrhosis due to hepatitis C, and AIDS treated with combined antiretroviral therapy. He felt as if his arms were too long, as if everything was unreal and made mistakes in speaking. The repertorization indicated *Aranea diadema*. After *Aranea* 200k all the neurological and psychological symptoms disappeared within ten days.

Other typical symptoms of this remedy include: exact periodicity, icy coldness in bones, numbness waking, sensitivity to damp, to music, to noise, to vibration, restlessness, aggressiveness, fear of crowds and narrow places, deep despondency and longing for death.

(SUERINCK W. Revue Belge d'Homœopathie 2009;1: 69-76.) French-language journals reviewed by Philippe Colin).

LIST OF JOURNALS

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

1. **AHZ:** Allgemeine Homöopathische Zeitung, Karl F. Haug Verlag, Hüthig GmbH, im Weiher 10, 69121, HEIDELBERG, GERMANY.
 2. **AJHM:** American Journal of 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. **HCCR:** Homœopathic Clinical Case Recorder, Dr. Subhash Meher, Near Hotel Chanakya, Anandrishiji Marg, Burudgaon Road, AHMEDNAGAR-414001.
 5. **HH:** Homœopathic Heritage, B. Jain Publishers Overseas, 1920, Street No.10, Chuna Mandi, Paharganj, Post Box 5775, New Delhi - 110 055.
 6. **HL:** Homœopathic Links, Homœopathic Research & Charities, F/s, Saraswat Colony, Linking Road, Santacruz (W), MUMBAI – 400 054.
 7. **HOM:** Formerly British Homœopathic Journal (BHJ), Homœopathy, Faculty of Homœopathy, 29 Park Street West, Luton, Bedfordshire, LU13BE, UK.
 8. **HT:** Homœopathy Today, National Center for Homœopathy, 801, North Fairfax Street, Suite 306, ALEXANDRIA, VA. 22314, USA.
 9. **S & C:** Science and Culture, Indian Science News Association, 92, Acharya Prafulla Chandra Road, KOLKATA – 700 009.
 10. **ZKH:** Zeitschrift für Klassische Homöopathie, Karl F. Haug Verlag, Hüthig GmbH, Im Weiher 10, D-69121 HEIDELBERG, GERMANY.
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PART II

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

1. Historiographical aspects in Homœopathy
WAISSE DE PRIVEN, Silvia. I.
(IJHDR. 2, 5/2003)

The traditional approach in the history of medicine – Pedro Laín Entralgo, Paul Diepgen, Antonio Castiglioni, Roy Porter, to mention only a few names – states that Homeopathy arose outside the mainframe of positive Medicine, a kind of tangential strange body. But most surprisingly, homeopathic historians also seem to agree to this ahistorical status of Homeopathy – obviously, on different grounds. (Priven, 2002, p.8)

Hence, it may be said that as a rule, Homeopathy is considered a historical orphan.

This article compares both approaches mentioned above. We chose Lester S. King's *The medical world of the eighteenth century* from the Positivist traditional approach, as this author is frequently quoted in the specialized bibliography concerning the Medicine of the 18th century. Laín Entralgo chose him to write several chapters of his impressive *History of Medicine*, which may serve as proof of King's merits. In this article, we will discuss the sixth chapter of the book mentioned above, "Similia Similibus".

From the homeopathic apologists, we chose Richard Haehl¹, as his *Samuel Hahnemann: Sein Leben und Schaffen* is held as the most accurate and complete historical-biographical account of Homeopathy and its founder. Unsatisfied with contemporary bibliography, Haehl devoted himself to the search of documentary sources, especially in their original German language, amassing an impressive array of documents, including Hahnemann's personal correspondence. The resulting work was organized in two volumes; in the first, he tells the history of both Homeopathy and Hahnemann, the second consists of transcriptions of original documents.

In both cases, our hermeneutic approach was designed to highlight the historiographical foundations of each author's work. That is to say, we didn't focus on the data offered but on the explicit and implicit epistemologic and historiographical assumptions that directed each work. We had to take into account the obvious asymmetry arising from the fact of comparing a single chapter of a book and a full two-volume work.

A positivist approach

Following an established tradition in homeopathic history, King discusses his version of the history of Homeopathy in intimate relation to the biography of its

founder. He grounds his analysis on one single bibliographical source, Thomas L. Bradford's work. As homeopathic apologists, who usually fill their books with exaggerated exaltations of the figure of Hahnemann, also King makes his feelings explicit, only that in his case, are feelings of the deepest possible disgust.

Any historical approach must restrict itself to a history of ideas. Yet King makes use of psychopathologic categories and judgments. This may be shown by the expressions he privileged all along the text: he uses adjectives such as "imbecile" (King, 1958, p. 188) to allude to Hahnemann, his ideas provoked the "justified vomit of some critics" (King, 1958, p. 181), Homeopathy is a "monstrous abortion" (King, 1958, p. 189).

Not yet satisfied, King decides to psychiatrically diagnose Hahnemann, concluding that he was a delirious paranoid, who eventually ended by creating a parallel imaginary world for himself, alienated from reality, where he ruled as a king at the center of a court of adulators (King, 1958, pp. 157; 174-176; 179-180). Mental disease affected too his affective and familiar relationships, which didn't escape King's venomous pen (King, 1958, p. 175).

His despise reaches such levels, that he dares to state that Hahnemann wasn't the founder of any medicine; moreover, he did not have any skills to be a physician (King, 1958, pp. 189-190). His unfitness included too his intellectual abilities, which range, according to King, from "unskilled" to "lacking judgment" (King, 1958, pp. 157; 178; 183; 185-186). The only reasonable approach to deal with Hahnemann is contempt and laughter (King, 1958, pp. 181-185).

King's anachronic attitude is self-evident. We may be tempted to classify him as a whiggish author, as he appeals to contemporary categories to judge the past. Yet he doesn't even try to recover from the past features that what may still be of value in – or presage – the present, but he merely judges past science by present day standards.

So that he once and again falls prey to contradiction. For instance, King states that although Homeopathy developed in the 19th century and that Hahnemann "lived 40 years into the 19th century" "(King, 1958, p. 188), from a historical point of view both Hahnemann and Homeopathy belong to the 18th

¹ 1873-1923. Homeopathic physician from Stuttgart. Member of the German Central Homeopathic Society; received his doctorate from the Hahnemann Medical College of Philadelphia.

century as this medical approach was “born from the medical problems of the 18th century, it employs the logic of the 18th century, it grew around 18th century concepts” (King, 1958, p. 191). Only that immediately he contradicts himself by stating that “if he had lived at the beginning of the [18th] century, he would have established exactly the same doctrine”.

Without putting into question the accuracy of the statements above, it is evident an essential flaw in King’s thinking: how one and the same doctrine may be a product of the 18th century but be unaffected by 18th century developments? If Homeopathy actually “arose from 18th century medical excesses”, employing 18th century conceptual and methodological categories, how could it have been “exactly the same” at the beginning of the century?

Kings approach attacks the basic foundations of a history of sciences. Yet he seems impervious to contradiction: he goes on to explain that in 1837, Oliver Wendell Holmes definitively “demolished” Homeopathy in an article published in William Whewell’s celebrated *History of the inductive science* (King, 1958, p. 157). It’s, hence, incomprehensible why King brings proof of further “demolitions” (King, 1958, p. 157). We cannot help wondering how it may be possible to “demolish” so many times a single work. If it had been destroyed, as King states, there would be nothing left to be further destroyed!

Attacking Hahnemann from every possible side, King continues by stating that Hahnemann lacked practical medical experience – one of the reasons that help to explain his deviations. The fact that he saw patients “from 9:00 a.m. to 12:00 p.m. and from 2:00 to 4:00 p.m.” (King, 1958, p. 174), doesn’t seem enough to King, neither the fact that at 66 he would “see many patients” and that he was “the most fashionable physician in Paris” (King, 1958, p. 176). To King’s prejudiced eye, any circumstance in Hahnemann’s life may be only assessed under a negative light:

King forsakes so deeply the proper attitude of a historian that he even appeals to literary devices, inventing dialogues that Hahnemann never had with himself, told in the first person and preceded by the introduction, “We may imagine him thinking...” (King, 1958, p. 165).

Concerning Hahnemann’s self-experimentation with Cinchona – that would eventually lead to Homeopathy – King contradicts himself once again, stating that it was methodologically “excellent” (King, 1958, p. 165) and “flawed” (King, 1958, p. 190).

To summarize, to King Homeopathy own existence is an absurd (King, 1958, p. 179), a sort of magic (King, 1958, p. 181), whose adherents do not hearken anymore to the voice of reason (King, 1958, p. 182). The only thing that Hahnemann did right was to criticize the current therapeutics of his time.

The partisan defense

Haehl begins his work making explicit his historiographical approach. He says that he is following a tradition inaugurated by Constantin Hering, who in 1847 published an article where he stated that an accurate understanding of Homeopathy demands a thorough knowledge of Hahnemann’s biography, including not only his academic and other activities but also the detail of his personal and familiar life and his moral attitude (Hering apud Haehl, 1922, Vol. 2, preface [first page]).

Haehl explains that Bradford abide by these rules in his 1895’s book, but nonetheless, it is incomplete and containing several errors as its author was not a German. Hence, it is implicitly affirmed, that only a German may be able to accurately interpret Hahnemann’s life. He mentions other arguments, especially the fact that Bradford hadn’t access to many original documents.

Endowed with the advantage of citizenship, Haehl devoted himself to travel through Germany looking successfully for such documents, which are transcribed in the second volume of his work. This may represent Haehl’s main contribution to the history of Homeopathy and ought to be welcomed with thankfulness as it truly facilitates any later historian’s work. Concerning his hermeneutic approach, Haehl once again makes his position explicit: he’ll try to objectively describe the path of Hahnemann’s life and thought.

Yet, by the end of the preface, Haehl cannot help introducing personal opinions. He strongly believes that Medicine has progressed. “Progress” means to him, the shift from mechanism to vitalism so that he attributes current therapeutic advancement to the assimilation of homeopathic doctrine into medical ideas.

This argument allows us to inscribe him in a Sartonian view of the history of Medicine: Medicine has reached its goal, Hahnemann destroyed all previous medicine, and set forth the definitive foundations of the science of healing.

In short, these are Haehl’s main historiographical ideas. Let’s review them. In the first place, the idea that a history of Homeopathy must necessarily include Hahnemann’s biography was first introduced by Hering and has been unquestioned until the present – even King, as we have seen, shares this opinion. But this should call our attention, as in general, scientific ideas are never related to the minutia of their proponents’ lives. Is this another homeopathic idiosyncrasy?

Second, homeopathic writers have created a kind of mythology, transmitted from generation to generation, as a tradition. For instance, the only source concerning Hahnemann’s early years is an autobiography written in

1791². We had already discussed the accuracy of the data shown in this work (Priven, 2002). What we want to discuss here is the fact that no single homeopathic historian has ever tried to check the accuracy of such data: they come straight from the “master”, so they must be true.

Finally, Hahnemann is portrayed as a revolutionary that broke with all scientific medicine of the past, founding the only possible scientific medicine of the future, so that he is alienated from the scientific framework of his time and thus, we arrive to same conclusion as King’s: Homeopathy is a historical orphan.

Conclusions

We have compared two historians, from two different periods, one of them clearly opposed to Homeopathy; the other, overtly devoted to the task of showing it under the most favorable light.

Surprisingly, both conclude that Hahnemann was completely outside from history, having developed concepts and methods absolutely alien to his time. One of them tries to explain his insanity; the other, his genius. But in truth, both are nothing but the two faces of the same coin of the Positivist currency.

According to the “official history”, Hahnemann lost the track of progress. Although he started by a most welcomed criticism of current therapeutics, his lack of skills and his mental disease led him to a doctrine whose mere existence offends the sensibility of the historian of science.

According to the “partisan defense” (Jütte, 1999), it is the opposite situation. But in order to “discover” Homeopathy, Hahnemann had to abandon Medicine’s main street – as he himself wrote in the preface to the first edition of the *Organon* (Hahnemann, 1810, p. II).

Both approaches are grounded on a Positivist conception of progress. To King, Homeopathy is a “monstrous abortion”; in Haehl’s view, the final goal of any scientific Medicine.

This situation may represent a mere chapter of the history of science, but most regrettably, both positions are equally sustained today³. This is the reason why we

believe that further research of the relation between Hahnemann and his historical background is necessary.

2. Infertility and homeopathy

Case Report

(IJHDR. 2, 5/2003)

Case description

Female, 39 year-old patient. Consulted in May, 2003 with uterine myomata diagnosed 6 years earlier. Very concerned about her fertility, she had tried unsuccessfully to conceive for 9 years. Other complaints: constipation, flatulence, hay fever, acne.

Symptoms and themes

- * “To have a child is to give love, to receive love, as if I had received much love and would give it to somebody”; “If I can’t have a child, to be happy I’ll adopt a child, or raise more puppies, I love soft things, to hold them, to pat them, the people I like, I like physical contact, to give and receive love. If I can’t have nor adopt a child, I’ll give love to animals”; “Anguished upon seeing a lost dog on the street, if I could, I would take them all with me.”
- * “I feel bad when I hurt people; when I realize I’m wrong, I need to talk to them, to show the other that it wasn’t intentional. I like to apologize.”
- * Playing: “Our house is made for leisure”; “I couldn’t play”; “At home, we play, we pretend we are little children and we want children to play with them.”
- * One’s word: “I felt I broke my word”; “One’s word is very important”; “They said I had no word, I felt very bad”.
- * Stitching pain in the area of the uterus, 2 days before menses and during coition.
- * Perfumes and makeup provoke redness on the face, specially around the mouth, no matter where they are applied.
- * Desire for pasta.
- * Heartburn after eating fish.
- * Aversion to spicy and fatty food.
- * Lack of perspiration.
- * Thirst increased.
- * Desire for alcoholic beverages.
- * Beer: desire + aggravation
- * Ailments from suppressed anger.
- * Soft, submissive temperament.
- * Dreams: airplane accident (repetitive, since childhood).

² Published for the first time in 1799 by J.K.P. Elwart in his *Nachrichten von dem Leben und den Schriften jetztlebender deutscher Aerzte, Wundärzte, Paotheker und Naturfoscher* (Hahnemann, 2001, p. 116). Haehl, mistakenly, believed that the first publication was an anonymous version of 1851, published by Hinrich under the title *Christian Friedrich Hahnemann: Ein biographisches Denkmal*.

³ As an example of the Positivist approach, R. Lafetá Novaes, *O Tempo e a Ordem: Sobre a Homeopatia, of the partisan apology*, J C Pellegrino, “Principios

fundamentales de la Homeopatía”, in AMHA, *Tratado de doctrina homeopática*, p. 41.

- * Oily skin.
- * Pimples, worst by external touch and before menses.
- * Sensation as if something moves in abdomen.

Physical examination

No significant data.

Lab tests

Endovaginal Doppler Ultrasound showing huge subserous myoma on the left side of the uterus (4.6 X 3.8 X 7.6 cm), and a second smaller one on the anterior wall.

Diagnoses

- 1- Clinical: myomata; constipation; acne; hay fever.
- 2- Dynamic: slight injury (anatomical damage of nonvital organ).
- 3- Miasmatic: covert egotrophy (according to Masi Elizalde's classification).

Strategy

Maximal Value Minimal Syndrome composed by:

- I- Delusion, an accident would happen + Delusion, a train-engine was going to run over her + Dreams, accidents + Dreams, disaster + Dreams, something would happen+ Fear, accidents + Fear, disasters.
- II- Face, redness, mouth, around + Face, redness, chin.
- III- Affective + Affect, need of.
- IV- Generalities, alive, internally, sensation of something + Abdomen, alive, sensation of something.

Comparing the remedies obtained by simple repertorial analysis with their pure *Materia Medica*, *Pulsatilla* was chosen, which was prescribed at the CH200th, single dose, and later at the CH300th and 1M, according to clinical evolution.

Results

The patient conceived a child immediately after taking *Pulsatilla* CH1M (3rd month of treatment). The pregnancy is still in progression at the time of the present publication.

Discussion

The present case report is relevant on several grounds. First, it shows the instant effect of the homeopathic remedies. Second, it shows that vitality may be restored to a normal performance of physiological functions notwithstanding the presence of anatomical impediments. Finally, a word concerning the choice of the remedy. The full repertorial analysis of all symptoms listed did not indicate *Pulsatilla*; moreover a thematic approach, added to key-note symptoms indicated *Ignatia amara*. Yet, the selection of a few (four!) extremely characteristic symptoms, constitutive of the patient's individuality, suggested other medicinal alternatives, including the remedy that produced the desired outcome.

Conclusions

It is generally thought that homeopathic remedies are effective but "take too long to act". Yet, it would be more reasonable to think that a remedy whose effect does not relate to its 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 Biomedicine.

Homeopathy 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.

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3. Editorial: Unpredictable dice, addicted boards (IJHDR. 3, 9/2004)

**"Before stopping
at some last point that consecrates it
Every Thought sends forth
One Toss of the Dice"**

"One Toss of the Dice", by Stephane Mallarmé

It's an honor to affirm that the magazine *Cultura Homeopática* has become, at the same time, a reference and a novelty in the homeopathic field. It happened more due to the effort of the authors who – in an area of very low productivity – has concentrated their entire endeavor to present the best in research and reflection about our art, than due to the merit of all the CH team.

In this special and bilingual edition, that is annual, some of our best brains entered in our list of articles trying what all the ones who do research should look for: make phenomena talk again, unveil what is under the surface until the digging starts to show meanings, evidences, sometimes conclusions, certainly the unexpected.

The unicists are finally stepping down the pedestal to show that there is another kind of clinical "proof". And this time without things inapplicable and showy, nor the mecanicist reduction. There are still the ones that believe in the strategy of "hiding" their brilliant cases without ask themselves to which secret posterity they will keep them in the end.

That's why we present here this interesting case report "Treatment of chronic dishydrosis", written by Leni Hatsue Yoshihassu. The case was elaborated by EPH's students and teaching assistants who were inductors and witnesses of an interesting homeopathic interference in an academic environment, which has the

advantage of allowing a more shared and dialogued analysis of evolution, suppression and clinical conduct.

This is also the spirit of Vanessa Guimarães's work, who brings us her epidemiological lucidity to show that yes, a method of investigation mathematically and probabilistically measurable, and, at the same time, that respects the theoretical and practical presuppositions of homeopathic proceeding is possible. Extremely complex but also enforceable, it considers that the quantitative epidemiological chance of homeopathy is doing studies having the subject as its own control.

The work of Marcia Gutierrez et als., "Validation of techniques and methods for the impregnation of homeopathic globules", translates the healthy awareness of validating the proceedings of homeopathic pharmacotechnique with methodic and clearing proceedings. That's an area in which Brazilian homeopathic pharmacotechnique is, with no doubt, one of the most prolific and influent.

The editor of this magazine and Silvia W. Priven present "Some reflections about symptoms in homeopathy", trying to evidence what can be called the atom of homeopathy: the symptom. That's a vital subject, even being a discussion postponed by homeopathic community. Especially when this point of view doesn't starts from something given, but understood from its roots: What does configure a symptom? How can it be divided? Which are the semiotic and therapeutic implications involved in its admission, for example, that there are constitutive symptoms and marker symptoms in the evolution of a clinical case?

We still have the erudite article "Did Hahnemann plagiarize Thomas de Aquina?", by Silvia W. Priven, who uses the historiographical technique of analysis. She approaches the polemic question about the supposed plagiarism made by Hahnemann, who would have evoked ideas and entire texts of Thomas de Aquina without mentioning him as a source. The Argentinean homeopath Masi-Elizalde was pretty convinced of this aspect and pursued anxiously an impugment that could satisfy him intellectually. Let the readers check in which plagues his pleas circulate.

Amarilys de Toledo César et als., in "Dynamization techniques. Divergences between the proposals of Hahnemann, and today's practices", also evokes a fundamental pharmacotechnique question: Was there any kind of change in relation to a better comprehension of the fundaments established by Hahnemann?

The article "Ontogenesis of illness", by our gaucho colleague Renato Sampaio de Azambuja, develops reflections about Maturana's autopoiesis, showing that the interfaces in perception of the health-disease phenomena that touches a vitalist rationality. So points of interface to homeopathy underlies in the article, even

that any linear transposition of an episteme to the other should present the traditional difficulties of linkage.

The article "Biomedical semiotics and its limits: opening up paths between the subtle and the evident", by Amarylis Triana, follows the path of her thesis and shows that the tune and the differences between different semiotics can be a way of knowing the specificities of each rationality. And it's in this trajectory that she detects the problems of biomedical semiotics.

We couldn't forget to mention in this edition, with the explicit purpose of make a homage to a person who will be recognized in some point of History as the one who transmitted to us definitively an inexorable path to the elucidation of infinitesimal doses. We are talking about Jacques Benveniste, the French immunologist who, among other contributions to immunopathology and alergyology, dared to look for necessary explanations - against the bet of scientificist fundamentalism - to build a more scientific rule to homeopathy. His decease occurred on October 2nd, in Paris, in 69 years old. Press announced the fact all over the world and at big Brazilian centers.

Even if basic research isn't enough to validate alone the homeopathic proceedings, Benveniste relighted the debate that used to be warm and took it to the point of incandescence inside the hardcore of contemporary science. What driven more the attention it was the emphasis on the fact that he would have turned in to a joke among the scientists due to the methodological flaws - admitted afterwards - in his famous work about "Water Memory", published in Nature magazine in 1988. The same media also published that he would have died "convinced" of his pretense " ". What was not published is that his theories about the biological action of infinitesimal doses has been rescued in European important labs and research centers as a valuable contribution to nanotechnology and to the behavior of water.

Even if the redeem haven't occurred the most important here is to emphasize that Benveniste enters the role of the ones who feed knowledge with the enlightenment progress, even if the cost was his own reputation, maybe the abbreviation of his life. Canguilhem, Thomas Khun and Paul Feyrabend already mentioned that every challenge to established science generates, in the first moment, refusal and repulse. Only the future, always more indulgent and fixing, reserves a judgment less full of prejudices to the ones that dare to roll the dice of uncertainty in the addicted board of convictions.

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4. Did Hahnemann plagiarize Aquinas?
WAISSE DE PRIVEN, Silvia. I.
(IJHDR. 9, 3/2004)

The status of Homeopathy as scientific medicine has been problematic since its inception. Along the 19th century, medical approaches which dated from the Antiquity were finally overcome, while new models were formulated in order to build medicine on sound “scientific” grounds.¹ Homeopathy emerged as one of such new proposals. It was only natural that a thick shield would be erected around it.²

Such defensive strategy, allied to other political, sociological and economic factors, may help to explain how it was that homeopathy severed itself from the outer scientific medical world, transforming its literature into an almost sacred corpus, which was to be transmitted with no changes whatever to future generations.³

The instance we discuss here may be considered a paradigmatic example of the hypothesis above. It alludes to one of the most polemic stances in contemporary homeopathy.

Alfonso Masi Elizalde (Argentina, 1932-2003) suggested a new model for homeopathy grounded on Thomas Aquinas Scholastic philosophy. This view resulted in an original approach to homeopathic theory and practice, that gathered over many followers around the world in a short time.

Masi Elizalde views may be summarized as follows⁴. Argentinian homeopathy witnessed an

amazing evolution in the second half of the 20th century, especially under the influence of Tomás Pablo Paschero (1904-1986), a student of Grimmer who, in his turn, was a direct student of James T. Kent. Paschero’s elaboration of homeopathy as a “medicine of the person” or an “anthropological medicine” eventually turned to Psychoanalytic anthropology as such form of psychotherapy found a fertile soil in Argentinian society.

Masi Elizalde questioned such a bias, claiming that homeopathic frameworks must be sought in homeopathy itself instead of importing alien modes of knowledge into it. This was the reason why he devoted himself to the study of psychology, in order to be able to detect indexes of homeopathy’s founder Christian F. S. Hahnemann’s anthropological views.⁵

Yet, when faced to the amazingly wide scope of psychological theories, he didn’t know where to begin. Thus he decided to choose what he thought it was the most classical, less questioned, psychological approach, i. e., Scholastic psychology. It was while reading Aquinas’ 13th century *Summa Theologica* that he was stricken by a dazzling realization: he found Hahnemann’s exact words in the pages of the *Summa*.

He felt it was sound enough to justify an epistemological leap that allowed him to infer an absolute identity between Aquinas and Hahnemann’s thought. Hence he devoted the second phase of his research to read homeopathy through Scholastic lenses, which fully convinced him of the actuality of his initial insight.

This approach finally resulted in a most novel approach to homeopathic theory and practice, extremely fruitful in therapeutic terms.

On the other hand, a religious - actually, a Roman Catholic - homeopathic approach was naturally destined to give rise to the most heated polemics. Many distinguished practitioners felt morally offended by the inclusion of religion into medicine. Fiery arguments were followed by many attempts to refute Elizalde’s views, especially his basic tenet: Hahnemann had grounded homeopathy on Scholastic philosophy.

Elizalde claimed to possess “many proofs” of Hahnemann’s Scholasticism. Yet, as years went by, he reduced such “proofs” to a central thesis: Hahnemann

¹ S. Priven, “Hahnemann, um médico de seu tempo. Articulação da doutrina homeopática como possibilidade da medicina do século XVIII”. Dissertation, Master’s Degree in the History of Sciences. Pontifícia Universidade Católica de São Paulo, 2002.

² R. Jütte, “Historiography of Non Conventional Medicine in Germany: A Concise Overview”. *Medicine History*, 43 (1999): 342-358.

³ This has been noticed by other authors. Cf, as an example, A. Saine, “Hering’s Law: Law, Rule or Dogma”, Website of the Canadian Academy of Homeopathy.
http://www.homeopathy.ca/articles/heriing_law.html
February 2004.

⁴ Masi Elizalde didn’t write any books. The only written sources he left where the Proceedings of his Instituto de Altos Estudos Homeopáticos “James Tyler Kent”. He would explain once and again that as his thought was continuously changing, he was afraid that any work would be outdated even at the moment of its publication. On the other hand, he spent the last 20 years of his life giving lectures in Europe and South America. A number of his Brazilian lectures were taped and stored at the library of the Escola de Homeopatia,

São Paulo. Such tapes and personal notes taken at lectures by this author are the sources used in the present article.

⁵ It’s noteworthy that any discussion of homeopathy inevitably begins with its founder. Science historian Ana Maria Alfonso-Goldfarb explains that this is due to the fact that homeopathy’s nature is essentially historical. Personal communication.

had plagiarized Aquinas.⁶ And he didn't plagiarize him merely because he liked some of Aquinas' ideas or his literary style, but such plagiarism was a sign of the absolute identity of thought shared by both. That is to say, Hahnemann didn't quote the references he took from Aquinas' work owing to negligence nor, worse, dishonesty, but as both had exactly the same ideas, such quotations were totally superfluous, or even unjustified.

What did Elizalde find in Aquinas' Summa that convinced him so positively?

"... horns and nails, which are the weapons of some animals, the thickness of the skin, hair and feathers that cover them, constitute one more evidence of the earthly element, which the homogeneity and delicacy of the human complexion abhor; it was because of all of these that they weren't convenient for man. In their stead, he has reason and the hands, through which he can seek by himself all kinds of weapons, clothes and necessary things to life, in a thousand different ways..."⁷

Upon reading the paragraph above Elizalde was immediately reminded of similar ideas in Hahnemann:

"Man, regarded as an animal, has been created more helpless than all other animals. He has no congenital weapons for his defence like the bull, no speed to enable him to flee from his enemies like the deer, no wings, no webbed feet, no fins - no armour impenetrable to violence like the tortoise, no place of refuge provided by nature as is possessed by thousands of insects and worms for their safety, no physical provision to keep the enemy at bay, such as render the hedgehog and torpedo formidable, no sting like the gadfly, nor poison-fang like the viper; - to all the attacks of the hostile animals he is exposed defenceless. He has, moreover, nothing to oppose to the violence of the elements and meteors. He is not protected from the action of the water by the shining hair of the seal, nor by the close oily feathers of the duck, nor by the smooth shield of the water beetle; his body, but a slight degree lighter than the water, floats more helplessly in that medium than that of any quadruped, and is in danger of instant death. He is not protected like the polarbear or the eider-duck by a covering impenetrable to the northern blast. At its birth the lamb knows where to seek its mother's udder, but the helpless babe would perish if its mother's breast were not presented to it.

⁶ During the last years of his life, Elizalde would not merely insist on the truth of such "plagiarism" in his lectures, but he made it a personal mission to teach that idea to his patients. Personal communication of Elizalde's former patients.

⁷ Thomas Aquinas, Summa Theologica, Q. 91st, art. 3rd. Buenos Aires, Club de Lectores, 1988, vol. IV, pp. 193-4.

Where he is born mature nowhere furnishes his food ready made, as she provides ants for the armadillo, caterpillars for the ichneumon fly, or the open petals of flowers for the bee. Man is subject to a far larger number of diseases than animals, who are born with a secret knowledge of the remedial means for these invisible enemies of life, instinct, which man possesses not. Man alone painfully escapes from his mother's womb, soft, naked, defenceless, helpless, and destitute of all that can render his existence supportable, destitute of all wherewith nature richly endows the worm of the dust, to render its life happy... Behold, the Eternal Source of all love only disinherited man of the animal nature in order to endow him all the more richly with that spark of divinity - a mind - which enables man to elicit from himself the satisfaction of all his requirements.. - a mind, that indestructible itself, is capable of creating for its tenement, its frail animal nature, more powerful means for its sustenance, protection, defence and comfort than any of the most favoured creatures..."⁸

Elizalde's conclusion was absolutely unquestionable: Hahnemann had plagiarized Aquinas, since it's only too "evident" the exact correspondence between both texts and, as mentioned above, Hahnemann didn't quote the source where he had obtained his. From this he inferred the "identity of thought" between Hahnemann and Aquinas, which he summarized by stating that "homeopathy is nothing but Scholasticism applied into medicine, or Scholastic medicine".

Elizalde didn't put forward his view as just one amidst many others, but as the only possible path leading to the understanding of "homeopathic orthodoxy", the true Hahnemannian homeopathy. On these grounds, he submitted homeopathy to a "critical review", developing the plan he had designed: to elucidate homeopathy from a Scholastic hermeneutical perspective.

As mentioned above, such an approach immediately became polemical, giving rise to two irreconcilable "sides": equally rabid partisans and critics. Nevertheless, none was able to bring up nothing but emotional claims, without being able to put forward sound evidence to ground acceptance or rejection.

This impasse may be explained by the fact that homeopathy's episteme doesn't include tools to perform the kind of analysis this requires. As well as traditional history of medicine, the historiography of homeopathy seems to ignore that no single science can be analyzed without referring it to its historical context.

⁸ Hahnemann, CFS "The medicine of experience", in R E Dudgeon (ed.) The Lesser Writings. Nova Delhi, B. Jain, [s.d.], pp. 435-6.

The notion of “plagiarism” doesn’t belong to the historian of science’s vocabulary. Such a researcher knows that when a scientist passes off another’s ideas as his/her own, or his/her own ideas as if belonging to someone else, this doesn’t automatically involve “plagiarism”. The requirement of citing sources is very recent, it wasn’t as normative in the 18th century as in the present time. On the other hand, during Antiquity and the Middle Ages, it was common practice for an unknown author, who wished to make his ideas known, to pass them off as if belonging to some established authority. This was how “pseudo-Aristotle”, “pseudo-Geber” and many other “pseudo-”appeared. Such practice was no longer favored in the 18th century, which thus represents the transition between this ancient practice and our modern “copyright”.

This historiographic fact would suffice to refute Elizalde’s idea of plagiarism, but further considerations are in order. Our research let us find out that the text quoted above isn’t originally authored by Aquinas. A lot older is Pliny’s (1st century) Natural History. This encyclopedic work was the main reference concerning natural history up to the time of Conrad Gesner (1516-1565) - who, by the way, followed Pliny’s approach. There it may be read:

“... of all other living creatures, man she hath brought forth all naked, and cloathed him with the good and riches of others. To all the rest, given she hath sufficient to clad them everie one according to their kind: as namely, shells, cods, hard hides, prickles, shagge, bristles, haire, downe feathers, quilts, skailes, and fleeces of wool. The verie trunkes and stemmes of trees and plants, she hath defended with barke and rind, yea and the same sometime double, against the injuries both of heat and cold: man alone, poore wretch, she hath laid all naked upon the bare earth, even on his birthday, to cry and wraule presently from the very first houre that he is borne into this world: in such sort, as among so many living creatures, there is none subject to shed teares and weepe like him..

... How long is it ere we can goe alone? How long before we can prattle and speake, feed our selves, and chew our meat strongly? What a while continueth the mould and crowne of our heads to beat and pant, before our braine is well settled; the undoubted marke and token that bewrayeth our exceeding great weakeneße above all other creatures? What should I say of the infirmities and sicknesses that soone seaze upon our feeble bodies? What need I speake of so many medicines and remedies devised against these maladies: besides the new diseases that come everie day, able to check and frustrate all our provision of Physicke whatsoever? As for all other living creatures, there is not one, but by a secret instinct of nature knoweth his owne good, and whereto he is made able: some make use of their swift feet, others of their flight wings: some

are strong of limme; others are apt to swimme, and practice the same: man onely knoweth nothing unlesse hee be taught; he can neither speake, nor goe, nor eat, otherwise than he is trained to it: and to be short, apt and good at nothing he is naturally, but to pule and crie...

... Mans life is most fraile of all others, and in least securitie he liveth: no creature lusteth more after everything than he: none feareth like unto him, and is more troubled and amazed in his fright: and if he be set once upon anger, none more raging and wood than he. To conclude, all other living creatures live orderly and well, after their owne kind: we see them flocke and gather together, and readie to make head and stand against all others of a contrarie kind: the Lyons as fell and savage as they be, fight not one with another: serpents sting not serpents, nor bite one another with their venomous teeth: nay the verie monsters and huge fishes of the sea, warre not amongst themselves in their owne kind: but beleeeve me, Man at mans hand receiveth most harme and mischiefe...”⁹

Yet, there’s a still older version of the same text, belonging to an author that may be considered one of the mainstays of Western culture. We’re alluding to Plato (5th century). In his dialogue “Protagoras”, he elaborates on an ancient Hellenic myth concerning the beginning of the world as an illustration of his ideas about the World of Ideas and the Perceptible World:

“Once upon a time there were gods only, and no mortal creatures. But when the time came that these also should be created, the gods fashioned them out of earth and fire and various mixtures of both elements in the interior of the earth; and when they were about to bring them into the light of day, they ordered Prometheus and Epimetheus to equip them, and to distribute to them severally their proper qualities. Epimetheus said to Prometheus: “Let me distribute, and do you inspect.” This was agreed, and Epimetheus made the distribution. There were some to whom he gave strength without swiftness, while he equipped the weaker with swiftness; some he armed, and others he left unarmed; and devised for the latter some other means of preservation, making some large, and having their size as a protection, and others small, whose nature was to fly in the air or burrow in the ground; this was to be their way of escape. Thus did he compensate them with the view of preventing any race from becoming extinct. And when he had provided against their destruction by one another, he contrived also a means of protecting them against the seasons of heaven; clothing them with close

⁹ Pliny, “Preface to book VII”, *Historia Naturalis*. WebsiteJames Eason, University of Chicago. Version of Philemon Holland (1601) <http://penelope.uchicago.edu/holland/pliny7.html> July, 2003.

hair and thick skins sufficient to defend them against the winter cold and able to resist the summer heat, so that they might have a natural bed of their own when they wanted to rest; also he furnished them with hoofs and hair and hard and callous skins under their feet. Then he gave them varieties of food-herb of the soil to some, to others fruits of trees, and to others roots, and to some again he gave other animals as food. And some he made to have few young ones, while those who were their prey were very prolific; and in this manner the race was preserved. Thus did Epimetheus, who, not being very wise, forgot that he had distributed among the brute animals all the qualities which he had to give, and when he came to man, who was still unprovided, he was terribly perplexed. Now while he was in this perplexity, Prometheus came to inspect the distribution, and he found that the other animals were suitably furnished, but that man alone was naked and shoeless, and had neither bed nor arms of defence. The appointed hour was approaching when man in his turn was to go forth into the light of day; and Prometheus, not knowing how he could devise his salvation, stole the mechanical arts of Hephaestus and Athene, and fire with them (they could neither have been acquired nor used without fire), and gave them to man. Thus man had the wisdom necessary to the support of life... And in this way man was supplied with the means of life..."¹⁰

And we were still able to find another version of the same text. It belongs to British astronomer John F. W. Herschel (1792-1871), thus a contemporary of Hahnemann's:

"The situation of man on the globe he inhabits, and over which he has obtained the control, is in many respects exceedingly remarkable. Compared with its other denizens, he seems, if we regard only his physical constitution, in almost every respect their inferior, and equally unprovided for the supply of his natural wants and his defence against the innumerable enemies which surround him. No other animal passes so large a portion of its existence in a state of absolute helplessness, or falls in old age into such protracted and lamentable imbecility. To no other warm-blooded animal has nature denied that indispensable covering without which the vicissitudes of a temperate and the rigours of a cold climate are equally insupportable; and to scarcely any has she been so sparing in external weapons, whether for attack or defence. Destitute alike of speed to avoid and of arms to repel the aggressions of his voracious foes; tenderly susceptible of atmospheric influences; and unfitted for the coarse aliments which the earth affords spontaneously during at least two thirds of the year, even in temperate climates, - man, if abandoned to

mere instinct, would be of all creatures the most destitute and miserable... Remarkable only for the absence of those powers and qualities which obtain for other animals a degree of security and respect, he would be disregarded by some, and hunted down by others, till after a few generations his species would become altogether extinct... Yet man is the undisputed lord of the creation... The spoils of all nature are in daily requisition for his most common uses, yielded with more or less readiness, or wrested with reluctance, from the mine, the forest, the ocean, the air. Such are the first fruits of reason..."¹¹

We've still have to take into account Hahnemann's particular cultural context. During the 18th century up to the Treaty of Vienna (1815), present-day Germany was still the Holy Roman Empire, which wasn't a political unity but a loose conglomerate of small feudal states.¹² Heterogeneity wasn't merely political but also religious. It's noteworthy to remember that even today a German's religious identity is a fundamental value, very different from the situation in South America.¹³

Saxony, Hahnemann's fatherland, was a Protestant duchy. It's very difficult to believe that Hahnemann learned Scholastic theology at Lutheran schools. Also hard it's to imagine that Hahnemann learned such a vast and complex system during his stay in - equally Protestant - Leipzig, where he not only had to attend lectures, but he needed to do translations and give private lessons to make a living.

We may think that he got acquainted with Aquinas' works during his stay in Catholic Vienna. Yet, a new obstacle arises: such visit lasted merely nine months, which were devoted to the learning of practical medicine.

For the sake of brevity, it's very difficult - if not impossible - to try and find out when it was that Hahnemann became a Scholastic scholar in any period of his life. Actually, whenever he explicitly refers to Scholasticism, he does it in a most critical way.¹⁴

¹¹ John F. Herschel, *A preliminary discourse on the study of natural philosophy* (1830). Chicago/Londres, The University of Chicago Press, 1987, pp. 1-3.

¹² M. Fulbrook, *A Concise History of Germany*. Cambridge, Cambridge University Press, 1990, p. 70.

¹³ Up to recent times, there was a compulsory tax, 8-9% of wages destined to some religious community, called the Kirchensteuer.

¹⁴ Cf, a few examples: *The Lesser Writings*, op. cit., "Dietetic conversation...", p. 184; "A nursery...", p. 251; "View of professional liberality...", pp. 364-5. Actually, Enlightenment as a whole was strongly critical of Scholasticism.

¹⁰ Plato, Protogoras, <http://classics.mit.edu/Plato/protogoras.html> The Internet Classics Archive - MIT. July, 2003.

Evidence suggests that it would be more reasonable to infer that Hahnemann was better acquainted with classical Greek authors, as we are told by himself in his “Autobiography”¹⁵, than with Roman Catholic dogmatics, alien to his background and cultural environment.¹⁶ And from the strict perspective of text analysis, it’s too obvious the asymmetry between Aquinas’ version and the remaining four.

Let’s examine the case of Herschel’s. Once again a Protestant, and one whose family had originally been Jewish. How are we to explain that also he learned Catholic theology?

All evidences point to the fact that Elizalde’s hypothesis to explain the inclusion in “The Medicine of Experience” of the text we’re discussing is not accurate. Most probably, it was a common motive frequently used along history and precisely for being so well known, nobody would mention its original source. It’s highly probable that we’ll keep finding it in the works of other authors.

Homeopathy is established enough as not to be afraid of reviewing its notions and methods. It’s mature enough as to face the ghosts and spirits it has inherited together with the proper clinical and therapeutic corpus. “Exorcisms” as the one we performed here can only contribute to the development of a truly “scientific” homeopathy. In this context, the tools provided by other fields of knowledge ought to be welcomed.

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5. Dynamization techniques. Divergences between the proposals of Hahnemann and today’s practices
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(IJHDR. 3, 9/2004)

In 1992 a group of medical doctors and pharmacists⁽¹⁾ compared Hahnemann’s guidelines on the

preparation of homeopathic medicines with the proposals of pharmacopoeias and textbooks on homeopathic medicines⁽¹⁾.

Homeopathy developed substantially in Brazil in the past few years. New editions of pharmacopoeias, both Brazilian and foreign, were published or became accessible, in addition to specific books on homeopathic pharmaco-techniques. There was a large increase in homeopathic training. Currently the teaching of homeopathic pharmaco-techniques extends to diverse diploma courses, including obligatory and optional disciplines. Was there any change in relation to a better understanding of the fundamentals established by Hahnemann? Gauging the desired levels might make it possible to compare results obtained by different applications of the homeopathic therapeutic method, with those achieved by diverse pharmacopoeia proposals.

Objectives

- Highlight the propositions of Hahnemann for the preparation of homeopathic medicines.
- Demonstrate that there are different pharmacotechniques between Hahnemann’s proposals and a large extent of what various pharmacopoeias and text books prescribe.
- Reflect upon the possible consequences of the differences in medicine preparation on their effectiveness.
- Collaborate for a gauging of dynamization techniques, and, consequently, on the results and comparisons of homeopathic therapeutics.

In order to achieve our objectives, we used the 6th edition of the Organon by Hahnemann⁽¹⁰⁾, comparing diverse topics selected as key aspects of pharmaco-techniques with what is found in current editions of the Brazilian pharmacopoeia, and a diversity of textbooks. The 6th edition of the Organon⁽¹¹⁾ and the book on chronic diseases (Doenças Crônicas)⁽¹²⁾ as well were used to compare with centesimal dynamizations.

Demonstration of different pharmaco-techniques

1 - The process of dynamization

“Homeopathic medicine developed, for its special uses, and to a hitherto unheard degree, the internal medical powers of crude substances, through a peculiar process known as dynamization”⁽¹⁰⁾. This process depends on:

- The intensity, and quantity of mechanical action (triturations or grinding and succussions) applied;
- The relationship between the attenuation means (lactose, alcohol or distilled water) and the substance to be dinamized.

¹⁵ C. F. S. Hahnemann, [“Autobiographie”] in J. M. Schmidt & D. Kaiser (orgs.), Samuel Hahnemann: Gesammelte kleinen Schriften. Heidelberg, Karl F. Haug, 2001. Originally published in J. K. P. Elwert, Nachrichten von dem Leben und den Schriften jetzlebender deutscher Aertze, Wundärzte, Thierärzte, Apotheker und Naturforscher. Hildesheim, 1799, vol.1, 195-201.

¹⁶ Besides the fact that Hahnemann toyed with Plato’s style, as in the dialogue, “Socrate et Physon. Les apparences et la réalité; où se trouve le bonheur” (1795), Études de médecine homéopathique. Paris: Maloine, 1989. Vol. 2, pp. 260-265.

TABLE I: Comparison of differences observed in the guidelines of homeopathic medicine preparation technique in the centesimal scale, proposed by Hahnemann and findings in various bibliographic references.

HAHNEMANN	BIBLIOGRAPHIC REFERENCES
Grinding	
All substances need to be grinded ⁽¹²⁾ .	No need to triturate ⁽⁵⁻¹⁶⁾ .
Stages of grinding	
Three grindings of one hour each, made in three stages, each comprising two times 6-7 minutes of grinding and 3-4 minutes of grating (i.e. 18 steps of grinding) ⁽¹²⁾ .	One stage, undefined time ^(3, 13, 17, 20) ; three stages of six minutes each ⁽¹⁹⁾ ; six stages of six minutes ^(3, 21) ; 18 stages of six minutes ^(16, 15) .
Intensity/strength of grinding	
Strong, such that lactose not be compressed against mortar and be grated in four minutes ⁽¹²⁾ .	German pharmacopoeia mentions intensity, requiring that after the first six stages, 80% of particles have a diameter of less than 10 microns, and none be larger than 50 microns ⁽¹⁴⁾ . Grind vigorously ⁽⁷⁾ .
Method for the addition of lactose	
Three de-concentrations in a series, in a proportion of 1:100, resulting in a product a million times more diluted than the initial one. In each stage, one grain (0,06g) is de-concentrated with 100 grains of lactose(6g), divided in three equal and successively increased parts. ⁽¹²⁾	Continuous increase of lactose, up to 100 times the weight of the grinded substance ^(3, 17, 18, 20) ; the proportions of lactose correspond to 1/11, 1/33 and 1/55 (6g), divided in three equal and successively increased parts. ⁽¹²⁾ of the 100 grains ⁽¹⁶⁾ ; only two attenuations at 10%(21); only proportions are mentioned ⁽¹³⁾ .
Number and intensity of succussions	
Two, ten or more succussions, performed with "some strength" ⁽¹²⁾ .	Ten succussions ^(16, 15) ; ten to 12 ⁽²¹⁾ ; at least ten ⁽¹⁴⁾ ; 100 ^(7, 6) ; at least 100 ^(3, 17, 18, 20) ; 200 ⁽¹⁹⁾ ; not mentioned ⁽¹³⁾ . Regarding intensity: vigorous ⁽¹³⁾ ; energetic ⁽⁶⁾ ; other do not specify ^(17, 21, 20) .

The first factor refers to the amount of energy applied on the system, and the second relates to the proportion of dilution (or de-concentration) of the initial and submitted matter, at each degree of potency.

*2 - Comparative analysis between the Hahnemannian centesimal method (before the publication of the 6th edition of the Organon) and current practice.

The table below includes various critical topics of the Hahnemannian centesimal method, comparing the original proposal with current practices.

3 - Comparative analysis between the fifty-millesimal Hahnemannian (6th Edition of the Organon) and those currently practiced.

Hahnemann considered his method, known today as LM or fifty-millesimal, as the most developed for dynamization. In a previous study, published in 1992, this method included the German and Indian pharmacopoeias, although with differences from the original Hahnemannian proposal^(14, 16, 8, 4). Today it appears in the Brazilian, American and Mexican homeopathic pharmacopoeias^(7, 13, 6).

Are the failings observed in clinic homeopathy caused, at least partly, by divergences in the methods used for the preparation of medicine?

TABLE II: Comparison of differences observed in the guidelines of homeopathic medicine preparation technique in the fifty-centesimal scale proposed by Hahnemann, and findings in various bibliographic references.

HAHNEMANN	BIBLIOGRAPHIC REFERENCES
Grinding, stages, intensity/strength, addition of lactose	
Same as described for centesimal ⁽¹⁰⁾ .	Differences described in Table I.
Number and intensity of succussions	
100 vigorous succussions ⁽¹⁰⁾ .	No specification on the number of succussions ⁽¹³⁾ and/or strength of succussions ^(7, 13, 15, 2)
Globules	
The previous solution (degree I) is used for humidification of globules of a determined weight (100 weight 1 grain, or 0,06g) ⁽¹⁰⁾ .	The correct mass of globules is specified by some authors(3, 7, 13, 16);and not by others, who either do not describe them or do so incorrectly ^(14, 15) . An impregnation requirement of 500 globules ^(7, 2) .

Discussion

Dynamized medicine in the centesimal scale were described in the pharmacopeias and textbooks reviewed. The only expected change would be a modification in the standardization of the processing stages by the homeopathic practitioner. However, this modification did not occur, and the statements about the use of grinding, even for soluble substances, as proposed by Hahnemann in 1835, long before the 6th edition of the Organon, and therefore applied to centesimal potencies, are still a cause for concern, even among homeopathic pharmacists^(4, 5, 12).

A change related to the increased awareness of the fifty-mesimal method in the more recent editions of international homeopathic pharmacopeias. If in 1992 the method was only included in the German and Indian pharmacopeias, today it is also found in the Brazilian, American and Mexican ones^(6, 7, 13, 14, 16).

It is important to discuss a number of topics, that in our opinion are still incomplete and even incorrect, both for the methods of the 5th as well as the 6th edition of the Organon by Hahnemann.

It is worth mentioning that Hahnemann went from the use of dry plants and juices from fresh plants to tints, preferably achieving a grinding of all crude material (understood as plants and fresh animals). If his medicines, in those times, were dinamized in the centesimal scale, he clearly referred to initially grind substances that were then made soluble, diluted in the proportion of 1:100 and Dynamized through two moderate succussions. It can be verified by the following phrase:

“After the initial grinding, 1 grain of degree I potency (or from the 3rd Product of grinding) needs to be diluted in 100 drops of a hydro-alcoholic solution (50 drops of water and 50 drops of alcohol), and then this

solution needs to be shaken twice with a moderate intensity. One drop of this solution needs to be added to 99 or 100 drops of pure alcohol, and then two moderate succussions need to be applied.^{(12)”,}

The description of the process of grinding is mentioned in the preface, in the chapter of medicine, Chronic Illnesses, and later in paragraph 270 of the 6th edition of the Organon. In this ways, there are no reasons to modify the proposed technique, either by a change in time, by the sequence of grinding/grating or the addition of a solid diluent, lactose.

The solubilization of the 3rd grinding was proposed as 1 grain (0,06g) in 100 drops of a hydro-alcoholic solution, composed of 50 drops of water and 50 drops of Alcohol⁽¹²⁾. It is important to mention that the ethanol available in Europe, even today, is of a lower alcoholic degree. It is assumed that Hahnemann must have had alcohol with strength of close to 52%⁽⁴⁾. Thus, the solution in equal parts would be closer to 26% and not 50%, with the ability of making a solution through the grinding in lactose.

The number of succussions was altered in the various phases in which Hahnemann tested his medicines. He only used two, afraid of the violent effects that medicine dinamized with more succussions might produce in weak or sensible patients^(12, 9). It is noteworthy that in each step a dynamization with ten succussions exceeded the moderating capacity that the attenuation of the proportion of 1:100 on the strength of the medicine. Thus, he did not achieve his aim to moderate to a certain level the effectiveness of the medicine, in terms of increasing its power to penetrate⁽¹²⁾. In 1837, Hahnemann began to prepare medicine with increases of ten succussions, addressing the problem of the violent effects of a single dose (be it in globule, or its solution - as he used globules to

dispense liquids to his patients), splitting the single dose in various smaller doses to be taken daily, or in alternate days, during a period of 15, 20 or 30 days⁽¹²⁾.

His response to critics who doubted the effectiveness of dynamizations was curious, recommending the application of 10, 20, 50 or more succussions, as in this way more potent medicine would be produced. He suggested that if the solutions were mere dilutions destitute therapeutic activity, just by shaking them they would become more potent⁽¹²⁾.

This happened in 1838, four years prior to his death, and before the publication of the 6th edition of the *Organon*. This text, known only many years after his death, reiterated the dangers of diverse vigorous shaking applied to a solution of 100:1. He presented a new method, that according to his experience, conciliated the effectiveness with softness of action, through the application of 100 vigorous succussions on a dilution in excess of 50.000:1⁽¹⁰⁾. In this way we can understand the reasons why Hahnemann varied the number and the strength of the succussions. In the centesimal method, the preparation of dynamizations with more than two succussions (the original indication of the 5th edition of the *Organon*⁽¹¹⁾), was linked to the indication of a fragmentation of the therapeutic dose. He increased the number of succussions when he prepared solutions of centesimal potencies, administered in various daily doses. Until 1837 Hahnemann used two succussions for his dynamizations. From this date on, he started to use ten or more. We cannot consider the existence of a pharmaco-technical pattern related to the number of succussions for centesimal analysis, as Hahnemann evolved the number of succussions in addition to the posology. Starting in 1837, there was an association of the dispensation of solutions in globules, splitting them in doses to be ingested in various days. This dose previously was single and now allowed for a relative control of treatment. Later, he found a method to increase dilution, allowing the shaking in a larger number of times and with more strength, achieving a medicine that combined softness (probably due to its dilution) with effectiveness (due to numerous and stronger succussions). That the excess be dried with paper, in conformity with indications found in paragraph 270 of the 6th edition of the *Organon*⁽¹⁰⁾.

Considering LMs, it is interesting to note that in a different manner from centesimals, which were altered during many decades, the fifty-mesimals were introduced in their definitive form almost a hundred years after the death of Hahnemann. In principle this should lead towards the single and correct following of the technique. However, this has not happened yet, when we compare the determinations of Hahnemann with those found in literature. The variations were highlighted by several authors^(8, 4, 5).

In the case of the fifty-mesimals, we note that the

rules for grinding, a standard for this new method, relate to the material to be grinded (in its crude state), or to the stages, their duration, proportion of lactose and intensity, as were described earlier⁽¹⁰⁾.

After solubilization of 1 grain of the 3rd grinding in 500 drops of a solution formed by 4 parts of water and 1 part of alcohol, a drop is added to 100 drops of ethanol. The shaking of this solution must be vigorous, as Hahnemann states, in a different manner than the former ones. We think that this difference needs to be kept. When the use of non-manual dynamization is chosen, with the aid of a device known as “mechanical arm”, it is not possible to keep this difference. We thus defend manual succussions, and that they be vigorous.

In relation to the stage of humidification of the globules, it is important that their size be specified, and followed. The use of larger than prescribed globules leads to a smaller material de-concentration of potencies. It is essential that the globules be standardized in terms of their mass. In their production, globules are split with the use of wire mesh; this is related to their size and not their mass. The possibility that globules of different lots present the same size, but different mass, or vice-versa, has been observed. Perhaps this fact is linked to globules with different surface, rugosity and/or density. These are aspects that need to be studied in the future, in a way to guarantee the standardization of the amount of dynamization absorbed in each stage, and therefore increased to the next potency.

There is no need to use 500 globules, but of using globules of a standard size, as well as guaranteeing their complete humidification. Hahnemann does not impose the use of exactly 50 globules, but he affirms that the globules must be of such a size so that 500 of them can be humidified with 1 drop of solution. This does not mean that a larger number (for example 700) could not be completely humidified with 2 drops of dilution, and

The German pharmacopoeia⁽¹⁴⁾ favors the use of globules of such a size that between 470 a 530 weight a gram (and not that 100 weight 1 grain, or 0,06g). In this case, 500 globules will weight 5 times, or 0,3g, and not 1g, as mentioned in the pharmacopoeia. The use of larger globules than indicated leads to a smaller dilution, and possibly to a larger frequency of aggravations. According to Grimm, the pharmacopoeic potency would be equivalent to a material de-concentration of nearly 22,700 times, and not of at least 50,000, as Hahnemann intended.^(8, 4, 5)

Martinez⁽¹⁵⁾ established that globules should be used in such a way that 500 be soak in one drop of dynamization, without considering the size of the globules. In truth, the standards are the mass of the globules and their complete humidification, not their number. Hahnemann stated the following:

“A globule made of lactose and starch, of indeterminate dimensions, but with average dimensions such that 100 weight 1 grain, ‘will carry with them’ a fraction of less than 1/500 of a drop of alcohol. Thus, this globule will offer a dilution higher than 1/500 when well humidified with such a fraction of a drop of a determined potency, to be used for the preparation of the next potency.”⁽¹⁰⁾

Probably due to the fact that the 6th edition of the *Organon* was published almost 100 years after Hahnemann’s death, it is easy to believe that its publication generated doubts in its veracity. During several years this fact reduced its acceptance. The globules also offer supply problems, with the appropriate quality. The largest difficulty refers to the grinding of fresh substances. If we add the fact that that plant and animal material be used in their habitat, this limits most homeopathic manufacturers from preparing potencies of fifty-millesimals with an ideal quality.

The differences demonstrated lead to the following probable clinical consequences:

- Non grinding or incomplete grinding, or done during insufficient time, will result in a probable loss of medicinal potency, in relation to the same product, if it were grinded according to Hahnemann’s guidelines. This statement is valid for centesimal and for fifty-millesimal potencies.
- The technical uniformity as determined by Hahnemann is also broken when the norms related to intensity or homogeneity of grinding are not respected.
- Many (100) vigorous succussions (when a factor of dilution of 100:1 is used) can result in too violent medicines, with possible dangers to human life, when one of these medicines, correctly selected, is administered to weak or excessively sensitive patients, according to Hahnemann^(11, 12).
- There is a registry of the use of globules of larger mass and size than the Hahnemannian standard. This fact should lead to an increased quantity of dynamization to be transferred to the preparation of the next potency, or, a reduced material de-concentration (dilution). The larger the used globule, the smaller the dilution, as the globule needs to be saturated with the dynamization during its impregnation. As a result, medicines should be less potent, and with a more violent action, leading to a higher frequency of aggravations. The use of non standardized globules will impede the comparative analysis of results.

Conclusions

With the review of a similar work published in 1992 it was possible to observe that the propositions of Hahnemann for the preparation of homeopathic medicines are still integrally followed. There are pharmacotechnical differences between the proposals of Hahnemann and a large part of various pharmacopeias

and textbooks, especially in the pharmaco-technical description of grinding, use of fresh material and number of succussions, for centesimals. For fifty-millesimals, beyond the topics mentioned, there are differences in the size of globules and in the intensity of succussions. Medicines prepared in various manners receive the same denomination, even when their effectiveness is probably different.

In regard to possible consequences of differences in the preparation of medicines on their effectiveness, it can be assumed that these are less diluted, and thus less potent, with a more violent action, leading to a higher frequency of aggravations.

Once we accept that it is necessary to follow the indications established by Hahnemann for the preparation of homeopathic medicine, emphatically spreading his guidelines, we think that we are collaborating with the standardization of dynamization techniques, and that, consequently, to the effectiveness of homeopathic medicines.

Finally, more effective homeopathic medicines can bring superior therapeutic results, to the benefit of consumers and patients of homeopathic therapies, as well as a result of research and comparisons of methods, scales, and clinical experiences.

Recommendations

As there are divergences between various authors after Hahnemann, we suggest that before we create modifications, a serious effort to review all critical aspects of the Hahnemannian method be addressed. This should also include the adequate following of his guidelines, given the relevance of the teachings of the author who regulated the therapeutic application of the Law of Similarity, as well as the 40 years of experimental development using homeopathic dynamizations.

We wish to thank the financial and bibliographic support of HNCristiano; and LMHI (Dr. Sandra Chase) for the HPUS 9th edition.

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6. Making Hahnemann’s ‘*Organon*’: a Modern Textbook
SHEPPERD Joel (AJHM. 102, 3/2009)

Introduction: The closing sentence for an article published in **Homeopathic Links** says, “It is discouraging to me that students are no longer taught the original Homœopathy with accuracy and depth in many existing schools, and that they are no longer making the effort to master the original teachings before trying to enrich it.”⁽¹⁾ Now instead of wishing that the **Organon** be taught in detail, it is happening.

The National University of Health Sciences in Lombard, Illinois, includes a full naturopathic medical school curriculum successfully on the official accreditation track. The required courses include Homœopathy. The first of four lecture classes introduces homœopathy in 15 hours. I teach Homœopathy 2, which is Hahnemann's **Organon**, in 60 hours. Homœopathy 3 includes the repertory, case taking and polychrests in 60 hours of classroom work. Homœopathy 4 teaches more Materia Medica for 60 hours.

The naturopathic medical school is under the direction of Fraser SMITH, ND. I thank him for his vision to teach the original Homœopathy.

Hahnemann's 'Organon' as Textbook

After reviewing most of the books that teach Homœopathy, I find that the **Organon of Medicine** by HAHNEMANN remains the most concise and carefully written text on the principles and practice of Homœopathy; however, many students new to Homœopathy find the **Organon** difficult to read.

The modern reader encounters several obstacles when first trying to read the **Organon**. There is no obvious beginning and ending to each subject. No chapters divide the material. It is difficult to differentiate major points from minor points in the original Aphorism style. Translation from a different language and a different two hundred-year old culture makes some of the teachings obscure. For instance, how does the new student know that §70 is a summary of all the preceding paragraphs and §71 delineates the content of the rest of book?

A New Format for the 'Organon'

A new format addresses some of the difficulties in studying the **Organon**. The experienced reader of the **Organon** divides the text into sections or units and assigns titles to each part. It may be of academic interest to memorize what each Aphorism says by the number, but it is of no practical value to a new student. The goal is to understand the principles of Homœopathy, not to memorize quotes. For this reason the Aphorism numbers are de-emphasized. Instead, a bullet point arrangement is used. Major points in each unit are listed first. Further descriptive points are listed under the major point. For example, Unit 12 is named, "Intermittent Diseases/Alternating Diseases - §231-244." One of the major points of this section of the **Organon** is written as follows:

Each epidemic of intermittent fever has a specific remedy common to every sick individual - §239 – 241.

That remedy is found according to the totality of symptoms common to all the patients.

Every medicine's pure action produces a particular fever different from all other fevers, even intermittent fever with its alternating states.

There is homœopathic help for the numerous natural intermittent fevers in the large realm of medicines.

The remedy helps those who were in fairly good health before the epidemic (i.e., those who were not chronically sick with developed psora)

New translations are made when it seems necessary. When possible, shorter sentences are used for the modern attention span. Every generation must retranslate the **Organon** because words change meaning over time; the cultural norms change and real scientific knowledge changes.

A modern format and a modern translation is not enough, however. The teacher still has certain unavoidable responsibilities. In the above example, the teacher must remind the class of Hahnemann's specific definition of "epidemic" in §73; he must compare the term "intermittent fever" to "marsh fever" and the modern category called "malaria." He must point out that HAHNEMANN never uses the term "genus epidemicus," but says "specific remedy" in this Aphorism as well as in §100-103 where he introduces the collective disease. The teacher must clarify that "moderate number" refers to around 100, and he must especially point out the last sentence as a modern warning to those homœopaths who believe that Homœopathy will provide a panacea for the next pandemic: the specific remedy for a serious epidemic will help many, but not cure because of the prevalence of chronic disease and general low level of health in the population.

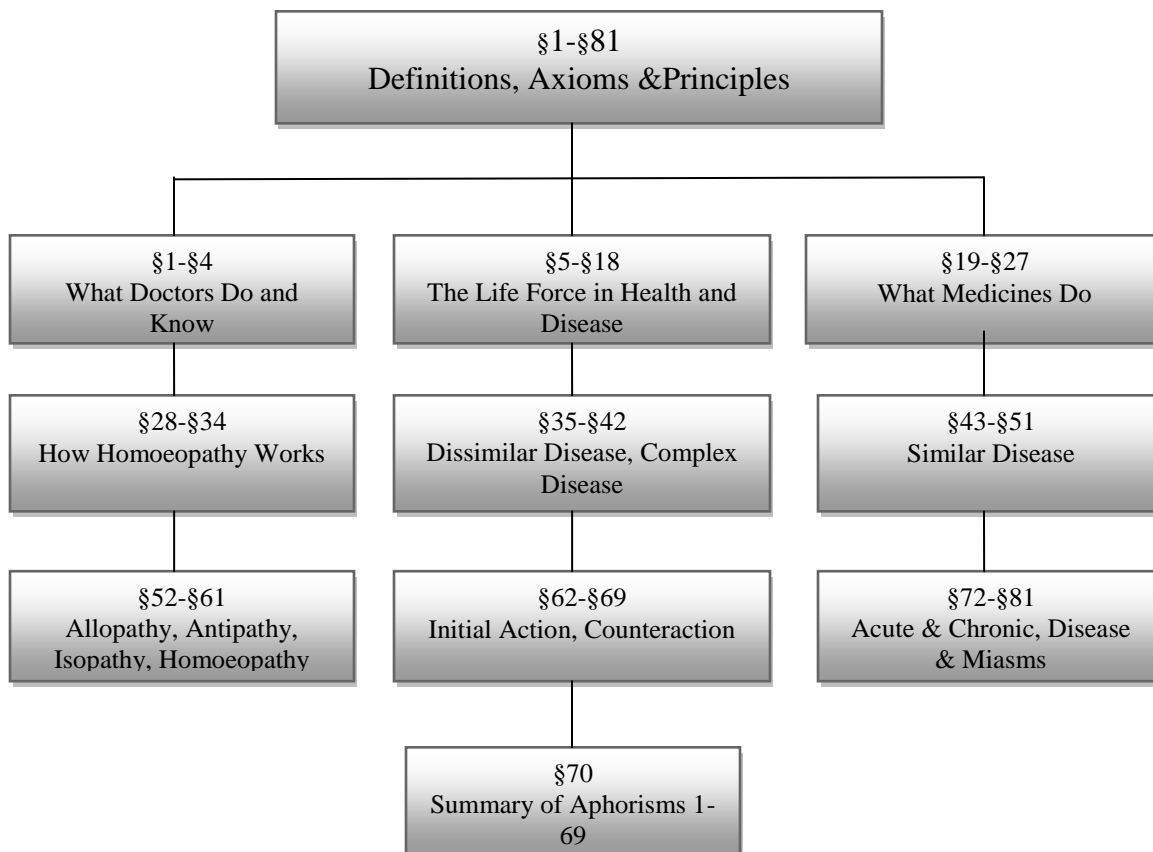
The **Organon** in modern textbook form is not a condensed or shortened version. No teaching by HAHNEMANN is left out. It provides maps of the **Organon** Aphorisms to show overall structure (see Map A). It includes an outline for each section of the **Organon** (see Table 1), provides a list of key words to define in context; discourages rote memorization and, instead, forms an answer based on the context of the Aphorism where the word is used. For example, in allopathic medicine, "symptom" has devolved into a specialized meaning: descriptions of disease that are subjective. HAHNEMANN uses the word "symptoms" interchangeably with the word "signs" to include all subjective and objective phenomena. (2)

A textbook of the **Organon** also includes additional quotes from HAHNEMANN taken from his other written works. Each unit lists self-examination questions to encourage class participation. A summary in slide format ends each unit. When a student receives only a short list of principles summarizing Homœopathy, it is not enough. The students relish the chance to understand Hahnemann's observations and reasoning step by step, and are motivated to incorporate this methodology into their developing worldview of the many systems of medical treatment.

Translation Problems

There is an Italian saying, “**traduttore, traditore**” – the translator is a traitor. Consulting eight English translations of Hahnemann’s **Organon** and comparing them to two German editions reveals several problems

of interpretation. The title of the book is a good example. **Organon der Heilkunst** (3) is variously called **Organon of the Art of Healing** (4), **Organon of Medicine**(5), **Organon of the Medical Art** (6),



MapA

Organon of the Healing Art (7). What title conveys Hahnemann’s intent for today’s American Culture? “Heil” means both “cure” and “heal” in German. The word “Cur” that HAHNEMANN occasionally uses, as in §206, is not a German word. Currently, in American usage, curing and healing no longer mean the same thing. “Experts cure, but people heal each other ... I can heal with my humanity things that I can never cure with my science.” (8) The word “Kunst” refers to “art.” In an English dictionary, there are two pertinent meanings for “art.” One meaning is, “a work of imagination or imitation.” The major meaning is “a skill mastered as result of practice.” (9) If Homœopathy is called an art these days, it gives permission for anyone to fabricate anything they wish from their imagination. If we use the word “medicine,” then we

are confused with allopathy. Should we call Hahnemann’s book “Organon of Skillful Curing?”

If we don’t even agree on the title of the book, then the more complex content of the text is bound to generate irresolvable diversity. Why does the Kunzli edition translate “Krutz-Siechtum” in §206 as “scabies disease” instead of “itch disease?” (10) HAHNEMANN certainly included much more than one mite in the psoric process. Why does the O’Reilly edition translate “Schlusse” as “deductions” instead of “conclusions?” (1) HAHNEMANN does not allow theories and deductions in the **Organon**. See §1a. His conclusions are based on observations, experiments and experience. How is “Gleichgewicht” in §289 translated? Kunzli says “equally,” (12) thereby passing up one of HAHNEMANN’s major definitions of health.

The German dictionary offers “balance, equilibrium, equipoise.” (13) O’Reilly leaps to a newer word “homeostasis.”(14) This so-called newer word borrower from mechanistic physiology is out-dated. A more modern term is “homeo-dynamics.”(15) In such

detail does the interpreter of HAHNEMANN get involved. The new student has no way of judging which teacher is more useful, more practical until she actually treats the sick and sees the outcomes.

Dissimilar Disease Interaction

KINDS	POSSIBILITIES	RESULTS	REFERENCE
Two Natural Dissimilar Disease	If the older is stronger	It repels the newer	§36
	If the older and newer are stronger	The newer is kept away	§36
	If the newer is stronger	The older is suspended, then reappears	§38
	If the older and newer join	Complex	§40
One Natural, One Medicinal Dissimilar Disease	If the medicinal disease is mild	Then older nature disease is uncured	§37
	If the medicinal disease is stronger	A new disease begins	§37
		It suspends the older natural disease for a time, but no cure	§39
		Or a complicated disease made of old and medicinal disease	§41

Table:1

The Worst Error in the English ‘Organon’

As in most books, there are misspellings and typing errors. The error in DUDGEON, however, is an error of content. The last phrase of §70 says, “when to an old disease there is added a new one similar to the first, whereby the old one is rapidly and forever annihilated and cured.”(16) The emphasis is added. Boericke’s translation of the sixth edition carries over this error.(17) Kunzli’s 1982 translation does not have this error. This implies that American homœopaths who did not speak German lived with this incorrect teaching for 80 years. I have, so far, not seen it mentioned in the literature. Did they not really study the **Organon**? The Wesselhoeft translation of 1875 is rather ambiguous: “When a new and similar disease is added to the older one, **this** is permanently extinguished and cured.”(18) The English translation of 1833 that Hering’s group used says, “by adding to an existing disease a new one that resembles it, he cures **it** promptly and effectually.”(19) Emphasis added to §LMVI. On the final exam given to the students in the class on the **Organon**, almost all of them recognize the error and correctly restate it.

Why Teach the ‘Organon’

The reasoning may go like this: It is an old, outdated book. For instance, they do not teach the law of gravity using Newton’s original manuscripts. Much

has been discovered since then. However, like Newton’s laws, the law of Homœopathy is not out of date; it is still the truth. It is the presentation to the student that changes according to the needs of the time.

Before any practitioner can truly advance and enrich Homœopathy, she must completely master the pure principles and methodology. Without real experience based on the consistent application of the authentic laws of Homœopathy, no true advancement takes place. Witness the short cuts and easier methods of homœopathy promoted by teachers in much of the world today that leads to the deterioration of applied Homœopathy.

If there were another reliable textbook of all of Hahnemann’s teachings, I would use it. No other textbook goes through the careful reasoning of HAHNEMANN. Instead, other authors summarize or explain the main points. A short list mentioning the conclusions of Homœopathy is not enough to convince a student of the importance of the Law of Similars.

Instead, we must present all of the **Organon**, but anew to meet the challenge of the times. Is the following translation of §1-2 too new, too radical?

Make sick people well - §1, 2
The doctor’s highest and only calling
Termed curing
Act

Help'heal
 The highest ideal of curing
 Cure rapidly, gently, permanently
 Remove and annihilate the whole disease
 In a short time
 In the way
 Most reliable
 Least harmful
 By clear intelligible principles

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7. Homeoprophylaxis for Infectious Contagious Disease
 BIRCH, Kate (AH. 15, 2009)

Despite the use of vaccinations, antibiotics and other medications, infectious contagious diseases continue to scourge the planet. Despite the ability to reduce the incidence of acute disease with vaccinations, chronic disease is on the rise. The continued use of antibiotics or anti-parasitics has lead to disease resistant infectious strains and an increased toxicity from the medications. Furthermore, there are some contagious diseases with no known treatment or prevention in western medicine.

Since the time of Samuel HAHNEMANN, Homœopathy has effectively treated many epidemics, demonstrating empirically its superiority over conventional medicine in this area of public health. However, public health programs in developed countries do not choose Homœopathy as a viable defensive approach against contagious diseases. Within the homœopathic community there is also considerable debate as to how mass homœoprophylaxis campaigns would satisfy basic homœopathic principles. Moreover, debate continues over whether this would constitute a non-classical application of Homœopathy. Other questions have arisen regarding factors such as lack of homœopathic education of physicians, limited supply of remedies, rapidity of epidemic disease contagion, and confidence levels in prescribing. And how does a government actually orchestrate a homœopathic prevention program in a crisis situation?

The answers to these questions and more were deliberated upon in December 2008 in Havana, Cuba. There, an historical and inspiring event took place. The Carlos J. Finlay Institute (a Cuban vaccine manufacturer) under the guidance of its director-general, Dr. Conception Campa Huergo, Dr. Gustavo Bravo and others, hosted NOSODES 2008, an International Meeting on Homœoprophylaxis, Homœopathic Immunization and Nosodes against Epidemics. I was honored to present a paper at this conference, discussing how acute diseases can shape societies, and the potential role of Homœopathy in preventing epidemic disasters.

At this conference, speakers from twelve countries considered such topics as: Childhood Disease Prevention with Homœopathy; The Development and Creation of Nosodes, Genus Epidemicus and Homœopathic Remedy Complexes; and Homœoprophylaxis in Chagas disease in Honduras.

Each presentation helped to build a shared vision of the global application of Homœopathy to help prevent and treat infectious disease. While many of the programs discussed did not adhere strictly to classical homœopathic principles, many of the results showed

that homœopathic remedies were more effective than conventional medicine in preventing the diseases studied. Furthermore, the Ministry of Health in Cuba demonstrated what can be achieved with the application of Homœopathy in emergency situations if administrated by the national healthcare system.

Some of this information is available on the internet. However, the bulk of the work presented by the Cubans is awaiting publication in medical journals before it is released to the general public. This, along with editorial constraints, guided my selection of reports I felt most crucial to the professional homœopath's knowledge. You will find these detailed below.

Homœopathy in Cuba³

Homœopathy was first introduced to Havana in 1842 by Dr. Francisco de P. Escoper from Spain. The journal, **La Bandera de la Homœopatía en la Habana**, was first published in 1856. Between 1856 and 1889, twelve Cubans graduated from Hahnemann Medical College in Philadelphia and subsequently returned to Cuba to practice Homœopathy. But then, Homœopathy in Cuba all but vanished in the first decades of the twentieth century as a result of American influences in the medical sciences. In 1958, only four physicians in Havana listed themselves as homœopaths. The most frequently used homœopathic drugs at that time were combinations of Humphrey's remedies prescribed by lay people. At the beginning of the Revolution (1959), the government did not recognize Homœopathy as scientific or effective.

In 1992, an epidemic of a post-chickenpox viral neuralgia swept the island, affecting some 50,000 people. The Cuban government put out an international call for medical assistance. Some homœopaths who responded to the situation, determined the appropriate homœopathic remedies, and the epidemic quickly resolved.

This tremendously successful homœopathic intervention, under the direction of Dr. Concepcion Campa Huergo and the Cuban Society of Bioenergetic and Natural Medicine, served as a catalyst for incorporating Homœopathy into the Cuban National Health System in 1992.

Since then, the Cuban Ministry of Public Health has made great efforts toward establishing the validity of Homœopathy as a diagnostic medical system based on evidence. The Ministry pursues homœopathic investigations with the scientific rigor characteristic of Cuban medicine.

Since 1997, Cuban homœopaths have been responsible to the Vice Ministry of the Ministry of Health known as Direction Nacional de Medicina Natural y Tradicional. An Advisory Group of Homœopaths (Grupo Asesor de Homeopatía) plans and regulates the national programs with regards to

Homœopathy. The training for homœopaths is through traditional medical schools with a postgraduate training in CAM methods. Over 1,478 homœopaths have graduated from these programs. The original professors were Brazilian and Mexican. But nowadays the academic homœopathic program is covered by Cuban professors in the Cuban medical system.

For research and science, Homœopathy has a section at the Sociedad Naturista y Bioenergetica which is recognized by the Consejo Nacional de Sociedades Científicas. The continued development of Homœopathy in Cuba is due to the achievements of Cuban homœopaths with their research projects, their ability to manage many health problems, their closer relationship with patients, and because Homœopathy is a much more affordable therapeutic method than modern allopathy. Due to the economic sanctions by the US blockade on Cuba, natural medicine is sought after because of its affordability.

Over the last decade, several homœopathic humanitarian aid organizations have contributed to the growth and expansion of Homœopathy in Cuba. Since 2001, Homœopaths Without Borders (HWB) has made two trips to educate and distribute supplies. Homéopathes de terre sans frontières (HTSF) of Quebec has also made numerous trips to Cuba to assist in providing continuing homœopathic education in Homœopathy.

Leptospirosis in Cuba⁵

Leptospirosis is a bacterial disease that affects humans and animals. It is caused by bacteria of the genus **Leptospira**. There are 3 different strains, 23 different serogroups of and over 200 serotypes of the bacteria. **Leptospira** organisms have been found in cattle, pigs, horses, dogs, rodents and wild animals. Humans become infected through contact with water, food or soil containing urine from these infected animals. This may happen by swallowing contaminated food or water, or through direct contact, especially with mucosal surfaces, such as the eyes or nose, or through broken skin. Outbreaks of leptospirosis are usually caused by exposure to water contaminated with the urine of infected animals. The disease is not known to spread from person to person.

The time between a person's exposure to a contaminated source and becoming sick is 2 days to 4 weeks. Illness usually begins abruptly with fever and other symptoms. Leptospirosis may occur in two phases. After the first phase, with fever, chills, headache, muscle aches, vomiting, or diarrhea, the patient may recover for a time but becomes ill again. If a second phase occurs, it is more severe; the person may suffer kidney or liver failure or meningitis. This phase is also called Weil's disease. In rare cases, death occurs. Many of these symptoms can be mistaken for other

diseases. Leptospirosis is confirmed by laboratory testing of a blood or urine sample. The illness lasts from a few days to 3 weeks or longer. Without treatment, recovery may take several months. Leptospirosis is conventionally treated with antibiotics, such as Doxycycline or Penicillin.

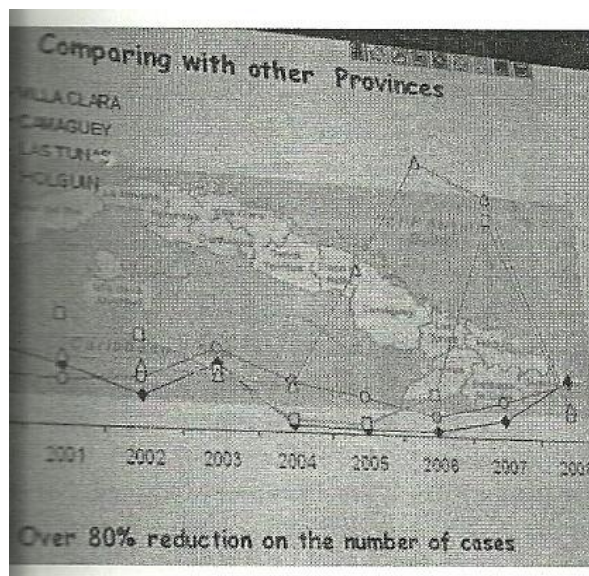
The Cuban Health Ministry has been studying incidence rates of Leptospirosis since 1981. They have observed that incidence rates go up with increased rainfall, and at times of flooding or natural disasters, when public water sources may be contaminated. The Finlay Institute developed a vaccine for Leptospirosis but despite its use for the past 10 years, disease incidence has remained the same.

In 2007, the Finlay Institute developed a Nosode, called *noso-Lep* from 20 different strains of *Leptospira* from sick people. Each strain was isolated and cultured for viability. Each strain was potentized to the 29C individually and then combined all together for the 30C. Subsequent potencies were derived from this combination. The remedy was then potentized to 199C and 99,999C (to be made into 200C and 10M respectively upon final delivery).⁹

In the fall of 2007, Cuba was hit with two hurricanes, Dean and Felix. As with most hurricanes that pass over Cuba, most of the damage occurred in the eastern provinces. The Finlay Institute decided to introduce the nosode into the population in the provinces of Las Tunas and Holguin for preventative measures. Considering the possible impact of the hurricanes on people's emotional states it was decided to also include two Bach flower remedies with the administration of the remedy. In early fall of 2007 in the midst of the hurricane impact, the 199C potency was delivered to local health clinics. Doctors were instructed to combine in one liter of water the 199C potency of **nosoLep** and the Bach flower essences. Patients received one drop of the mixture orally; this treatment was then repeated seven days later. The process was repeated with the 99,999C potency in 2008 prior to the two hurricanes, Gustav and Ike, that devastated the region in September. In 2007, 99.1 percent of the population in these provinces was given the nosode. At the end of a 40 week study period there were found to be only 379 suspected cases and 49 confirmed cases of Leptospirosis (numbers are lower than expected for the amount of rainfall). When the procedure was repeated in 2008 with the 10M, 98.1% of the population received the nosode and there were 251 cases suspected, with only 2 confirmed cases.⁵

From the following chart you can determine that even though the incidence of Leptospirosis was expected to increase in 2007 and 2008, the incidence of disease in the two provinces of Las Tunas and Holguin, where the nosode had been administered, dropped to nearly 0 cases. In comparison you can see that in the

other provinces in the same vicinity where the nosode was not used, disease incidence in 2007 and 2008 increased, as predicted.⁵



The subsequent chart is a comparison between doses of vaccine and nosode administered, included the time required to make the respective form of prophylaxis.

Intervention	Supply	Target Population	Year	Applied Cases
nosoLep 299 C	5 millions	100 %	2007	4.2 millions
nosoLep 10MC	4.5 millions	100 %	2008	3.3 millions
vaxSPIRAL	773 500	Risk groups	2008	289 873
Chemoprophylaxis	121 620	Risk groups	2008	34 029

Alternative	2007	2008	Time to Produce
vaxSPIRAL	2 057 820	2 104 032	12 months
nosoLep 200C	5 000 000		7 days
nosoLep 10MC		4 500 000	15 days

In order to appreciate the above statistics, we need to convert the value of the Cuban peso. Eight Cuban pesos (CUP) equal twenty USA pennies. The cost of the production, storage and administration of the vaccine runs about \$3,876,126 Cuban pesos (CUP) whereas the relative cost of the nosode from manufacturing to application is \$22,207 CUP. Whereas it took hundreds of people one year to create 2,000,000 doses of the vaccine, it took only 10-15 people seven days to create 5,000,000 doses of the 200C potency of *nosoLep*.⁵ The 10M took a week longer to prepare in

2008. These figures demonstrate that during epidemics and natural disasters, when the disease entity may be unknown until the last minute, Homœopathy proves to be a more cost effective and timely method of disease prevention. This is particularly true in countries with economic challenges that limit access to raw materials, glass vials, needles, cold storage and all the other trappings of the vaccine protocol. Sugar in Cuba is cheap: 8 CUP/pound. Farmers or families can afford to arrive at the place of nosode administration with a cup of sugar, have it anointed with the remedy, and then return to their mountain village or farm to treat the local population at minimal cost and with great efficacy.¹⁰

The results of this study, as well as the work the Cubans have done stopping Hepatitis A outbreaks in schools with *Phosphorus*, and the treatment of hemorrhagic viral conjunctivitis with *Euphrasia* will soon be published and presented to the international community. Cuba's health care system has long been extolled as a model for the developing world by the World Health Organization, particularly in the area of primary and preventive care. We can only hope that international acceptance of Homœopathy for the treatment and prevention of infectious disease will soon follow.

Homéopathes de Terre sans Frontières

Translated as "Homeopaths of Earth Without Borders," HTSF has headquarters in Quebec, Canada. Under the presidency of Martine Jourde, this organization has been working in Central America for humanitarian purposes. Out of the work Martine had previously done in the Middle East and Africa in the early 1980's, Martine developed the Clover Project: first line homœopathic care and training, autonomy for remedies, and exchange and research for sustainable development of community health programs.

The goals are to create self-reliance in local communities by developing treatment protocols for particular diseases, training homœopaths locally to administer the projects, making remedies from local sources, and dispensing remedies to the local population.

When engaging a community, the organization starts by training the mothers for self-care and persuades the government to endorse the programs. Due to the contributing factors of illiteracy, lack of telecommunication and transportation between villages, and lack any of other forms of conventional medicine, the protocols for treatment have to be easy to use with people who have minimal education. Because many acute diseases have a sudden onset and rapidly become critical, combination remedies are necessary in order to gain time. Accordingly, HTSF has developed a kit of 12 combination remedies to address a variety of acute

situations. These first line homœopathic remedy complexes had been developed over the years from experiences in working with stock animals and then further with people. Each complex is designed to address different phases and etiologies of acute disease. HTSF then trains two people per village in a two day course to get familiar with the remedies, what is in them, and their indications for use. In different diseases, more than one combination remedy may be indicated, depending on the presenting condition. Many of the combination remedies have nosodes in them, in addition to the common homœopathic remedies indicated for that particular condition (eg. *Carbo-v.*, *China*, *Cupr.* etc. for the diarrhea remedy). HTSF has developed protocols for the treatment of rotavirus, dengue fever, hemorrhagic dengue, bacterial infections, parasitological diseases and viral infections.

The remedies were originally prepared by a homœopathic pharmacy in Quebec, Canada, called *Labo Solidago* for use in animals, but were later adapted to human use by Homeodel (a homeopathic Pharmacy also based in Quebec). When HTSF began the Chagas project and started research in Honduras (as described below), funding was obtained partly from CIDA (Canadian International Development Agency) and CSN (Confédération des Syndicats Nationaux). Scientific collaboration from CNRP-Mc Gill (Canada's National Reference Center on Parasitism) was called upon to isolate the strains of **Trypanosoma Cruzi** for the creation of two homœopathic nosodes for Chagas. These were then passed on to Homeodel, which prepared the homœopathic dilutions. HTSF can be found at

<http://www.homeopathesdeterresansfrontieres.ca/>.

Chagas Disease in Honduras⁸

Chagas disease is a tropical parasitological disease caused by the flagellate protozoan **Trypanosoma cruzi**. **T. cruzi** is commonly transmitted to humans and other mammals by an insect vector: blood sucking assassin bugs. As the bug sucks the blood of the host, it may pass stools on the skin. Scratching and breaking the surface of the skin introduces the contaminated stools into the body where the disease can take hold. The disease may also be spread through blood transfusions and organ transplants, ingestion of food contaminated with the parasites, bodily secretions such as semen and mother's milk, and placental transmission from a mother to her fetus. Once acquired, the infection is lifelong.

Chagas disease occurs exclusively in the Americas, particularly in poor, rural areas of Mexico, Central America and South America. It is estimated that as many as 8 to 11 million people have Chagas disease. Most victims do not know they are infected. Large-scale population movements from rural to urban areas of

Latin America and to other regions of the world have increased the geographic distribution of Chagas disease. Control strategies have mostly focused on eliminating the vector and preventing transmission from other sources such as contaminated food.

The symptoms of Chagas disease vary over the course of an infection. In the early, acute stage, which happens in only 30 percent of those infected, the symptoms are mild and usually produce no more than local swelling at the site of infection. Then there is a silent phase where the disease can remain dormant for many years. After a trauma or other form of stress, the disease wakes up and progresses. Over many years, serious lesional chronic symptoms begin to appear, such as heart disease and malformation of the intestines. If untreated, the chronic disease is often fatal. Current drug treatments are generally unsatisfactory, and available medications, particularly those used to treat the chronic stage of the disease, are highly toxic and often ineffective.

HTSF treatment protocols of Chagas employ several combination remedies depending on the stage of development of the disease. HTSF-Leuco (*Ceanothus*, *Conium*, *Natrum muriaticum* and *Psorinum*) HTSF-parasite, HTSF-Sep (septic) and HTSF-Car are used along with TC1, TC2 which are nosodes prepared from the **T.cruzi** protozoa.

In Central America HTSF has also had much success with the use of HTSF-Viral (*Acon.*, *Ars.*, *Eup.*, *Nat-m.*, *Phos-ac.*, *Rhus-tox*) in viral conditions; HTSF-Intox for toxic or septic conditions (*Ars.*, *Camph.*, *Phos.*, *Verat.*, *Colibacitrium*, *Parathyroidinum*, and *Pyrogenium*). Cases of rotavirus respond well to the diarrhea combination. Dengue fever is usually responsive to *Eupatorium perfoliatum* given in combination with HTSF-Viral. In cases of hemorrhagic dengue, the addition of HTSF-Mam1 (*Merc.*, *Lach.*, *Sec.*, *Anthrax.*, *Pyrog.*, *Streptococcinum*) is used to prevent further bleeding and autointoxication from streptococcus infection.

Abha Light Foundation (ALF) in Kenya⁶

Didi (Sister) Ananda Ruchira (Barbara Lynne) has been the driving force behind the work of the Abha Light Foundation (ALF) since 1998. Didi has been a yogic nun of Ananda Marga for 30 years, and a homœopath since 1997. The main goal of ALF is to support the health of the people through natural and affordable medicine as a method of managing HIV/AIDS, TB, and Malaria in Kenya and to study and promote appropriate African indigenous medicinal and herbal knowledge.

Since 1998, ALF has treated thousands of patients through the mobile clinics in the Nairobi slums and at various villages throughout Kenya. By the year 2000, there was enough public support and confidence to open

the first clinic at Kariobangi North slum. Now there are 18 clinics and 25 mobile clinics throughout Kenya and Tanzania. ALF, in Kenya since 2001, has developed training programs in alternative medicine and schools of Homœopathy. The website is <http://www.abhalight.org>.

Malaria in Kenya⁶

350-500 million cases of Malaria occur worldwide annually with approximately 40 percent of the world population at risk for contracting the illness.¹ In many of the slums and villages of Kenya, Malaria incidence is very high. Many people suffer from chronic and remitting fevers, with blood in the urine, pulmonary edema, neurological deficits, severe anemia, rupturing of the spleen, epilepsy and mental retardation. The situation is compounded by lack of medicines, high cost of medicines, drug resistance, and ailments from suppression of symptoms from the medicines. As the people cannot afford to take the medicines long enough to actually control the symptoms, they take the medicine only long enough for the symptoms to abate and then, in a few weeks, the symptoms recur.

The ALF treatment protocol looks at three major areas of concern: symptoms in individuals with suppressed Malaria, the side-effects of the anti-malarial drugs, and the need for continued prophylaxis and protection. In order to address these three conditions ALF has developed the following treatment protocol called the Malaria X 3-step which treats the side-effects of the drugs given, removes the parasite from chronic sufferers and protects against re-infection.⁶

MalariaX 3-step⁶

1. *Neem 2X* potency. *Neem* or *Azadirachta indica* is a large evergreen tree local to eastern Africa and has strong health maintaining properties. It has been used as a tonic and astringent that promotes wound healing. *Neem's* traditional use is based on its detoxifying benefits that help maintain healthy circulatory, digestive, respiratory and urinary systems. It is used for external applications in skin diseases. *Neem* extracts also possess anti-diabetic, anti-bacterial and anti-viral properties. It can also act as birth control as it sterilizes sperm.

This 2x potency is derived from the bark of the tree and prepared in a homœopathic alcohol-based tincture. It helps in cases of Malaria, as it strengthens the liver, pancreas and spleen, purifies the blood and is good for many skin ailments.

Neem is indicated for clearing out cases of chronic malaria. Patients are directed to take 5 drops a day for 15-21 days to kill the malaria plasmodia by sterilizing them so they cannot replicate.

2. *China sulphuricum 30C*. This is to reduce all of the side effects of prolonged, continued and/or repetitive use of Quinine based medicines. Repetitive use of these drugs suppresses the symptoms of malaria and causes its

own miasmatic state which looks much like chronic malaria. These drugs can also cause other symptoms such as catalepsy or epilepsy. A dose of *China sulph* 30C is repeated for five days one week after commencing the *Neem* 2X drops.

3. Malaria X. This is a combination remedy of *Natrum muriaticum*, *China officinalis*, *Arsenicum album*, *Eupatorium purpureum* and *Malaria nosode*

(made from a combination of all four species of malaria plasmodia). Directions are to begin after the *China sulph* series. The protocol requires one dose per day for three pellets for three days, then one dose per week for two weeks, and then repetition as needed to avoid recurrence. This remedy may be taken continually once a week or once a month for continued prevention.

Homeoprophylaxis-fifteen year clinical study
Figure 1 The Current Homeoprophylaxis Program, and Status sheet

Issac Golden

STATUS SHEET

Name _____ is being protected

Recommended Age given	Remedy	Potency	Remedy Label	Date of Admin	Administered by
1 months	Pertussin	200			
2 months	Pertussin	200, M, 10M			
4 months	Lathyrus sativus	200			
5 months	Lathyrus sativus	200, M, 10M			
6 months	Haemophilus	M			
7 months	Haemophilus	M,M,M			
9 months	Diphtherinum	200			
10 months	Diphtherinum	200, 200, 200			
11 months	Tetanus Toxin	200			
12 months	Tetanus Toxin	200, M, 10M			
13 months	Pertussin	200, M, 10M			
14 months	Morbillinum	200			
15 months	Morbillinum	200, M, 10M			
16 months	Lathyrus sativus	200, M, 10M			
17 months	Haemophilus	200, M, 10M			
19 months	Parotidinum	200			
20 months	Parotidinum	200, M, 10M			
22 months	Diphtherinum	200, M, 10M			
24 months	Tetanus Toxin	200, M, 10M			
26 months	Lathyrus sativus	200, M, 10M			
28 months	Haemophilus	M, M, M			
32 months	Pertussin	200, M, 10M			
41 months	Tetanus Toxin	200, M, 10M			
46 months	Haemophilus	M, M, M			
50 months	Diphtherinum	200, M, 10M			
54 months	Diphtherinum	200, M, 10M			
56 months	Lathyrus sativus	200, M, 10M			
60 months	Tetanus Toxin	200, M, 10M			

Remedy-Disease Relationship: Pertussin- Whooping Cough; Tetanus Toxin- Tetanus; Lathyrus sativus- Polio; Haemophilus-Hib Influenzae; Diphtherinum-Diphtheria; Parotidinum-Mumps; Morbillinum-Measles

According to this protocol, thousands of patients have been treated for Malaria with no subsequent

relapses. Symptoms start to abate under the influence of the *Neem* 2X; old symptoms relating to the chronic use

of the drugs are then cleared with the *China sulph* 30C, Malaria X supports the whole system addressing the individual's response to the Malaria and preventing future reinfection. At this point, no verifiable data has been collected demonstrating the treatment's efficacy. However, the reports of patients and practitioners working with the Abha Light Foundation indicate their positive outcomes.

Homœopathic Prophylaxis in Australia³

Dr. Isaac Golden has been a homœopathic practitioner in Australia since 1984. He is world authority on homœoprophylaxis (HP), and has undertaken the world's largest long-term study of patients using such a program. In 2004 he completed a PhD research program at Swinburne University, Melbourne, studying HP and analyzing the data he generated through his study. The results are published in his eighth book, **Homeoprophylaxis—A Fifteen**

Year Clinical Study: A Statistical Review of the Efficacy and Safety of Long-Term Homeoprophylaxis.

The purpose of this study was to determine the efficacy of HP for disease prevention and also to contrast HP with vaccination for ailments common in children. Previous independent studies had demonstrated that vaccinated children showed an increase in the following conditions: Asthma, Eczema, Ear/hearing conditions, allergies and behavioral issues. Following is the Status Sheet of the HP program that monitors an individual's progress through the program. The participants were then asked to complete questionnaires annually to grade disease incidence vs. exposure and to monitor incidences of the other conditions listed above. Participants were also asked what if any other vaccinations were used.

	All HP		Hp Only	
	Golden	Not Golden	Golden	Not Golden
Number of the Respondent	59	100	25	47
HP only	42.4%	47.0%		
Vaccination Also	33.9%	31.0%		
General protection Also	44.1%	42%		
Proportion with Asthma	5.1%	16.0%	0.0%	4.3%
Proportion with Eczema	17.0%	20.0%	4.0%	12.8%
Proportion with Ear/Hearing	15.3%	26.0%	8.0%	21.3%
Proportion with Allergies	23.7%	29.0%	16.0%	12.8%
Proportion with Behavioral issues	8.5%	12.0%	0.0%	6.4%
Proportion with Measles	6.8%	18.0%	0.0%	12.8%
Proportion with Whooping cough	10.2%	17.0%	0.0%	17.0%
Proportion with Mumps	1.7%	1.0%	0.0%	0.0%

TABLE 24 Comparison of HP Use Program Supplied/Not supplied by Golden – Proportions (2)

Some patients also used HP programs supplied by other practitioners. The following chart (Table 24) compares the incidence of mumps, measles and whooping cough with those that followed HP programs (HP only, as below) and those that were vaccinated and had received some degree of HP prevention (ALL HP). From the data it is clear to see that those individuals who had followed the HP program alone under Golden experienced statistically better results, with fewer of the common ailments developing and no incidence of infectious disease. Those who, in addition to the HP program, used vaccinations had more adverse events. The HP recipients not under Golden also did much better than the HP/vaccination recipients not under Golden. This chart also demonstrates that there are statistically greater incidences of other ailments in those children who received some form of vaccination. What this chart does not tell us is to what extent the HP

programs of other practitioners differs from Golden's, which and how many other vaccinations were used in those that had some vaccination, and what the exposure rate to infectious disease was. The answers to these questions are delineated in many of the other charts present throughout his research.⁴

To his surprise Golden also found that those children who had received HP without constitutional homœopathic treatment were healthier than those children who had only received constitutional treatment. This conclusion leads us to ponder the effects of nosodes alone on the improvement of health and to wonder about any preconceived notions as to the best philosophical approach to apply homœopathic remedies for disease prevention.

Dr. Jamie Alexander Mora was also present at the conference, where he presented a similar finding from his research with an equivalent HP program that has

been used in Columbia, South America. Analysis of blood titers drawn at three years of age from children who had received only homœopathic nosodes for disease prevention showed antibody levels demonstrating immunity to the diseases for which they had received prophylactic remedies.⁷

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8. LETTER TO THE EDITOR

“Homœopathy: Ex nihilo fit nihil”?

CHIRUMBOLO, S., & BELLAVITE, P.
(HOM. 99, 3/2010)

Dear Editor,

We recently came across an article by Prof. M. Pandolfi in the European Journal of Internal Medicine.¹ This contribution reads like a letter to the editor but appears as a ‘special article’, a type of article not included on the journal’s editorial submission checklist. It is not a scientific paper, since it does not report methods or any results. It would have been more honest to publish it as an editorial.

Some years ago we chanced upon Titus Lucretius Caro’s *De Rerum Natura*.² Lucretius (98-55 BC.) was a Roman philosopher known for his naturalistic view. We tend to agree with Pandolfi when he (wrongly) quotes Lucretius as saying *ex nihilo fit nihil*, this quotation (correctly *ex nihilo nihil fit*) should have been attributed to René Descartes in his *Principia Philosophiae*. Lucretius’s concept of nothingness was not an ‘empty’ non-being. He said “*nil igitur fieri de nilo posse fatendumst semine quando opus est rebus quo quaeque creatae aeris in teneras possint proferrier auras*” (One must admit that nothing can rise from nothingness, as things need a seed, from which each thing, once generated, can spread out in the light breath of air...)², further on, he wondered about the order of cosmos (*neque forte deum nobis immense potestas sit, vario motu quae candida sidera versit*) (and, by chance, isn’t that a great divine power turning shining stars in their moving shows himself to all of us?)².

The concept of never ending creation leads to two consequences: the eternity of being: “*Haud igitur penitus percent quaecumque videntur ...*” (Hence, whatever is visible will never die’)²; and the ‘hidden’ reality of non-visible things “*quod nequent oculis rerum primordial cerni accipe praeterea quae corpora tute necessest confiteare esse in rebus nec posse videri*” (since primordial elements cannot be seen by eyes, listen how many bodies you too have to recognize which are in nature though they cannot be seen).² And the concept of vacuum: “*Nec tamen undique corporea stipata tenentur omnia natura; namque est in rebus inane... Est igitur nimirum id quod ratione sagaci quaerimus admixtum rebus, quod inane vocamus...*” (But everything is not made of tight compact matter, as it has vacuum within. What we see with our intelligent minds for, it does exist really, mixed with matter and it is called vacuum.)² Thus Lucretius could be considered a forerunner of modern physics.^{2,3}

Ancient philosophers, as proto-scientists, held different views about natural world and many hard questions still remain the same throughout the history of human knowledge. Lucretius believed in indivisible atoms, anassagora of Clazomene (5th century BC) in the infinite subdivisibility of atoms. Who was right? In 1935 Einstein, Podolsky and Rosen questioned whether quantum physics could depict reality or if physical theory should be newly addressed. When we talk about quantum physics we should not confound it with physical reality and thus be much more cautious. Lucretius replaced **horror vacui** with the immortality of matter through its never ending transformation. So, in quoting Lucretius, we admit that matter can contain vacuum, but never ‘nihil’. Modern physics has dramatically changed this picture. We can replace Descartes “**ex nihilo nihil fit**” with **ex nihilo omnia** if we consider nothingness as quantum vacuum. Vacuum and nothingness are non interchangeable words. Nothingness is not present within matter. Quantum vacuum is present, but it is able to produce photons which can affect matter.

Pandolfi starts by misquoting Lucretius, then goes on to quote Wilkinson’s mocking article on Homœopathy and quantum physics in the Annals of Improbable Research-Newsletter.⁴ Why does he not report a genuine reference to quantum physics? Perhaps Pandolfi has read Milgrom’s work.⁵⁻⁸ This may be difficult to understand, due to our inability to comprehend quantum physics, as pointed out by Feynman. Can humans be entangled? Gisin **et al.** wondered if entanglement could be seen by humans:⁹ this strange question is speakable in physics, it is not black magic. These issues should be faced in a scientific debate, not mocked. There is evidence that quantum phenomena are not limited to the sub-atomic scale.¹⁰⁻¹⁴ We do not know if clinical research in Homœopathy fails due to “**the collapse of wave function of an entangled state patient-practitioner**”. This is a very difficult concept to understand.¹⁵

Consciousness and wave function collapse are not necessarily separate¹⁶ and it would be preferable if this topic was confronted with the genuine curiosity of scientific research. But this is very difficult, if the starting point is not serious reasoning. Why does Pandolfi talk of nothingness? He discusses *Oscillococtinum* but does he know what this preparation ‘really’ contains? In quoting Descartes we suspect that he means to imply that all homœopathic remedies contain ‘nothingness’; is that certain? What would Lucretius have made of that? How should we define this entity within matter which Pandolfi calls ‘nothingness’? This is an interesting issue for condensed matter physics. But Pandolfi prefers to joke, especially when in conclusion he speaks of statistics,

forgetting, perhaps, how many incongruent P values are reported in prestigious medical papers.¹⁷

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9. **GUEST EDITORIAL:** Do serial dilutions really dilute?

IVES, J.A. JONAS, W.B. & FRYE, J.C.
(HOM. 99, 4/2010)

The article by Chikramane et al. 'Extreme Homœopathic Dilutions Retain Starting Materials: A Nanoparticulate Perspective', in this issue reports the fascinating observation that high potency homœopathic remedies made from specific metals, prepared at two different commercial plants in India, contain measurable amounts of the starting material, even at 200c.¹ We are all familiar with the simple calculations showing that a series of 1:99 dilutions done sequentially will produce a significant dilution of the starting material in very short order. Specifically, if the starting material is at one molar concentration (6.023×10^{23} atoms [or molecules] per litre), then at about the 12th centesimal dilution (12C) there should be no or very nearly no atoms (or molecules) left of the starting material. At 200c the likelihood of there being even one atom of the starting material approaches zero—if the process of dilution follows the normal assumptions. However, it seems those with those assumptions, we go astray.

Chikramane et al. found that, contrary to our arithmetic, there are nanogram quantities of the starting material still present in these 'high potency' remedies. We encourage the reader to inspect this article critically to appreciate the full gamut of the findings and implications.

They offer a possible explanation for this finding. The size and shape of the metal nanoparticles they observe are consistent with the very high forces and temperatures that would occur with putative nanobubbles produced during succussion. From this they hypothesize the formation of nanoparticle—nanobubble complexes that would rapidly rise to the surface of the mixture forming a monolayer, especially at high dilutions. In this way a non-equal distribution of

starting material would result during any settling between dilutions. When the top 1% of the solution is used as starting material for the next dilution, as they observed at one plant, and this process is repeated for each 'dilution' step, no dilution in fact occurs.

How these explanations might apply to remedies made from organic starting materials will provoke still further intriguing questions. We have previously shown that there are ponderable contaminants with biological implications present in homœopathic remedies, even at 30c.² Although we briefly considered testing for the presence of compounds from the mother tinctures, at these potencies, this was quickly lowered in our research priority because of the apparent futility and because we did not have the technologies available to measure organic molecules (our choice in mother tinctures). Chikramane et al. have now directly tested for the presence of starting material and disproved the tenet that nothing but the 'spirit' is left in high potency homœopathic medicines.

One might expect a different outcome if the starting material were an organic compound as much of the chemistry described here would have very different implications. In addition, there are several other difficulties in determining the relevance of these findings to Homœopathy. If nanocomplexes rise to the top of a vial, many manufacturers discard this portion of the solution. For example, the Korsakoff method of remedy manufacture empties the vial and uses the remaining solution from the walls and bottom (not top) of the tube for the next dilution. Finally, even if the persistence of small amounts of any substance were proven, how they could elicit significant clinical responses from the chemicals themselves would have to be explained. We might expect clinical relevance if the concentrations fall within the range of hormesis, which these concentrations appear to be.³

Simultaneously, the study's findings of wide disparity between batches and between manufacturers in the quantity of material identified at high potencies raise new concerns. Is it variations in manufacturing techniques and protocols with the resultant differences in quantity of active moiety in the final remedy that lead to some of the difficulties encountered in clinical homœopathic research?

We do not know the details of these manufacturers' processes or even which pharmacopoeia they employ. As companies operating in India, do they use the Indian pharmacopoeia or that of their original parent company (e.g. Dr. Willmar Schwabe India (WSI) Private Limited, the German homœopathic pharmacopoeia; SBL, India, originally Boiron, the French homœopathic pharmacopoeia)? The WHO Safety Report, using the example of *Aconitum*, notes that the amount of mother tincture in the 1DH dilution ranges from 10% in the French pharmacopoeia to 20% in the German

pharmacopoeia to 100% in the US and Indian pharmacopoeias with a resulting alkaloid content ranging from 0.002% to 0.075%: a 38 fold difference.⁴

At the very least, the findings in this study beg for renewed efforts at harmonization between the pharmacopoeias and greater specificity and standardization in their descriptions of pharmaceutical methodology.

The identification of nanogram amounts of the starting minerals in 200c remedies is both astounding and welcome. To quote Thomas Pynchon, “**If they can get you asking the wrong questions, they don’t have to worry about answers**”.⁵ The skeptics have gotten the homœopathic world so busy trying to defend various theories of water memory that we have overlooked the possibility that some of the material somehow actually persists in highly diluted homœopathic medicines. If these findings are independently replicated, we can perhaps turn to the more relevant questions of how a remedy may interact with the individual organism based on the Principle of Similars and, beyond a certain threshold, how much the potency matters.

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10. 200 years **Organon of Medicine** – A comparative review of its six editions (1810-1842)
SCHMIDT, J.M. (HOM. 99, 4/2010)

Introduction

This year, 2010, Homœopathy is once again said to have reached its 200th anniversary. The truth is that homœopaths have already celebrated ‘200 years of Homœopathy’ at least three times within the last 20 years. These correspond to important stages in the foundation and development of Homœopathy by Samuel HAHNEMANN (1755-1843). In 1990 the 200th

anniversary was commemorated of Hahnemann’s famous experiment on himself with Peruvian bark in 1790, later considered to be the ‘dawn’ of the homœopathic idea.^{1, 2} 1996 marked 200 years since the basic principles of Homœopathy were published by HAHNEMANN for the first time, in his essay “**On a new principle**”. This included drug proving on healthy humans and treatment according to “*similia similibus*”.^{3, 4}

In 2007 the term “homœopathic” finally had its 200th birthday, having been introduced by HAHNEMANN in 1807.⁵ It was mainly German-speaking people who celebrated this anniversary, as the corresponding article has never been translated into English.

The noun “**homœopathy**” was first used by HAHNEMANN in 1810.⁶ Also, the basic maxim of Homœopathy “**similia similibus curentur**” was first published in its complete version in the **Organon of Rational Therapeutics**.⁷ Thus, in 1810, Homœopathy acquired a basic textbook and a distinctive label, constituting itself as a discrete entity. This first edition of the **Organon** is widely known under the title **Organon of the Rational Art of Healing**, as it was under this title that it was introduced to the English speaking world by CE Wheeler in 1913.⁸

But this translation obscures the difference between the German words “**Heilkunde**” (knowledge of healing) and “**Heilkunst**” (art of healing). In Hahnemann’s day, the professional dispute was exactly centred on this issue, i.e. whether medicine can or should be considered an art or a science/knowledge.⁹ Consistent with modern positions in the theory of medicine,^{10, 11} in 1819 HAHNEMANN revised his initial emphasis on rationality in medicine in favour of a broader concept of medicine as an art rather than an applied science.

The fact that the title of the first edition of the **Organon**, published in 1810, is **Organon of Rational Therapeutics**, while all the subsequent editions bear the title **Organon of the Art of Healing**, gives a first hint that the development of Homœopathy cannot be considered to have been complete in 1810. A comparative examination of the different editions discloses changes of concepts and theories in the development of the **Organon**, rather than a continuity of attitude and approach. The latter does, of course, exist, but is more difficult to unravel.

Homœopaths who read the sixth and final edition, may also get a sense of this problem, if they study it in depth. Apparent contradictions arising from a critical reading can often be resolved by demonstrating that HAHNEMANN, when revising the **Organon**, was not always totally consistent in eliminating old concepts and substituting new ones.¹²

Comparison of all six German editions is facilitated by a literary tool called **Organon Synopsis**. This is a

book in which the complete contents of all six editions are printed, with corresponding phrases side by side, enabling the reader to trace continuities and discontinuities in the development of Hahnemann's thought.¹³ So, although the **Organon** is often called 'the Bible of Homœopathy', for many the basic reference of Homœopathy has always been very difficult to understand.

In order to shed new light on the content of the **Organon**, let us take a step back to obtain a broader perspective, from where we may be able to place it in a historic and philosophic context.

Historical perspectives

From time immemorial – due to the precarious condition of human existence – the motive to heal people has been a perennial challenge, an anthropological basic constant. It can be found in all epochs of history and on all continents of the world. This goal – whether inspired by compassion, worship, curiosity, or convention – can be and has been pursued and achieved in very different ways. As the history of medicine shows, concepts, terms, and theories of how to cure people varied widely – depending on time, place, intellectual climate, socio-economic, cultural, and political circumstances.¹⁴ Seen from a historian's view, for instance it was not by chance that Homœopathy emerged in 18th and 19th century Germany. It would not have fitted with Greek antiquity, Western middle ages, traditional Chinese culture, or the like.¹⁵

In the wake of major political, social, and economic changes, such as the French Revolution, emancipation of citizens, and early industrialization, and of intellectual movements, such as enlightenment, German Idealism and Romanticism, toward the turn of the 18th and 19th centuries a remarkable culture of critical thinking evolved.

As if triggered by an ever-rising consciousness and relevance of economic relations, not only scientists and physicians, but even theologians and philosophers tried to expand the realm of rationality within their fields. The term 'ratio' derives from the commercial rendering of accounts, so 'rationalism' may be seen as the triumph of money – as a form of thinking – over all realms of life.¹⁶ Immanuel KANT (1724-1804) claimed to have elevated metaphysics to the rank of a true (rational) science, and many physicians (as well as philosophers and artists) were anxious to achieve the same for medicine.¹⁷

Against this background and within this context, Hahnemann's life's work, the finding, foundation, and development of Homœopathy, may be contemplated and assessed: from his first vision of the principle of similar in 1790, to his completion of the sixth edition of the **Organon** in 1842. Seen in this context, the first edition loses some of its alleged status as an

outstanding landmark in the history of Homœopathy, let alone a kind of holy scripture. It rather turns out to have been one of several transitional stages in a busy literary and medical career, extending over six decades, from Hahnemann's dissertation (1779)¹⁸ to his manuscript of the last edition of the **Organon** (1842).¹⁹

Philosophical perspectives

Apart from taking into account the regional and cultural circumstances, influences, and biases of his time and contemporaries (a vast field for medical historical research), it is important for a clear understanding of Hahnemann's work to consider philosophical and epistemological problems, with which any explorer of anything new and previously undiscovered is confronted. It is a paradox of the human condition, that language, logic, and concepts allow humans to communicate their thoughts and opinions to other fellow human beings, but at the same time limit the content of what is communicable to others.

As a rule, ordinary people are only able to perceive, experience, and grasp those things for which they have a sense, and also basic concept in their minds. For instance, without having a concept of a chair we would not be able to recognize any chair in a room, since we would not even know what to look for. Everything alien to our senses and concepts, though it may be sensed by bats, bees or eels, or spiritual or mystic insights of saints, drops through the meshes of our perception and understanding and will thus remain unknown to us.

Given the case that somebody has discovered something that is truly new and unheard of, be it by chance, intuition, revelation, providence or the like – in order to communicate this to his people, has no option but to try to express it by means of existing language, logic, and concepts. But were it possible to easily grasp and communicate it by these means, it would have probably been discovered long before. History contains many examples of how philosophers, writers, and also physicians had to challenge the boundaries of language, or even create a fresh terminology for their new approaches.²⁰

Unlike for example PARACELSUS (1493-1541), who could develop his own world of concepts along with his alchemical, astrological, and therapeutic findings relatively undisturbed (most of his work was published posthumously),²¹ HAHNEMANN, living 300 years later, was more obliged to comply with the conceptual standards and fashions of his time.

Although modern peer-review procedures did not yet exist, to publish an article for instance in Hufeland's **Journal** or to find a publisher for a book on medicine, certainly was not possible without talking the same language as one's colleagues and sharing their scientific interests. Empirical details could be reported at will, as

long as the intellectual framework was understandable to readers. This is why HAHNEMANN used terms like organism, life-force, life-principle, dynamic, potencies, agencies, remedies, miasms, causes of disease, signs, symptoms, etc., and why he never stopped working on clarifying their relationship and meaning during his long life of practicing and writing.

Had HAHNEMANN lived today, in order to obtain access to a peer reviewed medical journal he would, like everybody else, have to comply with writing in terms of modern science, such as immunology, epigenetics, cybernetics, etc. he would have probably used progressive concepts such as complexity, semiotics, systems theory, or salutogenesis.

In order to put the **Organon of Rational Therapeutics** into the context of Hahnemann's striving for recognition by his contemporaries, let us now take a closer look at the way he modified his presentation of, and arguments for his cause over the course of more than 50 years.

Behind ostensible shifts of perspective, emphasis, and concepts, one can detect the continuous development of a basic idea, although, there are certainly some theoretical and terminological discontinuities. The task is to abstract the original vision or experience from contradictory concepts, to identify the non-verbal essence of Homœopathy which should be expressible in more than one theoretical frame-work and be transferable to different times and languages.

Early writings of HAHNEMANN (1790-1809)

In 1790, in his translation of William Cullen's *Materia Medica*, HAHNEMANN drew the attention of the reader to his observation that **"substances which arouse a kind of fever extinguish the types of intermittent fever"**.²²

Referring to this early statement, in article published in *Hufeland's Journal* in 1796, HAHNEMANN presented himself as a **"true physician having the perfection of his art at heart"**. He focused exclusively on two questions: 1. What pure effects do medicines bring forth in healthy human bodies? And 2. What do their effects in distinct diseases teach us?²³ Rejecting all other (indirect) sources of medicinal knowledge, such as chemistry, botany, animal experiments, etc., HAHNEMANN advocated drug provings on healthy humans and treatment according to the principle **"similia similibus"**. However, if a basic cause of a disease, such as a tapeworm (taenia), was known, its elimination would be the **"via regia"** of the art of healing. If no basic cause was known, i.e. in the majority of cases, antipathic treatment (treatment by the contrary) would be suitable only in acute diseases. Chronic diseases, on the other hand, were to be treated

with so-called 'specifics', i.e. remedies which have proven their practical uses in similar cases. For any state of disease there should be a specific remedy.²⁴

Hahnemann's uncompromising pragmatic attitude toward his goal of healing human beings in this early publication is very striking. It results in a differentiated and balanced handling of the causal and phenomenological approach.

In another publication in *Hufeland's Journal*, in 1797, HAHNEMANN for the first time distinguished between **"dynamically"** and **"chemically"** acting medicines.²⁵ In 1800, in his translation of Richard Pearson's *Thesaurus Medicaminum*, he contrasted **"dynamic"** with **"mechanic"**,²⁶ and in 1801, in *Hufeland's Journal*, with **"atomic"**.²⁷

In 1801, again in *Hufeland's Journal*, HAHNEMANN introduced his conception of **"fixed (stable) diseases"** which have a stable cause, for instance a **"quite invariable miasm"**, like Syphilis or Psora, and run a similar course. All other diseases, infinitely different in their symptoms, had to be individually considered.²⁸ **"In practically useful regard"** HAHNEMANN also distinguished **"material"** and **"dynamic"** causes of diseases. If a material cause, such as a splinter, a foreign body, or a gall-stone, could be detected and eliminated, this should be done. Since dynamic causes were not known in their essence, however – even if one knew their names, like Psora, Syphilis, or Smallpox – they could not be treated directly.²⁹

In these publications HAHNEMANN presented himself as a practical physician who emphasized the distinctions mentioned, because these seemed to him to have direct therapeutic consequences.

In 1805, in *Hufeland's Journal*, HAHNEMANN presented his doctrine under the heading **Therapeutics of Experience** (known also as **The Medicine of Experience**).³⁰ [I feel that the right translation of *Heilkunde der Erfahrung* will be 'Practical Therapeutics' = KSS]. Once more he pointed out that some diseases may have one and the same cause (e.g. a miasm): these may be called **"peculiar diseases"**, bear single names, and be treated with the same remedy. All the rest of the diseases, however, were not homogenous and could not be enumerated. They had to be considered and treated individually, comprising a unique combination of manifold influences in this person under these particular circumstances. In case-taking the physician should ask for basic causes as well as for exciting causes.³¹

Aside from these practical considerations this paper was dominated by Hahnemann's attempt to theoretically explain his doctrine in terms of contemporary concepts. For this (academic) purpose he had to resort to a stimulus theory in order to explain the principle of similar: pathogenic and medicinal stimuli (potencies)

provoke diseases. If they are dissimilar, they suspend each other; if they are similar, they extinguish each other.³² By means of a semiotic theory he tried to substantiate his phenomenological approach toward the many individual diseases: since the inner essence of any disease reveals itself through signs and symptoms, they are **“the disease itself”**.³³

To justify why a knowledge of all signs and symptoms suffices for healing every individual disease, HAHNEMANN took refuge in teleological and metaphysical concepts: God, the wise and beneficent creator of humankind, guarantees that, also under the condition of a limited perception, humans must be able to cure. **“Therapeutics”** was now defined as a **“science of experience”**.³⁴ However, ostensible cures by non-curative remedies were denied.³⁵

This publication was the forerunner of the **Organon**. HAHNEMANN embarked upon the scientific discourse of his time, and was obviously under pressure to explain and sustain in current academic terms what he had been doing in practice for more than 10 years. With the claim of conforming to science, the necessity arose to give reasons for everything. Since any proof or argument is based on certain premises, HAHNEMANN was ultimately forced to introduce theological topics into his medical writings, as the ultimate premise.

In 1807, again in Hufeland's **Journal**, HAHNEMANN coined and defined the term **“homeopathic”**, complained that the **“truth”** of curative healing was not yet **“scientifically recognized”**, and called his doctrine **“the most rational and perfect way of healing”**.³⁶ Up to this publication the term **“rational”** was used by HAHNEMANN only casually, for example when he spoke of the **“more rational modern times”** in 1797,³⁷ a **“rational physician”** in 1800,³⁸ or the **“rational use”** of coffee in 1803.³⁹ From this time, however, when HAHNEMANN entered a phase of defending his doctrine as an entity, the term **“rational”** – as well as **“truth”** – became increasingly important to him.

At the same time, in a series of articles in a popular journal for a broader public known as **Allgemeiner Anzeiger der Deutschen**, HAHNEMANN kept his distance from traditional sciences. In 1808 he stressed that since the way **“vitality”** works is not reducible to any mechanical, physical, or chemical measure, the wise physician confines himself to a **“knowledge of vitality by experience”**.⁴⁰ In 1809 he recommended to a student the **“study of medicine”**, but only because **“one has to know, what concepts people who consider themselves clever physicians have, of all the things which they do not understand”**.⁴¹

On the other hand, in an open letter to Hufeland, in 1808, HAHNEMANN tried to reconstruct his discovery in a picture as consistent and incontestable as possible,

drawing heavily on teleological arguments. In this context, for the first time he called his new therapeutic maxim a **“law of nature”** and compared his difficulties in being recognized to those of Luther.⁴²

In 1809 HAHNEMANN made a significant change of meaning in his terminology: the term **“art of remedying”** was used pejoratively, while the term **“therapeutics”** became the new ideal.⁴³

The six editions of the Organon (1810-1842)

Hahnemann's high valuation of the terms **“rational”** and **“therapeutics”** during that period may certainly have influenced the title of the book, whose 200th anniversary is celebrated this year: the *Organon of Rational Therapeutics*. In this work HAHNEMANN introduced the noun **“Homeopathy”** and for the first time presented the full formulation of the basic maxim of Homeopathy: **“similia similibus curentur”**.⁷ Leaning on a quotation from Francis BACON (1561-1626) first mentioned in 1805,⁴⁴ the **“art of healing”** was now denounced as having been a **“conjectural art”** – until Hahnemann's revision had brought forth the **“beneficial truth”**.⁴⁵

Hahnemann's own ambition was **“rationally curing”**, i.e. **“according to fixed reasons”**.⁷ His doctrine was claimed to rest upon the **“homœopathic law of cure”**,⁴⁶ the **“homœopathic law of nature”**,⁴⁷ the **“law of homœopathy without exceptions”**,⁴⁸ and some more **“special laws of rational therapeutics”**.⁴⁹ Regarding the examples of involuntary homœopathic cures by former physicians he even spoke of **“homœopathic causal connections”**.⁵⁰

The stimulus theory advocated in 1805 was now replaced by the idea that **“the organism obtains a special tuning from the disease”** and cannot receive a second one without having to abandon the first.⁵¹ Drug proving was explained entirely in Cartesian terms: **“medicinal substances produce disease symptoms, according to special laws”**.⁵²

In 1810, more than in 1805, HAHNEMANN was concerned about fitting his knowledge and insights into standard scientific terms and concepts. In consequence, some of his more practical findings almost sank into insignificance, like his further differentiation between fixed, individual, and collective diseases⁵³ and his elaboration of the conception of **“vicarious maladies”**,⁵⁴ which substitute, mask or replace the danger of an internal serious disease, for instance by an external eruption on a less important part of the body (a concept introduced in 1809),^{56, 57} as a warning against treating local symptoms without curing the **“inner disease”**, such as Syphilis or Psora.⁵⁸

The problem of the attempt to grasp phenomena of the living in terms of rationality is a tendency to generalization and dogmatism. Indeed, in 1813, in an

article in the popular journal mentioned above, HAHNEMANN even claimed that nature acts according to the (homœopathic) “laws” – “with mathematical certainty” “in all cases”. Homœopathy was asserted to be the most “certain, reliable, gentle, quick, and lasting way” of healing.⁵⁹

In 1819, a second edition of the **Organon** appeared, now entitled **Organon of the Art of Healing**. In the preface HAHNEMANN stated several times that his subject is the “true art of healing”, conceptualized as a “pure science of experience”.⁶⁰ The term “rational”, so prominent in the first edition, was now erased from the entire book, except for one footnote where it was used to denounce the errors of the old ‘rational’ school.⁶¹ This ostracism of the term “rational” was maintained through all subsequent editions of the **Organon**.

The same change of attitude may also be seen in a subtle shift of wording in paragraph 1: In 1810 the starting point and subject was “the physician” who had a “goal”. From 1819 to 1842, the emphasis was laid upon the “calling of the physician”, putting the physician into the genitive. In addition, a new footnote to this section from now on served as an explicit demarcation from academic theorizing, in which professors of “theoretic medicinal art” used to indulge.⁶²

While in the first edition a teleological poem from Christian Fürchtegott Gellert (1715-1769) was on the title page, this was now substituted by the motto “aude sapere” (“dare to know” or “dare to be wise”) – whereby ‘sapere’ not only means ‘knowing’, but also ‘smelling’, a sensual activity that may not entirely be translatable into rational concepts.

The terms and concepts used in the second edition, to give Hahnemann’s medical colleagues a clear idea about Homœopathy, were less Cartesian-academic and closer to the phenomena. Diseases were now described as “spiritual derangements of our life in feelings and activities” or “immaterial derangements of our well-being”.⁶³ At the same time, he continued to claim (up to the sixth edition), that his doctrine was based on the homœopathic “law of nature” or “healing law of nature”.⁶⁴ Of practical relevance was Hahnemann’s suggestion to ask patients for a former infection with specific miasms, such as Syphilis, Psora, or Sycosis, since the local symptom, such as the chancre or the skin rash, may have disappeared and with it the completeness of the picture.⁶⁵

The third edition of **Organon**, published in 1824, was a largely unaltered version of the second. Nevertheless, HAHNEMANN inserted an approving comment on Mesmerism and some extensions of practical rules for the treatment of chronic diseases.⁶⁶ Sycosis was depicted clearly, as an internal disease with specific local and secondary symptoms, taking its place besides Psora and Syphilis. For the treatment of Psora HAHNEMANN suggested the internal use of the best

“antipsoric remedy”, using the term “antipsoric” for the first time.⁶⁷

In 1828, HAHNEMANN published his monograph on the nature and treatment of **Chronic Diseases**. As he wrote, he had been working on this issue since 1816,⁶⁸ i.e. since the time between the first and second edition of the **Organon**. Based on his concepts of fixed diseases, vicarious maladies, and original and exciting causes, HAHNEMANN now attributed all chronic disease to a previous infection with a chronic miasm (Psora, Syphilis, or Sycosis) and claimed that these could only be healed homœopathically. The fact that Psora was conceptualized to be the most infectious and versatile disease, persisting, without cure, lifelong, like a “parasite”,⁷⁰ had the far-reaching consequence that virtually nobody would be free of it. HAHNEMANN considered himself to be one of very few exceptions.⁷¹

Upto the Psora theory, normality had consisted of healthy people occasionally becoming ill. Now (almost) everybody had to be considered to be chronically ill, at least in a latent state, and unable to recover without homœopathic aid.

In the fourth edition of the **Organon**, published in 1829, the paradigmatic changes resulting from Psora theory had been incorporated and digested. One of the main concepts helping HAHNEMANN to explain why the average human would be ill, and not healthy, was the “life-force”. In the first edition of the **Organon** this term appeared only once,⁷² in the second edition twice,⁷³ in the third edition 10 times (mainly in connection with mesmerism),⁷⁴ and even in the **Chronic Diseases**, in 1828, only three times,⁷⁵ always in a general and non-specific sense. In the fourth edition, however, HAHNEMANN used it 70 times,⁷⁶ in the fifth 139 times, and in the sixth, posthumous, edition, 106 times.

In contrast to his earlier use of the term “life-force” as a metaphor or synonym for “nature” or “organism”, HAHNEMANN now distinguished between “wise” “big nature itself” and the “mere individual nature of the organic human”, namely the “instinctive, unreasonable life-force” which once out of tune acts “blindly”, “automatically”, and “inappropriately” and whose “efforts are itself illness”.⁷⁷

This, of course, should not be imitated. On the contrary, the “art of healing” required the “higher human spirit” “free deliberation”, and “reasoning”,⁷⁸ to “retune” the “detuned life-force”. Only from this point on was disease defined as “a derangement of the life-force” and chronic miasms considered to be the “biggest tormentors of humans”.⁷⁹

The fifth edition of the **Organon**, published in 1833, was influenced by issues of confrontation and demarcation, including significantly harsher attacks on Allopathy,⁸⁰ but also a new delimitation of Homœopathy as distinct from “isopathy”⁸¹ against a putative “sect of bastard-homœopaths”,⁸² and a new

group of “conceited beginners” and converts.⁸³ In the course of a tightening of homœopathic identity, from now on he claimed Homœopathy to be the “only true art of healing”, just as “between two points there is only one straight line”,⁸⁴ and suggested using the 30c potency as a standard dose, especially in the form of “smelling” (also known as olfaction).⁸⁵

Outstripping his former assessments, HAHNEMANN now estimated the number of people affected by chronic diseases at 99%.⁸⁶ In the sixth edition, however, he reduced this to “the majority of diseases”.⁸⁷

The sixth edition of the **Organon**, completed by HAHNEMANN in manuscript in 1842, contained few changes of concept and ideas in principle. From a practical point of view, there were a number of relevant modifications of doctrine presented for the first time. The most surprising was his new and more sophisticated method of potentisation, later called Q or LM, fifty-millesimal potencies,^{88, 89} together with new directions for dosage and intervals of prescription and rules for following-up cases, including the description of a new kind of late aggravation.⁹⁰

Contrary to the editions three to five, HAHNEMANN no longer considered mesmerism as a mere “auxiliary aid” which could “act homœopathically” but not perform a “lasting cure”.⁹¹⁻⁹³ Rather mesmerism was now granted the peer status of an “invaluable gift of God”, equally able to “extinguish the derangement of the life-force”.⁹⁴ HAHNEMANN also admitted – under certain circumstances – the usefulness of the application of magnets, electricity, and galvanism, as well as of massages and baths.⁹⁵ For the first time he also included a vision of homœopathic hospitals and education.⁹⁶

Conclusion and outlook

It should now be clear that the **Organon of Rational Therapeutics**, published in 1810, cannot be adequately understood and judged without considering its context. With the first edition of the **Organon**, Homœopathy neither began nor ended. On the contrary, its position seems to be rather in the midst of Hahnemann’s literary and practical life’s work. Basic principles of Homœopathy, like drug proving and treatment by similar, had already been prefigured in 1796.

Other fundamental concepts, such as “dynamic”, “fixed disease”, “miasm”, and “original and exciting causes” were developed in 1796, 1797, 1801, and 1805, respectively. In 1805 various scientific theories were drawn upon to make the new method plausible, understandable, and acceptable to academic physicians. Even the name “homœopathic” had already been coined in 1807. Compared to these preliminaries, the particular achievement of the first edition of the **Organon** was

little more than a deliberate alignment with the prevailing trend of rationality.

On the other hand, formal similarities of the six editions of the **Organon**, viewed superficially, may give the impression that all editions were basically the same, just republished at different times, with some corrections. A deeper, comparative analysis shows them in a different light. Each seems to possess an individual personality: from the first, most ambitious and rationalistic edition, to the second, more artistic and phenomenological, to the third, almost unaltered, to the fourth, which was dominated by the Psora theory, to the fifth, the most pugnacious and delimiting, to the sixth, probably the most pragmatic and balanced. Each corresponded to a phase in Hahnemann’s life and development, his social conditions, and intellectual environment.

After starting out to impress readers of his first **Organon** by means of the rationalistic claim to make medicine a natural science in 1810, HAHNEMANN anew the ideal of medicine as an “art of healing” in 1819, had almost nothing to add to this in 1824, assimilated a large paradigmatic change in 1829, defended his doctrine against various threats and false friends in 1833, and, after moving to Paris, perfected his life’s work in 1842.

The six editions of the **Organon** are different, but connected by a strong invisible thread. It is Hahnemann’s basic idea of an art of healing that, on the one hand, attempts to conform as closely as possible to the sick human and primary phenomena (disturbed well-being/feeling, detuned vitality, remedies as potencies to influence these states) and, on the other hand, strives to find tools, rules and laws that make the highly demanding practice of medicine certain and reliable.

If one admits this basic idea to be the core of the spirit of HAHNEMANN, pervading all his writings, practice, and research, there still remains the need to translate this hazy vision into concrete terms and concepts: a challenge which HAHNEMANN met and pioneered throughout his life. That he had to comply with theories, ideas, and conceptions of his time and contemporaries, does not at all impair his achievements. On the contrary: instead of criticizing or deconstructing Hahnemann’s dependence on contemporary conditions, homœopaths should engage in the task of carrying his noble and beneficial intention into the 21st century, trying to translate the perennial mission of medicine into the language of modern science, humanities, and philosophy.

Only if one tried to write a seventh edition of the **Organon**, would one probably realize how much HAHNEMANN had already accomplished in the previous six.

Conflict of interest

None.

Acknowledgement

I thank Francis Treuherz MA RSHom FSHom for reviewing and editing the paper.

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11. 7 Stepping Stones to Select a Successful Remedy Practice is Everything CASTRO, Miranda (HT. 31, 1/2011)

Practice these seven steps as you would any other new skill and the results will be deeply rewarding. As you become familiar with the unique patterns of your child's way of falling sick and the remedies that tend to help, you'll find you are spending less time in the doctor's office and more time enjoying life. Once you have gone through this remedy selection process a few times, you'll find it becomes easier and quicker.

1. Step back and consider the whole picture
 2. Make notes
 3. Gather 3 or more symptoms
 4. Remember, common symptoms are for dummies
 5. Identify a "cause".
 6. Compare two or more remedies
 7. Give your chosen remedy and observe carefully....
- If at first you don't succeed ...

Read on for more details about each step.

1. Step back and consider the whole picture

Home prescribers often make the mistake of focusing on the one symptom or complaint that is bothering them or their child. It is completely understandable. Unfortunately it will not guide you to the best remedy for that person. Take more of that person into account (i.e., 3 or more symptoms) and you are now pinning the tail on the donkey without a mask over your eyes!

2. Make notes

- Write down each and every remedy given and the date (don't forget the year!)
- Got down the reason and the symptoms – a simple list is fine.
- Make a note of any other remedy or remedies you considered and why, just in case the one you give doesn't work.
- Make a note of the response to the remedy---even if it's just a few words.
- Write down other medications given including herbs, supplements, aspirin, and cough syrup, etc.

The quicker and better a remedy works, the more likely it will be that your child will need it again for a similar complaint, especially if you have taken a stress

factor into account when selecting it. Occasionally, home prescribers will throw a pebble that lands in the dead center of their child's pond—they will hit on their child's constitutional remedy. This is the remedy that works for everything: from colds and teething, to growing pains and exam nerves. It is always brilliant to catch this gift because you made good notes as you were going along. We don't often get that same super clear picture again to guide us.

3. Gather 3 or more symptoms

Any time you give a remedy based on a single symptom, you are just guessing. You want a nice strong "3-legged stool" to support your choice---or even more "legs," if you can:

- One physical symptom—newbies (and some oldies) make the common mistake of choosing three or more physical symptoms. Unless the physical symptoms are unusual or unique, they will rarely lead you to a good remedy.
- One general symptom (i.e., that affects the whole person, such as feeling chilly or feeling worse from motion or feeling worse in a stuffy room, or being more or less thirsty or sweaty than usual)—especially if it is unusual or very strong or brand new.
- One emotional symptom—especially something new or different from normal (e.g., irritable with a fever, or weepy and whiny with teething pains, or wanting to be carried with earache, especially if in a formerly easy-going or contented child).
- A cause.

4. Common symptoms are for dummies

Common symptoms (those symptoms that are so common to the complaint that just about anyone with that complaint will have them) pop up in the descriptions of nearly every remedy that might be used to help that complaint. If you select a remedy based primarily on the common symptoms of an illness, you will often find yourself giving one remedy after another that doesn't work.

Examples:

- "My teething baby is drooling and chewing on everything. She's in pain and is waking a lot at night." Of course she is. That's the nature of teething babies. You'll have to elicit some more unique symptoms to help you find a good remedy!
- "My baby has a high fever and she's really uncomfortable and sleepy. The fever is higher in the evenings and at night, and lower in the mornings." Yup. That's the pattern with most fevers. So that symptom won't narrow down the remedy choices.

- “My child has the snuffles and her nose is quite blocked. She can’t fall asleep at night and sleeps with her mouth open.” Oh yes. Blocked nose, mouth breather. (Big yawn. Such a common symptom for anyone with snuffles—it won’t help you decide anything!)
- “My baby has a cough. It’s worse when he lies down at night.” Coughs are nearly always worse lying down. I’m afraid it’s a common symptom that will get you absolutely nowhere.

5. Identify a cause

This is the most important symptom of all. If you can identify it, it will lead you to a great remedy. Did you or your child experience any obvious (or not so obvious) stresses before falling sick? For example:

- Physical stresses: getting chilled, lack of sleep, an injury.
- Emotional stresses: any kind of upset, a loss or disappointment.

6. Compare two or more remedies

Having written down the symptoms, you can look them up in a repertory/index to the *Materia Medica*. (If you’re a home prescriber, you will find the mini-repertory in one of my books a good and non-intimidating way to start using a repertory.)

After you have narrowed your choice down to a few remedies compare them in a *Materia Medica* to help you to become familiar with their whole symptom profiles. When you read the whole picture does it seem like it matches? Or not so much? Now read each profile more carefully and notice any other symptoms you can check up on, in order to add to your child’s whole picture. For example, one remedy may be indicated for a pale tongue and the other for a bright red tongue. You can check your child’s tongue to see whether it matches one remedy’s profile over the other.

You may also notice symptoms that don’t fit—make a note of those too as they will help you decide where to go next if the first remedy doesn’t work. The more of a picture you have, the more confident you can be in your remedy choice.

7. Give the remedy & observe carefully... If at first you don’t succeed...

Remember patience at this point. Jumping from one remedy to another will get you all discombobulated and lead you astray. If your child seems better in herself even if her symptoms are no better, then a healing process has been initiated. Cross your fingers and wait as patiently as possible! Observe your child during this time to gather additional symptoms that crop up in case she eventually does need a new remedy.

If the first well-indicated remedy does not help, then the work you have already done will help tremendously in selecting your next remedy. You may

even be able to go straight to your #2 choice. Because you have written it down you won’t mistakenly give the remedy that hasn’t worked again, plus you won’t have to go back to the drawing board.

If the remedies you give don’t help or the symptoms worsen, of course you will want to seek the advice of a professional homœopath.

How to take a remedy

You can treat yourself and/or your loved ones for minor/everyday, recent complaints. Do not treat yourself for recurring or chronic complaints. Seek professional advice for chronic, recurring, or long-standing complaints.

- Take the remedy in a 6c, 12c, 30X or 30C potency.
- Repeat the dose according to the severity of the symptoms:
 - Life-threatening: every 5-15 minutes.
 - Severe: every ½-1 hour (e.g., high fever, unbearable pain)
 - Moderate: every 2-4 hours
 - Mild: every 4-6 hours (e.g., able to carry on working!)
 - Tonic: every 8 hours (e.g., tiredness after childbirth).
- Stop on improvement: take it less often if there is moderate improvement and stop taking it as soon as there is significant improvement.
- Repeat as needed: repeat the same remedy if it helped and the symptoms return—starting and stopping as needed until better.
- Change the remedy if 6—10 doses have been taken with no result. It is probably the wrong choice—select another one or get help.

Bottom line: If you are not sure whether to give a remedy, don’t. If you are not sure whether to repeat a remedy, wait!

12. MEDICAL LAW – SOME ASPECTS

GOOPTU, Naranarayan (S & C. 5-6/2006)

The Directive Principles of State Policy in Part IV of the Constitution of India clearly stipulates that “The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties” and, in particular, the State shall endeavour to bring about prohibition of “the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health”. In the case of *Paschim Banga Khet Mazdoor Samity v. State of West Bengal JT, 1996 (6) SC43*, the Supreme Court also held that providing adequate medical facilities for the people is an essential

obligation for a welfare state. But even after 57 years of our independence, have we been able to make any progress towards attaining this fundamental goal of good governance?

Certainly some progress has been made. Medical science and Medical Law in our country have reached new heights; mortality rate is certainly on decline. Yet, lot more needs to be done. Isn't it a matter of shame that at least one TB patient dies every minute in India and that one lakh children die of malnutrition every month¹? The doctor-patient ratio, especially in the rural areas, is abysmally low. Besides, the increasing commercialization of the medical profession is making modern modern medical facilities beyond the reach of the vast multitude of the population. It is in this perspective that the subject chosen for today's oration is of crucial significance.

Medical law and medico-legal issues involve a relatively new subject area. Previously medical law was regarded as a mixture of criminal law, tort, contract and property concepts. Nowadays medical law has emerged as a subject in its own right, but there is still debate as to what, if anything makes it a discrete area of the law. Medical law does not respect the traditional compartments with which lawyers have become familiar, such as torts, contracts, criminal law, family law and public law. Instead, medical law cuts across all of these subjects and today must be regarded as a subject in its own right. It is a discrete area concerned with the law governing the interactions between doctors and patients and the organization of health care. Medical law is about rights and duties, which are legal and ethical as well as moral. Where issues of medical law and practice area concerned, human rights issues abound. Modern medicine has increasingly been seen in terms of human rights.

Medical law has to be understood in the context of medical **ethics** and the **Hippocratic tradition**. The key element of the Hippocratic Oath is for doctors to practice and prescribe to the best of their ability for the good of their patients, and to try to avoid harming patients. The patient-doctor relationship is based on trust here, although in some views, this might place the patient in a hierarchically subordinate position to the doctor, and may lead to 'professional paternalism'. The infusion of a discourse of rights of patients is seen to inject an equitable element in the doctor-patient relationship.

In 1999, the European Federation of Internal Medicine and the American Board of Internal Medicine combined to launch the Medical Professionalism Project, which published a document entitled "Medical Professionalism in the new millennium: A Physician's charter". In this, three fundamental principles provide definitive professional responsibilities: (1) Principle of primacy of patient welfare (beneficence and non-

maleficence; altruism); (2) Principle of patient autonomy; (3) Principle of social justice – to promote justice and non-discrimination in the healthcare system, including fair distribution and access to healthcare resources. Medical Law thus goes beyond medical ethics governing the practice of doctors, but is also geared to ensure patients' rights, resolve conflict and ensure equity.

Since the scope of the topic is so vast, I have chosen to restrict myself to the most important six aspects of Medical Law, namely

- I. Medical Negligence.
- II. Consent
- III. Children and Consent
- IV. Medical Confidentiality
- V. Abortion
- VI. Euthanasia

Medical Negligence:

One of the most important aspects of any profession is the degree of excellence, which a person practicing that profession can give in his results. There are many aspects, which determine the relative competence of an individual in a group, vocation or a particular line of personalized and highly skilled practice. What is more important is that one acts, conducts himself and discharges his duties in such a manner as would be expected from a prudent contemporary in a similar situation having access to similar facilities and in the know-how of the principles of such a practice in general. Medical negligence is the result of some irregular conduct on the part of any member of the profession in the discharge of the professional duties.

The essential components of the tort of negligence are as follows:

- a. The existence of a duty to take care, which is owed by the defendant to the complainant
- b. The failure to attain that standard of care prescribed by the law, thereby committing a breach of such duty, and
- c. The complainant has suffered damage, which is both casually connected with such breach and recognized by the law.

The duties, which a doctor owes to his patient, are clear. In *Dr. Lakshman Balkrishna Joshi v Dr. Trimbak Babu Godbole* (AIR 1969 Sc 128) it was held that a person who holds himself out ready, to give medical advice, and treatment, impliedly undertakes that he is possessed of skill and knowledge for the purpose. Such a person, when consulted by a patient, owes him certain duties, like duty of care in deciding whether to undertake the case, a duty of care in deciding what treatment to give or a duty of care in the administration of the treatment. The test for medical negligence was

laid down in two cases, those being *Bolam v Friern Hospital Management Committee* [1957] 2 All ER 118 and *Hunter v Hanley* [1955] SLT 213, Mr. Nair J. encapsulated in the *Bolam*'s case that "...It is sufficient if he [doctor] exercises the ordinary skill of an ordinary competent man exercising that particular act..." and the same was done by Lord Clyde in *Hunter*'s case from Scotland in the following words: "...The true test for establishing negligence in diagnosis or treatment on the part of a doctor, is whether he has been proved to be guilty of such failure as no doctor of ordinary skill would be guilty of, if acting with ordinary care."

There may be many instances where a doctor may be negligent. In the case of *K. Gracykutty v. Dr. Annamma Oommen and Another*, 1992 (1) CPR 251, The Kerala State Consumer Disputes Redressal Commission observed that the following acts would fall under the ambit of medical negligence:

- a. Misrepresenting that one possesses the skill or expertise which he does not possess;
- b. Recklessness in undertaking a treatment or recklessness in the treatment of it;
- c. Indifferent handling of medical cases;
- d. Failure to act diligently and alertly at the appropriate time;
- e. Evident negligence like amputating a wrong limb or administering a prohibited or known counter productive medicine;
- f. Negligence in conducting operation;
- g. Unqualified nurse or unqualified person attending to serious delivery cases
- h. Supply of contaminated blood
- i. Wrong diagnosis or treatment which under no norms of practice can be justified.

The above list, however, is only illustrative and by no means exhaustive.

There are, however, exceptions where wrongful or mistaken diagnosis would not amount to medical negligence. A doctor cannot be found to be negligent simply because one of the risks inherent in the treatment actually took place, or because in a matter of opinion, he made an error of judgment. He can be guilty of negligence only when he has fallen short of the standard of reasonable medical care. What is the standard of reasonable medical care to be adopted would again vary and would depend on the facts and circumstances of each case. However, in every case of medical negligence, it is for the person initiating the complaint to prove that there was infact negligence on the part of the doctors/authorities in providing their services. Where the complainant fails to establish any deficiency of service or negligence, the complainant would not be entitled to any compensation. The following are actions that do not amount to medical negligence, as decided by various Consumer Courts in India.

- a. Not obtaining written consent or not providing ambulance by the hospital [*K. Gracykutty v Dr. Annamma Oommen* 1992 (1) CPR 251.]
- b. Patient not getting the desired relief or the medical treatment not being successful [*K.M. Singh v. Sir Gangaram Hospital* 1992(2) CPR 307; *Sri Ram Singh v Sampatraj* 1993(2) CPJ 869]
- c. Not providing a bed to a serious patient in ICU of hospital where no vacant bed is available [*Sir Gangaram Hospital v. D.P. Bhandari* 1992(2) CPJ 397].
- d. Mistaken diagnosis [*Pearaylal Verma v A.K. Gupta* 1993(3) CPR 144].
- e. Doctor giving precedence to one patient over another [*B.S. Hegde V Dr. Sudhanshu Bhattacharya* 1993 (3) CPR 414] = II (1992) CP 449.
- f. Charging exorbitant fees (although the act was deprecated by the Court), it was held that the same does not amount to medical negligence. [*B. S. Hegde v Dr. Sudhanshu Bhattacharya* 1993(3) CPR 414] = II (1992) CPJ 449.

But the question remains if there is criminal liability for medical negligence.

The existing **Relevant Legal Provisions** on this matter are: According to S. 304A of the IPC, whoever causes the death of any person by a rash or negligent act not amounting to culpable homicide, shall be punished by imprisonment for up to two years, or by fine, or both. (Other relevant sections relating to obstetrics cases are: 314, 336, 337 and 358 IPC.).

According to S. 80 of the IPC, 'nothing is an offence which is done by accident or misfortune, and without any criminal intention or knowledge in the doing of a lawful act, in a lawful manner, by lawful means and with proper care and caution.' In other words, if a person commits an act by accident or misfortune without a criminal intention, using lawful means and with proper care and caution, his action cannot be labelled a criminal offence.

Again, S. 88 of the IPC provides that nothing plain which is not intended to cause death, is an offence by reason of any harm which it may cause, or be intended by the doer to cause, or be known by the doer to be likely to cause, to any person for whose benefit it is done in good faith, and who has given a consent, whether express or implied, to suffer that harm, or to take the risk of that harm. In other words, an act, not intended to cause death, and done in good faith and with the consent of the other party, cannot be labeled an offence even if it leads to the other party's death or disability. It may also be mentioned here that the word 'good faith' used here has a special meaning. It means an act done with due care and attention.

The Supreme Court in its judgement dated February 4, 2004, in *Mohanan v Prabha G Nair & another*

(2004)CPJ 21(SC) case = 2004(2) SCALE 606 had laid down the law of the land on the issue of medical negligence. In this case a woman in the seventh month of pregnancy underwent medical intervention and delivered a dead child on the next day. She passed away three days later, while under medical care. The husband alleged in his police complaint that though he repeatedly asked for permission to remove his wife to a medical college hospital, the doctor advised against the shift saying that the patient had no serious problem and that everything would turn out all right. Subsequent events obviously proved otherwise. Based on the opinion of the radiologist and the doctor who conducted the autopsy, the Magistrate's Court took cognizance of the offence punishable under S.304A of the IPC. The doctor petitioned to quash the proceedings invoking S. 482 of the Criminal Procedure Code, on the ground that there was no prima facie case. The concerned High Court held that the mere fact that a patient dies in a hospital does not lead to the presumption that the death occurred due to the doctor's negligence. To hold a doctor criminally responsible for a patient's death, it must be established that there was negligence or incompetence on the doctor's part which went beyond civil liability. Criminal liability would arise only if the doctor did something in disregard to the patient's life and safety. The Supreme Court, however, set aside the said High Court decision holding that the doctor's negligence could be ascertained only by scanning all material and expert evidence that might be adduced during the trial. The High court was held not justified in quashing the complaint at the threshold invoking the special power under S. 482 of the Criminal Procedure Code, as that would do away with a full-fledged criminal trial necessary for fixing criminal liability.

However, the Supreme Court declared on August 4, 2004, in Dr. Suresh Gupta's Criminal Appeal [Appeal (crl.) 778 of 2004] [2004 (6) SCC 422] that to sustain a prosecution for the offence under S. 304A of the Indian Penal Code (IPC), and to fix criminal liability on a doctor or surgeon, the standard of negligence required to be proved should be so high that it can be described as 'gross negligence' or 'recklessness', not merely lack of necessary care. On those premises it quashed the criminal proceedings against Dr. Gupta before they reached trial in the Magistrate's Court. In this case the Supreme Court also noted that every careless act of a medical person cannot be termed 'criminal'. It can be termed 'criminal' only when doctors exhibit gross lack of competence or inaction, and wanton indifference to their patients' safety, as a result of gross ignorance or gross negligence. When a patient's death results merely from an error of judgement or an accident, no criminal liability should be attached to it. Mere inadvertence or some degree of want of adequate care and caution might create civil liability; but not criminal liability. It was

held that but for this approach, the hazards in the medical profession which include civil liability would also unreasonably extend to criminal liability, and doctors would then be at the risk of landing up in prison, a result that would shake the mutual confidence between doctor and patient. The Supreme Court held that though the patient was a young man with no history of any heart ailment, the operation to be performed for nasal deformity was not so complicated or serious; and that the alleged lapse, i.e. the failure to introduce a cuffed endotracheal tube of proper size to prevent aspiration of blood from the wound in the respiratory passage, could not be described as a reckless or grossly negligent act as to make him criminally liable. Holding that such evidence was wanting, the doctor was let off without trial.

It appears that if the decision in Mohanan's case decided on 4.2.04 had been followed by the later Bench that subsequently decided Dr. Suresh Gupta's case on 4.8.04, the ultimate decision might have been different. The earlier decision was not cited before the later Bench. The impact of the judgement, though significant, may be short lived. The reason is that according to press reports, a Bench of the Supreme Court consisting of Justice Arijit Pasayat and Justice CK Thakker, on or about September 9, 2004, has referred the question of medical negligence for determination by a larger Bench of the Supreme court observing that the words 'gross, reckless, competence, indifference' etc. did not occur anywhere in the definition of 'negligence' under S. 304A of the IPC, and hence, they could not agree with the judgment delivered in the case of Dr. Suresh Gupta. Thus the matter will come up for a decision before a larger bench of the Supreme Court any time now.

Consumer Protection Act and Medical Negligence

The judgements of the Kerala state and subsequently the national consumer disputes forum upholding the right of patients to file complaints against doctors under the Consumer Protection Act (CPA) has indeed shaken up the medical profession, vide Indian **Medical Association vs. V.P. Shantha (AIR 1996 SC550)**. What has probably come, as a bigger shock however is the almost simultaneous indictment of prominent and senior members of the profession by the consumer court as if to immediately exemplify the implications of the judgement. Multiple meetings have been held by various associations of medical professionals over the last few months where there have been heated and emotional discussions on the issue. The issue is being discussed and debated by the medical fraternity as never before and the majority seems to be opposed to the CPA. On the other hand, consumer bodies and health activists who have fought for long to

make the medical profession more accountable have welcomed the development.

The first thing to be realized is that it is not as if increased litigation against medical professionals in this country has coincided with the above judgement. Even before this development one has seen a steady rise of cases both in the Medical Council as well as civil courts on matters of medical negligence in the last few years. On certain issues public interest litigation by activist groups has led to courts intervening and asking the State to take action. For example in a recent landmark judgement the Bombay High Court has directed the Municipal Corporation to set up minimum standards for the thousands of private nursing homes that exist in the city. In other instances the Government itself has been forced to enact new laws in response to a public uproar on issues like female foeticide and racketeering in organ transplantation. Thus increased medical litigation is a phenomenon that was on the rise and the CPA has just given a boost to it by making the process simpler for the litigant.

Before going into the arguments against the CPA being applied to medical practice it would be important to look into factors responsible for judicial intervention in medical matters. On one hand there is the increased awareness of the patient and the public, which to some extent has been inspired by support from consumer and social organizations as well as the media. And on the other hand is of course the crass commercialization of the medical profession coupled with a general failure to self regulate itself. The criticism that “non medical” individuals preside over consumer courts and thus are ill equipped to deliver judgement on “medical” matters is faulty for nowhere in the world is medical litigation decided by doctors sitting as judges. In fact, the judges in the consumer courts are senior retired high court judges and are likely to be more experienced. Another argument advanced by the opponents of the CPA is that increased litigation leads to the practice of “defensive medicine” wherein doctors in order to “play it safe” may resort to excessive investigations and increase the financial burden on the patient. This is partially true. But simultaneously it will also lead to more informed consents and extra vigilance on the part of the treating doctor, which in some areas would get translated into better patient care. In any case it is unrealistic to draw a parallel between the situation in the USA where medical litigation is rampant and that in this country where because of the socio economic conditions common people cannot generally afford to take recourse to a court of law.

It is well-known that there happens to be a close link between excessive privatization and excessive commercialization of medical practice, a fact not sufficiently appreciated and emphasized by many in the whole debate. For, privatised medicine has profit, as

it's primary motive. When quick “returns” are expected against “investment” in medical practice, this could make sound economics but this situation is potentially dangerous for the patient. How else does one explain managements of big five star hospitals turning a blind eye to the kidney transplant rackets that flourish in their institutes? Or the fact that these hospitals assess their staff members five star hospitals turning a blind eye to the kidney transplant rackets that flourish in their institutes? This is not to say that public hospitals are free from unethical practices. But the logic and economics of private medicine actually forces it practitioners to extract money from patients and hence unbridled privatization could partially contribute to malpractice.

Informed consent

A major and important aspect of medical practice which has been a cause of action in several litigations is that a doctor has administered treatment or performed a procedure or investigation without consent or consent taken was invalid. This aspect of medical practice, which is considered routine by doctors, has been subject matter of judicial scrutiny in quite a few medical malpractice cases, as it involves the individual right of a patient on one hand and the duty of a doctor to take due care of his patient. Hence, it is of paramount importance that correct and proper consent should be obtained by doctor before proceeding to perform any investigation or procedure.

Under Section 13 of the Indian Contract Act, 1872, “Consent” is defined and it states that two or more persons are said to consent when they agree to the same thing in the same sense. The fact that a patient comes to a doctor for treatment of an ailment implies that he is agreeable to medical examination in the general sense. This is implied consent and would encompass physical examination (not intimate examination), palpation, percussion, auscultation and routine sonography. Implied consent (tacit consent) is the most common variety and is generally accepted in the practice of a family physician or consultant who generally prescribes medicines after noting the history of the patient and physical examination.

For other major diagnostic/therapeutic procedure such as lumbar puncture, radiology endoscopy, laser treatment, dye-induced tests, CLW suturing, FNAC, I/D of abscess, CT Scan, MRI, etc. express written consent should be obtained. It is advisable that Written Consent should be obtained in presence of a dis-interested 3rd party. Consent should be taken in the patient's own language and it is vital that if the patient is incapable of giving Consent, then Consent of guardian or person in lawful charge of him should be taken. Many a time in gynaecological cases it is observed that a gynaecologist takes the consent of the husband and proceeds to

perform procedure on the wife. In the event of marital disharmony the doctor is put to tremendous harassment, as variety of charges including charge of being an accessory to killing the baby, are leveled against the Doctor. It is, therefore, advisable to ensure that Written Consent of the patient is taken.

Informed consent is a part of the physicians duty to disclosure. However, this duty has an exception. In the event, the physician is of a considered opinion that, the patient is in a highly disturbed condition or so anxious that the information given would not be processed rationally or that it would only cause significant psychological harm then the doctor may choose not to inform the patient about the treatment or procedure. The other exception is where the patient prefers not to be informed. These exceptions are known as "Therapeutic Privilege".

A word of caution would be in order and a physician seeking to exercise Therapeutic Privilege would be well advised to discuss the matter with the family physician of the patient. It is well known that revelation of the risk may frighten off the patient from beneficial treatment but at the same time the patient has a valuable right of benefit of reasonable information. In such an event a fine balance ought to be struck and law always values the judgment and opinion of the treating physician and would examine it on the anvil of the condition and circumstances of the patient at the time when the treatment was being administered or procedure/investigation performed.

The three vital components of Informed Consent are, (i) the capacity of the patient to contract, (ii) complete information in comprehensive terms and (iii) voluntary acceptance of the patient to undergo treatment or procedure as prescribed. In case of medical emergency, consent need not be obtained, the well-being of the patient is paramount and hence medical rather than legal consideration shall prevail. In fact Section 92 of the Indian Penal Code, 1860 specifically declares that nothing is an offence by reason of any harm which it may cause to a person for whose benefit the act is done in good faith even without that person's consent if the circumstances are such that it is impossible for that person to signify consent or if that person is incapable of giving consent and has no guardian or other person in lawful charge of him from whom it is possible to obtain consent in time for the thing to be done for his benefit. Law, therefore, expressly declares that an act done in an emergency will not be called in question for want of consent. In other words emergency ratifies an act done for the benefit of a person even in absence of a consent.

Besides Medical Emergencies the other situations where consent need not be obtained are when

- A person is unconscious
- Immigrants

- New admissions to prisons
- Examination under Court Order-especially to ascertain mental condition of the person ordered to be examined.
- Request by a police officer under Cr. P.C. Section 53(1)
- Members of armed forces
- Persons handling food or dairy products.

For a proper and valid consent, a doctor would be well advised to ensure that

1. The consent must be a free consent. That is, it must not be obtained under coercion, undue influence, misrepresentation, fraud or mistake.
2. The consent must be executed by parties having capacity to enter into contracts. That is, they must not be minors, they must not be of unsound mind, unconscious or intoxicated.
3. In case of minor or person otherwise incapacitated consent of guardian or person in lawful charge of the patient can give consent.
4. The consent must be to do a lawful act and it must not defeat any provisions of law. For example; a free consent to terminate a 22 weeks pregnancy is void ab-initio.
5. The consent must not be against 'Morality' or 'Public Policy'. For example: Husband consenting to inseminate donor semen in his wife who believes the semen to be her husband's.
6. Unilaterally executed consents are void. Consents being an agreement between two or more persons, all concerned parties must execute the same. Consent signed only by patients and not by the doctor or his representatives is void ab-initio.
7. Consents duly witnessed are more dependable legally, as the parties concerned can not subsequently deny execution.

Children and Consent

In order to enter into a valid contract the person should be competent to do so. Section 11 of the Contract Act stipulates that every person who is of age of majority and is of sound mind and is not disqualified to contracting by any law to which he is subject is competent to contract.

The Indian Majority Act, 1875 declares that every person domiciled in India shall be deemed to have attained majority when he has completed 18 years of age. Thus a person who is 18 years of age and above, who is mentally sound and conscious is competent to contract. In the case of a minor the parents of the minor, being the natural guardian or a guardian appointed by a Court shall be the person competent to contract for and on behalf of the minor.

Under Criminal Law, the Indian Penal Code, 1860 in Chapter IV has set out general exceptions to an

offence. Section 89 stipulates that an act done in good faith for benefit of a person under 12 years of age or of un-sound mind by consent either express or implied by the guardian or other person having lawful charge is not an offence by reason of any harm. The aforesaid exception is not available if there is an intention to cause death or grievous hurt. Section 90 of the said Code further stipulates that a consent given under fear of injury or mis-conception of fact would not be a valid consent under the Code.

Medical confidentiality

Medical confidentiality is believed to be one of the basic ethic for a physician since ancient time. It was perhaps Hippocrates who first described medical confidentiality as, "... whatsoever I shall see or hear in the course of my profession, as well as outside my profession in my intercourse with men, if it be what should not be published abroad, I will never divulge holding such things to be holy secrets".

Presently, in the era of hi-tech information technology this environment of confidentiality is fast changing. The situation of one doctor, one patient and one medical file belongs to the past. Patients records have become computer based, linked to clinical decisions making systems and are accessible to subsequent health care providers irrespective of time and place. Health data about individuals are among the most sensitive types of personal information. Computerized data bases of personally identifiable information may be accessed, changed, viewed, copied, used, disclosed or deleted more easily by more people (both authorized and unauthorized) than paper based records. As the access to patient record is not limited to those involved in the health care delivery and patient management, they can be retrieved and used secondarily for different purposes like: (a) education (classroom teaching and conferences); (b) regulation (limitation, post marketing surveillance and accreditation); (c) commercial enterprises (development of biotechnology and marketing strategies); (d) social services and child protection (medical records of spouse or child abuse); and (e) public health services (reports on disease mortality and morbidity, partner notification and surveillance). Since each of the searcher has different aim of search on the vast amount of health and personal information available on the information highway, there is every likelihood of breach in privacy. For example, millions of patients records are scrutinized (PBM) companies that have overt financial interest in manipulating prescribing practices. Patients are usually not told that these entities have access to their records. A survey may reveal that the patients would object if this was brought to their knowledge.

Physician's Role in Medical Confidentiality

The sensitive nature of the medical information makes it more deserving for special protection. The duty to preserve confidentiality resides with the holder of the record which may not be limited to a single primary care physician alone. Medical files are never free from undue access. The risk is more pertinent with electronic patient file. This risk has potentials to disrupt the fiduciary relationship between the patient and doctor, rather than supporting it. Thus, the physician who uses electronic files and e-mail must ensure reasonable precautions to avoid exposing patient's data specially related to identity to unauthorized entities. Moreover, physicians should caution patients against using e-mail for those matters that patients themselves would not wish to be available to payers, employers and others.

Different countries have enacted laws to maintain the communication privacy such as Electronic Communications Privacy Act of USA, which also includes electronic communication.

India is also among a dozen countries of world and second in whole of Asia to have Information Technology (IT) Act (cyber related law). The Act which came in force on October 17, 2000 gives legal sanctity to e-documents. Section 72 of the Act, that deals with breach of confidentiality and privacy, states "Save as otherwise provided in this act or any other law for the time being in force, any person who, in pursuance of any of the powers conferred under this Act, rules or regulations made thereunder, has secured access to any electronic record, book, register, correspondence, information, document or other material without the consent of the person concerned, discloses such electronic record, book, register, correspondence, information, document or other material to any person, shall be punished with imprisonment for a term which may extend to two years, or with fine which may extend to one lakh rupees, or with both". But, this act is also silent on the special nature of medical confidentiality. Thus, till the time it is incorporated in the Act, physicians should adhere to the basic principles of medical confidentiality strictly in order to avoid ethical as well as legal repercussions.

Abortion

The Medical Termination of Pregnancy Act 1971: In order to understand the basis on which the **MTP Act** is based, it is necessary to identify the two main driving forces behind the Act, those being:

- a) Those who were proponents of family planning and population control and saw the legalization of abortion as a potential way of lowering the birth rate.
- b) Those who were concerned with abortions being conducted by non-qualified, untrained and ill-

equipped medical practitioners under unhygienic conditions and therefore were concerned with the health factor.

Hence, female foeticide was, at that point of time, not considered an issue at all which justifies the fact that not a single section in the entire Act deals specifically and expressly with the problem. The objective of the Act, as given at the onset of the Act itself, is essentially confined to dealing with the termination of certain pregnancies by registered practitioners and matters connected therewith and incidental thereto and does not extend beyond this.

Section 3 of this Act, which talks about when pregnancies may be terminated by registered medical practitioners, may be summed up as follows – “pregnancies can be terminated by registered medical practitioners where the pregnancy is not more than twelve weeks if the medical practitioner, or where the pregnancy is more than twelve but less than twenty weeks, at least two medical practitioners are of the opinion formed in good faith, that the continuance of the pregnancy would involve a risk to the life of the pregnant woman or grave injury to her physical or mental health, or where there is a substantial risk that if the child were born, it would suffer from such physical or mental abnormalities as to be seriously handicapped. Pregnancy of any woman who has not attained the age of eighteen or who is eighteen but is mentally ill (incorporated in place of lunatic by the 2002 Amendment), shall be carried out after obtaining the consent of the guardian in writing”.²

However, all these clauses may be mis-utilized by doctors or the parents in the following ways:

Firstly, it is important to note, that the section mentions that the registered medical practitioner must act in good faith. This is a very vague notion and no number of legislations can guarantee that a doctor is acting in good faith, if his intention is to flout the law, unless it is very obvious in the face of it. In a country like India, where citizens abide or do not abide by laws as per their wishes, where authorities expected to maintain law and order may be bribed, and where the medical profession has turned into a money minting industry from what it was meant to be – a profession rendering service to the society, some doctors do not realize that their patient’s well-being is their top priority and that whatever they do is to be done for the maximum benefit of his patients, do not act in good faith.

Secondly, it is to be kept in mind, that rape is an evil, women have suffered not only in the hands of outsiders and unknown people, but also in the hands of family members and near relatives. However, very few cases dealing with the second category have been reported so far, because it tarnishes the family name.

Such circumstances are usually hushed up and the girl is taken to shady hospitals, using unhygienic conditions to abort the child. Looking at the clause from another angle, a particular family may frame up such an incident in order to get a female fetus aborted. Such a sensitive issue as this would save them from having to face police authorities because they would let the doctor know that they want the whole incident to be kept under cover. And the doctor understanding the gravity of the whole situation would do his work as secretly as possible in order to guard the privacy of his patient.

In a case, where a couple have taken certain precautions to avoid future pregnancies and already have children, but still have conceived, they are allowed to have an abortion done. However, a close study of the clause will show, that where a couple already have a girl child and the woman has conceived another female fetus, they may use this clause to get the fetus aborted and their actions cannot really be questioned by police authorities or doctors for it is exclusively their decision whether to increase their family or not.

Furthermore, doctors reckon that these conditions are more aggravated because the Medical Termination of Pregnancy (MTP) Act, which was brought in to protect a woman’s rights, is being misused by society and the concerned parents often carry out the sex determination tests in some clinic and get the abortion done in another recognized clinic or hospital where the reasons for abortion are not questioned. There are about 20,000 registered ultrasound clinics in the country and several hundred unregistered ones, especially in rural areas. Furthermore, in 2003, the AIIMS along with WHO, ICMR and the Ministry of Family Welfare, felt the need to launch the pill in the family welfare programme as a safe alternative to surgical termination of pregnancy. However, the administration of the pill should only be under medical supervision with proper back-up facilities for blood transfusion and MTP services. This rules out self-medication and clandestine administration of the pill as has been reported from some parts of the country. This is a very important aspect, which should be kept in mind, because more often than not, due to the lack of stringent laws to check such malpractices, people would abuse such a provision.

Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act 1994:

The most prominent feature of the amended Act seems to be the inclusion of pre-conception sex selection processes. This concept has been introduced very recently to tackle the problem posed by US based company Gen Select, who have introduced a method called ‘Fully Integrated Programme’ by which couples can select the gender of their next child even before its conception. Another important change introduced in the amended Act is that the explanation of the terms ‘Genetic Clinic’ and ‘Genetic Laboratory’ in Sections

2(d) and (e) respectively have been made to include even a vehicle which has an ultrasound machine, or a scanner or an imaging machine or other equipment or a portable equipment which can determine the sex of the foetus. Though the 1994 Act had used the phrase 'or any place' in an attempt to include all such vehicles, the amended Act, expressly speaks about them to be a part of Genetic Clinics or Laboratory.

The term 'Sex Selection' under Section 2(0) of the Amended Act, has also been defined extensively and the Act has also used the term 'particular sex' in an attempt to ensure that both male and female foeticides are made a crime, though the presence of the former is rarely anticipated in the Indian scenario.

The amended Act has also introduced Section 6 (c) which tries to plug the loopholes created by Sections 6(a) and 6 (b) of the previous Act. While Section 6(a) prohibits sex determination of the 'foetus' only a person who carries out sex determination tests on an 'embryo' or a 'conceptus', by whatever means would escape liability under Sections 6(a) and 6(b). Section 6(c) has been introduced to deal with this problem. Hence Section 6(c) attempts to cover borderline cases. A shift in the hierarchy with the creation of the State and Union Territory Supervisory Boards, in addition to the Central Supervisory Board existing under Section 7 and the appropriate authority constituted under Section 17 might help in catering to the overall supervisory functions and a better monitoring of the entire scheme of implementation of the Act. Section 22(2) of the amended Act has tried to put an end to advertisements in this regard, which most clinics do in order to attract customers. It extends a ban on advertisements and also has substantially increased the quantum of punishment to deter the delinquents.

It is pertinent to note that the unamended 1994 Act, under Chapter VI, Section 18, dealt with the grant of registration to any Genetic Counselling Centre, Genetic Laboratory or Genetic Clinics. No prenatal tests were allowed to be conducted unless these places obtained registration. However, in several parts of India, on account of the laxity on the part of the State Governments, there was rampant mushrooming of such centers on vehicles, catering to the rural population at affordable prices.

Lastly, it should be noted that the unamended Prenatal Diagnostic Techniques Act 1994, curbed the practice of sex determination tests using amniocentesis, chorion biopsy and ultrasound. All these were non-bailable offences under the Act. The amended Act however, seeks to bring the issue of eugenics back by the introduction of reproductive technologies and medical advances in prenatal and neonatal care. The Act justifies the use of prenatal diagnostic tests for the purpose of detecting genetic abnormalities or metabolic

disorders or chromosomal abnormalities or certain congenital malformations or sex linked disorders.

Euthanasia

Medical science has now acquired life supporting systems and medications to extend life artificially for long periods, even after the loss of brain activities and the control of bodily functions. Today, many people have a fear that they will be kept alive artificially in this manner. This will cause great suffering to them as well as to their near and dear ones. The decision to reject such artificial treatment should be of the patient alone and no one else. This decision of the patient constitutes the act of 'euthanasia'. Earlier this was called 'mercy killing'. However, now, the term "euthanasia" encompasses acts from lethal injection to "assisting" in suicide; to withholding basic levels of care from non-terminal patients. In all cases of euthanasia, the action or omission is expressly intended to cause the death of a person. Traditionally, persons suffering from a terminal illness were allowed to die naturally. Under this centuries-old ethic, patients are not obligated to use extraordinary or heroic medical treatment that would only prolong the dying process. Ordinary care and treatment should be provided to all patients to sustain their daily needs and comfort. When a person has clearly reached their "last day," the focus of medical treatment may be switched from curing to caring.

In the case of Euthanasia and Physician Assisted Suicide, the countries that advocate 'mercy killing' are Holland, Northern Provinces of Australia as well as some states in the United States of America. The Netherlands is the first country in the world to legalize euthanasia. The bill allows doctors to kill patients with terminal diseases who are suffering "unbearably," if they request it.

'Right to death' is different from euthanasia. Euthanasia means 'a good and peaceful death'. The term 'terminal', as defined by medical experts, means a disease that cannot be cured or has no remedy. In fact, the final remedy is death. These terminally ill persons should be permitted to assess the relief which is granted by euthanasia. A practicing consultant, who is an expert in that particular field of illness, must confirm the terminal illness of the patient.

Euthanasia is like a 'will', made by a person when he is hale and hearty, just as the will, which deals with property and inheritance. Any person, who is competent in the eyes of the law, should be allowed to make a will. This will should be made in front of two witnesses, stating his desire to die in case of terminal illness. He should also state that his decision can be revoked by him at his own will at any given time in the future. It should not be binding on him that he must exercise his right to die in case of a terminal illness. He should have the option of revoking such a decision at

any given point in the future. A person should be given the choice to decide the time and place of his death.

The medical profession holds that the life of a patient has to be saved. However, in cases of a terminal illness, medical professionals do not prolong the life of a person. Instead they prolong the death of the person. One cannot say that since the Constitution of India says that Article 21 is the right to life of an individual, he must be kept alive through all the sufferings that he has to undergo throughout the period till death releases him from his ordeal. Sufferings can be physical, mental as well as monetary. Euthanasia can be considered to be a solution to get rid of such sufferings. It can be of the following two types:

- Active euthanasia
- Passive euthanasia

Under the active form of euthanasia, giving the patient a lethal injection after his consent can eliminate the sufferings. Under passive euthanasia, the doctor plays a passive role. He can be granted with immunity against criminal proceedings. Hence, this cannot be termed as a 'physician assisted suicide'.

Issues Involved Under Euthanasia are:

1. Whether there can be a misuse of the practice- wherein property matters and inheritance come to light. This can be a hindrance to the spirit of euthanasia.
2. Life is precious and here the ethical principles of life are involved.

In case of minors or mentally retarded persons, the will of the parents can be taken into account. The earlier mentioned procedure for consent will remain constant. In the Jain religion, there is provision that considers euthanasia as legal and this is called Santhara. As the law now stands, physicians and surgeons who wish, in the interest of compassion and humanity, to respond to the patient's wishes in a suitable case, are inhibited from acting in accordance with their conscience for fear that they might be breaking the law of the land of which they are loyal citizens. It is also possible that a doctor in such a predicament may be exposed to blackmail. It is therefore necessary that doctors, who act with care and humanity, must be protected from prosecution and persecution.

The Indian Constitution says that the 'Right to Die' is not a fundamental right under Article 21. Whether the right to die is included in Article 21 of Constitution came up for consideration for the first time before the Bombay High Court in *The State of Maharashtra v. Maruti Shripathi Dubal* [(1987) Cr LJ 549]. The Court held that the right to life, guaranteed by Article 21 includes the right to die. Consequently, the Court struck down Section 309 IPC, which provides punishment for the attempt to commit suicide as unconstitutional. The judges felt that the desire to die is not unnatural, but

merely abnormal and uncommon. They listed several circumstances in which people may wish to end their lives, including disease, cruel or unbearable condition of life, and a sense of shame or disenchantment with life. They held that everyone should have the freedom to dispose of his life as and when he desires. The Supreme Court in *P. Rathinam v. Union of India* [(1994) 3 SCC 394] upheld the Bombay High Court's decision. However, in the case of *Gian Kaur v. State of Punjab* [(1996) 2 SCC 648], a five judge Constitution Bench of the Court overruled the *P. Rathinam*'s case and held that 'Right to Life', under Article 21 of the Constitution, does not include 'Right to Die' or 'Right to be killed.' The Right to Die is inherently inconsistent with the Right to Life.

The Court held that the Right to Life is a natural right, embodied in Article 21. However, suicide is an unnatural termination or extinction of life and, therefore, incompatible and inconsistent with the concept of Right to Life. Supporters of euthanasia are of the opinion that being in a permanent comatose and helpless condition was not at all beneficial to the patient. It was held that this concept was unrelated to the 'Principle of Sanctity of Life' or the 'right to live with Dignity'. The Court said that this argument was of no assistance to determine the scope of Article 21 of the Constitution while deciding whether the guarantee of 'Right to Life' includes the 'right to die'.

The court made it clear that the 'Right to Life,' including the right to live with human dignity, would include the existence of such a right to a dignified life up to the point of death, including a dignified procedure of death. This may include the right of a dying man to die with dignity, when his life is ebbing out. However, the 'Right to Die' with dignity at the end of life is not to be confused with the 'Right to Die' an unnatural death, curtailing the natural span of life. The Court reiterated that the argument to support the views of permitting the termination of life in such cases (e.g. a dying man, who is terminally ill and is totally dependant on life support systems), by accelerating the process of natural death, when it was certain and imminent, was not available to interpret article 21 to include the right to curtail the natural span of life.

Euthanasia can never be implemented in a country where there is a clash of ideologies. There has been a lot of debate on this topic over the past few decades. The right to life of an individual is certainly the most fundamental right. Yet in extreme cases, it should not be binding on the individual to exercise that right in cases of agony. Suicide should not be confused with euthanasia. The former is a narrower term when compared with euthanasia. In Greek, euthanasia means a 'good death'. This policy of good death has been implemented in the Netherlands. Other countries will have to decide for themselves. Maybe, the Dutch style

of an open policy is the best way to deal with such a delicate and ambiguous concept.

Patients' Rights: It is often overlooked that patients have the common law right to refuse any medical treatment. A doctor who treats a patient against his or her express wishes can be charged with assault. It would be wise to educate people as to their right to refuse treatment. There is no need to convert this well-established legal principle into legislation. Regardless of the intention of "right to die" or "aid in dying" laws, they could very easily open the door to active euthanasia. In the present climate of opinion, it is easy to imagine a doctor giving a lethal dose of pain-killing drug and then claiming that death was the best way to eliminate physical suffering. If the doctor could also show that the patient had requested the lethal dosage, the court might well interpret the law in the doctor's favor. Many do not find the prospect of legal voluntary active euthanasia in any way alarming. But two things should give us pause. First, as the Canadian study on the same will show, most health care professionals endorse the patient's right to refuse medical treatment, but oppose legalizing active euthanasia. The professionals recognize that if pain is controlled, as it can be in virtually all cases, very few terminally ill people ask to be put to death. Second, experience in Holland tells us that voluntary Euthanasia can quickly become involuntary euthanasia.

The Alternative to Euthanasia: The alternative to legalized euthanasia is not extraordinary. The alternatives are appropriate medical care – including 1) the withdrawal of treatment upon patient request, or if that treatment serves no therapeutic purpose; and 2) dispensing drugs as necessary to control pain. No doctors, laws, or organizations oppose ceasing care when the time to die has arrived.

Conclusion

I hope my submission has amply highlighted the importance of medical law and medical ethics in the balanced, sustained and harmonious development of medical profession in our country. But at the end of the day the fact, however, remains that mere formulation of laws cannot be a sufficient condition for the regulation of medical profession in social interests. In a class divided society like that in India, many of the laws geared to social welfare cannot be adequately enforced because of the inaccessibility of the common multitude to the law courts. Hence, I feel that along with the development of a medical law regime, there should be a consciousness raising exercise within the medical profession itself so that there can be adequate self-restraint on the part of the medical practitioners themselves. In ensuring this, a constant dialogue between the medical practitioners and other sections of

the civil society is a must. From this perspective holding of orations like this can serve a fruitful purpose.

References

1. Advocate Anoop K. Kaushal, Medical Negligence and Legal Remedies with special reference to Consumer Protection Law (Second Edition: New Delhi: 2000) p.2
2. Certain explanations accompany this particular Sections:
 - a) In a pregnancy caused by rape, the anguish caused by such pregnancy shall be presumed to constitute a grave injury to the pregnant woman.
 - b) Where any pregnancy occurs due to the failure of any device or method used by the woman or her husband for the purpose of limiting the number of children, the anguish caused by such unwanted pregnancy may be presumed to constitute a grave injury to the mental health of the pregnant person.
 - c) In determining whether the continuance of the pregnancy would involve the above-mentioned risk, account may be taken of the woman's actual reasonable foreseeable environment.

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13. SOCRATES – a man for our times
(He was condemned to death for telling the ancient Greeks things they didn't want to hear, but his views of consumerism and trial by media are just as relevant today.) HUGHES, Bettany
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(The Hindu, 19.10.2010)

Two thousand four hundred years ago, one man tried to discover the meaning of life. His search was so radical, charismatic and counterintuitive that he became famous throughout the Mediterranean. Men – particularly young men – flocked to hear him speak. Some were inspired to imitate his ascetic habits. They wore their hair long, their feet bare, their cloaks torn. He charmed a city; soldiers, prostitutes, merchants, aristocrats – all would come to listen. As Cicero eloquently put it, "He brought philosophy down from the skies." For close on half a century this man was allowed to philosophise unhindered on the streets of his hometown. But then things started to turn ugly. His glittering city-state suffered horribly in foreign and civil wars. The economy crashed; year in, year out, men came home dead; the population starved; the political landscape was turned upside down. And suddenly the philosopher's bright ideas, his eternal questions, his eccentric ways, started to jar. And so, on a spring morning in 399 BC, the first democratic court in the story of mankind summoned the 70-year-old

philosopher to the dock on two charges: disrespecting the city's traditional gods and corrupting the young. The accused was found guilty. His punishment: state-sponsored suicide, courtesy of a measure of hemlock poison in his prison cell.

The man was Socrates, the philosopher from ancient Athens and arguably the true father of western thought. Not bad, given his humble origins. The son of a stonemason, born around 469BC, Socrates was famously odd. In a city that made a cult of physical beauty (an exquisite face was thought to reveal an inner nobility of spirit) the philosopher was disturbingly ugly. Socrates had a pot-belly, a weird walk, swiveling eyes and hairy hands. As he grew up in a suburb of Athens, the city seethed with creativity – he witnessed the Greek miracle at first-hand.

But when poverty-stricken Socrates (he taught in the streets for free) strode through the city's central marketplace, he would harrumph provocatively, "How many things I don't need!" Whereas all religion was public in Athens, Socrates seemed to enjoy a peculiar kind of private piety, relying on what he called his "daimonion", his "inner voice". This "demon" would come to him during strange episodes when the philosopher stood still, staring for hours. We think now he probably suffered from catalepsy, a nervous condition that causes muscular rigidity.

Putting aside his unshakable position in the global roll-call of civilisation's great and good, why should we care about this curious, clever, condemned Greek? Quite simply because Socrates's problems were our own. He lived in a city-state that was for the first time working out what role true democracy should play in human society. His home-town – successful, cash-rich – was in danger of being swamped by its own vigorous quest for beautiful objects, new experiences, foreign coins.

Fundamental questions

The philosopher also lived through (and fought in) debilitating wars, declared under the banner of democracy – people power, democracy. The Peloponnesian conflict of the fifth century against Sparta and her allies was criticized by many contemporaries as being "without just cause". Although some in the region willingly took up this new idea of democratic politics, others were forced by Athens to love it at the point of a sword. Socrates questioned such blind obedience to an ideology. "What is the point," he asked, "of walls and warships and glittering statues if the men who build them are not happy?" What is the reason for living life, other than to love it? For Socrates, the pursuit of knowledge was as essential as the air we breathe. Rather than a brainiac grey-beard, we should think of him as his contemporaries knew him: a bustling, energetic, wine-swilling, man-loving, vigorous, pug-

nosed, sword-bearing war-veteran: a citizen of the world, a man of the streets.

According to his biographers Plato and Xenophon, Socrates did not just search for the meaning of life, but the meaning of our own lives. He asked fundamental questions of human existence. What makes us happy? What makes us good? What is virtue? What is love? What is fear? How should we best live our lives? Socrates saw the problems of the modern world coming; and he would certainly have something to say about how we live today.

He was anxious about the emerging power of the written word over face-to-face contact. The Athenian agora was his teaching room. Here he would jump on unsuspecting passersby, as Xenophon records. "One day Socrates met a young man on the streets of Athens. 'Where can bread be found?' asked the philosopher. The young man responded politely. 'And where can wine be found?' asked Socrates. With the same pleasant manner, the young man told Socrates where to get wine. 'And where can the good and the noble be found?' then asked Socrates. The young man was puzzled and unable to answer. 'Follow me to the streets and learn,' said the philosopher." Whereas immediate, personal contact helped foster a kind of honesty, Socrates argued that strings of words could be manipulated, particularly when disseminated to a mass market. "You might think words spoke as if they had intelligence, but if you question them they always say only one thing ... every word ... when ill-treated or unjustly reviled always needs its father to protect it," he said.

When psychologists today talk of the danger for the next generation of too much keyboard and texting time, Socrates would have flashed one of his infuriating "I told you so" smiles. Our modern passion for fact-collection and box-ticking rather than a deep comprehension of the world around us would have horrified him too. What was the point, he said, of cataloguing the world without loving it? He went further: "Love is the one thing I understand." The televised U.K. general election debates earlier this year would also have given pause. Socrates was withering when it came to a polished rhetorical performance. For him a powerful, substance-less argument was a disgusting thing: rhetoric without truth was one of the greatest threats to the "good" society.

Interestingly, the TV debate experiment would have seemed old hat. Public debate and political competition (agon was the Greek word, which gives us our "agony") were the norm in democratic Athens. Every male citizen over the age of 18 was a politician. Each could present himself in the open-air assembly up on the Pnyx to raise issues for discussion or to vote. Through a complicated system of lots, ordinary men might be made the equivalent of heads of state for a year; interior

minister or foreign minister for the space of a day. Those who preferred a private to a public life were labeled idiots (hence our word idiot).

Socrates died when Golden Age Athens – an ambitious, radical, visionary city-state – had triumphed as a leader of the world, and then over-reached herself and begun to crumble. His unusual personal piety, his guru-like attraction to the young men of the city, suddenly seemed to have a sinister tinge. And although Athens adored the notion of freedom of speech (the city even named one of its warships Parrhesia after the concept), the population had yet to resolve how far freedom of expression ratified a freedom to offend.

A scapegoat

Socrates was, I think, a scapegoat for Athens's disappointment. When the city was feeling strong, the quirky philosopher could be tolerated. But, overrun by its enemies, starving, and with the ideology of democracy itself in question, the Athenians took a more fundamentalist view. A confident society can ask questions of itself; when it is fragile, it fears them. Socrates' famous aphorism "the unexamined life is not worth living" was, by the time of his trial, clearly beginning to jar.

After his death, Socrates' ideas had a prodigious impact on both western and eastern civilization. His influence in Islamic culture is often overlooked – in the Middle East and North Africa, from the 11th century onwards, his ideas were said to refresh and nourish, "like ... the purest water in the midday heat". Socrates was nominated one of the Seven Pillars of Wisdom, his nickname "The Source". So it seems a shame that, for many, Socrates has become a remote, lofty kind of a figure.

When Socrates finally stood up to face his charges in front of his fellow citizens in a religious court in the Athenian agora, he articulated one of the great pities of human society. "It is not my crimes that will convict me," he said. "But instead, rumour, gossip; the fact that by whispering together you will persuade yourselves that I am guilty." As another Greek author, Hesiod, put it, "Keep away from the gossip of people. For rumour [the Greek pheme, via fama in Latin gives us our word fame] is an evil thing by nature she's a light weight to lift up, yes, but heavy to carry and hard to put down again. Rumour never disappears entirely once people have indulged her." Trial by media, by pheme, has always had a horrible potency. It was a slide in public opinion and the uncertainty of a traumatized age that brought Socrates to the hemlock. Rather than follow the example of his accusers, we should perhaps honour Socrates' exhortation to "know ourselves", to be individually honest, to do what we, not the next man, knows to be right. Not to hide behind the hatred of a

herd, the roar of the crowd, but to aim, hard as it might be towards the "good" life.

14. THE HAHNEMANNIAN PROCEDURE: INDIVIDUALIZATION

Jose G.GARCIA, M.D.

(From the Homœopathic Recorder, October, 1941)

Without the slightest doubt the practice of medicine carries a heavy responsibility. The biological field is slippery and requires a firm footing so as not to fall down pitifully; there is no other scientific education that requires so much sharpening of the senses. Medicine, particularly, takes pleasure in hiding the true facts of the phenomena, leading us to the darkness of error if we do not make use of logic as a secure and faithful guide to our reasoning. Homœopathy occupies a special place in the field of the biological sciences. In it, truth appears to us with an intense and brilliant light, but only if we make great efforts to discover her. The truth within the homœopathic doctrine does not present itself naked and clear to the first who tries to lift the veil which envelope it; at first we believe ourselves before a paradox and it looks like unpardonable puerility to fix our attention on a subject which seems to contain all the ear marks of foolishness. Pretty soon, however, we realize that the ingenuity was in ourselves and that its sources came from our ignorance. Then comes the day in which our eyes are opened and we accept as a uniformity of Nature the fact that, in order to effect the phenomena of cure, it is necessary to fill the requisite of homœopathic relation as an indispensable and absolute condition, for the Laws of Nature do not admit exceptions. If they did, they would not be laws and more, and all this admirable harmony in creation would immediately disappear. The mind of man is incapable of visualizing the spectacle which the Universe would present if on a given moment it were to escape from the control of the Natural Laws, for, consciously, or unconsciously, we always try to adjust our images and representations to the inexorable law of what we judge to be "natural". If the uniformities of Nature stopped being anything but real and positive, our reason, deprived of the precious support constituted by them, would oscillate and instantly vanish.

As the study of medicine is carried on and Homœopathy unveils itself before our eyes, we more easily perceive her great beauty, and soon enough the results will confirm that which theory has been building up in our minds. But how many deceiving roads we are liable to follow while yet on the open road of Homœopathy! Obeying the law of least resistance, avoiding the pain which every exaggerated effort involves, we run the risk of following the easy and pleasant roads, the roads to which laziness, apathy and

occasionally vanity too, lead us. On reaching the gates of Homœopathy, we are often overtaken by a great weariness, and believing that the results of our efforts have many merits and deserve high praise, we feel we have the right to a rest. This is a dangerous rest that may turn into a sleep which it is difficult to wake in time. Many homœopaths, after the long pilgrimage from the field of common medicine, reach the gates of HAHNEMANN's structure and content themselves with only enjoying a lodging allured only by exteriorities. They know the law, basis and foundation of the doctrine, and this they believe to be sufficient to exercise their practice, which satisfies them because the results are far superior to those the ordinary practice allotted them.

But the variety of pathological cases that come to us in the search of the proper treatment requires something more than the simple application of the Law of Similars. Complying with this requisite is much, but not enough. Our practice is impregnated with errors, bad procedures, vices, etc., etc., which we could justify with difficulty if we were compelled to do so. We boast about having a complete scientific doctrine, but many times our practice shows a sad disparity between the ideal and the real. It often happens that we believe, in good faith and with deplorable ingenuity, that we are homœopaths, but, to be really meritorious, in an exact and complete way, of this honorary title means a task which **requires enormous sacrifices. HAHNEMANN was very strict, and with good reasons.** It is necessary that we make a minute examination of our professional conduct before declaring publicly that we are homœopaths. HAHNEMANN cautioned us sententiously: "If the physicians do not practice carefully that which I teach, do not permit them to call themselves my disciples, and above all, do not let them shield themselves with the hope that their treatments will be crowned by success."

To pretend that, in order to become a homœopath, it suffices to prescribe the special remedies of the homœopathic school in the various cases of disease, is a great error, alas, very common and only explainable because, we must acknowledge it, we forget the original sources of our knowledge as homœopaths. The **Organon** and **Chronic Diseases** of HAHNEMANN should once more take the first place in our mind where many physicians have displaced them, to put in their stead all this enormous production of modern works on medicine which, generally, only gives a knowledge of relative utility and which, as Dr. Pierre SCHMIDT expresses himself to pertinently, hardly give only "a varnish of knowledge".

Without the careful reading of the "**The Chronic Diseases**" it is really impossible to solve this tremendous and daily problem produced by chronic maladies, about which HAHNEMANN says:

It never happens that they are conquered by the energy of a robust constitution, yield to the most sanitary regime, the most regulated way of living, or that they extinguish themselves; on the contrary, they, without pause, get worse with the years, till the end of life; taking the form of more grievous symptoms. (**Chronic Diseases**).

The Hahnemannian concept of chronic diseases differs from that which the allopathic school sustains. In reality all the maladies are chronic since all of them develop through the element of time. To HAHNEMANN chronic maladies differ from the acute ones in that the latter have within themselves a natural tendency to cure, while the others, if left alone, will accompany the individual till his death. The cases of healing which sometimes can be observed without the aid of the similar remedy are not real and positive. Frequently, in such cases, the illness has only taken on another aspect and thanks to this change permit the superficially minded to harbor the belief that they have accomplished a cure, a belief pretty soon belied by the reality; the patient suffers again and now from another organ, nearly always more important, which has to suffer the new onslaught of the undermining forces of life. The physician who has not been a homœopath in treating such a patient consoles himself and the sufferer with the explanation that it is a question of a new illness, different from the one he "cured" which he has to fight with new resources of the art. If physician and patient are "fortunate" enough to effect another change, it is only because the unhappy patient descends one more step and is nearer to the final days of his existence. After one of these tragic changes "there is no difficulty in recognizing," says HAHNEMANN, "that the new malady equally has its source in the old existing affliction and cannot fail to be part of a much larger entity."

If we forget these teachings from HAHNEMANN we are only capable of solving clinical problems of medium importance. Most certainly we will often be able to handle an acute illness, making it follow the simplest road and even cure it with surprising promptness, but we should not forget that when the organism is ill, it is nearly always because in its innermost parts there exist inclinations and morbid predispositions, creative and inexhaustible sources of the polymorphism which pathology assumes. Without the correction of the deep chronic disease we will not be able to effect a lasting restoration to health.

HAHNEMANN gives us ample and precise advice about how to treat chronic diseases and only by following his teachings step by step shall we be able to demonstrate the enormous power of Homœopathy as a restorer of this invaluable gift of Nature built up by complete health. "He who follows these teachings with

the utmost care,” says HAHNEMANN, “will be the physician who obtains the greatest success.” And he adds: “The confidence of the people has brought to me patients of all classes, from neighboring countries and even from far-off lands. Do you wish to obtain the same success? Then, imitate me frankly and loyally.” (Lesser Writings)

The white sugar tablets do not signify or identify Homœopathy. Many people say, “I have tried Homœopathy with no satisfactory result”, alluding to the fact that they have taken tablets or globules of the shape and aspect of those which the homœopathic school habitually uses. To the people in general, the powders, globules, tablets and spoonfuls of clear water make Homœopathy. Unfortunately, it is the same way with many physicians who call themselves homœopaths. **Nothing is more difficult than being a real homœopath.** “I have a homœopathic remedy”, we often say, referring to such or such a patient; but how many times we were allopaths when making that prescription! We have wandered so far from the simillimum that our pretended remedy enters the open field of Allopathy. In accordance with HAHNEMANN’s exigencies it is not enough to prescribe the special remedies of the homœopathic school in order to consider ourselves his disciples. Nor is it enough to use the repertory daily and be guided by it in all cases. Nor does it suffice to assign proper value to the symptoms, classifying them judiciously. Being able to find the remedy in accordance with the Law of Similars is not sufficient. Nor can we look to ourselves as accomplished homœopaths by the fact of exclusively using high or low potencies. In order to be a homœopath it is necessary that we follow the precise instructions which HAHNEMANN gave us for the treatment of the sick. If we do not adjust our practice exactly to his teachings we have no right to expect the brilliant results which the doctrine put in his hands, or in those of HERING and KENT, because, when they put it into practice it always proved to be most efficient. HAHNEMANN asks us before repulsing his doctrine, to submit it to a proof, and says: (Lesser Writings) “Homœopathy solely turns to the verdict of experience. **Repeat the tests, repeat them carefully and conscientiously and you will find them confirming the doctrine at each step.**” And he adds: “If everything the homœopathic doctrine promises, after having faithfully followed it, does not come true, if it does not prove itself efficient, even notably so, then we shall, by common consent, declare Homœopathy to be false.”

To get an idea of HAHNEMANN’s procedure let us make some considerations, even if superficial, about its most important points. We shall consider, in the first place, that which the homœopathic school understands by **individualization.** “What distinguishes

HAHNEMANN’s school from all other schools, consists in that we **individualize**, while the others do not,” says Sir John WEIR. The allopathic school claims to also individualize, but one cannot call individualization the cataloguing of the individuals by groups, and thus, for instance, the allopath distinguishes a group of patients with liver and kidney insufficiency to whom he does not administer the arsenicals in accordance with the classical form in which it is used in the treatment of Syphilis, on account of the risk they would run in submitting them to this cure; if the allopath feels compelled to administer quinine sulphate to a woman, he watches carefully whether she is pregnant or not; he divides his patients into groups of various ages, for he knows that in order to obtain the same effect, it is necessary to administer different doses of *Ipecac* or *Belladonna* as the case might be, to a boy two years old or to a young man twenty years of age. This is not individualizing. Proceeding thus we do not distinguish one individual from the other. To pretend that such is a case of individualization is like pretending we have individualized a recruit when saying he belongs to regiment No.13, for instance, or that we have individualized a citizen when discovering that his name is Smith, for there are many soldiers belonging to the same regiment, just as there are a great number of citizens with the same name.

HAHNEMANN does not proceed so coarsely. To him the patients differ one from another by their character, by their affections, by their desires and aversions, by the defective way of reacting physically and mentally to the influence of their environment; by the cry of protest from the human organism which indicates there is no perfect adjustment between him and the environment in which he lives, that is, by his special way of becoming ill, by his special way of suffering. The subjective symptoms for which the noblest part of the nervous system intervene in its perception and valorization, constitute the most precious material in individualizing. The objective symptoms, on the other hand, are of much more limited value and only become apparent when the disease has advanced in such a way that the tissues have reached the point of suffering such transformations about which pathological anatomy is concerned; it is then that the tumour appears, or that the murmur in Endocarditis becomes evident; Ankylosis sets in; the liver gets scirrhus and atrophies, the lung is full of tubercles, etc., etc. The sudden changes of discoloration, the modifications in the diameter of the pupils, the fan-like motion of the nostrils, etc., are also objective symptoms, although when they are just beginning to show they do not necessarily indicate deep anatomical modifications and are therefore of great value for individualization.

From HAHNEMANN's point of view there is a distinct difference between general and particular symptoms. The general symptoms are those which refer to the person in his totality and to HAHNEMANN and KENT they are those which have to lead us to the group of remedies amongst which one has to find the **Simillimum**. The particular symptoms are those which refer to a part or an organ of the patient. It is easy to realize that, logically, the general symptoms will be of much greater importance than the particular ones, because they indicate how the individual suffers in his totality. But unfortunately the particular symptoms so intensely draw the attention of the patient that the physician often fixes his own on the same symptom, disregarding the patient's general way of reacting. The result is that he succeeds in improving or in making disappear the local trouble, leaving the morbid potencies of that organism untouched. Soon the patient again requires our services, for, once more, he suffers from the same trouble, although it may be on another location and that because we did not administer his remedy, his chronic remedy, his constitutional remedy; the homœopathicity of our first prescription was only partial and we cured only partially; we individualized, if it can be called thus, but only on the organ which suffered most. This therapy, useful in acute diseases, has little or no value at all in chronic cases or in acute diseases, with deep and marked roots. Still it is necessary to make one exception: among the particular symptoms there might be some of those which HAHNEMANN calls "rare, singular and characteristic", which are peculiar to the patient, distinguishing him from the rest, and due to this fact we must consider them among the most important. Frequently the characteristic symptoms serve us as guides to find the remedy, but if we abuse the we would not succeed in giving our patients all the benefits which Homœopathy, if faithfully followed, is capable of giving; in chronic diseases the characteristics assume much less importance than in acute ones. The language of chronic suffering is more complicated, lacks that clearness and precision of the acute one and the characteristic symptom hides itself, making the selection difficult. Thus, then, in chronic cases, it is better to abandon the hope of finding the remedy by way of the characteristic symptoms; it is necessary to take the case in its totality, judiciously classifying the symptoms in the following order: First, the general symptoms (general aggravation from change of weather, cold or hot; in the open air; in a closed room; standing, sitting or lying down; desires for or aversions to food, etc.) Immediately after that we have to fix our attention on mental symptoms, so important for the correct selection. The mind is a perfect registrator of the slightest alterations in the physiology or the

morphology of the organs, and thus, the symptoms of this class range themselves in an immediate second place, which makes them come up to almost an even place with the general symptoms. We must investigate these symptoms with the utmost care in order not to produce an unpleasant reaction from the patient, if we directly ask him whether he is jealous or inclined to weep, before gaining his confidence, thus avoiding giving him the impression that such are only silly questions. Particular symptoms should be considered at last for instance, the catarrhal discharges, the hardening of such or such an organ or tissue, heartburn, hoarseness, chronic enlargement of the tonsils, etc., etc. Symptoms and signs that, when they do not carry the stamp of the particular, are of little use in regard to the prescription, for they do not individualize and frequently only serve to get us lost, inducing us to proceed allopathically. This is what happens when, seeing the enlarged veins in a leg, we prescribe without further investigations *Hamamelis* or *Pulsatilla*; *Aesculus* for Hemorrhoids; *Baryta carbonica* for chronic enlargement of the tonsils, etc. **This is not Homœopathy.** In these cases there only exists a relation of affinity between the remedy and the diseased organ and we have not been given the trust of treating only the enlarged tonsils, but a patient with enlarged tonsils. KENT mentions, for this particular condition, thirty-two remedies, and it may well be that the remedy of our patient is not to be found in this list. SCHMIDT of Geneva, relates a brilliant case of curing some Varices of the lower limbs with *Magnesia carbonica*, notwithstanding that in turning the leaves of KENT's Repertory, we will find that he does not mention this remedy as useful for the correction of this condition of the lower limbs; but Dr. SCHMIDT was guided by the general and mental symptoms of the patient. Indeed, that which interests us is the sick person and to discover in what way he manifests his deficient fitting with the environment, for when this is lacking, when this deficient in the adaptation prolongs itself, the modifications in the morphology of the organs establish themselves and it is then that the pathologist becomes active. Once the definite damage has been established, the end results – as KENT calls them – may make the services of the surgeon necessary.

Our role as physicians "consists (HAHNEMANN said it apparently with great simplicity) in restoring health to the sick, which is what we call curing." In order to perform this task it is first of all necessary to individualize and to do so with precision, according to what HAHNEMANN and KENT taught us; thus we will have a firm basis for reaching the **simillimum**. If we are fortunate enough to determine the remedy with exactness, we will only have gone half the way, for it is not enough to arrive at the diagnosis of the remedy, but it is imperative to know how to administer the remedy.

In the fundamental works of Homœopathy we find precise instructions about these delicate points. KENT has gone into detail about some of them and in this lies his principal merit, having revived and insisted on that which HAHNEMANN taught, thus becoming his most distinguished commentator. When some European homœopaths, especially French and German, speak about the “Kentians” they only reveal their ignorance of HAHNEMANN’s works, for KENT’s teachings do not depart from HAHNEMANN’s. He himself has said, “It has always seemed strange to me hearing people say that I meant to produce a diversion from HAHNEMANN’s teachings. I have simply tried to explain what they signify and how to put them into practice after a hundred years. I made no discoveries. There is nothing that I can claim to be of my invention.”

When, after careful mental work, we have reached the diagnosis of the remedy, great difficulties are still to be overcome as far as the best way to administer the remedy is concerned and how to give the exact value and to interpret the language of the sick organism, stimulated by the specific which is the homœopathic remedy. Then we must emphasize the fact and must justify the necessity of the unique remedy; we must also consider the delicate problem of the dosage and its repetition in accordance with the response of the patient’s organism and should consider as well the delicate problem of the almost always present handicaps which render the cure more difficult.

To discuss this most important subject is not a matter to be limited to the narrowness of one paper, but must be left open for further study.

Monterrey, N.L., Mexico. [Read by title before I.H.A. Bureau of Philosophy, June 19, 1941].

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15. On The Best Method Of Studying And Teaching Materia Medica.

HUGHES, Richard, BRIGHTON, England

(From the Hahnemannian Monthly, July, 1894)

(Read before the American Institute of Homœopathy, Denver, 1894)

I am pleased to respond, as far as possible, to the questions asked of “students and teachers of homœopathic Materia Medica the world over” by the section on that subject of the American Institute of Homœopathy. I say “as far as possible”, because several of the inquiries made---as Nos.II.c. and IV.---address teachers only, and this I am not and never have been. It may be said that my MANUAL of PHARMACODYNAMICS, in its editions from the third onwards, has taken the form of lectures. True, but these are of the post-graduate type. They assume, in

their hearers, a knowledge of the ordinary action and uses of drugs, and discuss rather than inform concerning them. The question now before us is, how students in homœopathic colleges shall be taught; how, to minds presumably ignorant of the whole subject, such knowledge shall be imparted and such methods of study recommended as shall furnish them with “Materia Medica” indeed, the material wherewith the medical practitioner goes forth supplied for his combat with disease. From any practical experience as such a teacher I cannot speak, but as a student and expositor of the subject for more than thirty years, I have my thoughts upon it and upon the best way of giving instructions in it. These I now submit to my colleagues.

The first question is that raised in I. and II. It is, how shall the student be initiated into Materia Medica before his regular class-teaching begins? On this point I would urge one thing: that the text-book commended to such a learner shall not be one consisting of symptom lists. Of whatever use they may be to the practitioner, to a beginner they are uninteresting, confusing disheartening. He wants an introduction which shall lead him to easy access to the inner shrine, which shall prepare him to understand and appreciate what he finds there. For this purpose a literary work is required; one susceptible of continuous and not disagreeable reading; one that deals with outlines and generalities instead of burdening the memory with details. It was to supply such need, mainly, that I originally wrote my PHARMACODYNAMICS, but I must not let a parent’s natural partiality blind him to the probability of other works suiting the student as well or better. I only insist that if you want to interest him and prepare him to approach with zest to his further studies in this sphere, you must choose such a book for his preliminary reading.

2. “What is the best method of teaching Materia Medica for the teacher to his classes in the college?” This is question II.b., and is, I think, the most important of all that are asked. My own main answer to it has been given, by anticipation, in the paper contributed to this section of the Institute of 1892. I there urged that teacher of Materia Medica, in a college dominated by the method of HAHNEMANN, should first of all ground his students thoroughly in the pathogenetic action of drugs; and that for this purpose he should use original material---Hahnemann’s own works when the drug is contained there, and, for later proving and poisonings, the detailed narratives of the CYCLOPAEDIA of DRUG PATHOGENESY. When from these, quoted and shown to the class, the sick-making powers of the drug have been demonstrated, its power to heal should be exhibited and the two classes of action correlated. My aim in pressing this point was to eliminate from the class-room those compilations of symptomatology, which have multiplied so largely of

late, in which clinical symptoms are mixed up with observed facts in undistinguished mass. Whatever use the practitioner may make of such lists, they are simply fatal to the student, blinding his sense of true and false, and preparing him to be a symptomatic empiric rather than a follower of the rule—"let likes be treated by likes."

The discussion which followed the reading of my paper is an interesting one. Four *Materia Medica* professors took part in it. Of these two agreed with my views, and stated that they followed the practice I advocated. The other two thought my remonstrances needless, but went on to warrant them by defending the very aberrations I had argued against---one advocating the clinical method of teaching *Materia Medica*, the other stating his plan to be the grouping of symptoms about hypotheses as to the general physiological action of the drug. I think, then, that I am justified on the present occasion in reiterating the views I expressed in 1892, and urging the teaching in our colleges of pure drug-pathogenesis based on original material.

3. In question IV, inquiry is made as to teaching regarding the potency of the remedies to be employed. I would advocate here the historical method. It is not---I think---individual *DICTA* that the student should hear from the chair of *Materia Medica*; but the general experience of the homœopathic body. There are medicines in favor with all sections, high-potency and low-potency men alike; there are those like *Calcarea* and *Sepia*---which the latter scarcely think of; and there are those---like the alkaloids---which seem unknown in the practice of the former. Let the lecturer state these facts, and refer each medicine to its proper class. His hearer will thus start on their own career unprejudiced on the general question of potency, but furnished with the broad results obtained by their predecessors up to the present time.

4. As regards the teaching of the **Organon**, it does not seem to me to belong to the chair of *Materia Medica* at all, but to that of the theory and practice of medicine. From this I would have it, at sometime in every student's course, read and critically commented on; and I would urge that for this purpose Dr. DUDGEON's revised translation, published last year, should be in the teachers' hands. Its appendix, based on a collation of the five editions of the book, and containing excerpts pertinent to the various points from the other writings of HAHNEMANN, is invaluable for a full understanding and exposition of his mind.

May I take this opportunity of pressing also on those who write upon *Materia Medica* the importance of using first-hand matter, and quoting it correctly? Dr. G.S. PECK is the last who has illustrated the inconvenience of doing otherwise. In an article on Mercury in the December number of the NORTH AMERICAN JOURNAL OF HOMŒOPATHY, he

writes thus: "on the male sexual organs Dr. HUGHES speaks of *Mercurius sol.*, producing various ulcers which bleed when touched, and cause pain over the whole body; ulcers are round, raw-looking, with overhanging edges, base covered with a cheesy lining; red vesicles at termination of glans, later ulcers form which break and exude a yellowish, or white, strong smelling matter." Now what I have written is the following: "One of Hahnemann's provers (Hornburg) reports the following symptoms---'a number of small red vesicles at the termination of the glans penis under the prepuce, which break open and pour forth a yellowish-white, staining, strong-smelling matter; afterwards the large ulcers bled, and, when touching them, a pain was felt in them which affected the whole body; they were round; their edges which looked like raw flesh, overhung the ulcers, the base of which was covered with a cheesy lining.'" A similar symptom was experienced by one of the provers of *Cinnabaris*. I am sure that Dr. PECK himself will see how truth suffers by his version of this statement. The ulcers are disconnected from the vesicles, by being placed before them; are described without warrant as "various" and I am made responsible for their frequent production by *Mercurius solubilis* (for that is what his words imply). Whereas I only cited a single incident or such occurrence.

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16. Dosage and Restoration of Health
Homœopathic Pharmacology
BEIJERING, Frank, J. (HL. 21, 1-2/2008)

"Life is short, [the] art long, opportunity fleeting, experiment treacherous, judgment difficult."

- HIPPOCRATES

PART 1

Introduction: For the ordinary person, a dream is a separate reality. For some people the meaning of a dream is false and for others a dream can have a prophetic value.

In Homœopathy a dream is used as a symptom. Dreams that arose during a proving are weighed the same way as other symptoms, such as a feeling of hurry, a cramp in the calf, or palpitations. However, a dream has a more specific individual meaning.

In exact science dreams actually played a decisive role and led to important discoveries.

Descartes interpreted his vivid dreams as a sign from God himself. Following his dreams and meditations he felt carried to a state that banished remaining doubts.

Strangely enough, nowadays his work has led to a mechanistic view from which most scientists derive their mandate of truth.

In 1844 Howe discovered the principle of the sewing machine in a dream. He discovered that the hole for the thread must be located at the point of the needle.

In 1865 the chemist Kekule discovered the structure formula from hydrocarbon benzene in a dream.

In 1869 the chemist Mendeleev realized in a dream that the elements from which matter exists are arranged in an orderly manner according to their atomic number.

In 1920 the biologist Leowi found the solution of neurotransmission of the nerveendings through a dream that brought back to his consciousness (...) the idea he had seventeen years before.

Dream

My dream was that I walked in an old city along a quay wall and opened a very old book. There was written 0,000000001 over the pages. I knew that this was a reflection of an infinitesimal dose that is used as such in Homœopathy.

This dream occurred after I had taken two tablets of *Causticum* D12 and fell into a deep sleep for fifteen hours. At that time I did not know very much about Homœopathy.

I looked in the *Materia Medica* by Boericke and read that *Causticum* was an antidote for *Sulphur*. Years before I had used Sulphur ointments for a skin problem of longstanding.

Since that dream, dosage has been an intriguing subject for me.

Polarity – Entity

All things in life are determined by dosage. Every step, every word, every moment, how much, how long. The dosage, an amount of something, ^{normally} varies between two polarities.

For example: Hot – Cold, Dry – Moist, White – Black, Right – Left, Many – Few.

Accordingly the entities to which these polarities belong are temperature, humidity colour, symmetry, quantity etc.

In the homœopathic context one should read: Poisonous – Curing.

Poisonous is the phase of production of symptoms that arise during a proving.

On the basis of the Law of Similars, elimination of symptoms take place with the homœopathically prepared remedy and along with that the restoration of health which we call cure.

So the polarity within Homœopathy concerns Poisonous – Curing or Sickness – Health or Symptom production – Symptom elimination.

The entity on which Homœopathy is based is called Homœostasis.

Compared with regular medicine, as polarity we distinguish Diagnosis – Cause. The entity is pathology.

Homœopathic and conventional medicine can be seen as polarities of the entity medical science.

Formula/Equation

As I knew no better at that time, I had used the Sulphur ointments for a long time, so repeating *Causticum* seemed beneficial.

Again I fell in a deep sleep for more than ten hours and in a new dream I discovered the system of dosage as used in Homœopathy in the form of an equation.

The equation I saw was:

$$S^n \times R^{-n} = C$$

The variables represent objects that are related by a calculus in such a way that a binding mutual relationship.

Calculating could be possible if we knew more about the composing factors from the exponent 'n'. This factor 'n', the symptom collection, will be discussed later.

Concerning the variables we recognize

1. The constant C that is called by HAHNEMANN: Sense of wellbeing, the state of health that is regained after the elimination (disappearance) of symptoms.

This variable constant C has two faces:

- On the one hand it is apprehended as a factor that is constant in a single individual but of course is different between separate individuals.

This is the general view and applies to a group of patients. For example: "He is back to his usual self."

- On the other hand the constant C (Homeostasis) is a variable constant factor.

Variable within the range of what is naturally given to the body (Dynamis) but constant where different individuals are concerned (Physis).

This is the individualistic look at the individual patient.

For example: "We all have different temperaments."

In the equation, for the moment, the general look is concerned.

The constant C stands for Homeostasis, the state of balance which is generally the leading principle when sickness and health are considered.

We consider the constant C as the ultimate goal of the treatment.

2. Variable R^{-n} , denoting the remedy, diluted and pharmacologically potentised, is noted as for example $1000000000000 = D^{12}$ or R^{12}
3. Variable S^n denotes the intensity of the disease. It is an exponential expression-of the number of symptoms of the patient at a certain time but also, on account for the law of similar, is equal to the exponential expression of the production of symptoms during a proving.

During a cure there is an elimination of symptoms taking place.

In spite of explanations with stronger diseases dominating weaker diseases, the fact is that the symptoms disappear and that the very inherence of the process of potentization is playing a central role in such a way that stronger diseases need higher potencies.

Interpretation

According to an increase in the number of symptoms or with the special importance of one or more symptoms, it is plausible to presume an exponential increase in the intensity of the disease.

During a cure, in fact, variable S^n is being reduced (transformed) into the variable constant C (state of health of the patient).

On the basis of the law of similar, reduction is accomplished by virtue of the dynamized homœopathic remedy.

Only by taking into account the ultimate goal of the cure, namely, the restoration of health, can one ascertain a regular interrelation between:

1. The disease, the complex of symptoms S^n
2. The medicine, the remedy R
3. The state of health, the (variable) constant C.

On the basis of the Law of Similars there exists a delicate defined mutual interrelation between these variables.

The state of health can be taken as the product of the complex of symptoms S^n and the equal-like, similar remedy R.

Mathematically speaking, in the equation the factor R must be exponentiated to the power-n in order to come to C and that, in the case of curing with a similar remedy, **the dosage of the substance must be inversely proportional to the intensity of the disease.**

When the intensity of the disease increases (with essential, peculiar and concomitant symptoms) the dosage decreases proportionally in quantity and the diluting/process of dynamization, is the implied consequence.

The mutual relationship is represented by the equation:

$$S^{n1} \times R^{n2} = C$$

$n1$ stands for the collection of symptoms which is similar to the collection in the proving (Materia Medica).

From the equation it is clear that the dosage of a remedy, from which the symptoms are similar to those of the disease, must be infinitesimal in order to comply with the terms of the Law of Similars.

The character of the equation indicates that there is a continuum within which the potency varies according to the disease intensity.

The determination of the potency firstly has to correspond with the intensity of the disease.

That is what the formula makes clear at first sight. It shows a uniform connection between empirical phenomena as they are experienced in Homœopathy.

In terms of quantity the dosage must be inversely proportional to the disease intensity. Changes in quality which the remedy undergoes during the diluting/process of dynamization, move beyond our direct field of perception.

Then the response of the autocracy is “the only” guideline to choose an adequate potency.

Exponent ‘n’.

The exponent ‘n’ is not only determined by the amount of symptoms by number (Physis), but also by their intensity (Dynamis).

The exponent ‘ $n1$ ’ can be made clear by representing n T (n in Therapeutic situation) and the exponent $n2$ in that respect would be nP (situation of Proving).

The formula then is:

$$S^{n(T)} \times R^{-n(P)} = C$$

The variable $S^{n(T)}$ stands for the disease intensity, the complex of symptoms in the phase of therapy.

The variable $R^{n(P)}$ stands for the diversity of symptoms that arose from the proving.

In fact it is the toxic exponent ‘n’ from the *Materia Medica* which is reproduced in the repertory with the notation in italics and bold etc.

The recording of symptoms that is common in the repertories hides the very complex way in which three factors are coherent.

These 3 factors are:

- E, Envenom, poison, the toxicity (-signal) of the remedy. For example *Arsenic* will produce more symptoms and probably sooner than *Viola tricolor*.
- Q the metabolic sensitivity of the individual person A, will display symptoms from for example *Belladonna* D2 after 2 days and person B after 7 days.
- The results of the proving are also determined by these differences. T, the time, duration, and frequency of intake and observation.

The symptom collection ‘n’ is composed of the vectors E, T and Q.

The metabolic sensitivity Q is within limits beyond our control during the proving.

PART 2

Homœopathic Pharmacology

Within the field of research of Homœopathy some models of explanation show a strong analogy with regular pharmacology.

Then the question of the mechanism of how Homœopathy works plays a central role as if it were a pharmacological substance (pharmacon) in the regular meaning of the word.

Thereby the research into how Homœopathy works is dictated by the chemical paradigm. A search is conducted for an explanation while even the phenomenon of disease itself is still not understood first.

When we detach the homœopathic remedy from the nature of the disease it means that during research we get half of the factual evidence.

Research on the working mechanism of a homœopathic pharmacon (potency) by itself is comparable to research into the behavior of a stone outside the influence of the field of gravity. If one blows against the stone, it will change its direction (which in some respects is of course also interesting).

Nevertheless the research must be done, for new facts will possibly contribute to new hypotheses about factual constituents of the origin of diseases. It is still unknown what the basic origin of a symptom is.

As far as Homœopathy is concerned, the remedy functions “thanks to” the disturbance of the autocracy.

A homœopathic pharmacology is based upon a number of concepts.

In the Hippocratic Corpus the concepts Physis and Dynamis are first mentioned.

Hahnemann mentions the Autocracy two thousand years later and he postulates that disease stems from a dynamic origin and that cure must come about from this level (*Vis medicatrix naturae*).

The Physis is the original composition of the body where the state of health is lodged with accessory experiences and spiritual concepts.

From here performance of life is carried out. It is in this field that the potential energy is located (Yin).

The Dynamis is concerned with disturbances as well as restoration of the Homœostasis. Here the kinetic energy is located (Yang).

Homœostasis is a situation free from symptoms. It is strived for by the autocracy given by nature (Tao). During Homœostasis the Physis and Dynamis are complementary and balanced.

Autocracy is an integrated form of reaction that we can compare with “fuzzy mathematics” whereby different impulses at the same time can be integrated and reaction follows.

During a chronic disease the Autocracy cannot take back the Physis to the situation of Homœostasis whereby the Dynamis maintains the unwanted symptoms.

The homœopathic remedy fits in with the dynamic level of disturbance on account of its intrinsic manner of preparation, the succussions, which lead to dynamisation. By virtue of the dynamic influence of the remedy the autocracy can restore health.

Practical consequences

The choice of potency must be proportional to the intensity of the disease.

As the intensity increases then the potency of the similar remedy must increase and the dosage must decrease.

In the stage of the determining the potency, estimating the variable S^0 is as yet a subjective element. Because of the empirical content there is a need of posterior verification.

In the stage of determining the potency, the estimation of the disease intensity is central to this issue, **nevertheless this in its turn is determined mainly by the autocratic (reactive) restoring capacity of the patient.**

When the autocratic ability decreases, the disease become chronic and the disease intensity increases with it (Vector T from the factor ‘n’)

In daily practice the following combination occur:

Chronic, but yet with signals of “reasonable” autocracy: lower potency.

- Chronic, but also with a poor autocracy: higher potency
- Acute, with signs of good autocracy: lower potency.
- Acute, with threat of becoming chronic because of poor autocracy: higher potency.

It is wrong to relate the potency to the notation used in the repertories, or to given data which are derived from it, because there is no necessary correlation between this notation and the situation of the autocracy in the individual case.

The experienced homœopath can admit the fact that a high disease intensity sometimes can be treated successfully with a low potency. In this case the autocracy appeared reasonably intact (Vector Q in exponent n).

The above-mentioned cases are valid in principle in the ‘natural’ course of a disease.

The disease intensity can increase through circumstances, for instance prolonged cold weather or strong emotions, while the autocratic ability is not changed, yet, given the circumstances, is no longer sufficient.

This is also true for the interference effects of regular medication. After prolonged interference with regular medication one has to realize the amount of suppression.

Also in such cases the disease intensity can be increased while autocracy, naturally given, is not weakened or diminished. In this case the relationship is no longer proportional.

This means that if there is any lingering doubt, the perception of the autocratic ability has to be decisive in the choice of the height of the potency.

In the homœopathic aetiology we hold that diseases start with a disturbance in the sense of wellbeing.

Starting from the premise that the disturbance begins in the sphere of awareness, sensation or

perception and that there is not yet a physical substrate, we can conceive mind symptoms as having a lower disease intensity. This is because they arise in the beginning and the intensity is determined by time (Vector T in factor 'n').

So if the collection of symptoms mainly consists of mind symptoms, a lower potency is to be used. Quite often we see that mind symptoms lead to the choice of a high potency. It is possible for mind symptoms to be strong, suggesting a high disease intensity.

Of course it can be that a situation with mainly mind symptoms needs a high potency, yet this choice must be based upon the degree of autocratic weakness and not from the fact that they are symptoms of the mind.

The more symptoms have increased physical correlations, the higher the potency should be. With degenerations, swellings, discolorations, cancer etc. The disease is more chronic and the disease intensity higher (Vector T within exponent 'n'). Then higher potency is needed. Also vector E should be taken into account.

It is also true that with symptoms that resort under §153 of the Organon, the potency can remain low. However, if many concordant symptoms occur in the case, the potency increases correspondingly when the autocracy is properly estimated.

Starting from an adequate choice of the simillimum an improvement in the patient will take place (Well-being). When the patient improves, in other words when the autocracy appears to react according to expectations, then raising the potency after this is contra-indicated and not compatible with the equation of the Law of Similars.

When a restoration has taken place, meaning a reduction in disease intensity, the next choice has to be lower potency.

Raising the potency during the treatment can be only an emergency measure because the starting potency has not been right, and an aggravation occurs.

This throws a new light on the LM potencies where gradually increasing with potencies is a common procedure and whereby an 'end aggravation', is being interpreted as completion of the 'cure'.

During this raising of the potency one supposes an apparent increase in disease intensity. But actually a proving is being imitated and the end aggravation becomes understandable.

In spite of an extensive explanation to patients in practice, it occurred more than once that this end aggravation was experienced as: "I thought I was better and now everything is coming back...!"

Now, as far as we can rationally approach Homœopathy, there is no solid justification for climbing with potencies when patients are becoming better; in that case the autocracy is actually neglected and the remedy is suspected to work like a regular farmacon.

Climbing with potency by so-called "plussing up" looks like an experiment with the autocracy where the starting point is that potency of the first choice is not sufficient so the autocracy has to be "triggered".

In my experience it is successful (enough) when the patient for example begins with, depending on the estimation of the autocracy of course, LM18 and after improvement continues with LM 12 or LM8.

Aggravations

The ultimate goal in Homœopathy is to restore health in a mild, rapid and gentle way (§2, **Organon**).

In this respect an aggravation can be seen as the result of the potency and the autocratic disturbance being incompatible. And because we can only alter the potency beforehand, it is obvious that if an aggravation takes place, we should "blame" the choice of potency or the frequency in which it is given.

When prejudice is ruling then an aggravation might comfort the patient (and the therapist!) in the sense that he "really feels" that it is working...

If we take into account that there are twelve reactions to a remedy, we can learn from it that the autocracy is really a "person" that we are dealing with.

It is beyond the scope of this article to go more deeply into these situations but generally we can say that as soon as an improvement has taken place we can give time for its course, either repeating after a certain time or lowering the potency. Besides an aggravation, in no situation an increase in potency is to be recommended.

If there is a change of remedy because of a different disease then again we should estimate the autocracy in that respect to adjust the potency.

Concerning paradigms

The reality that results from the equation of the Law of similars is that the homœopathic dosage MUST have an infinitesimal character in order for the diseased organism to be taken back (forward) to the desired homœostasis.

From the infinitesimal character it is also clear that a shift is taking place from the chemical realm into the physical. Here the small particles exist.

With explanatory models in chemistry nowadays more and more solutions are looked for in physics. Nevertheless, regular medicine wants to keep the medication within chemical limits.

This is understandable, because in acute lifethreatening cases control is made possible with chemical medicines only. Moreover, when one realizes that in acute cases we have no time to collect all the symptoms that are necessary, the chemical intervention is to be preferred.

In chronic diseases, however, we see regular medicine repeat itself by treating the chronic disease in an acute way.

In times of paradigm shift, as in Copernicus' time, there was a whole change taking place where the old Ptolemean system could not withstand the new calculations.

In the dispute where conventional medicine does not accept other ways of thinking it is not a matter of paradigm in the sense that conventional medicine is false or not valuable anymore.

The rigid resistance to accepting other approaches that are more suitable for chronic diseases looks like a gap between different paradigms but this is a misunderstanding and confuses.

Even where a new approach is accepted, acquired scientific truth remains. What is just not right is that the single method of local diagnosis claims the whole medical field, but, in my opinion, this is not a matter of paradigm but more of epistemology.

The more we focus on the paradigm as if conventional medicine were basically (profoundly) wrong, the more conventional medicine will react with resistance and rigidity.

Discussion

It is debatable whether the variable S^n is the most adequate notation for the disease intensity.

Looking at the equation, however, it fits the way in which dosage has developed since Homœopathy has existed.

The diluting/potentizing procedures in Homœopathy are quite similar to an algorithm.

Because of the different variables concerned (E, Q and T) additional study is necessary to know more about complexity classes as in computational complexity theory.

The restoration of health (Homeostasis, variable constant C) is the main characteristic in Homœopathy that deals with individual combination of symptoms. As a (major) factor it characteristically distinguishes homœopathic from conventional pharmacology given that the latter is adapted to local diagnosis and has its focus on antagonizing dysfunctions in biochemical processes. In conventional pharmacology, Homeostasis is not accomplished when the medicine has to be repeated every day. Therefore in Homœopathy this factor is indirectly of decisive influence on the choice of potency.

The main interest of the equation so far is that the restoration of health is the implicit ultimate goal in treatment. In this light the disease intensity and the potency height become evidently and intrinsically related to each other.

The thought that the disease intensity is a parameter from the autocratic ability follows from there and is equally important.

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(With thanks to M.Plouvier-Suijs [homœopathic doctor].)

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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.)

BOOK SHELF:

I. **Materia Medica Revisa Homoeopathiae – *Crocus* von Michael REICHERT, Wunnibald Gypser Verlag 2011. ISBN – 978-3-940940-22-3.**

This Monograph deals with the homœopathic remedy *Crocus sativa* commonly known as Safron.

First proved by E. STAPF and G.W. GROSS and published in the 'Stapfs Archiv' in 1822.

The ALLEN's Encyclopaedia (No.III, p. 578) contains 339 symptoms including STAPF, GROSS and other sources.

This Monograph under review has accessed very reliable sources and has compiled 661 symptoms.

A reference to the Kent Repertory shows that there are symptoms in the Materia Medica which have not been entered into the Repertory. For example "Neck and Ext. throat" Symptom No.500 says "The nerves of the entire neck and back of head were very sensitive to touch" is not found under "Back, sensitive" or "Ext. throat, sensitive" or "Pain cervical".

I must undertake to verify every symptom with the Kent Repertory and see the result.

A valuable work, beautifully produced and well worth to be in the library of every homœopath.

K.S. SRINIVASAN.

II. **Materia Medica Revisa Homoeopathiae – *Laurocerasus* von Gertraud ROOS. Hrsg Wunnibald Gypser Verlag, 2009. von Klaus-Henning GYPSE. ISBN 978-3-940940-05-6.**

This Monograph is one in the series of several such - each remedy dedicated a separate book, containing all reliable material well verified.

Laurocerasus – *Prunus*

Laurocerasus – is a 'small remedy'. The first 'Proving' was done in 1825.

1298 symptoms are given in this work; while the EN. Vol. 5 has 1085 symptoms, the Guiding Symptoms has only few pages for this remedy.

Dr. ROOS has mentioned in the 'Nachwort' that the 'objective' symptom "Sweat on the Nose" as a Key Symptom. However, this is not found in the EN and in

this Monograph it is found under "Perspiration" Chill and Heat. I did not find it under Nose!

Personally, I have used this remedy more often in cough and respiration disorders. In young persons with h/o 'asphyxia' in the new born or h/o 'bluishness' of face on birth, respiration distress at birth *Laurocerasus* has to be thought of. I recall a case of a young girl of 15 year age who was an athlete at 'National' level. She was now going to higher class and needs to spend more hours of study, but in her history it was said that she must have at least 8 hrs. sleep and anything short of it would cause respiration distress. She had already cut her 'athletic practice' sessions so that's she could 'study'. The parents wanted that this girl should be helped to do with a little less sleep without hindering her health in anyway; she has so far been under treatment of 'specialists' and the parents were very circumspectual. No indications were available to confidently prescribe; her mother said that the delivery was 'normal'. I asked her whether the 'normal' delivery took long time, whether the foetus was stuck up, etc. and the mother poured out that it was most painful, it took more than 2 hours the child's face became blue and she gasped. However the hospital declared all well including the Paediatrician!

I gave this girl a dose of *Laurocerasus* 200 and she went on to do well, do with 7 hours sleep, study well, etc. I could follow-up for nearly an year and she remained well.

Similarly *Laurocerasus* has been a great cough remedy. It has also helped several 'heart' cases.

Laurocerasus is indeed a 'big' medicine, and not to be relegated to the 'small'. The symptom need to be carefully studied and thought over.

Very well prepared Monograph and should be in the library of every Homœopathy Practitioner.

The Print paper, etc. are all of the highest quality.

K.S. SRINIVASAN.

III. **Materia Medica Revisa Homoeopathiae – *Ipecacuanha* von Klara BREVER. Hrsg Wunnibald Gypser Verlag, 2009. von Klaus-Henning GYPSE. ISBN 978-3-940940-07-0.**

Ipecacuanha is one of the earliest remedies HAHNEMANN had recorded in his *Materia Medica* 'Fragmenta de viribus Medicamentorum....', 1805. It is a most often used remedy, in Cough, nausea and vomiting, bleedings, bronchitis, Asthma, and is in our daily use. Everyone of us can readily recall some cases where *Ipecacuanha* has brought about remarkable results.

An experienced senior homœopath asked in a seminar, "Would you prescribe *Ipecacuanha* in a case where the bleeding was not bright red (arterial)?" The answer was to be "Yes, in exceptional case".

Ipecacuanha is also great 'Fever' remedy, including the Intermittent Fever; it is also of great use in 'Female' complaints.

1093 symptoms are given in this Monograph. It will be useful in day to day practice.

As always the book is very well produced and well worth. Colleagues are requested to give 'feed-back'; only in that way do we progress.

K.S. SRINIVASAN.

Materia Quasi - Medica.

- I. 1. More than 1.5 million children under five die every year from preventable causes. Columns have been written and hours have been spent by different channels on why children are dying. Children are left lying on the floor in the hospitals and mothers share the beds. One child under the age of five, dies every 20 seconds in India. Close to 1.7 million children die every year in India. The majority of these are preventable. Having trained health workers in the community who can diagnose symptoms of diarrhea or Pneumonia can save thousands of children's lives. The Govt. spends a pittance – 1.04% of the GDP – on health. Given the scale of the problem, this is baffling. About 70% of Indians spend their entire income on health-care and purchasing drugs according to the WHO! Those who are in seats of power appear almost unconcerned by the fact that India holds the No.1 spot for the most number of children dying under the age of five. We have lived with lack of toilets, poverty, malnutrition for so long that they are not seen as political issues. Another equally callous response of the state is to the issue of child labour. (Extract from A Silent Tragedy of Ananthapriya Subramanian in The Hindu, Chennai, Nov. 18, 2011).
2. India is considered an agrarian land. However over the past few decades the agricultural activities are

dwindling for various reasons; and there have been large scale suicides by farmers who were in deep financial debts and unable to pay. "In 16 years farm suicides cross a quarter million; past 8 years show a rising trend" (The Hindu, Chennai, dated 29 Oct. 2011). If salt loses its saltiness with what can it be salted? "All technological progress minus agriculture is like a mirage in the desert."

II. The State and evil of drink. (The Hindu, Chennai. 12 Jan. 2010).

As it is happening in Kerala and Tamil Nadu the State is often profiting from the ruinous stuff. This should end. V.R. KRISHNA IYER.

Kerala is perhaps the "most drunken State" in India. The Government benefits from its monopolistic business arm. Of course it provides jobs for a number of people. This also makes young people taste the delight of the drink. Many a fracas, felony, road accident and incident of street violence starts with alcoholism. Terrible crimes are committed. Most rape cases happen after taking sips of the liquid. With final gulp one become comatose and lie down somewhere not knowing where. If it happens at home, the wife gets beaten if she protests and the family ends up bankrupt. Hospitalization owing to drink evil seems to rise. Liquor can be seen to violate the fundamental right of the citizen to travel around in peace, have friendly association with others, and live in fraternity.

Governments make people bankrupt by granting easy licenses to clubs with liquor – dispensing bars attached to them. Tamil Nadu not only manufactures, but vends liquor. Who will dare dismiss the government for violating Article 47?

Gandhi and Rajaji implemented a prohibition policy successfully. Even now it can work a la Gujarat.

President Pratibha Patil at a public meeting said that Kerala is plagued by alcoholism.

When Nehru was in power he asked Indian Embassies not to serve liquor on Independence and Republic days and also said that if people would attend only if liquor is served, then such celebrations need not be held. Morarji Desai introduced dry days on wage payment days and festival days. So far as liquor consumption is concerned, the centre, if it believes in the constitution and in particular in Article 47, should force the States to practice prohibition.

Alcoholism is a national enemy and our import policy must ban foreign liquor.

Great men like Bernard Shaw to Mahatma Gandhi were free from liquor. From Vedanta to Islam and every faith which is committed to dignity has advocated this. Absolute ban should be given to alcoholism.

I hold drink to be more damnable than thievery and perhaps even prostitution. Is it not often the parent to both? Government revenue from drinking should be swept out and liquor shops should be abolished.

This nation will perish with the drinking bowl with atrabilious liquor because the powerful lobby can purchase the politician at any price to do away with dry days and flood the youth with liquor until blood colours streets and homes red.

III. Are the days of Incurable diseases really over? Venkatraman RAMAKRISHNAN & Richard J. ROBERTS deconstruct the unseen world of bacteria: (The Hindu, Chennai dated Dec. 20, 2011).

Two Nobel laureates Deconstructed the fascinating workings of that invisible yet ubiquitous life form 'bacteria'.

Are the days of incurable diseases really over? Not quite, when diseases such as Tuberculosis are seeing a resurgence, said Biologist Ramakrishnan.

He was delivering a lecture on 'How antibiotics illuminate Ribosome function and vice versa.

"The world has 100 million active cases of TB, a disease that claims two million lives every year," he said, attributing the complexities in treating the disease to drug resistance, among other reasons.

When a new antibiotic is introduced, you can be guaranteed that it will at some point gain drug resistance.

Bacteria counter antibiotics through several operandi: by degrading or altering enzymes and by actually ejecting them out of their cells, said Professor Ramakrishnan, who was awarded the Nobel prize for Chemistry in 2009 for studies of the structure and function of the ribosome.

It was significant that it took \$1 billion to develop new drugs from scratch, he said.

"As public we need to be aware that structural biologists and pharmaceutical companies cannot alone solve the problem of drug resistance. We need infection control, measures to improve sanitary conditions and promote the rational use of antimicrobials."

Do not for instance insist on an antibiotic if catch a cold and flu.

In his lecture "Why I love Bacteria," he said, if we removed every bacterium from our body, we will cease to exist," Our bodies have some 10 trillion human cells, but it has 10 times the number of bacterial cells: 100 trillion to be precise.

He described as "illogical" the European fear of genetically modified products, which has stalled research in several areas, including probiotic food that could have had several benefits.

The M.J. Thirumalachar and M.J. Narasimhan Endowment Lectures were organized to honour the memory of biologist Thirumalachar, who established the Jeersannidhi-Anderson Institute at Walnut Creek, California, along with his son M.J. Narasimhan.

[Extract from Foreword to **Synoptic Key** of the *Materia Medica* by C.M. BOGER.]

"What often makes a cure hard is the laying of too much stress upon some particular factor at the expense of the disease picture as a whole, thus destroying its symmetry and forming a distorted conception of the natural image of the sickness. This does not, however, mean that all symptoms stand on the same level, for certain effects must be more prominent than others, yet be part and parcel of them. This is the sense in which we must learn to know our remedies, just as we do our friends, **by their air or personality**; an ever changing, composite effect, but always reflecting the same motive."

APIS MELLIFICA

1. Strumous constitutions; children and girls who become awkward esp. in handling things; hysterical women.
2. Anxiety with tearful restlessness; impaired memory and absent-mindedness in elderly persons.
3. **Oedematous swellings**, serous effusions, and urticaria.
4. **Pains burning, darting, stinging** > cold (rev. *Ars.*)
5. General soreness and sensitiveness of body surface < touch or pressure esp. uterine and ovarian regions; constriction disliked; weary, bruised feeling.
6. Marked **restlessness** (physical causes) without > to symptoms.
7. Great drowsiness; sleep much disturbed by pain or anxious dreams; spoor interrupted by piercing screams (meaningitis).
8. **Thirstlessness** in nearly all complaints esp. dropsical conditions.
9. Ailments right-sided or travel from right to left.
10. Patients < **all forms of heat**; general < 4-6 p.m. < sleep.

Notes: Slow-acting remedy. In acute conditions wait an hour or two. Low potencies should not be given during pregnancy. Keynote-**Oedema**.

[DECACHORDS – TOP TEN INDICATIONS BY J.H. CLARKE]