CONTINUING HOMŒOPATHIC MEDICAL EDUCATION SERVICES

QUARTERLY HOMŒOPATHIC DIGEST

VOL. XXVIII, 1 & 2, 2011

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

Adyaya I Brahmana 3 Mantra 28
Bṛhadāranyaka Upaniṣad

(This service is only for private circulation. Part I of the journal lists the Current literature in Homeopathy drawn from the well-known homœopathic journals published world-over - India, England, Germany, France, Belgium, Brazil, USA, etc., discipline-wise, with brief abstracts/extracts. Readers may refer to the original articles for detailed study. The full names and addresses of the journals covered by this compilation are given at the end.
Compilation, translation, publication by Dr.K.S.Srinivasan, 1253, 66th Street, Korattur, Chennai - 600 080, India.)
Part I Current Literature Listing

Part I of the journal lists the current literature in Homœopathy drawn from the well-known homeopathic 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. Paradigm Shift: Homœopathy as Applied consciousness
   BROWN, Doug (HL. 20, 2/2007)

   Homœopathy finds itself increasingly at odds with mainstream medicine, not primarily because of its different pharmacopoeia or methodology, but because it is based on a fundamentally different paradigm. Allopathy as well as the “common-sense” understanding of the world with which most of us are raised, is grounded in materialism. Developments in the sciences of noetics (consciousness), cosmology, and physics, however, are challenging materialist assumptions about reality, thereby creating a context within which the truth of Homœopathy can be considered with less risk of cognitive dissonance. New opportunities for describing what we do in terms of this new paradigm may bring more people to Homœopathy, may help establish the cultural relevance of our healing art in the new millennium, and may help enlarge our own vision and understanding of the depth of our work.

2. An Ideal of Health

   Inspiration from the Organon
   GUBBAY, Diana (HT. 30, 1/2010)

   Full article is given in Part II.

3. Sind die Jüngsten Angriffe der Medien auf die Homœopathie gerechtfertigt? – Eine Streitschrift
   (Are the recent attacks by the Media on Homœopathy unprejudiced? A warning)
   VITHOULKAS, George (ZKH. 53, 1/2009)

   In the recent times there has been increased cry by the British Media against Homœopathy, as it had never before been tantamounting to maligning Homœopathy.

   The author, with his several years’ experience in all parts of the world, feels that these calumnious statements are framed due to certain ‘teachers’ of Homœopathy who have based themselves on ‘dreams’ ‘proving’, ‘signatures’ ‘elements’ etc. They do not follow HAHNEMANN’S methods. Probably these ‘teachers’ feel the Hahnemannian method “laborious”; and therefore have based themselves on these imaginative methodologies. [All these cries “kill Homœopathy” have died down since about an year now. = KSS]

4. Homœopathie im Zeitgeist Gedanken zur “Modernisierung” einer 200 Jahre alte Heilkunst
   (Homœopathy in the spirit of the Time – on modernization of a 200 year old Medicine)
   ROHRER, Anton (ZKH. 53, 2/2009)
HAHNEMANN wanted to found a Medicine able to cure with certainty. Its foundation was well described in §3 of the Organon. The pre-requisites for certainty in cure are, a correct perception of symptoms of both – the disease and the remedy – and their matching each other.

Ever since the beginning of Homœopathy, homœopaths have interpreted §3 according to the spirit of the times (Zeitgeist), in accordance with the development of natural sciences, and Medicine including Anatomy, Pathology, etc. Later Psycho-analysis came on, then Depth Psychology etc. Currently it is Quantum Physics. The author discusses with support of eminent authorities – HAHNEMANN, HERING, DUNHAM, KENT, PASCHERO, KLUNKER, et al.

5. Miasm in the Mineral Kingdom
MORRISON, Roger (AJHM. 102, 2/2009)

The author proposes miasmatic relationships (based on the miasmatic concepts of SANKARAN) of the mineral remedies and organic compounds, synthesizing the work of Jan SCHOLTEN and Rajan SANKARAN.

6. Look at, then See the Case
SHEPPERD Joel (AJHM. 102, 2/2009)

Students of Hahnemann’s Organon often find an aphorism that catches their attention the most. The first part of §104 interests me. What exactly does a homœopath do after going to great pains to investigate the complete case? The English translations vary widely in their answer. What modern homœopaths actually do in practice varies even more erratically. What are the words that HAHNEMANN actually uses? Every translation involves a personal interpretation.

(Full article is in Part II = KSS.)

II. MATERIA MEDICA

1. The Ring of Nenya – Elven Queen Galadriel and Anhalonium
LALOR, Liz (HL. 20, 2/2007)

Homœopaths have for years surmised the Constitutional pictures of each character in the wonderful Tolkien tale of The Lord of the Rings. Previously in Links Liz LALOR explored the characters of Frodo as Anacardium and Gollum as Mancinella. This essay is follow-on from that article and looks at the character of Queen Galadriel and the remedy picture of Anhalonium.

2. A new proving of Petroleum
PITT Richard (HL. 20, 2/2007)

A new proving was done because the original proving was not complete and various themes of the provings are presented.

3. The Methuselah Tree
Pinus longaeva
CREVELD Marijke (HL. 20, 3/2007)

Pinus longaeva is the longest-living tree on earth. A dream proving was conducted with a remedy made of the root and wood of a Bristlecone pine. During the dream proving many dreams occurred with the theme ‘above and below’, related to the connection with the earth and the cosmos/spirituality. Among the themes found were ‘no communication, being unconnected/disconnected and insensitive’, ‘running and hurry’, ‘sadness’ and ‘lonely’, all related to the problem that we are increasingly out of sync with our external time frame.

4. Some Remarks Concerning Homeopathic Provings
ROSENBAUM, Paulo & SILVIA, I.Waisse-Priven (HL. 20, 2/2007)

There is extensive discussion concerning the proper method of conducting homœopathic drug trials. The authors have been conducting proving for the last three years. Experience has revealed some aspects that have been previously omitted or that need further adjustment, such as the notion of healthy volunteer, double-blind vs. multiphase studies, the notion of placebo, etc. The authors believe that it’s essential for researchers to publish even partial results of well conducted trials, in order to contribute to the improvement of the proving protocol.

5. Sieben Kriterien für verifikationen
(Seven Criteriae for Verifications)
KLINKENBERG Carl Rudolf (ZKH. 53, 1/2009)

The characteristic symptoms and modalities of remedies are established through verifications. The meaning and definition of verification is explained. The difference of verification and clinical symptom is demonstrated on the basis of a cured case of Perimyocarditis.

Verifications have to yield to high standards of quality. 7 basic criteria are defined, as well as the term “false” clinical symptom. It is stated why in Homeopathy only characteristic and intense symptoms can be verified.

What are these 7 criteriae? They are:
1. The symptom or symptom group must have gone away clearly and it must remain so cured for very long time.
2. Only characteristic and intensive symptoms can be verified.
3. Only genuinely relevant, sick alterations can be verified, no hypothesis or interpretations.
4. A verification of a single medicine must be verifiable backward also. If more medicines one after the other were given, why this verification is relevant is to be said.
5. The verification must clearly be of that medicine and not from other therapies, for example, Psychotherapy, Diet, Acupuncture.
6. The remedy must have brought about the cure and not by chance of environment or other state, for example a change of life situation or by removal of the factors responsible for the disease.
7. The cure must be strikingly rapid which is unlike of the disease in its natural course.

5. Die Kasuistik als Weg Zur Verification (The cases as a way for Verification) KLINKENBERG, Carl Rudolf (ZKH. 53, 1/2009)

Verifications are reported through Case Reports. The varying extent of a case report, depending on the author or the epoch of issue, is demonstrated through examples from the literature. A case report should be complete to such extent, that its value can be reviewed regardless of the author. A case from the author’s clinic shows, which details should be included in a case report.

6. Verifikationen, Falsifikationen, Klinische Symptome (Verifications, Falsifications, Clinical Symptoms) GENNEPER Thomas (ZKH. 53, 1/2009)

Earlier, this journal (the ZKH) had a section “Verifications and Clinical Symptoms”. This Section lasted for sometime and then stopped. Now it has been proposed to have a section “Verifications, Falsifications, Clinical Symptoms”. The term “falsification is the opposite of “verification”. The “falsification” is with regard to a remedy which has been reported to act in a particular symptom, but in the practice of one, it does not act against that symptom; thus “falsification”. It is hoped such careful examination of the symptoms will help a dependable Materia Medica over the years.

III. THERAPEUTICS

1. Identifying with society

A case of Kali ferrocyanatum
MANGIALAVORI, Massimo (HL. 20, 2/2007)

A 26 year-old woman with Infertility and weakness. Anaemic-worsening inspite of iron treatment. Not gaining weight inspite of eating anything and everything. Operated for cyst in ovaries and endometriosis. Stabbing pains during periods. Leucorrhoea during the fake menopause period forced by the tablets. Series of infections – Candida, Trichomonas and then Staphylococcal. Never been able to cry. Often dreams of flying and slowly losing height. Tries to isolate pain as she is not able to bear it. Wandering pains. Kali ferrocyanatum Q1. After few days strong bellyache similar to that of dysmenorrhoea. To take medicine twice a week. Two months later, she was pregnant and stopped all treatments except prescribed by the Gynaec.

A year later-few weeks after delivery consulted for severe post partum depression.

A feeling of emptiness with suicidal thoughts. Dreams of dead people, wars, destruction, pieces of corpses. Pain in uterus with a constant feeling that menses are coming.

Right sided headache on waking. Exhausted as the baby is having sleeping problems.

Kali ferrocyanatum. Few days later, sleeping much better, regaining strength, no headache and baby also started to sleep.

2. The art of prescribing
SALUNKHE, S. Anita (HL. 20, 2/2007)

If a remedy causes the symptom to disappear this does not automatically imply a cure. The author has had the honesty and the awareness to publish a case where suppression caused the development of deeper symptoms and offers VIJAYKAR’S theory of Suppression and Miasms as a map to be used in analyzing the follow-up to a remedy.

A 29 year-old obese man was treated with repeated doses of Calcium carbonicum for Hypertension in Jan. 2001.

In Nov. 2001, he had mild Varicocele with low sperm count. After homeopathic medicines, his count improved and recently developed Varicose Ulcers – painless, bluish, with offensive and blackish base. Chilly but desire to be fanned. Careless and slow. Indifferent to his health and family. Least interested in starting a family even after 4 years of marriage.

According to VIJAYKAR’S chart of suppression the Hypertension is in Layer IV (organ of Mesoderm – Psora) and the disease has shifted to the same Layer IV as Varicose Ulcer – Syphilis).
Carbo vegatabilis 200 one dose in Feb. 2002. His Varicose Ulcer which is syphilitic, disappeared and he got severe pain in his testes, subsided on its own and his blood pressure increased. 8 months later, he developed fever with cold which is Psoric. His wife gave birth to a baby boy.

The Psoric and Syphilitic picture of Carbo-veg is given.

3. Facial Analysis – An Objective Approach
BENTLEY, Grant (HL. 20, 2/2007)

Grant BENTLEY has been using facial analysis to determine the dominant Miasm in the patient. This means dissecting each facial feature to determine what inherited process is the strongest: hypo or small, hyper or large, or dys or inward function.

A three year-old Autistic child presents with continuous colds and ear discharge in March 2005. Greenish nasal discharge. Can’t talk, only points and grunts. Poor concentration span and hyperactivity. Hot ears during ‘cold’ with mucus congestion in chest. Worse in Spring & Autumn. No eye contact. Facial Analysis revealed large eyes, full lips, ball shaped nose, ears that stick out, cleft in chin, spaced teeth, gums show, straight hairline, straight forehead and straight bridge of nose – All Syctotic features.

Dulcamara 30 daily.

3 months later: Coughs and colds have vanished and he is now talking in sentences. Concentration span improved dramatically. The original behavioural specialist is questioning herself regarding the diagnosis of Autism. To continue Dulcamara 30 daily.

After 4 months – still continuing to improve mentally. Still has not had one cold.

After 7 months, no colds, but occasional runny nose. His talking improving continuously. Making eye contact. No hitting. No frustration. Toilet trained. If he doesn’t take Dulcamara 30 daily he gets annoyed, everything becomes hard and becomes run down quickly. To continue Dulcamara 30 daily.

Footnote on Potency

Continuance of the 30 potency daily is based on the fact that this boy continues to improve which indicates his Vital Force still needs and accepts the remedy in this potency. If this were not the case, improvement would cease and he would slip back. Instructions to discontinue and consult, should old symptoms return. When a medicine is working well, do not be in a hurry to change it.

4. Thoughts on the periodic table
SHARESTEIN, Catherine (HL. 20, 3/2007)

This article presents a periodic table, introduced by Dimitry MENDELEYEV, as it explains better the homeopathic understanding of inert gases. It was inspired by Dr. Jan SCHOLTEN’s book “Homeopathy and the Elements”.

5. Self-control to Avoid Abuse
A case of Crohn’s disease
SCHOLTEN, Jan (HL. 20, 3/2007)

55 year-old man with Crohn’s disease for about 20 years stopped cortisone which was worsening him, rejected colon resection.

He tried many kinds of treatment for his severe diarrhea, sour smelling, with blood and mucus, worse from beer and spinach. Self control is very important for him. Sensation of being sucked dry if he opens up to other people. If he is too open all shit will come out. For 20 years he has been abused at home by his wife; at office by his company. Felt unimaginably rejected.

Self control is the theme of Lanthanides, especially of Terbium which is stage 11.

Stool problem, what is left over (Stage 16), abuse, indicates Oxygen.

Terbium oxydatum M.

3-4 days later, had an aggravation and then he improved. His quality of life improved. Felt free, and cheerful. He discovered that he used to have an inferiority complex.

Three years after, no symptoms of disease.

6. Identifying with society
A case of Kali iodatum
MANGIALAVORI, Massimo (HL. 20, 3/2007)

60 year-old man with severe Asthma and Emphysema, Acne rosacea and Chronic Pharyngitis. Asthmatic attacks as soon as he wakes up and around 5-6 p.m. Better outdoors. < slightest effort.

Diarrhea from milk. Lost wife at 38 years of age. Difficulty in bringing up three children. Tiredness. Always depressed. Asthmatic attacks worse with slightest argument. Always has the impulse to travel. Dreams of flood destroying everything. Kali iodatum 0/1.

Over the next few months he continued to improve physically and mentally. His dream pattern also changed.

7. Complementing the simillimum in chronic diseases
HARRY Van der Zee
(HL. 20, 3/2007)

38 year-old woman with Multiple Sclerosis, with nausea and sensitive to noise. Tiredness aggravated by
loss of sleep. Takes care of others and family members but forgets to take care of herself.

*Coccus indicus* 1M. 2 weeks later tiredness less. Feeling calmer. Nausea less. An eruption has started in the neck.

A month later, no nausea and headache. Sensitivity to noise is less. One year later, ascending numbness in left arm and leg. Also numbness of tongue and vertigo. *Coccus indicus* 1M. From 1992 to 2004 now and then *Coccus* and she has been responding well, nevertheless has sporadic acute episodes of Multiple Sclerosis (MS) and slowing down the process was all the remedy was doing.

So a remedy designed by Peter CHAPPEL for MS, PC243p 5 drops daily after banging the bottle 5 times. One month later, rapid amelioration of all her symptoms. After six months, she is firmer on her feet than she has been in years, can walk longer, stand and work in kitchen longer and less use of wheel chair. After ten months, warts all over and they are growing. If she stops taking the PC remedy, tingling worse. 50% better than a year ago. *Thuja* 200. Three months later no warts.

Two and half years after starting with PC MS is stable. Taking 3 drops of PC MS daily works best for her.

Instructions for using disease specific PC remedies are given.

8. Schlafstörungen bei kinder (Sleep disorders in children)
   SPARENBOURG-NOLTE Anne (AHZ. 253, 6/2008)

   The author is also a practitioner of Psychotherapy, specialist in psychiatry of children and adolescents besides being a homœopath.

   The author discusses sleep disorders of children in the light of her knowledge on all the subjects mentioned.

   Three cases are presented briefly.

9. Müde bin ich, geh zur Ruh
   (I am tired, go to rest)
   ZIPPERMAYR Philipp (AHZ. 253, 6/2008)

   Sleep can be seen as retreat by the events of the day and by the social surrounding field. The different forms of sleep disorders are therefore disturbances of this retreat. They refer to a specific social conflict of the patient, not or not completely permitting this retreat. The analysis of the temper and the message of the dominating disease symptomatology bring to light a disturbed bond of trust to the surrounding field as reason for the sleep disorder. The knowledge of the cause, the motive of disease, makes it possible to compare with the motives of the remedies which are applicable, facilitating the homeœopathic choice.

    HADULLA, Michael, M. (AHZ. 253, 6/2008)

   With two cases from his practice the author Dr. HADULLA indicates the value of *Carcinosinum* and *Medorrhinum* in the treatment of sleep disturbances.

**Case 1: Carcinosinum:** 10 year-old female child; abdominal pains, nervous type, after the death of her grandmother. After examining her abdomen, blood, etc. where nothing abnormal was found, she was given a dose of *Ignatia* D200 with rapid improvement. Since then became a great propagator of Homœopathy. This was in 2006.

Now: this sleep disturbance. The mother had given her *Coffee* D 12 without success. She said, “I would sleep, but my head is not sleeping.” Taking her mental disposition, desire for Chocolates, and suppressed ambition, etc. was given *Carcinosin* D200. The cure began rapidly.

**Case 2: Medorrhinum:** 32 year-old, female. Since the beginning of the first pregnancy and more during the second pregnancy, sleep disturbances were bothering her very much. Sometimes she would fall asleep only at 5 in the morning; she felt very tired and weak. Anaemic. Has undergone Allopathy treatments. A homœopath had given her *Silica* and also a complex remedy and another colleague gave *Sepia* and *Aconitum* as also *Phosphoric acid*, all without success.

   Further detailed anamnesis brought out many mental symptoms. The symptoms pointed to *Medorrhinum* which was given in D200. There was clear improvement.

11. Homœopathy and Psychotherapy
   A homœopathic practitioner’s point of view
   HERON, Krista (HT. 30, 1/2010)

   Patients say how much the first homœopathic consultation is like Therapy. Psychotherapist colleagues often marvel at the depth and breadth of what the patient reveals in their first hour with homœopath. In some ways it doesn’t matter what the story is, it can be in the telling that much is revealed. To help the patient tell their story and to use this information well is the artistry of the homœopath. As homœopaths we are doctor, anthropologist, sociologist, psychologist and scientist, all in one.

12. Save your skin, soothe your Psoriasis
COWARD, Steven (HT. 30, 1/2010)

Ron, 46 with severe and long standing Psoriasis, had tried conventional medicine, and non-conventional treatments – all to no avail. In desperation he consulted the homeopath.

He had red or white scaly outbreaks which was troubling him with severe flare-ups. Miserable cracks on skin with pain-burning. Profuse sweat about head while eating or sleeping since a year. Headache and Asthma as a child. Both were improved in hot, humid weather. This modality applied to his Psoriasis also. 

Silica 200. Within a week pain reduced substantially and his sleep was better. Two weeks later 80% better (hand pain and cracks).

In the next 2 years 90% improvement.

13. Bubble, Bubble, Boils and Trouble

A hot tub puts Homeopathy to the test

NARRAGON, Lisette (HT. 30, 1/2010)

The author’s son has a history of small boils that erupt when he is under stress. He has sensitive skin and tends to develop rashes easily and heal slowly.

During the first year of college, he developed a boil on the top of right hand. The hand was swollen and the boil was not discharging. Slight fever, achiness and was quite irritable. He was unusually chilly and wanted warmth.

Hepar sulph. 200. In 24 hours, boil had burst, swelling reduced, fever and achiness gone. The boil was resolving and irritability and chilliness were gone.

Next week he had a dip in hot tub at school. Next day secondary infection and a painful throbbing hand. He took more of Hepar Sulph which did not help.

In the next few days, his whole hand was swollen, with cold, white fingers and no discharge and black areas under the skin at the original boil site. Tender to touch and < from hanging down.

Apis did not help.

No systemic symptoms – “Lack of reaction”. Silica 30, repeated few times. Next morning swelling less, black color was receding and less inflamed Silica 200 improved his condition. Silica 1M. Next morning boil burst open pain and swelling decreased. Another dose of 1M, next day and further discharge.

Silica XM was all he needed and a month later fully recovered.

14. Perfect Escapes! Prevent peril in Paradise:

The Savvy traveler’s Guide

ROTHENBERG, Amy (HT. 30, 1/2010)

All journeys have their challenges: Changes in environment, diet and schedules can act as stressors that trigger susceptibility to illness.

For everyday ailments encountered while traveling, she often turns to preventive natural medicines and commonsense measures. If more support is needed, use homoeopathic remedies.

Scanning devices at airports have not rendered homoeopathic remedies any less effective.

She narrates her personal experience of carrying an extensive homoeopathic kit on a tropical family adventure, proved to be life saving. While camping in the British Virgin Islands, her daughter was sleeping late into the morning, was burning hot and feverish with extremely cracked lips. Glassy eyes with Headache and stiff neck. She was photophobic and wanted to sleep. Suspected Viral Meningitis. Extreme fatigue, aversion to company, overall soreness and dried out mucous membranes. Muriatic acid 200. Within a few minutes, opened her eyes, felt thirsty. Within an hour ate and wanted to play. She gradually recovered in the next few days.

15. Homœopathy Hits the Road

Great remedies for people on the move

ASPINWALL, Mary (HT. 30, 1/2010)

Before you go

Anticipatory anxiety and Fear of flying will be helped by Argentum nitricum.

Sleeplessness in children from over excitement before departure will be soothed by a dose of Coffea.

The Journey

Motion sickness:

Borax for fear of downward motion.

Coccus: Nausea and dizziness with a strong desire to lie down. Worse from watching moving objects or from sight or smell of food.

Kali bichromicum: For Sea sickness.

Nux vomica: Severe nausea with difficult vomiting and intense headache.

Petroleum: Severe nausea with difficult vomiting and intense headache.

Rhus tox: Air sickness with nausea and vomiting.

Tabacum: Nausea better from cold, fresh air.

Enroute

Chamomilla for children who are tired and cross, but too worked up to rest or sleep.

Bellis perennis if tailbone feels compressed or for sciatica after sitting too long in one position.

A long-haul flight risk is deep vein thrombosis. Red wine or tomato juice makes blood less sticky. A dose of Hamamelis before flight.

Arnica for exhaustion or jet lag. If one feels still in motion and difficulty in sleeping try a dose of Cocculus.
Avoid contaminated water. 2 teaspoons of a mix of honey and apple cider vinegar in pure water offers good gastro intestinal protection.

**Food poisoning**
- *Arsenicum* after bad meat.
- *Pulsatilla* after bad fish
- *Lycopodium* after bad shell fish.
- *Veratrum album* if Ars. did not help.

**The Environment**
- *Cantharis* & *Belladonna* for sun burn
- *Belladonna* & *Glonoine* for sunstroke
- *Natrum muriaticum* for cold sores that come on after over exposure to sun.

*China* is a great remedy to help you recover quickly from dehydration.
- *Coca* for altitude sickness.
- *Rhus tox* for poison oak/ivy allergies

*Apis* for bites and stings that are very hot and swollen.
*Belladonna* good for hot throbbing bites or stings with dizziness and headache.
*Cantharis* for red, hot, extremely itchy bites.
*Hypericum* may be needed if the bite or sting leads to nerve pain.
*Hepar sulph* will help to clear up a painful infected bite or sting.
*Ledum* for deep stings, cold to touch and better from cold.
*Silica* will force out stingers and help clear up painless infections.
*Urtica urens* if the bite is very itchy.

**Sex & Sports**
- *Staphysagria* for honeymoon cystitis.
- *Cantharis* for constant burning before, during and after urination.
- *Rhus tox* for muscle strains and sprains.
- *Ruta* for injuries to ligaments and tendons.
- *Arnica* for bruising and physical shock.

**Crime**
If one is unfortunate enough to be a victim of crime –
- *Aconite* for extreme fear
- *Arnica* for physical shock
- *Staphysagria* for sexual assault or any incident that leaves you with unexpressed rage.
- *Ignatia* for emotional shock, loss or bereavement
- *Bryonia* for homesickness.

16. “Do you have anything for ...?”

The totality of symptoms as an expression of the Vital Force

GUBBAY, Diana (HT. 30, 1/2010)

In answer to inquiries regarding specific ailments, I reply that each case must be taken individually in order to find the appropriate homeopathic match for the totality of symptoms.

Tommy, 4 years, with Eczema in the bends of elbows, knees and along forearms. His skin was red, dry and inflamed in the affected areas and also excessively itchy.

Worse at night, compelled to scratch until the skin bled.

Tendency to argue for everything and fear about whereabouts of parents when they left house.

*Sulphur* 200. His Ecema gradually disappeared over the course of a few months and he slept better. Substantial change in his fretting and arguing.

17. Catching Spring Fever

Mom gets empowered to help her kids heal ... & so can you!

ALLEN, Karen (HT. 30, 1/2010)

During dinner, after a picnic on a sunny day, two year old Kent was shading his eyes with his hand to protect from light. His eyes looked unusually shiny and reflective with large pupils. His face became red and heat coming from his head and face. Hands and feet were cold and face hot to touch. Temperature was 103°F.

*Belladonna* few pellets. Within 15 minutes, face returned to normal colour, eyes regained their usual appearance and T° - 99°F. He slept through the night and was his usual robust self when he awoke the next morning.

18. The Girl who got to keep her Tonsils

Hello health, goodbye repeated strep throat and antibiotics

KHANEJA, Seema (HT. 30, 1/2010)

Karen, 4½ yrs had more than half a dozen strep throats and was advised Tonsillectomy. Her problems starts with sore throat with around navel. Muffled voice and headache foul breathe. Mild fever and diminished appetite.

Cranky, irritable, very weepy. < on waking and sitting on mother’s lap during throat. Snappy.

As a toddler had 8-10 middle ear infections. Treated with pressure equalizing tubes.

Since one year pain abdomen at various times of the day. Pain on waking and also in the middle of sleep. Precocious verbal skills, bossy nature, warm blooded. Sensitive to clothes around neck. Loved Lemonade and Ice-cream.


The whole illness was milder. Over the next months, remained completely well.
19. Say Ahhh…. and Heal a Sore Throat
Now that’s easy to swallow!
SHALTS Edward (HT. 30, 3/2010)

In many cases sore throats are not bacterial and therefore do not require antibiotics. Positive results of a throat culture should be treated with antibiotics, as strep-throats can have dangerous complications.

Homeopathy should come into play in the following situations.
• When the child suffers from the first symptom of her episode.
• When throat culture is negative.
• In between frequent episodes of strep-throat.

The indications for Aconite, Belladonna, Bryonia, Ferrum phos, Mercurius iodatus flavus and ruber and Phytolacca are given.

20. Meniere’s Disease takes Potter for a spin
Now she is back at the wheel, thanks to Homeopathy
HALLETT, Carolyn (HT. 30, 3/2010)

70 year clay artist with frequent episodes of Meniere’s and hospitalized twice.

Feeling of pressure in ears before the episode, has to lie down with closed eyes with many bouts of vomiting throughout the day.

She was indifferent regarding her illness and one of her eyelids is droopy during the attack. Gelsemium 1M. Instant relief. Relapse a week later > with one dose. No more attacks.

Indications for Cocculus, Chininum sulph., Cuprum, Gelsemium, Pulsatilla and Tabacum are given.

21. Sweet release from ringing in ears or how I first came to homeopath
PIERCE, Beth (HT. 30, 3/2010)

After many years of ringing in ears and consulting many with no relief.

Consulted an Acupuncturist. She took a detailed history and gave a homeopathic remedy Pulsatilla. Within four minutes, she noticed the pressure in her head lowering, as if someone was letting air out of it slowly. Then something ‘popped’ in her head and the ringing was completely gone.

22. Peace from Panic Attacks and Performance Anxiety
Anxiety affects the body and Mind
RAN, Ilidiko (HT. 30, 3/2010)

Noelle, early 30s, with Sinus Infections that recurred monthly all winter. Prone to colds and extreme performance anxiety since elementary school expressed by feeling numb, faint almost unconscious and shaking of hands. Weaker voice and shallow breathing.

Depressed and exhausted at times. Chilly, cold sweat of feet.

Silca 200. Three weeks later, more energetic. Quality of sleep has improved. Anxiety less. No Sinusitis.

Over the next 6 months, occasional doses of Silica and no longer has fatigue.

Kevin, 50 years with panic attacks, expressed in various forms: Stomach cramps, Constipation, Eczema, Insomnia, nervous nose bleeds and nightmares. Sometimes skin on hands crack and ooze blood.

During the panic attack feels, dizzy, nauseous, dry mouth and difficulty in swallowing. Fear of choking and feeling of throat constriction. During panic attacks cannot control thoughts. Dark thoughts creep in - like harming myself or loved ones. They take control of my will. Basically I am caring. Had an inherited blood disorder was under psychiatric treatment.

According to Rajan SANKARAN, an antagonistic split within the self, points out to snake remedies. His throat issues and blood disorder also pointed to a snake remedy.

Narrowed to Crotalidae family due to his desire for company, and his general anxiety.

His intense skin problem and mental anguish led to Crotalus cascavella 200. One month later, he told he became weepy, where earlier he had suppressed. Hands were dry and no oozing. Two months later, his Psychiatrist weaned him off medication. To support this major transition, Crotalus cascavella 200 daily in water for one month.

He was stable emotionally without any withdrawal symptoms. No more problems in the next years.

23. Ease everyday Anxiety at school and work
Test taking, Public speaking, asking for a raise
SHALTS, Edward (HT. 30, 3/2010)

The two acute performance anxiety remedies Gelsemium and Argentum nitricum are differentiated.

<table>
<thead>
<tr>
<th>Gelsemium</th>
<th>Argentum nitricum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feels paralysed from anxiety</td>
<td>Driven by anxiety on every level, including anxious diarrhea</td>
</tr>
<tr>
<td>want to be left alone</td>
<td>seek company and like to talk</td>
</tr>
<tr>
<td>weak, dizzy with trembling, heavy feeling in limbs</td>
<td></td>
</tr>
</tbody>
</table>
Another remedy for acute anxiety is Aconitum – fear of death, extreme restlessness, a need to get out now, hyperventilation with tingling and numbness and a hot feeling.

24. Making the Most of the Empty Nest
   When kids fly the coop, mom ultimately lands on her feet
   ROTHENBERG, Amy (HT. 30, 3/2010)

   Natalie, 52, with the complaint of severe back pain since 4 months. Herniated disc L3, 4. Severe pain mostly down the right leg. Completely bedridden. During the Autumn when the pain started, second of her two daughters had left for college. Felt lonely, isolated, longing for care and affection of spouse who is always on road. Felt exhausted. Much concern for daughters and elder parents. All those demands made her anxious and overwhelmed.

   She hated conflict and avoided discord which made her angry and irritated but seldom could express. Lifelong constipation. Carcinosin 200. Two months later came walking, sitting comfortably. Within a week after medicine could move. Felt very serene, with no anxiety or worry and with mental clarity and calm.

   She wasn’t stressed by the responsibilities now. 1½ months later, relapse after a trip to sea and another dose. In the ensuing three years the remedy was given as and when needed.

25. Face to Face with Trigeminal Neuralgia
   Smile, laugh & brush your teeth again without fear!
   HAM, Natalie (HT. 30, 4/2010)

   Trigeminal Neuralgia is a disorder of the trigeminal nerve, which runs from ear, across the cheek and around the mouth and chin. Stabbing, shooting, electric-like pain on the path of the nerve.

   The author’s grandmother, 82, was suffering from Trigeminal Neuralgia since years. Over the years, the flare ups grew much more frequent and prolonged to a point that she almost had no time pain-free.

   Pain on right side of face and worse from talking. Lightning like pain. Worse from cold air. With Belladonna 200, there was slight relief. Warmth and pressure relieved her. Mag. phos 12, every hour, next day pain much less. In 4 days relapse. Mag. phos 200 every hour. Immediate > in intensity and frequency. Within next several days, pain subsided altogether. The dose was lowered to once a day and then stopped. There was no need for painkillers.

   Flare up 1½ yrs. later. > by Mag. phos 1M.

   Sheryl, 47, with Trigeminal neuralgia for years, especially in colder months. Pressure on left side gives her relief. Slight touch <. Draft of air was unbearable. Pain worse from motion. The attack come at the same time everyday.

   China 30, every two hours until the pain began to resolve, and then once a day. A week later, she told that pain was gone a couple hours after she took China 30. Had taken only 3 doses when the pain went almost completely away. Energy also better. No flare up since then.

   Robert, 57, car mechanic, with recent Trigeminal neuralgia on right side – as if face being ripped open. Worse when talking or when touched. Relieved by cold application. Feeling emotional and fighting tears since the onset of problem. Thirst less now.

   He was lying on left side due to pain on right side. Pulsatilla 200, every two hours. Next day pain dramatically better.

   Two days later relapsed. Pulsatilla 1M. A week later no pain at all.

   Indications of Magnesia phosphorica, Colocynthis, China, Belladonna, Aconite, Pulsatilla, Verbasicum, Arsenicum, Bryonia and Spigelia are given.


   Sally, 39, with Chronic Laryngitis and loss of voice in winter. Constantly hoarse or even mute and could not easily modulate her voice. It started with a sore throat and swollen glands and post nasal drip. Also earache. Antibiotics and decongestants did not help.

   Chronic Laryngitis was seriously disrupting her ability not only to earn a living, but to communicate at all. Photophobia, desire for salt and aversion to fat. Also headache with Laryngitis. Natrum muriaticum 200. One dose. In addition vitamin C, E and zinc along with Beta-carotene. She began to feel better in the first week. Her voice had begun to sound more like her own and no longer post nasal drip. Better energy. No problems in the subsequent winters.

27. High School Musical
   Lead teenage actor beats lingering Laryngitis & Mononucleosis
   OSKIN, Jamie (HT. 30, 4/2010)

   Sixteen year old Matt developed laryngitis and sore throat which was seriously interfering with his rehearsal schedule. No relief with 2½ weeks of conventional treatment.

   Raw & burning over roof of soft palate and left throat while swallowing. Worse while coughing or talking. Hoarse voice and crackling when talking.
Improved in rainy humid weather of California & worse when back in Arizona’s hot dry weather.

Burning felt in bronchi. Unable to force the thick mucus out of throat. Extreme fatigue. Tested for Acute Mononeucleosis. Causticum 10M t.d.s. for 2 weeks.

Next week positive for Mono. Three days after Causticum, no cough and sputum. Throat pain decreased by 25%. Hoarseness better. In two weeks completely resolved.

A minor relapse was treated by Silica & then Causticum 50M. In six weeks completely normal.

28. From Darkness into light Transforming childhood depression
LUEPKER, Ian (HT. 30, 4/2010)

Caleb, 12, lost his dad to Cancer 18 months ago. He remained taciturn without expressing his grief verbally. He was sullen, moody, lost interest in foods, which he liked. Struggled with peer relations. He disdained affection and consolation.

Natrum muriaticum LM a daily dose. Six weeks later – he was smiling, feeling happier, open to receiving affection.
12 weeks later – engaging life with laughter and joy and expression anger and frustration (Depression is anger turned inwards). LM5.
18 weeks: Co-existing harmoniously. Two years later – LM8.

With each subsequent visit, Caleb seems more animated and excited and creative.

29. Was it das zu Heilende? Von der Homöopathie zur Analogopathie”
(What is to be cured? From Homeopathy to Analogopathy)
LUCAE, Christian (ZKH. 53, 1/2009)

In this article, Dr. LUCAE discusses the basic differences between Homöopathy (“classical”, Hahnemannian) and the “new” concepts in the garb of Homöopathy – (e.g. SANKARAN, SCHOLTEN, et al.); these new ‘concepts’ have their own ‘case taking’ method, case analysis, remedy selection – all these are not anywhere near Hahnemann. [How then can these ‘innovators’ claim it as ‘Homeopathy’ = KSS]. Unproven remedies, remedies for which we cannot find a ‘Materia Medica’ are used. We do not know whether the cure was lasting.

LUCAE has studied SANKARAN carefully and critically and discusses all the features.

30. Nekrotisierender Herpes Zoster
(Necrotising Herpes Zoster)
BÜNDNER Martin (ZKH. 53, 1/2011)

A patient with a pronounced necrotizing Herpes Zoster shows rapid relief under homeopathic treatment with the remedy Mercurius solubilis and Arsenicum album, Q potencies.

31. Lapis albus
SRINIVASAN, K.S. (ZKH. 53, 1/2011)

With two cases, the author shows that a little known ‘small’ remedy is helpful in treating successfully, serious cases. One case of swelling of Cervical Lymphnodes in a 30 year old man. Another case of Sarcoma of the upper thigh in a 21 year-old female.

In both cases Lapis albus gave expected relief. Q potencies were used.

32. Condyloma Acuminatum
CHATTERJEE Ardhendu Sekhar
(HH. 34, 8/2009)

Three cured cases of Condyloma Acinumata has been represented.

Case I: Male 19 yrs. warts around penis. Sexual contact 3 months back. Then warts started. Dark rings around eyes Tongue multiple eroded spots and dry. Thirst +, hunger ++ Hyperhidrosis, on palm, Offensive sweat.
29.11.95: Carcinosin 30, 4 doses, one daily.
18.12.95: The size of the warts decreased. No medicine.
1.1.96: Warts size increased. Carcinosin 200.
14.4.96: Improvement.
12.10.98: Occasional abdominal pain, etc. No medicine.

Case II: 31 yrs., male, married.
30.9.97: Cauliflower like warts around glass penis since 5 months, around rectum 3 months. Bleeding since 2 months. Scrotum warts since 6 months. Had vaccination, Typhoid, post sternuation. Lumbar pain, dysurea, atrophy of the left leg and operative therapy, impure coition, haemorrhagic warts on left knee.
30.9.97: Carcinosin 8 doses, three days intervals.
22.10.97: Warts reduced.
25.11.97: Warts on rectum reduced
8.8.98: complaints of Hoarseness, single paroxysmal cough, Bacillinum 200.

Case III: Male 55yrs. Multiple blackheads, moles, large papular swellings on external epithelium and
entire body. H/o Stomatitis: took allopathic treatment, then hair dye allergy and skin changes began.
15.9.03: Carcinosinum 32, 15 doses, once daily.
   Hundreds of small warts at neck
   Warts around glans penis
   Med. 200/2 doses.
5.10.04: Night itching; More warts
   No medicine.
11.10.04: Carcinosinum 200/ 3 doses
11.2.05: Warts cured again reappeared
   Carcinosinum 32/8 doses – once daily with successive succussion.

33. A 42-year old man with Bronchiectasis
   MOSKOWITZ, Richard (AJHM. 102, 2/2009)

   A 42-year-old man had prolonged episode of Osteomyelitis of the lumbar spine in 2002 which improved substantially with intensive antibiotic treatment. In November 2003, severe Bronchopneumonia with Bronchiectasis and increased susceptibility to other infections ever since. Wet cough, thick greenish, copious yellow phlegm, stringy, sweetish taste. Malaise. CT Scan revealed. Lung infiltrates and PFT indicated Asthma and COPD.
   GERD for the past several years.
   In Oct. 2007, complained of inward pressure on his lungs. He was a chronic worrier and a neat freak. Strong family h/o Cancer.
   Kali bichromicum 200, once a week for 3 weeks,
   with instructions to stop after a dose, if he noticed a definite improvement.
   Six weeks later much better. His bronchial symptoms were better with first dose, so he never took the second dose. By third week, he cut his drugs in half and pressure in chest continued to lessen. His sinus congestion worsened and then lessened.
   Two months later, (Jan. 2008) stopped all medications. PFT improved, much pressure in chest gone. Phlegm greatly reduced.
   In Dec. 2008, minor relapse. Another dose. 90% better next day. No other drugs since a year.

IV. REPERTORY

1. Opposite repertory-rubrics in Bayesian perspective
   RUTTEN ALB. & FREI H. (HOM. 99, 1/2010)

   Hitherto entries have been added to a rubric in the repertory when patients responding well to a specific medicine showed the corresponding symptom. Continuing like this, theoretically every medicine will eventually appear in every rubric.

Method: This becomes clear if we compare opposite symptom-rubrics. Polarity Analysis(PA) substracts opposite rubrics and has been shown to improve clinical results.

Conclusion: The source of this problem and the reason for the success of PA are clear from Bayesian perspective. A reliable repertory should be based on Bayesian principles.

V. VETERINARY

1. Thelitis in Dairy Animals
   VARSHNEY, Jagdish Prasad
   (HL. 20, 2/2007)

   Thelitis is an inflammation of the teat usually associated with trauma. Three cases of Acute Thelitis were treated with Arnica 30 thrice a day followed by Bryonia 30 thrice a day for 3 days along with topical application of Bryonia cream. Uneventful recovery in 3-4 days.

2. Little Bit: The Runt of the Litter
   Given 6 months to live, dog with Kidney Failure Survives & thrives
   DUPREE, Glen (HT. 30, 4/2010)

   Little Bit, a Belgian Shepherd Dog was diagnosed with severe kidney problems when it was 8 months old with little hope of long-term survival. With no options for Conventional therapy beyond two supportive medications because of increasing BUN 109mg/dl and S. Creatine – 6mg/dl, they turned to Homœopathy.
   She was underweight with poor muscle tone, eating things not normally edible by dogs, she loved to eat ice. Copious watery urine.
   She was urinating at 2 a.m. regularly. Calcarea phosphorica 1M followed by Calcarea phosphorica 12 daily doses + Home prepared raw food. In addition Milk Thistle tincture as a liver support and probiotics.
   After 2 months of Calcarea phosphoric 12 daily, some vomiting and diarrhea. So now weekly doses. Ten months later, gained weight by 7 pounds with increased energy and good hair coat and no bad breathe with stable BUN and Creatinine values.
   She is continuing well on her weekly doses and has lived 18 months longer than predicted.

3. Homœopathy as replacement to antibiotics in the case of Escherichia coli diarrhea in neonatal piglets
   CAMERLINK, I., ELLINGER. L., BAKKER. EJ., & LANTINGA (HOM. 99, 1/2010)

   The use of antibiotics in the livestock sector is increasing to such an extent that it threatens negative
consequences for human health, animal health and the environment. Homeopathy might be an alternative to antibiotics. It has therefore been tested in a randomized placebo-controlled trial to prevent *Escherichia coli* diarrhea in neonatal piglets.

**Method:** On a commercial pig farm 52 sows of different parities, in their last month of gestation, were treated twice a week with either the homoeopathic agent *Coli* 30K or placebo. The 525 piglets born from these sows were scored for occurrence and duration of diarrhea.

**Results:** Piglets of the homoeopathic treated group had significantly less *E.coli* diarrhea than piglets in the placebo group (*P* < .0001). Especially piglets from first parity sows gave a good response to treatment with *Coli* 30K. The diarrhea seemed to be less severe in the homoeopathically treated litters, there was less transmission and duration appeared shorter.

4. A randomized controlled trial to compare the use of Homœopathy and internal Teat Sealers for the prevention of Mastitis in organically farmed dairy cows during the dry period and 100 days post-calving

**Methods:** A field trial with 102 dairy cows from 13 Swiss organic dairy farms was conducted. Cows were randomly assigned to one of three groups within a herd. In the Internal Teat Sealer group (ITS; 36 cows) cows were treated with the commercial ORBESEAL (Pfizer) in all four quarters immediately after the last milking. In the Homœopathy group (HDT; 32 cows) the cows were treated per-orally by a herd-specific homœopathic formulation consisting of two remedies in 1:10º dilution over 5 days before and after DO. The untreated group received no therapy (U; 34 cows).

**Results:** For ITS, HDT and U the clinical Mastitis incidence rates for the first 100 days post-calving were 11%, 9% and 3%, respectively, and the proportion of normally secreting quarters was (quarter somatic cell count (SCC) [QSCC] < 100,000/ml) 70%, 68%, and 65%, respectively. Power analysis indicates that a proportion of 75% would support the rejection of null hypothesis in the HDT, and 74% in the ITS group against untreated control. Quarters of cows with SCC < 200,000/ml at DO showed significantly higher normal secretion in HDT group (odds ratio [OR] 9.69) compared to untreated control, whereas Teat Sealing lead to an OR of 3.09 (not significant, *post hoc* power 31.3%).

**Conclusions:** Under the studied conditions herd-specific homœopathic dry cow therapy was effective in increasing the number of animals with normal milk secretion after subsequent parturition, compared to untreated control. It may be an effective alternative to Teat Sealing, particularly in animals with relatively low SCCs. Further research is required to confirm these results, and under different environmental conditions.

5. **It’s a Dog’s Life**

Dr. SHIVADIKAR Myriam (HH. 34, 8/2009)

**Dog Breeds & Remedies**

**Labrador:** Sporting Dog Group

Common ailments: Susceptible to skin allergies, epilepsy, eye diseases and hip dysplasia.

Constitutions: *Calcarea carbonica, Kali-carbonica, Carcinosin, Aurum, Cuprum.*

**Border coolie (Lassie):**

**Herding Dog Group**

This breed have strong herding instincts of its breed and can cause problems like chasing cars and “nipping” children into behaving.


**Greyhound:**

**Hound Group**

Common ailments: Bloat and bed sores; sensitive to insecticides.


**Basset Hound:**

**Hound Group:** Prone to ear and skin infections and obesity, which can lead to hip, spine and leg problems.

Constitutions: *Calc-c., Morgan pure, Puls., Bar-c.*

**Poodle:** Non-Sporting group.

**Toy group**

Common ailments: Hip dysplasia, PRA, Von Willebrand’s Disease, thyroid problems. Patellar luxation, Legg-Perthe’s Disease, Addison’s Disease and skin problems.


**Yorkshire terrier:** Toy Group

Common ailments: Susceptible to eye irritations, tracheal collapse, premature dental disease and patellar luxations.

**West Highland Terrier:**  
**Terrier Group:**  
Common ailments: Susceptible to patellar sub luxation, skin problems, hernias and liver disease.  
Constitutions: *Gaertner, Calc., Puls., Carc.*

**VI. RESEARCH**

1. *Gelsemium* has anti-anxiety effects on mice  
   (HT. 30, 1/2010)

   Paolo Bellavite and a team of researchers from the University of Verona, Italy have published a study report that mice treated with *Gelsemium* (4c, 5c, 7c, 9c and 30c) showed a decrease in anxiety – like behaviours on par with those treated with conventional Buspirone; but *Gelsemium* treated mice did not experience sedation effects/decreased locomotion like those treated with Buspirone.

   - Psychopharmacology  
   2010 July210(4):533-45

   (HT. 30, 4/2010).

   Researchers at the University of Kassel in Germany conducted a clinical trial to assess the effectiveness of classical homoeopathic treatment for mild and moderate Mastitis in dairy cows comparing it with antibiotic and placebo treatments. The cure rate was similar with antibiotic therapy and superior to placebo group.

   77(4): 460-7.

3. The similia principle: Results obtained in a cellular model system  
   WIEGANT, Fred & VAN WIJK, Roeland  
   (HOM. 99, 1/2010)

   This paper describes the results of a research program focused on the beneficial effect of low dose stress conditions that were applied according to the similia principle to cells previously disturbed by more severe stress conditions. In first instance, we discuss criteria for research on the similia principle at the cellular level. Then, the homologous (‘isopathic’) approach is reviewed, in which the initial (high dose) stress used to disturb cellular physiology and the subsequent (low dose) stress are identical.

   Beneficial effects of low dose stress are described in terms of increased cellular survival capacity and at the molecular level as an increase in the synthesis of heat shock proteins (hsp). Both phenomena reflect a stimulation of the endogenous cellular self-recovery capacity. Low dose stress conditions applied in a homologous approach stimulate the synthesis of hsps and enhance survival in comparison with stressed cells that were incubated in the absence of low dose stress conditions. Thirdly, the specificity of the low dose stress condition is described where the initial (high dose) stress is different in nature from the subsequently applied (low dose) stress; the heterologous or ‘heteropathic’ approach.

   The results support the similia principle at the cellular level and add to understanding of how low dose stress conditions influence the regulatory processes underlying self-recovery. In addition, the phenomenon of ‘symptom aggravation’ which is also observed at the cellular level, is discussed in the context of self-recovery. Finally, the difference in efficiency between the homologous and the heterologous approach is discussed; a perspective is indicated for further research; and the relationship between studies on the similia principle and the recently introduced concept of ‘postconditioning hormesis’ is emphasized.

4. Enzyme stabilization by glass-derived silicates in glass-exposed aqueous solutions  

   **Objectives:** To analyze the solutes leaching from glass containers into aqueous solutions, and to show that these solutes have enzyme activity stabilizing effects in very dilute solutions.

   **Methods:** Enzyme assays with acetylcholine esterase were used to analyze serially succussed and diluted (SSD) solutions prepared in glass and plastic containers. Aqueous SSD preparations starting with various solutes, or water alone, were prepared under several conditions, and tested for their solute content and their ability to affect enzyme stability in dilute solution.

   **Results:** We confirm that water acts to dissolve constituents from glass vials, and show that the solutes derived from the glass have effects on enzymes in the resultant solutions. Enzyme assays demonstrated that enzyme stability in purified, deionized water that enzymes were dissolved in. Elemental analyses of SSD water preparations made in glass vials showed that boron, silicon, and sodium were present at micromolar concentrations.

   **Conclusions:** These results show that silicates and other solutes are present at micro-molar levels in all glass-exposed solutions, whether pharmaceutical or homœopathic in nature. Eventhough silicates are known to have biological activity at higher concentrations, the silicate concentrations we measured...
in homoeopathic prepara- tions were too low to account for any purported in vivo efficacy, but could potentially influence in vitro biological assays reporting homoeopathic effects.

5. Repetitions of fundamental research models for homoeopathically prepared dilutions beyond 10^-23: a bibliometric study


Introduction: Repeatability of experiments is an important criterion of modern research and a major challenge for homoeopathic basic research. There is no recent overview about basic research studies in high homoeopathic potencies that have been subjected to laboratory-internal, multicenter or independent repetition trials.

Methods: We considered biochemical, immunological, botanical, cell biological and zoological studies on high potencies, i.e. beyond a dilution of 10^-23. Main sources of information were reviews, personal contact with members of the homoeopathic basic research community, and the MEDLINE and HOMBREX databases. Studies were extracted from the publications and grouped into models. Studies were further sorted according to repetition type (laboratory-internal, multicenter, or independent) and results achieved.

Results: A total of 107 studies were found. Of these, 30 were initial studies. In the attempt to reproduce one of these initial studies, 53 follow-up studies yielded comparable effects (35 laboratory-internal, 8 multicenter, 10 independent repetitions), eight studies showed a consistent, yet different result from the initial study (2 laboratory-internal, 2 multicenter, 4 independent repetitions), and 16 studies yielded no effects (5 laboratory-internal, 2 multicenter, 9 independent repetitions). When all repetitive studies are considered, 69% reported effects comparable to that of the initial study, 10% different effects, and 21% no effects. Independently performed repetition studies reported 44% comparable effects, 17% different effects, and 39% no effects.

Conclusions: We identified 24 experimental models in basic research on high homoeopathic potencies, which were repeatedly investigated. 22 models were reproduced with comparable results, 6 models with different results, and repetition showed no results for 15 models. Independent reproductions with either comparable or different results were found for seven models. We encourage further repetition trials of published studies, in order to learn more about the model systems used and in order to test their repeatability.

6. Animal models for studying Homœopathy and high dilutions: Conceptual critical review

VILLANO BONAMIN Leoni & CHRISTIAN ENDLER Peter (HOM. 99, 1/2010)

Introduction: This is a systematic review of the animal models used in studies of high dilutions. The objectives are to analyze methodological quality of papers and reported results, and to highlight key conceptual aspects of high dilution to suggest clues concerning putative mechanisms of action.

Methods: Papers for inclusion were identified systematically, from the Pubmed-Medline database, using ‘Homœopathy’ and ‘Animal’ as keywords. Only original full papers in English published between January 1999 and June 2009 were included, reviews, scientific reports, thesis, older papers, papers extracted from Medline using similar keywords, papers about mixed commercial formulas and books were also considered for discussion only. 31 papers describing 33 experiments were identified for the main analysis and a total of 89 items cited.

Results: Systematic analysis of the selected papers yielded evidence of some important intrinsic features of high dilution studies performed in animal models: a) methodological quality was generally adequate, some aspects could be improved; b) convergence between results and Materia Medica is seen in some studies, pointing toward the possibility of systematic study of the Similia principle c) both isopathic and Similia models seem useful to understand some complex biological phenomena, such as parasite-host interactions; d) the effects of high dilutions seem to stimulate restoration of a ‘stable state’, as seen in several experimental models from both descriptive and mathematical points of view.

7. Basophil models of Homœopathy: a skeptical view

ENNIS Madeleine (HOM. 99, 1/2010)

This paper examines the activation and inhibition of activation of human basophils. After a brief description of human basophils, different methods to determine basophil activation are discussed with a special emphasis on the use of flow cytometric methods, as these circumvent the potential problems of assays based on the loss of colour by activated basophils. The activation of human basophils by ultra-high dilutions of anti-IgE is discussed. The majority of the paper describes the inhibition of basophil activation by ultra-high dilutions of histamine. The results from published papers are described and discussed.

After over 20 years research trying to find out if high dilutions of histamine have a negative feedback effect on the activation of basophils by anti-IgE, what...
do we know? The methods are poorly standardized between laboratories – although the same is true for conventional studies. Certainly there appears to be some evidence for an effect – albeit small in some cases – with the high dilutions in several different laboratories using the flow cytometric methodologies. After standardization of a number of parameters, it is recommended that a multi-centre trial be performed to hopefully put an end to this “never-ending story”.

8. Homœopathic trial design in influenza treatment


This review presents a critical evaluation of methodological quality in controlled trials on homœopathic treatment of Influenza. First, a short summary on the prevalence, quality, and most commonly cited shortcomings of homœopathic controlled trials in general is presented to support the more specific points within influenza trials alone. To this end, three areas of the homœopathic literature are examined; large meta-analyses looking at study quality and results across research areas, reviews on research within specific diagnostic categories, and the available reviews and primary studies on influenza treatment trials. The specific methodological designs of homœopathic influenza treatment trials are then compared, on a point by point basis, to pharmaceutical trials on Influenza antiviral drugs. The goal of the evaluation is to highlight frequently cited problems in homœopathic trial design, suggest possible improvement for future studies, and make specific recommendations for homœopathic influenza trials based on a comparison to standard antiviral trials.

9. Placebo effect sizes in homœopathic compared conventional drugs – a systematic review of randomized controlled trials

NUHN Tobias, LÜDTKE Rainer & GERAEDTS Max (HOM. 99, 1/2010)

It has been hypothesized that randomized, placebo-controlled clinical trials (RCTs) of classical (individualized) Homœopathy often fail because placebo effects are substantially higher than in conventional medicine. 

Objectives: To compare placebo effects in clinical trials on Homeopathy to placebo effects on trials of conventional medicines.

Methods: We performed a systematic literature analysis on placebo-controlled double blind RCTs on classical Homœopathy. Each trial was matched to three placebo-controlled double-blind RCTs from conventional medicine (mainly pharmacological interventions) involving the same diagnosis. Matching criteria included severity of complaints, choice of outcome parameter, and treatment duration. Outcome was measured as the percentage change of symptom scores from baseline to end of treatment in the placebo group. 35 RCTs on classical homœopathy were identified. 10 were excluded because no relevant data could be extracted, or less than three matching conventional trials could be located.

Results: In 13 matched sets the placebo effect in the homœopathic trials was larger than the average placebo effect of the conventional trials, in 12 matched sets it was lower ($P = 0.39$). Additionally, no subgroup analysis yielded any significant difference.

Conclusions: Placebo effects in RCTs on classical Homœopathy did not appear to be larger than placebo effects in conventional medicine.

10. Chronic Primary Insomnia: Efficacy of homœopathic simillimum

NAUDÉ David Francis, COUCHMAN Ingrid Marcelline Stephanie & MAHARAJ Ashnie (HOM. 99, 1/2010)

Chronic Primary Insomnia is defined as difficulty in initiating or maintaining sleep or of non-restorative sleep that lasts for at least 1 month and causes significant distress or impairment in social, occupational or other important areas of functioning. The homœopathic simillimum is that remedy which most closely corresponds to the totality of symptoms; remedy selection is based on a full evaluation of the patient’s physical, emotional and mental characteristics.

Aim/Purpose: The purpose of this randomized, double-blind, placebo-controlled study was to evaluate the efficacy of homœopathic simillimum in the treatment of Chronic Primary Insomnia.

Method: 30 participants were selected in accordance with DSM-IV TR (2000) criterion 307.42 Primary Insomnia and then randomly divided between treatment and placebo groups. The measurement tools used were a Sleep Diary(SD) and the Sleep Impairment Index (SII).

After an initial consultation, 2 follow-up consultations at 2-week intervals took place. Homeopathic medication was prescribed at the first and second consultations. The SII was completed at each consultation and participants were instructed at the first consultation to start the SD.

Results: SD data revealed that verum treatment resulted in a significant increase in duration of sleep throughout the study, compared to the placebo treatment which resulted in no significant increase in duration of sleep. A significant improvement in SII summary scores and number of improved individual questions were found in the verum group, responses to all 11 questions having improved significantly upon completion of the study. An initial improvement
occurred in the placebo group, but was not sustained. Comparison of results between the groups revealed a statistically significant difference.

**Conclusion:** The homeopathic simillimum treatment of Primary Insomnia was effective, compared to placebo. Homoeopathy is a viable treatment modality for this condition and further research is justified.

11. Effect of dielectric dispersion on potentised homeopathic medicines


This paper reports dielectric dispersion occurring in potentised homeopathic medicines subjected to variable frequency electric field using an instrumentation method developed by the authors. Oscillations occur in the direction of electric field, and are usually termed longitudinal/acoustic-mode vibrations.

**Methods:** The test material was lactose soaked with homeopathic medicine. Multiple resonance frequencies, forming a frequency-set, were observed repeatedly for each medicine.

**Results:** We report experimental results for three potencies of *Cuprum metallicum* (*Cuprum met*) in the frequency range of 100kHz-1MHZ. Each exhibits a set of resonance frequencies, which may be termed as its characteristic set. As the frequency-set of each medicine is different from those of others, each medicine may, therefore, be identified by its characteristic frequency-set. This suggests that potentised homeopathic medicines, which are chemically identical with the vehicle, differ from one another in the arrangement of vehicle molecules.

12. Quasi-quantum phenomena: the key to understanding Homoeopathy

MOLSKI Marcin (HOM. 99, 2/2010)

On the basis of the first-and second-order Gompertzian kinetics it has been proved that the crystallization and its reciprocal process of dissolution belong to the class of quasi-quantum non-local coherent phenomena. Hence, there exists a direct link to Homoeopathy: molecules of the remedy prepared in the process of dilution of the active substance are non-locally interconnected at-a-distance. The results obtained provide strong arguments justifying formulated adhoc macroscopic versions of quantum non-locality, entanglement and coherence employed in interpretation of the homeopathic remedies activity and effectiveness. In particular they are consistent with the predictions of the weak quantum theory developed by Atmanspacher and coworkers.

13. The placebo effect and Homoeopathy


Like other forms of medicine, including Complementary and Alternative Medicine (CAM), Homoeopathy elicits expectations in patients. The physician-patient relationship, personal and comprehensive treatment and lack of adverse effects are elements in creating positive expectations. Other elements may be associated with negative expectations.

**Methods:** We conducted a systematic literature review on placebo and nocebo effects in Acupuncture and Homoeopathy using Medline.

**Results:** Findings on the psychophysiological and neuromediating mechanisms of the placebo-nocebo phenomenon are reviewed. Studies of these effects reveal how expectations and unconscious conditioning can be measured by imaging and EEG methods. They result in significant, non-specific therapeutic effects, which may confuse the evaluation of the specific therapeutic effects treatment, hampering selection of the simillimum.

**Conclusions:** Directions for future research on non-specific therapeutic effects of Homeopathy to improve clinical practice and clinical research are discussed.


ROWE, Todd (AJHM. 102, 2/2009)

This research is a summary of three national homeopathic surveys conducted by the American Medical College of Homœopathy. These surveys studied the demographics, satisfaction, challenges and expectations of homeopathic students, teachers and school administrators in North America. This research should be helpful to homeopathic leaders in planning the future of homeopathic education.

---------------------------------------------------------------------

**VII. HISTORY**

1. A short history of the development of Homœopathy in India

GHOSH Ajoy Kumar (HOM. 99, 2/2010)

Homœopathy was introduced in India the early 19th century. It flourished in Bengal at first, and then spread all over India. In the beginning, the system was extensively practiced by amateurs in the civil and military services and others. Mahendra Lal SIRCAR was the first Indian who became a homeopathic physician. A number of allopathic doctors started homeopathic practice following SIRCAR’s lead. The
‘Calcutta Homœopathic Medical College’, the first homœopathic medical college was established in 1881. This institution took on a major role in popularizing Homœopathy in India.

In 1973, the Government of India recognized Homœopathy as one of the national systems of medicine and set up the Central Council of Homœopathy (CCH) to regulate its education and practice. Now, only qualified registered homœopaths can practice Homœopathy in India. At present, in India, Homœopathy is the third most popular method of medical treatment after Allopathy and Ayurveda. There are over 200,000 registered homœopathic doctors currently, with approximately 12,000 more being added every year.

VIII. EDUCATION
1. Education in Homœopathy – Part – 3
   A Prescription Based on the level of Sensation
   VERVARCKE, Anne (HL. 20, 3/2007)

   This article is the third and last part of the article on Education in Homœopathy, where levels of education as well as levels of case-taking have been discussed. The first two parts have been published in previous issues of Links. This article continues with a case where the remedy is prescribed on the level of sensation.

   A case of Sinusitis, operated twice. Lost sense of smell and taste. After a long case taking a feeling that things were not in their proper place was elicited and Arsenicum album was prescribed which worked wonders for her in all her complaints.

IX. GENERAL
1. Stages as a Universal Principle for differentiation
   SCHOLTEN, Jan
   (HL. 20, 3/2007)

   The Element Theory is built with the basic concepts of the Series, the rows of the periodic table, and the Stages, the columns of the periodic table. The Stages represent the stages of a process, in a cycle of life and in a development. It turns out that the whole concept is not limited to the mineral kingdom. It can also be applied to the plant, animal, bacterial and viral kingdoms. The application of the Miasms as a tool in differentiating the plants in a plant family, as done by SANKARAN, becomes more precise and universal by doing it with the Stages.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The spontaneous start, the impulsive beginning, things are done without being thought over, without reflection. This leads to naive, instinctive, simplistic, and even childish or foolish behavior. It can lead to onesidedness, which seems rigid, Manic. Alone and lonely.</td>
</tr>
<tr>
<td>2</td>
<td>Unsure, timid. Doesn’t know what one is worth, what one can do, so one remains passive or adapts to the situation. One just watches and feels watched at the same time and so one hides, wanting and needing protection and support. Bewildered and overwhelmed.</td>
</tr>
<tr>
<td>3</td>
<td>Searching for the right thing, trying and comparing possibilities. One feels unsure and easily underestimates oneself, so cannot come to a conclusion. One avoids decisions and does not commit oneself.</td>
</tr>
<tr>
<td>4</td>
<td>The official start. It can be the founding of business, a marriage, a contract. The decision is made, the commitment stated, but one can feel unsure, astonished that it can be done. This can lead to irresolution and amazement.</td>
</tr>
<tr>
<td>5</td>
<td>The preparation of the work, the plans and proposals after the start is made. But the work looks too big, the mountain too high to climb, insurmountable. So one is easily discouraged, disappointed in his provisional plans. One alternates between going on and giving up, avoiding and postponing the work towards an unrealistic goal.</td>
</tr>
<tr>
<td>6</td>
<td>This is the challenge. One has to do things, prove one’s power. One is forced to act, it is inevitable and inescapable. It has to be done; the bridges are burned behind them. It takes courage and bravery, in the extreme it is a daredevil act. The fear of a possible failure can make one perform one’s act alone, covered and secretive.</td>
</tr>
<tr>
<td>7</td>
<td>Training leads to perfection. One can perform the act, but knows there is still a lot more to learn. One has to practice to become a master of everything. One wants to learn from others, likes to cooperate to see how others do things and likes to teach and help others on their road to becoming a master.</td>
</tr>
<tr>
<td>8</td>
<td>This is the real work; everything learned so far has to be assembled, put together. But the amount of work is massive, huge, so one needs perseverance, endurance, power and force. One feels pressured due to lack of time, struggling against deadlines. One has to push and fight against the inertia of matter and resistance of people. One can be irritated by opposition.</td>
</tr>
</tbody>
</table>
9 The body of work has been performed, but the last details have to be filled in. The goal is practically reached. The work is virtually finished. Minor adaptations can be made after the dress rehearsal. The book can be completed after the corrections of the proofreaders. The contract just has to be approved and signed. But the fear of a blunder, a failure at the examination, can make one call the whole thing off.

10 The goal is reached. One feels at the top, the summit. It is the glory of the winner, the brilliance of a victory. Everything falls into place. It is obvious that one is oneself, the noble person that decides independently and is self-sufficient. One can become so convinced of success and righteousness that one becomes rigid, fixed and haughty. Balance and imbalance.

11 This concerns maintenance. One has to hold and keep the position they have reached. One has to conserve and preserve. One wants to enjoy the affluence and prosperity. One wants to expand and share the wealth and fortune. Sustaining the position is possible, but heavy. One protects like a guardian or shepherd. Benevolence. Benign tumours.

12 The power is exercised to the utmost; it is overdone like a tyrant. One still has full power, but feels threatened from all directions. Suspicious of betrayal and attack, one defends one’s power in an exaggerated way. It is overdone, leading to opposition. It is too much of a good thing: overshooting, overdoing, overstating, and boasting. The conservative one rules by division, defending against revolution and decline.

13 The position can only be held partly, only half. One has to retreat and retire. One has to reduce and shrink, but one holds on to old and obsolete things with nostalgic feelings. The antique and outdated things from the past, which are the best, must be retired and withdrawn. But they are held in honour in the reduced space. The atmosphere is musty, mouldy.

14 Form without power; mask, façade, mummy, fossil. The real power is gone, but externally it still seems to function well. One is dismissed, put on a shelf. One feels powerless, weak, drained, discharged, empty and hollow. One hides behind the form, diverting real responsibility. Cowardly.

15 The loss. This is the stage of the disappearance of what has been achieved, being fired, bankruptcy, defeat, and death. Everything is burnt. It can be felt like a shock, being poisoned. One can fight and resist, refusing to give over. Or one can give in surrender, sacrifice or abdicate. The best is to forgive and forget.

16 Things are essentially over. Only the remnants and ashes are left, the leftovers. The remnants can be in a state of decay, putrefaction, producing an offensive, rotten odour and an ugly view. One is disgusted and becomes an outcast. It is like a beggar in rags, seducing and tempting others to give. Only memories are left, bringing one into a state of fantasizing greatness. Deepening and reconciliation. Lazy.

17 This is eradication, all has to be erased. It has to be ceased, extinguished, abolished, aborted and finalized. One can be forced to quit or flee, being expelled as an outcast. One has to let go of everything, even forget memories. It is freeing, making one loose from bonds. One can let go with humour. The opposite is to hold on to things, even taking them without asking.

18 This is the denial of action, of everything. It is the pause between actions: rest, holidays, sleep, meditation, coma, death. Things are latent, idle, inert, inactive and quiet. Externally there is no interaction or communication, autism, cocoon. Internally there can be a transformation. The sensation is of being free, floating, confused, and unconnected.

2. Homœopathy and the Viral cause of Chronic diseases

BENTO Joao Nuno (HL. 20, 3/2007)

The understanding that there is a viral cause to chronic diseases and ailments like Cancer, Heart disease and Obesity is a very recent development in medical research. This understanding opens up new opportunities for treatment, as it will enable medical science to address the root cause of disease, rather than merely treating the symptoms, which it has been doing up until now. What is not commonly known is that Samuel HAHNEMANN came remarkably close to identifying this viral cause 200 years ago. It is therefore tragic that his work has gone unrecognized by medical science for so long, as it could have helped us reach this understanding sooner. It would be even more tragic if scientists continued to ignore his work, as there is potentially much viral knowledge to be gleaned from the symptoms of disease listed in homœopathic repertories.

3. Water
Essential to life, stimulating to scientific research, and ubiquitous in Homeopathy – water is all that and more. This article retraces the history of life and the history of the water molecule itself. From there it discusses some of the scientific properties of water and hints at possible scientific explanations of how Homeopathy works. The role of water in Homeopathy itself is viewed from a critical standpoint and some areas for homeopathic research are suggested.

4. The Evolution of My Practice
SANKARAN Rajan
(HL. 20, 3/2007)

The key to consistent results is the right perception of disease and cure. Methods of case-taking and analysis develop alongside. The deeper the level reached in a given case, the better are the chances of success. In the journey towards a deeper understanding and obtaining better results more simply, a systematization process has come about. This article is a bird’s eye overview, through milestone cases, of the major systems of understanding.

X. Books


22 homœopaths from 10 countries have addressed different aspect of Homœopathy’s role in mental health care.

This book is divided into 1. Introduction, 2. Integration, 3. Research, Ethics and Theory.

This book will be eye-opener to the general public and the homœopathic consumer, as they realize the benefits of homeopathic treatment in mental health, as well as to psychotherapists and other mental health care providers.

XI. OBITUARY

I. In Memoriam.

Inspired by his father Harry NEISWANDER he also became a homeœopath, after a Masters in Genetics. He lost his hearing in one ear as he was a battalion surgeon in the front lines. He practiced for more than 60 yrs. For 25 yrs. he was on Board of Homœopathic Pharmacopoeia convention of the USA.

II. In Memoriam.
Harris L. COULTER. (HT. 30, 1/2010).

Renowned Homeopathy historian, advocate, and medical writer Harris Livermore COULTER died on Oct. 28, 2009 at age 77, after a long struggle with the after - effects of a stroke.


RUSTUM Roy, PhD, was an extraordinary man, a brilliant scientist and a tireless seeker of truth and knowledge. His contributions to science and medicine are truly remarkable. In particular, homeopaths will forever be in Dr. ROY’s debt for his groundbreaking work on the structure of water and its relevance to Homœopathy. This established the plausibility of ultra-dilutions.

IV. In Memory. Alfons GEUKENS (1944-2010).
(HT. 30, 4/2010).

The homeopathic community is saddened at the passing of Dr. Alfons GEUKENS OF Belgium on October 18. Founder and Director of the Centre for Classical Homœopathy and the International School for classical Homœopathy, he influenced homœopaths in North America, Europe and Beyond.


He is known for his groundbreaking software company: Kent Homeopathic Associates (KHA). He began his great and Seminal work with homœopathic Software in 1986 with his program Mac Repertory. In 1985, he was one of the co-founders of the Hahnemann Medical Clinic in Berkeley. He taught at almost every educational forum in America, as well as in Europe and Asia.

He died from a very aggressive malignant melanoma, having a dozen cerebral tumors at the time he first became symptomatic with the primary tumor hidden in pelvis.

There is a well documented link between electromagnetic frequencies produced by cell phones and other technologies and Melanoma.

David’s computer sat in his lap perhaps 12 hrs. per day hooked up to a cell phone receiver.

Let us use this as a caution.
Others – Betty WOOD, Krista HERON, Massimo MANGIALAVORI, Dana ULLMAN, George GUESS, Ahmed N. CURRIM have written their tributes.

David Kent WARKENTIN was the designer of the first true network for homœopaths (HomeoNet).

VI. In Memory: Ananda ZAREN – 1946-2008
Gifted Homeopath, Author, Healer
COHEN Karen (HT. 28, 6/2008)

(The Homeopathic Community is deeply saddened at the passing of Ananda ZAREN On September 24, 2008, four days after a car accident. She practiced Homœopathy for 30 years in Santa Barbara, California, and authored Core Elements of the Materia Medica of the Mind, Volumes 1 & 2.)

While teaching in Germany, Ananda ZAREN was beseeched to come to the hospital to help a tiny patient. Ananda sat in the dim sterile room, observing the small bundle in the intensive care incubator. The pre-term infant was on oxygen, unable to breathe normal room air, and her tiny chest rose in an uneven rhythm as it had for the past three months. When a nurse came in and touched her, the baby seemed to shrink from the contact and tried weakly to avert her face. Ananda noticed that she furrowed her brow, shutting her eyes more tightly when the nurse adjusted the curtains causing a momentary alteration in light. After silently watching for an hour, Ananda had all the information she required. A history of Jaundice, an aversion to contact, and photosensitivity formed the “three-legged stool” triad of symptoms that can stand to indicate a remedy, in this case, Natrum sulphuricum. Ananda gave the remedy to the child and left for the evening. The next morning, the infant appeared to be stronger, was able to breathe on her own, and voluntarily opened her eyes to make contact with her mother for the first time. The remedy had done its work.

Homeopathy was Ananda Zaren’s passion and life’s work. Originally trained as a nurse and midwife who attended births, Ananda began formal training in Homœopathy in 1976. She sought out and had the good fortune to study with George VITHOUKLAS, making the journey to Alonissos, Greece, at every opportunity for eight years. She would lie in the bathtub for hours reading the repertory, beginning at the front and then reading it again from the back. Her well-worn copy of Boerick’s Materia Medica was filled with hand-written notations detailing subtle findings that illuminated and enhanced her understanding of the physical and emotional terrain of each remedy.

The daily practice of Homeopathy formed the very center of Ananda’s life. She often happily worked six days a week welcoming patients who came from considerable distances and preferring to spend her time in her “learning lab” as she called the practice. Her power of observation was extremely acute and she was a master at cataloguing nuance and gesture, every aspect of human expression, which she interpreted as the language of the Vital Force. Once a remedy was acting, she relished every moment of follow-up; for her this was precious time spent in the presence of pure living Materia Medica.

Ananda’s patients traveled many miles to see her. While some made the journey to her Santa Barbara office from southern and northern California, many came from other states and even from countries in Europe. A number of prominent screen actors also were her patients. On one occasion, a nice-looking man came for a first visit. When Ananda asked what his profession was, he replied that he was an actor. “Oh,” she said sympathetically, knowing that many actors are perpetually out of work, “are you doing alright?” “Well,” he replied, “I just won the Academy Award.” Ananda did not watch much television or frequent the movies, and everyone in her practice was given the same degree of special attention.

Ananda had the extraordinary ability to gaze beneath a person’s façade or mask, as she called it, where anger, fear, and grief inform behavior and contribute to physical pathology. She had intimate awareness of the hidden elements of the human psyche. Many of her patients recall a deeply curative and transformational experience that began the moment she beamed her intense light of comprehension, recognition, acceptance, and compassion – followed by the accurate homœopathic prescription.

I remember one patient, a man in his 50s, who came to a clinical supervision session held by Ananda some years ago. He had experienced an anguishing form of restless leg syndrome for more than 25 years and had not been able to sit comfortably through a meal or a television program for decades. The restless legs prevented him from sleeping, but he had discovered that pressure on the bottoms of his feet would temporarily quiet the relentless restless sensation; so if he got up from bed and vigorously jumped up and down and squatted, he could go back and get a few minutes of sleep. Finally, in desperation, he had built himself a sort of rack that he lashed himself onto at night so that he could sleep in the standing position. The referring homœopath had consulted with another senior homœopath, and over time they had given this man every remedy in the repertory rubric, “Extremities, Restlessness, Lower limbs, night” – from Arsenicum to Zincum. After taking the man’s case (with our class of homœopathic colleagues watching on closed circuit television in another room), Ananda came in to discuss the case with us. With a shake of her head and an impish expression she exclaimed: “Oh, I didn’t consider
this a case of restless legs – I used the repertory rubric ‘Mind, Desire to Escape.’ This man is running!”’ after a dose of Belladonna, the patient returned in three months and reported that he had been able to sit through a movie for the first time in many years and sleep well, too.

Ananda’s great strength was her work with women and infants. She felt that infants were fully capable of emotional perception and believed that comprehending the emotional state of the person before you, regardless of age, was requisite to finding the homeopathic similimum. In 1989, she was invited to practice Homœopathy for four months in an in-patient allopathic hospital in Schwalmstadt, Germany. It was here that she recorded many compelling cases, such as a woman in a state of pseudocyesis or “false pregnancy” who responded beautifully to the remedy Crocus sativus. Ananda made valuable additions to the understanding of many remedies such Baryta sulphurica, Bufo, Kali ferrocyanicum, Lac caninum, and Natrum hypochlorosum. She was the author of two treatises on Materia Medica entitled Core Elements of the Materia Medica of the Mind Volume I and II, in which she described her case-taking methodology.

It is with great sadness that the homœopathic community bids adieu to Ananda ZAREN. Ananda worked tirelessly, and her insights will surely inspire homœopaths of the future. She will be dearly missed by her colleagues, as well as her patients, many of whom had been with her for more than twenty years.

- Karen COHEN, DC, CCH, has been practicing Homœopathy in Santa Cruz, California, for 17 years and feels extremely fortunate to have had Ananda ZAREN as a mentor.

XII. NEWS & NOTES

I. Pregnancy, Labour and New-Born Babies Dr. Kathleen G. PRIESTMAN

The use of remedies Sepia, Natrum muriaticum, Phosphorus, and Pulsatilla in the above condition is discussed. Phosphorus may develop a great aversion to tea, during pregnancy, though she normally enjoys it.

Pulsatilla 6c, given half an hour before the baby is due to feed, will maintain a good supply of breast milk in many patients, where breast feeding would have to be discontinued otherwise.

Almost all women will get great benefit from a dose of Arnica 200, as soon as the baby has been born. The new-born, after a difficult birth or Forceps delivery, will also receive great benefit from a dose of Arnica 200.

Windy colic of new borns are helped by Colocynth and Magnesium phosphoricum.

Baby requiring Colocynth gets a little relief from very firm pressure on the abdomen, really screams from the acuteness of the colic, and does not get rid of wind easily.

The baby requiring Mag-phos needs warmth as well as pressure to get relief and is constantly bringing up and passing wind, but does not get any better for it.

(The British Homœopathic Association, dated October 1971).

II. Influenza Epidemic and Congenital Defects. Jukka HAKOSALO, Lauri SAXEN. Department of Pathology, University of OULU, Department of Pathology, University of HELSINKI, Finland.

A clear positive correlation has been shown between the 1957 Asian Influenza Epidemic in Finland and the incidence of malformations of the Central Nervous System. There was no increase of other congenital defects. During the epidemic, sales of drugs were much increased and thus the infection as such may not necessarily be the teratogenic factor.


III. Writer’s cramp in the head?

Many injuries and degenerative diseases that can result from overuse of the arm and hand, but in classic writer’s cramp there is no evidence of physical damage.

According to Harvey MOLDOVSKY, the best approach is Psychotherapy, carried out in Hospital.

The difficulty of curing it emphasizes how little is known of the interaction between the mind and body.


[It is not unusual that Homeopathy cures this condition = KSS.]

IV. Dermal Transmission of Virus as a cause of Shingles

Mair THOMOS, Epidemiological Research Laboratory, Central Public Health Laboratory, Colindale Avenue, London N.W. 9.

W.J. ROBERTSON, Westminster, Medical School Library S.W.1.

Three cases of Adult Shingles and one of childhood Chickenpox were linked by visits to a single household. The Shingles appeared 2-5 weeks after brief but close exposure to infection. It is concluded that Shingles is not invariably due to reactivation of latent virus but can also follow recent infection, and it is suggested that this may occasionally be through the skin. Antihistamines may possibly join other immune-suppressive agents as a predisposing agent. - The Lancet dated Dec. 18, 1971.
V. New homœopathic Provings and New remedies.
Jörg WICHMANN (HL. 20, 2/2007).
www.homoeopathie-wichmann.de
www.hominf.org/clarke.htm

The above websites have all the new information about the remedies.

VI. Seminar report


Eleven meticulously worked out cases studied over four days. Before the cases, Massimo outlined core aspects of Panic. After the cases, a thematic summary and a differentiation of another fourteen remedies.

Core aspects for panic include a sudden encounter with the unknown, the locus of which is mapped onto a physical problem within the body.

VII. Menopausal depression. Reviewed by BODMAN, Frank (BHJ. JAN. 1972)

The peak incidence of depression among women is between 46-50 years.

Endogenous depression improves after ECT. Symptoms are waking in the early morning, the loss of appetite, the constipation, the loss of weight, loss of facial flu(?)eh, decreased pulse rate, the cold extremities, dry mouth, the inability to weep, the menstrual changes, the loss of libido, the impotence.

For these group of symptoms, the top 10 remedies are Lycopodium, Natrum mur., Phosphoric acid, Sepia, Silica, Sulphur, Nux vomica, Graphites, Lachesis and Muriaetic acid.

Neurotic or reactive depression is as a result of environmental stress (Bereavements, Divorces, Hysterectomy, Childlessness). They have difficulty in getting off to sleep but tend to sleep heavily in the morning in contrast to the endogenous group who wake early to experience the worst hours of the day.

Remedies commonly indicated are Calc-carb., Puls., Rhus-t., Carbon-sulph., Arg-nit., China & Ign.

Another type is of those who had post partum depressions.

Indications for the remedies and case examples are given.

VIII. Peyronies disease treated with Hirudo Medicinalis reviewed by TWENTYMAN L.R. (BHJ. July 1972)

A surgical colleague, aged 33 consulted with Peyronie’s disease – a typical nodule on the right side of shaft of the penis. Erections and coition were painful. Penis was curved. The condition had originated three years previously with a nodule on left side. This slowly resolved and replaced by the nodule on right side.

Sepia 6c twice daily and there was some lessening of pain continued over 6 months. But nodule persisted.

Hirudo officinalis 12c twice daily. Pain improved considerably. After two months no pain at all and after three months, nodule was much smaller. So stopped medicine. Recurrence in two months. This cleared on resuming Hirudo.


Homeopathy as applicable to surgery. Reviewed by Dr.A.N. RAMANATHAN.

Hints

Pre & Post operative treatment:

Arnica, Hypericum, Ledum, Hamamelis & Staphysagria.

Slipped disc: Plumbum metallicum.


Hypertrophic Pyloric Stenosis: Abrotanum., Dysenteric co.

Appendicitis: Belladonna., Rhus-tox., Dioscorea villosa., Iris tenax.

Retrocecal: Natrum sulph., Iris tenax.

Burst Appendix: Lachesis, Pyrogen, Natrum sulph.

Appendicular abscess: Natrum sulph., Echinacea.

To prevent adhesions: Calcarea fluoride, Graphites, Thiosinamine.

Non-calculus cholecystitis: Adeps suis 6c.

Duodenal ulcer: Nux vom., Graphites, Petroleum.

Ulcers burn like fire: Euphorbium.

Ulcav of alcoholic: Cadmium sulph., Ars-alb.

Pain external back: Kali bich.

Duodenal ulcer sudden: Proteus

- Due to continued nervous tension: Dysentery co.

Pylorosperm: Dysentery co.

Complete obstruction due to ulcer – Podophyllum.

Cicatricial stenosis – Mandragora.


Strangulated Hernia: Early stage: Acon.

Later stage: Nux-v., Bell., if these fail, Pituitarin 30 before surgery in old people.

Diabetic Gangrene: Insulin 200, Carbolic acid 200.

Bed sore: Tinctures of Echinacea & Hypericum.

Hidden Sepsis resisting parenteral antibiotics: Pyrogen, Sulphur, Cadmium oxide.

Cystotomy wounds which keep leaking indefinitely: Calc-phos 3x.


Complications of DM. Dr. S.P. KOPPIKAR.

Diabetic Coma – Moschus, Plumbum, Mercury, Opium, Phosphoric acid, Arnica, Lycopodium, Terebinthina, Uran. nitricum.
XI. Society of Homeopathic physicians 35th Lecture by Dr. K. PADMANABHAN, 19.11.1967.

Medical aspects of Cerebrovascular Accidents.

   The onset of thrombosis is slow. Patient goes to bed and wakes up with Hemiplegia.

b. Cerebral Haemorrhage
   Patient suddenly gets a severe headache and then loses consciousness.

Hints by Dr. S.P. KOPPIKAR:
Thrombosis – Bothrops lanceolatus
Aphasia remaining after stroke – Baryta carb 12x daily.
Haemorrhage – Arnica, Phosphorus
Atheroma – Phosphorus, Baryta carb.
Posterior Cerebral Artery Thrombosis – Gelsemium.

XII. Letter to Editor.

Myristica gives reader “a leg up” (HT. 30, 1/2010).

On a family trip to Hawaii, the husband cut his legs on coral. The deepest cut got infected. Hepar sulph. 30 and then 200 and topical Calendula did not help. It started to swell and become red, hot to touch and oozing. Remembering a recent article in HT (Autumn 2009) Myristica was given. Next morning swelling had gone down. With additional doses, redness reduced and oozing stopped. The reader thanks HT for printing such useful articles.

XIII. Across the Pond: Threats to U.K. Homeopathy Loom over U.S. GAHLES, Nancy (HT. 30, 1/2010).

For decades, Homeopathy in the U.K. has been a well supported, solid and flourishing institution. This is no longer the case. For the past two years a U.K. organization, Sense About Science (SAS) has spearheaded a well-funded and sophisticated anti-homeopathy movement. They are advancing step by step in an effort to eradicate Homeopathy. They have attempted to disrupt international Homeopathy projects. This has reached USA. In Nov. 2009, the American Journal of Medicine published a commentary provocatively entitled “Should we maintain an open mind about Homeopathy? It was the first U.S. Salvo of a highly determined, sophisticated and well-funded alliance that aims to eliminate Homeopathy wherever it is practiced.

The NCH is mounting a response by communicating accurate information about Homeopathy. By spreading truth, perhaps we can stop the misinformation before it gains momentum.

We are suggested to visit pro-homeopathy sites to raise its rank in search engines. [Homeopathy will prevail; it cannot be killed = KSS.]


NCH member Amy Lansky’s article on Homeopathy was featured prominently in Dr. Joseph Mercola’s e-newsletter, “the world’s most popular natural health newsletter”. Close to 250,000 people have read the article “could this ‘Forbidden Medicine’ Eliminate the need for drugs?”. She makes a persuasive and well-referenced case for why skeptics are attacking Homeopathy.

XV. Haiti Needs your help. (HT. 30, 1/2010).

Homeopaths without Borders – NA has sent homeopaths to Haiti. This is not for – profit organization aims to bring care to children in orphanages, treat physical and emotional maladies of people in need and educate on-site care-givers in the use of homeopathic remedies. HWB-NA is in urgent need of funds and volunteers to support this work. Please visit HWB-NA website www.homeopathswithoutborders-na.org


Social Media like Youtube, Facebook, Twitter, Flickr, blogs, wikis provides you with new opportunities to interact with people all over the globe.

Word of homeopathy’s benefits should be spread to those who haven’t heard about it yet. By this Homeopathy and NCH would be benefitted.

In a report presented to UK Parliament by the Secretary of State for Health, on 26 July 2010, stated that “our continued position on the use of Homoeopathy within the NHS is that the local NHS and clinicians, rather than Whitehall, are best placed to make decisions on what treatment is appropriate for their patients – including complementary or alternative treatments such as Homoeopathy – and provide accordingly for those treatments. We note the committee’s view that allowing for the provision of Homoeopathy may risk seeming to endorse it, and we will keep the position under review. However we do not believe that the risk is significant enough for the Department to take the unusual step of removing Primary care Trust is flexibility to make their own decisions.”


2008 Nobel Laureate Luc MONTAGNIER, who discovered the link between HIV & AIDS, recently suggested that a solid scientific foundation for Homoeopathy may exist. In a meeting of 760 Scientists and Nobel Prize winners in Lindau, Germany, he said that solutions containing the DNA of bacteria and viruses emit low frequency electromagnetic radio waves (ranging from 1,000 to 3,000 Hz) – even after diluting to a point where the original DNA has disappeared. The water could retain these properties – or ‘a memory’ and this can be detected.


Nearly 12% of children had used one or more homoeopathic products by the time they were 8.5 years old. Chamomilla for teething and Arnica for soft tissue bruising were the commonest.


XX. Royal London Homœopathic Hospital changes Name (RLHH) (HT. 30, 4/2010).

Founded in 1849, RLHH has changed its name to The Royal London Hospital for Integrated Medicine. Since 1980s, Acupuncture, Herbal medicine and other therapies have been practiced there, in addition to Homoeopathy. [This is due to the anti-Homœopath noises made in the U.K. since recently = KSS.]


XXI. Cancer in homœopathically treated patients: This article by Dr. Robert KÖDEL appeared in the

AHZ. 253, 4/2008. Three cases were cited wherein the patients developed Cancer after homeopathic treatment.

With reference to this article there has been three responses.

Dr. Heinz MÜLLER has said: 1. Suppression by homeopathic medicine is possible, even by Q potencies. He says that he had a female patient(50 yrs.) who suffered Migraine was free from it for a whole year and she thanked him for it. She said that she had her periods return after having stopped for three years. It turned out that she then had double Carcinoma in Collum and Ovary. The later one was there, it was very large even before homeopathic treatment for Migraine. The patient was lucky. Her operation was successful. In spite of the Chemotherapy the single remedy homeopathic remedy for her hair fall was successful.

Patients who have taken continuously low potency or mother tinctures may become untreatable. As a rule they must be off those medicines and a gap of at least 4 weeks should lapse before we undertake a prescription. If some patients insist on medicine, placebo must be given.

Whether a “classical” homœopathic treatment will hold curatively can be told only after a long term follow-up.

XXII. Dr. Charlotte HÜBNER –URCH writes: In my training there was this dogma that homeopathic medicines cannot suppress. (AHZ. 253, 4/2008).

Some years ago an otherwise healthy young man consulted me for itching scalp. Repertorization and Materia Medica Study clearly indicated Sulphur. There was agg. for one day and then relief. All the complaints passed away and the patient remained well. Follow up after six months. Five years later he came with a well advanced rightly diagnosed fulminating metastasizing Carcinoma of the large intestine.

There is much to think over.

XXIII. Internationales Symposium Homöopathie in Klinik, Praxis und Forschung – „Das akut kranke Kind“
International Symposium Homoeopathy in Clinic, Practice and Research – “The acutely ill child”. (Dr. von Haunersche Kinderspital, Ludwig-Maximilians-Universität München, 8.11.2008): (Repertory Christian LUCAE (ZKH. 53, 1/2009): In these annual Symposia it has been the practice to let a Practitioner of the Conventional Medicine (Allopathy) from the Dr. von Hauner’s Childrens Hospital’s (“State of the Art”) speak on a particular theme after which a homeopathic doctor would speak. The “Tandem-Lectures” are excellent and the experts will, at the end answer questions from the participating delegates.

Acute Otitis Media (AOM)
Prof. Dr. Johannes LIESE, of Infectiology, of the Haunerschen Childrens Hospital spoke on Acute Otitis Media(AOM) of children including infants. Dr. Michael SCHREINER, ENT Specialist, explained cases: 1. Acute Myringitis/Otitis Media: following remedies are indicated (listed according to frequency): 1. Belladonna, 2. Ferrum phosphoricum, 3. Aconitum, 4. Chamomilla, 5. Dulcamara, 6. Pulsatilla. In Otolgia with nosebleed Millefolium should be thought of and boring into nose could be Arnica and Hamamelis.

Idiopathic Thrombocytopaenic Purpura (ITP): Prof. Dr. Christine BENDER-GÖTZE Haematologist of the Hauners Childrens Hospital spoke of the actual procedures. Dr. André THURNEYSEN, Bern narrated case of three patients who were treated with individualized medicines: Stramonium, Lachesis and Ammonium muriaticum/China very successfully.

COUGH: Dr. Christian SCHRÖTER, Pulmonology of the Hauners Childrens Hospital explained the actual stand on diagnosis and therapy. If a cough stretches beyond 4 weeks it must be diagnosed thoroughly. Dr. Christian LUCAE demonstrated with 4 patients different ways of finding the homeopathic remedy: 1. The diagnosis lead to prescription of a Nosode (here Pertussis); 2. A clear modality is a hint for a “small” remedy (here:Sticta); 3. General and mind symptoms points to the suitable remedy (here: Hyoscyamus); 4. A “Key Note” or an accessory symptom leads to the suitable remedy (here: Kalium sulphuricum).

Infections in New borns: Dr. Harald EHRHARDT, Neonatology of the Hauners Hospital spoke of the “state of the art” treatment. Dr. Bettina BALTACIS, Paediatrician spoke of the homeopathic therapeutics; she presented Video Cases. Phosphorus (Sepsis, Bronchitis), China (Pneumonia) or Carbo vegetabilis (Sepia) in premature and just born.

Acute Gastroenteritis: Dr. Marion ECKERT, Gastroenterology of the Hauners Hospital presented the disease picture. Stefanie SCHETZK, Homeopath in the Hauners Hospital spoke of the important remedies in the clinic: Okombaka, Phos., Verat., Ars., Aloe., Podo., & Sulph.

The closing session was by Dr. Sigrid KRUSE on the theme: Homeopathy in Emergencies.

The title for the Symposium 2009 was announced: “The chronically ill child”.

XXIV. Deadly Cell Phones and Other Wireless Devices:

An increasing number of medical researchers, environment protection agencies, governments and individuals are concerned that wireless technology may be causing serious harm to people and the environment:

- The country of Germany has recently (2007) warned the population to avoid wireless devices.
- In September 2007, based on its analysis of research conducted in 15 different laboratories, the EU’s European Environment Agency (EEA) issued warnings to all European citizens advising them to stop using Wi-Fi and cell phones, citing fears that the ever-present use of wireless technology has the potential to become the next public health disaster on the level of tobacco smoking, asbestos, and lead in automobile gas (as reported by The BioInitiative Working Group).

- The Israeli government recently banned the placement of antennas used for cell phone reception on residential buildings.
- As reported on CBC (July 12, 2008), Toronto’s department of public health has advised teenagers and young children to limit their use of cell phones, in order to avoid potential health risks. According to the advisory, which is the first of its kind in Canada, children under the age of eight should only use a cell phone in emergencies, and teenagers should limit calls to less than 10 minutes.
- As little as 10 minutes on a cell phone can trigger changes in brain cells lined to cell division and Cancer, suggests a new study conducted by researchers from the Weizmann Institute of Science in Israel and published in the Biochemical Journal. The changes they observed were not caused by the heating of tissues.
- Regular cell phone use raises the risk of developing a brain tumor for many users, according to a new Finnish study published online in the International Journal of Cancer. The study, conducted by numerous researchers from many universities, found firm corollary evidence that using a cell phone causes the risk of getting a brain tumor called a Glioma to rise by 40 to 2701 percent on the side of the head preferred for using the phones. This is the same type of brain tumor doctors discovered in Ted Kennedy. Malignant Glioma is the most common primary brain tumor, accounting for more than half of the 18,000 primary malignant brain tumors diagnosed each year in the United States, according to the National Cancer Institute.
- Prolonged cell phone use may damage sperm in male users, suggests a study by researchers at the Cleveland Clinic Lerner College of Medicine at Case Western Reserve University in Ohio. The discovery was made during an ongoing study of 51,000 male health professionals in the United States.
- Pregnant mothers, who use cell phones 2-3 times per day, are found to give birth to children with malfunctioning cells. Also young children exposed

---

1 Those who used modern cellular phones for more than 2,000 hours in their lifetime had the highest risk increase. Surprisingly, the risk was highest among people under the age of 20.
to cell phone radiation are found to develop serious growth problems.

The media industry is the largest and most lucrative industry in the world, much bigger than oil. Almost every significant company is run, owned or heavily influenced by the 5-6 media giants. Cell phones make up a huge junk of that. Any attempt to blame cell phones for the massive increase of cancers in the world is ridiculed and squashed, just like cigarette smoking was not too long ago. Some people are okay with waiting until finally there is solid "evidence" that radio waves can cause cancer before they give up their beloved cell phones. Others continue using them just as many continue smoking, although the risks for the latter are known. It is really up to each individual to decide what to do about it. For me, personally, there is no question about it. I detect harmful energies from a distance, and certainly when they come as close to my body as a cell phone does. I use my cell phone very rarely, and if I do, it's just for a minute or two. I never felt comfortable with them, long before research began to indicate that they are not harmless at all.


The author was shocked by the blasphemous title “Bogus Boenninghausen” (AJHM. 100, 1/2007) to denote Boger Boenninghausen’s characteristics & Repertory” by C.M. BOGER and questions the qualification of George DIMITRIADIS to smear such a reputed homœopathic physician as Dr. C.M. BOGER? He asks how the editorial board of AJHM allow such a title. Also worried about none objecting to it.

XXVI. A case for Medical Homœopathy. HOOVER, Todd A. (AJHM. 102, 2/2009).

The Homeopathic Action Alliance was formed to serve as a forum for various organizations within the United States to communicate the current issue and future directions for their organizations.

Joining our voices to form a politically active unit is a powerful vehicle to influence public policy. The Homeopathic Pharmacopea Convention of the US (HPCUS) is currently leading an effort to communicate the homeopathic community’s opinion on upcoming National Healthcare legislative changes. There is a significant divide between licensed and unlicensed homeopathes. The latter define ‘Homœopathy’ as not being ‘Medicine’ to protect themselves from law in states where Health Freedom Legislation does not exist.

Though the author sympathises with the group, he does not support efforts to redefine Homœopathy as not medicine.

He advocates for the use of the phrase Medical Homeopathy because it helps to solve some of the blurring that is occurring within Homeopathy in general and recognized by the public.


How does one judge 1) how effective Homœopathy is? and 2) how effective any given homeopath is? the answer is apparently simple. We judge by the clinical results. But therein lies the problem. How do we evaluate our results? After all, every homeopath claims curative results.

According to Dr. Prafull VIJAYAKAR, a homeopath in Bombay, India, with whom I spent two weeks in January 2009, there is but one correct criterion: the cure must follow Hering’s Law. That is to say, cure takes place when symptoms disappear 1) from above downwards, b) from the center to the periphery, c) from more important organs to less important ones, and d) the illness must unwind itself with the disease process recapitulating its journey from psoric inflammation through syctic accumulation and excess to syphilitic destruction; that is to say, the disease must work itself backwards from syphilitic destruction to Sycosis to Psora wherein, at last, the illness exteriorizes itself on the skin in the form of an eruption.

Dr. VIJAYAKAR has added an important new criterion to Hering’s Law. Through his study of embryology he has refined Hering’s Law. In his first book, Predictive Homeopathy Part I, Theory of Suppression (B. Jain Publishers (P) Ltd., New Delhi) he correlates the various pathologies with ectodermal, endodermal, mesodermal and neuroectodermal structures. Adding various subdivisions, he writes of seven embryological levels with clearly demarcated diseases corresponding to each level. With examples he shows how it is possible with either Allopathy or Homeopathy to suppress illness to deeper and deeper levels.

If skin eruptions in a child disappear after treatment and are followed by spasmodic pain in the abdomen, the disease has travelled from the ectoderm (skin) to the endoderm (gastrointestinal tract) – a suppression.

If pain in the abdomen disappears and ankle joints begin to pain, the disease has shifted from the endoderm (second level) to the mesodermal connective tissues (third level) – a bad sign.

Since Psoriasis affects the dermis (mesenchyme derived connective tissue) its appearance in the course of treatment is not a simple exteriorization of the disease to the skin (ectoderm). If the Psoriasis clears with treatment and is followed by diarrhea, the disease...
has moved from the third level (dermis/connective tissue) to the gut (endodermal) – a good sign. But if diarrhea disappears with treatment and is followed by scaling and keratinocytosis of the skin (Psoriasis), the disease has been suppressed from the endoderm to the mesodermal connective tissue – a bad sign.

If sacral pain goes away with treatment to be followed some months later by a Trigeminal Neuralgia, the illness has been suppressed from the third level (sixth level) – a bad sign.

Within the same embryological level, for example, the mesodermal connective tissue, suppression can occur if, for example, lumbar pain goes away and cervical pain appears or worsens. That is a wrong direction – from below upwards. The reverse direction, of course, is curative.

In virtually all diseases if the tissue pathology improves but the patient becomes tired and lazy, it is never a good sign. True cures results in increased stamina and a desire to participate in life.

Dr. Vijayakar’s schema delineating the various diseases and their embryological sources is detailed and involved and warrants a careful study of his book. The few examples given here are meant to stir curiosity and to prepare the reader for what I observed in his clinic.

During the fortnight I sat in with Dr. VIJAYAKAR we saw hundreds of patients, most of whom had come for serious syco-syphilitic or syphilitic diseases. There were dozens of psoriasis cases, all of them either cured or in the process of cure following Hering’s Law. There were also Seizure disorders, Autoimmune diseases, Diabetes and Cancers. Yes, you read correctly – Diabetes types I and II and Cancer! One man in his forties, who had originally come with blood sugars in the five hundred range was now off insulin and oral hypoglycemic with a fasting blood sugar of 140mg. A single dose of Natrum muriaticum 200C did the trick.

There were innumerable cases of Leucoderma (vitiligo), a disease characterized by loss of melanocytes (cells that originate in the neural crest and migrate to the dermis) resulting in depigmentation. It is extremely common in India. Arsenicum sulphuratum flavum in repeated doses over many moons will remove these white spots and is well known in India as a “specific” remedy for vitiligo. Dr. VIJAYAKAR scorns such prescribing which he refers to as prescribing for “disease in man” rather than “man in disease.” As a result, all his vitiligo patients receive a carefully thought-out simillimum based on the depigmented spots on the face are disappearing from above below. As long as the upper lesions are disappearing he does not worry if more depigmented lesions break out lower down as he is sure the remedy is correct and that eventually all the spots will disappear.

I saw cases of Leukemia cured, brain tumors cured, Adenocarcinomas cured, and on and on. Not only cured but cured with as few as two to four repetitions of the medicine over a one to two year period! In every case, Dr. VIJAYAKAR has the ability to trace the evolution of the Cancer from psoric inflammation/infection to syphilitic thickening and growth to syphilitic destruction. As the Cancer improves he expects syphilitic symptoms to lessen and sypholic ones to appear. Sometimes this can take the form of renal calculi or gallstones (accumulation equals Sycosis). Because the direction from Syphilis to Sycosis is correct the patient must not be treated homeopathically though sometimes surgery could be needed. Later, as Sycosis diminishes, Psora will arise, often the original inflammation.

I saw at least two cases of Rheumatoid Arthritis (RA) being cured. RA, an autoimmune disorder, is syphilitic as the body attacks, deforms and destroys itself via the joints. One patient said her pains were returning. Dr. VIJAYAKAR asked me to comment. I said, “Either she is relapsing or she has been antidoted.” He agreed and then added, “There is another possibility which is that the autoimmune Rheumatoid Arthritis, which is syphilitic, is disappearing and now Psora is emerging as a simple Rheumatism.” He added that he often gave Sac Lac at such times and the pains resolved, thus proving his point that Syphilis must give way to either Sycosis then Psora or directly from Syphilis to Psora.

Though I had read four of Dr. Vijakar’s six books before going to India, I was unprepared to see the scope of Homœopathy when prescribed correctly. There appears to be no limit to what the correctly prescribed simillimum can do. Because of the uniformly excellent results I witnessed (well over 90 percent cure rate) I decided his teachings both written and verbal merited close consideration.

He constantly exhorts his staff of young homeœopath doctors to “See Man in Disease.” The following caseof Coma (reported to me) illustrates this concept. A woman in Renal Failure had gone into Coma. By telephone and via an observer at the scene he learned that although unconscious, every few minutes the woman lifted one or the other shoulder from the bed suggesting either restlessness or the pressure of the bed against her upper body was uncomfortable or both. He further learned that prior to her hospitalization she was a chilly person, averse to drafts. There was a frown on the forehead suggesting irritability. The observer reported that earlier she had taken a dislike to her loved ones, husband and children. At this point the observer was asked, “Was there any financial embarrassment or stress in recent weeks?” He learned there had been an unpleasant audit by the government tax people resulting in a stiff penalty.
Using “sensation, bed feels hard” + “cold air aggravates” + “aversion to sympathy from others” + “restlessness in bed” + “irritability” + “sadness after losing money,” she was prescribed *Arnica Montana* 200C and within an hour began to regain consciousness and made a full recovery. (This case is reported for those of us who have relegated *Arnica* to first aid prescribing.) I learned that in such desperate cases the remedy should be dissolved in water and rubbed onto the wrist. Either by olfaction or directly by mouth. Dr. VIJAYAKAR told me, could cause “a killer aggravation.”

I saw a young man who presented with a cough and tonsillitis. I learned that two years earlier he was in an advanced stage of Subacute Sclerosing Panencephalitis (SSPE), a chronic persistent infection of the central nervous system thought to be caused by the measles virus. It produces abnormal behavior, irritability, memory loss, inability to walk, speech impairment, seizures and sometimes blindness. It is invariably fatal within one to three years of onset.

The course of the disease in this patient was as follows: he developed an eruption on the scalp with a white discharge. An ointment was applied suppressing the eruption. A fever then followed and jerking of the right upper extremity. Later his behavior became bizarre (bizarre behavior belongs to Syphilis). He wore his clothes upside down and did everything in a contrary manner. Objects fell from his hands. He fell down while walking. His speech deteriorated with slurring. He misidentified common colors. He could no longer count correctly nor could he read. Black pigmentation occurred on the right face and right leg. His titre of the Measles antibodies was elevated. He was chilly and thirsty and refused to eat.

Using “jerking of the extremities” + “rightsidedness” + “cold aggravates” + “appetite wanting” + “ailments from suppressed eruptions,” he was given *Zincum metallicum* 200C. Two weeks later an eruption broke out on the entire body and lasted twenty days. His speech began to improve at the same time. He became furious, attacking strangers. It passed. After three months boils appeared on his eyes. All the while his mental and nervous symptoms were improving. When I saw him with his Tonsillitis and cough, he was in his final stages of Psora. No symptoms of the SSPE remained.

At this point I return to the question first posed: how effective is Homeopathy? The answer is that it is extremely effective in all manner of disease provided one has an in-depth understanding of Hahnemann’s theory of Miasms and an equally deep understanding of homeopathic medicines, all the while rigorously adhering to Hering’s Law of Cure with the modifications to that law made by Dr. VIJAYAKAR.

I have reported on only a small portion of what I observed in his clinic, but I plan to return until I, too, can get similar results. Dr. VIJAYAKAR terms his way of practicing Hahnemannian Homeopathy “Predictive Homeopathy.” He is very clear about what has to happen and when. If it does not, he always retakes the case until the simillimum is found.


I recommend them all highly. It was a great privilege to witness the power and efficacy of Homeopathy in Dr. Vijayakar’s clinic, and it gave me great hope for the future of Homeopathy in the twenty-first century.

LIST OF JOURNALS
Full addresses of the Journals covered by this Quarterly Homeopathic Digest are given below:

1. **AHZ:** Allgemeine Homöopathische Zeitung, Karl F. Haug Verlag, Hüthig GmbH, im Weiher 10, 69121, HEIDELBERG, GERMANY.
3. **THE HINDU:** Newspaper, Chennai – 600 002.
4. **HH:** Homeopathic Heritage, B. Jain Publishers Overseas, 1920, Street No.10, Chuna Mandi, Paharganj, Post Box 5775, New Delhi - 110 055.
5. **HL:** Homeopathic Links, Homeopathic Research & Charities, F/s, Saraswat Colony, Linking Road, Santacruz (W), MUMBAI – 400 054.
6. **HOM:** Formerly British Homeopathic Journal (BHJ), Homeopathy, Faculty of Homeopathy, 29 Park Street West, Luton, Bedfordshire, LU13BE, UK.
7. **HT:** Homeopathy Today, National Center for Homeopathy, 801, North Fairfax Street, Suite 306, ALEXANDRIA, VA 22314, USA.
8. **ZKH:** Zeitschrift für Klassische Homöopathie, Karl F. Haug Verlag, Hüthig GmbH, Im Weiber 10, D-69121 HEIDELBERG, GERMANY.

PART II
(This Section contains abstracts/extracts from selected articles; even the entire article in some case)
1. An approach of the individual in the process of disease

The centrality of disease in contemporary Western medicine, and the ever-growing mediation of technology in modern medical practice, had gradually distanced the physician from the patient’s disease process, and the patient too has been estranged from his/her own body, erasing any subjective components of what ought to be an encounter between two subjects.

Many problems in contemporary Brazilian medical care arise from notions and practices that focus exclusively on the technical aspects of disease, forsaking the dimension of healing art of medicine, and with it, any possibility of sharing – doctors and patients – all sensations and perceptions that constitute the symbolic and psychological contents of disease.

Precisely, those aspects are one of the reasons that explain the growing search for other medical approaches and the latter success, particularly Homeopathy.

As a point of departure, we selected two public clinics in the city of São Paulo, where we interviewed doctors and patients. Data were qualitatively analyzed. This let us identify privileged expressions, such as “subject”, “person”, “listening”, “looking”, “bond”, “time”, “healing”, “remedy”. A discussion of the components of homeopathic practice that may recover the dimension of caring for the sick individual, is grounded on the idea that Homeopathy has its own specific medical rationality that establishes as a definite field of knowledge. This corresponds to a more general approach that states that there isn’t only one legitimate medical approach, that the theoretical and therapeutic monopoly that “scientific medicine” claims needs to be put into question.

The ideas concerning the process health - disease in homeopathic practice are directed by a general view that necessarily includes the role of the sick individual, considered from a perspective that values above all the singularity of human disease, emphasizing the individual features in it.

Some definite elements of homeopathic theory and practice characterize it as a medical system that, by recovering the artistic dimension of medicine, focuses on the sick individual, with his/her specific cultural and historical aspects that need to be addressed in the overall comprehension of the disease.

Homeopathic therapeutics seek to understand the patient in the context of his/her singular process of disease, which includes the relationship that he/she establishes with his/her own disease and the meanings that he/she attributes to such experience.

To understand a patient as a subject-became-sick involves approaching him/her in every sense: not merely biologic and psychological features, but also as the spokesperson of a full set of social and cultural representations and as the agent of an interactive process that may lead him/her to resignify the notions concerning health, disease and cure.

By focusing on the manifestations that individualize the patient – on the basis of singularization criteria – Homeopathy expects to find the expression of such particularities in the symptoms manifested by patients. Hence, its approach is directed to listening, watching, observing and examining that which is unexpected in each patient, as manifested through symptoms.

So, symptoms represent partialities that engender each individual’s dynamics, the expression and the way of being of the patient, and may be understood as representations of the sick person, as they carry definite individual vital contents. Thus, they constitute the object to be grasped, in order to apprehend the “difference”, the singularity, through the application of the principle of similars of homeopathic therapeutics.

In homeopathic practice, the interview is a therapeutic action by itself; it is specially important as it sets in motion and materializes the elements that bring specificity into the treatment, and because it constitutes the space where intersubjectivity is built up between doctor and patient.

From this perspective, the patient’s complaints shouldn’t be merely technically read, but his/her speech has another level: it is full of meanings that allow for a deeper understanding of the disease process.

The singular characteristics of the object to be grasped in Homeopathy – the human subject – define the particular nature of the components of the consultation, elements that express subjective contents, both the doctor’s and the patient’s.

Patients rate a consultation as “good” when enough time is available and some elements appear, which actualize the therapeutic relationship, i.e. seeing, listening, touching, observing.

These components of a less technological approach allow the patient to share his/her suffering with his/her doctor in the framework of an interactive process, and to relate to the manifestations of the disease.

By making biopathography the center of diagnosis, Homeopathy partially eliminates the mediation of the object, so that the construction of an interactive space between doctor and patient becomes one of the fundamental dimensions of its therapeutic practice.

Intersubjectivity enhances a more active attitude in the patient, so that he/she becomes a partner in the conduction of his/her treatment.

By positing Homeopathy as a medical system centered on the human subject, its way of listening
becomes an intrinsic component of its episteme and an essential working tool.

This particular wide scope of attention arises from the fact that what ought to be grasped are the manifestations of the individual disease, in the framework of an approach that privileges intersubjectivity. These are specific features of homeopathic diagnosis and therapeutics, as it aims at a more comprehensive approach of the disease process.

Listening allows to recognize the different ways how patients experience the situation of disease, letting their individuality to surface. Listening also helps the patient to assume the role of the subject of the therapeutic action.

Listening, when it relates to a subject, supposes a basic attitude of interest and concern regarding the “other”, i.e. an opening to an interactive process, that reflects itself in the semiologic procedures. As such, listening and observing are not merely technical tools but manifestations of the physician’s disposition to know and understand the patient and his/her specific suffering.

“Seeing” may be understood as both physical and psychological categories, to look at the patient “face to face” means to see him/her as a human being, an active member of the intersubjective encounter.

Of all these considerations, the one that proves the most consistent regarding the homeopathic notion of healing, is the awareness of the meaning that disease holds in each patient, according to his/her life history, and the paths he/she may follow in the course of treatment.

By focusing on the individual, Homeopathy points to a therapeutic perspective that does not hold immediacy of results as necessary, but that assumes that the nature and the goals of treatment may change, as the patient develops his/her own program of health.

Time, thus, is central to homeopathic episteme, and our research showed that it is a key notion in the understanding of the elements that characterize Homeopathy.

The experience of time is deeply human, precisely because it is related to an intersubjective encounter that is able to actualize the idea of care.

Other considerations may also show that time is a key component in the process of recovering subjectivity. To Homeopathy, time is related to the way how a subject positions him/herself regarding the circumstances of his/her particular ill condition. Time is able to encompass the meanings each patient attribute to the contents underlying the superficial manifestations of his/her disease and the meanings he/she attributes to his/her encounter with the physician.

From this point of view, the interactive components of the therapeutic relationship not only become tools for humanizing care, but are the core elements of any medical intervention. Such elements may facilitate the recovery of the subject, not only because the patient is closer to his doctor, but also because he/she becomes less estranged from his/her own disease.

To understand the relational experience as an intersubjective process means to highlight its possibility as a space that favors the creation of identities, allowing the patient to recognize him/herself as a subject in the course of treatment.

When patients spoke of their reasons for seeking Homeopathy and the causes of their satisfaction with its results, they taught us the paths followed by its legitimization. What leads patients and physicians to Homeopathy does not translate into a fast improvement of complaints but into the expectation of a wider notion of care and the belief in a comprehensive personal program of health.

If there is any secret that may explain the reason why Homeopathy still attracts growing numbers of patients and physicians, it is its caring nature, that offers a therapeutic setting completely peculiar, where subjects and their hopes may be perceived.

2. A case of Pulmonary Sarcoidosis
   KIPNIS Sheryl ND, DHANP
   (Small remedies & Interesting Cases)
   (Proceedings of the 1989 Professional Case Conference)
   IFH (International Foundation for Homeopathy)

Introductory remarks: This is the case of a woman who was 28 years old when she first came to see me in September, 1984. She was working as a waitress at the time. Over the years that I have treated her, she has quickly worked her way out of that and taken a clerical job in an office, gradually working her way up to administrative assistant. This gives you some idea of her capabilities and her drive. She has also gone back to college part-time with the intention of going on to graduate school and earning a masters in Psychology.

Sarcoidosis is described as a multi-system granulomatous disorder of unknown etiology, presenting most frequently with bilateral lymphadenopathy, pulmonary infiltration, and skin or eye symptoms. Skin lesions frequently are present in patients with severe chronic Sarcoidosis, though they can appear in mild forms of the disease as well.

Sarcoidosis most commonly affects young adults (20 to 40 years old), and in this country it occurs more frequently among blacks than whites. The disease is known to “spontaneously remit” in one-third of cases (this occurs most often where there is a syndrome of erythema nodosum and hilar adenopathy); another one-
third recover with minor residua; and the final one-third follow a course of progressive disease.

There is approximately a 10% mortality rate from pulmonary fibrosis leading to pulmonary hypertension and cor pulmonale. Homeopathy becomes an especially valuable tool in treating Sarcoidosis, because there is no satisfactory allopathic treatment for the disease, other than palliative measures. Steroids are commonly prescribed. Because of the degree of hilar adenopathy, along with the skin lesions, this woman’s case was considered fairly severe, and the likelihood of spontaneous remission, therefore, not very great. Let’s review the first case.

A Case of Pulmonary Sarcoidosis

J.C. Female age 28, waitress

September 23, 1984. 5’6” 140 lbs.

[Her style is “punk.” She has very light, bleached hair, very dark red lipstick, and she wears black a lot. She has what most people would describe as a “punk look.”]

Family Medical History: Mother-Hypertension, Arthritis; Father-alcoholic; Grandfather-Diabetes Mellitus; Niece-Asthma.

Personal Medical History: 28 years old - nasal septoplasty.
Chief complaint: Pulmonary Sarcoidosis with granulomatous skin lesions, migraines, genital herpes.

Was referred by another homeopath who had prescribed Arsenicum album 1M three times, Natrum muriaticum 1M, and Ignatia 200c. She felt that the Arsenicum really helped with the headaches for a time, but had no effect on the respiratory or other symptoms. There was no obvious cause at the time of onset of the Sarcoidosis, no particular stress or illness.

Sarcoidosis diagnosed one year ago by chest X-ray and skin biopsy. X-ray showed diffuse nodular infiltrate in both lung parenchyma, three to five millimeters, with hilar and paratracheal adenopathy. Has also had persistent bilateral painless anterior cervical lymphadenopathy, more prominent on the right. Has had no steroids or other allopathic medications.

Symptoms began almost two years ago, with chest discomfort that prevented her normal one to two miles of jogging, nasal obstruction that necessitated mouth breathing on a continual basis, and the appearance of two hyperpigmented skin lesions, one on the left temple, the other over the left scapula.

After four months she sought medical advice for the nasal obstruction which was mistakenly diagnosed as a deviated septum. A nasal septoplasty was performed, with no change in the obstructive symptoms.

Some months later she again went for evaluation of her symptoms, and the diagnosis of Sarcoidosis was made. Pulmonary function tests showed a 40% loss of diffusing capacity and a 20% decrease in vital capacity. Her most recent X-ray (eight months ago) showed essentially the same picture as the original, with an increase in parenchymal infiltration and a slight decrease in hilar and paratracheal lymphadenopathy.

Her symptoms have remained basically the same for the past year: low energy and chronic fatigue (3) - doesn’t even wake up until she has slept 10 hours. Lacks motivation (3) to do anything once she is awake. Wants to go back to sleep after a couple of hours.

Great shortness of breath (3), loses her breath easily on exertion (3) and ascending (3). The chronic nasal obstruction is especially bad at night (3), lying on her back (2); can’t get enough air on falling asleep. Her breathing is so loud and labored that she keeps housemates awake. Frequently has a red tongue with deep cracks in it (2) on waking, after mouth breathing most of the night.

Has been depressed (3) for months-a black feeling, everything is too much. Nothing excites her; there’s no reason to do anything. Angry at herself (2) for being depressed. Lonely (2). Has no relationship or partner. Relationships are terrifying for her. “Love equals pain.” She has been hurt too much.

Married for five years, 20 to 25 years old. A lot of pain from that relationship. Husband had violent temper, though he never physically abused her. She was afraid. Has had only two intimate relationships in her life. Feels alone, isolated, uncared for, fears being alone forever (all 2). Depression is worse before menses.

Migraine/cluster headaches since five years old. Intense unbearable pain (3), usually on the right side. In the past one to two years, the pain is usually behind and above the right eye (3), like the eye would pop out (3), with some pain in the right temple. Goes without headaches for several weeks, then has several in a day or a week. They come on somewhat slowly, often preceded by a sharpening of visual images, some lightheadedness, and tension in her neck and shoulders. Fears the pain (2); aspirin does nothing.

Only Synalgos-DC has any effect on the headaches. Headache < any cigarette smoke (3). She has smoked one pack per day for most of the last nine years, but when she has the headache she can’t smoke or be around smoke. Also worse loud noises (2), light (1). Headache > hot shower (2), dark, quiet. Vomiting would give relief in past; no vomiting now.

Describes self: Had a “weird” childhood - alcoholic father who beat the kids, parents fought, put the kids down a lot. Still painful for her to think about it.

Not good at getting angry (2) - suppresses her feelings. Never yells or screams, but can be sarcastic or snappy.

A super achiever (3), always the best in the class, always feels a need to prove herself. Very important to
be accepted by others. Never tells others about her problems; doesn’t want to bore or burden them.

Never tells people when she is sick (2). Very anxious about her health (2). Wants to have children. Feels her time is running out (2). Pushes herself, feels inside like she’s on a time clock, must get certain things accomplished by a certain age.

Fastidious (3). Uncomfortable even with leaving dishes in the sink. Fears spiders (2) (was worse in past); being old and alone (2); small spaces (1). Used to be obsessed with the thought of a man breaking in and murdering her. Went for counseling because of it. Still has a fear of robbers breaking in (1).

Dislikes extremes of cold (1) or heat. Feet always cold. No problems with sun. Desires chocolate (3), sweets (2), ice cream (2), salt (1), spicy (1). Averse to Brussels sprouts, cauliflower. Thirst average. Wants cold drinks (3) in summer, warm in winter. Digestion normal.

Sleeps on left side (2). Occasional salivation in past; none in last four to five years. Gets sore throat if sleeps with window open (3).

Strong sex desire when in relationship, four to five times per week. No interest when depressed. Menses regular, 26 to 28 days, four days duration. Twisting, cramping pain (2) and heavy flow (3) the first two days. Changes tampon every hour for most of this time. Cramps > bending double (1).

Genital herpes since three years ago. Outbreaks twice per month. Feels like a leper because of it (2). Usually < left vulva; mild burning; no itch. Used lots of speed in high school.

The symptoms of her sarcoidosis: difficult respiration, worse from exertion and ascending; nasal obstruction at night; tongue cracked and red from mouth breathing.

These symptoms alone are not specific enough to allow us to prescribe. There are many remedies suggested, including *Arsenicum album*, *calcarea carbonica*, *Lycopodium*, *Nitric acid*, *Nux vomica*, and others, which can be seen on the following graph.

---

**Analysis of Pulmonary Sarcoidosis Case**

The homoeopath who first treated this woman was looking primarily at her life history, her description of herself, and her mental/emotional state—an essence prescription of sorts. She had a lot of anxiety about her health, a forsaken feeling, a fear of robbers, and she was fastidious; therefore, *Arsenicum album* was given.

She had a history of abuse and grief, was fearful of being hurt again in relationship, was a responsible person who pushed herself and was hard on herself, so one would certainly consider giving *Natrum muriaticum*, as the previous homoeopath did. However, neither of these remedies were very well confirmed, and ultimately did very little to help the patient. If one keeps in mind these various characteristics of the patient, but then looks at the specific symptoms of the case, another remedy begins to come to light.

The symptoms of her sarcoidosis: difficult respiration, worse from exertion and ascending; nasal obstruction at night; tongue cracked and red from mouth breathing.

These symptoms alone are not specific enough to allow us to prescribe. There are many remedies suggested, including *Arsenicum album*, *calcarea carbonica*, *Lycopodium*, *Nitric acid*, *Nux vomica*, and others, which can be seen on the following graph.

---

**Repertorization 1A: Respiratory Symptoms, All Remedies**

See page No.

None of these remedies clearly stands out as one which would cover the other symptoms in the case.

The symptoms of her headaches: pain above the right eye, pain pressing outward, pain worse noise, light, and cigarette smoke (to the point where even she has to stop smoking!).

*Belladonna* is the primary remedy suggested by these symptoms, but it doesn’t cover the rest of the case very well.

---

**Repertorization 2A: Headache Symptoms, All Remedies**

See page No.

Again, if one looks at these symptoms with the polycrests removed, a number of other remedies are suggested, and again, they don’t clearly cover the case.

---

**Repertorization 2B: Headache Symptoms, 15 Polycrests Removed**

See page No.

If one were to prescribe on the severe depression from which she was suffering, one would probably give her *Aurum*, but again, this remedy doesn’t fit the rest of the symptoms of the case. Given that the physical symptoms are so intense and so distinct, it would be difficult to ignore them.

One might try to prescribe on the case using the idea of totality, repertorizing all the symptoms of the specific complaints, along with the general symptoms and modalities of the case.

---

**Repertorization 3A: Totality of Case, All Remedies**

See page No.
If this is done, the results are not terribly surprising! One finds a potpourri of some of the most well-known polycrest remedies, none of which are very satisfying for the case.

Once more, if the major polycrests are removed, the list of remedies is not any more satisfying.

**Reperotorization 3B: Totality of Case, 15 Polychrests Removed**

See page no.

[All computer analyses were generated using Mac Repertory 3.2, from Homeopathic Associates.]

There are many ways, ultimately, to arrive at a prescription: essence (I believe this is how the first prescriber was approaching the case); chief complaint (which was tried in analyses #1 and 2); a combination of essence and chief complaint; etiology (in this case there doesn’t appear to be one); keynotes; lesion (one would probably give *Tuberculinum* in this case); Miasm; and other approaches.

As I worked my way down the list, not finding a remedy with any of these methods which really satisfied, I came down to looking for something peculiar in the case.

For me the most outstanding peculiarity in the case was the headaches which were aggravated by cigarette smoke. This in itself would not be so unusual, perhaps, but to find this symptom so intensely in someone who smoked seemed quite unique to me. So I went to the repertory to see which remedies had this symptom. There I found the rubric, **HEAD, PAIN, TOBACCO, SMOKING, FROM**. There were 31 remedies in this rubric, but there was only one remedy which was bold, that being *Natrum arsenicosum*.

*Natrum arsenicosum* is a remedy with which I had no familiarity. I had never heard anyone talk about it. In all the teaching cases I had been exposed to, I had never seen a case of this remedy, ever. But there it was, standing out in bold face, and so I was compelled to explore a little further.

I opened Boericke’s *Materia Medica* to see if the remedy fit anything else in the case, other than this peculiar headache symptom. There wasn’t much there, but under the Respiratory section, it said, “Miner’s asthma; lungs feel as though smoke had been inhaled.” It didn’t really describe the symptoms this patient had from the Sarcoidosis, but there was enough of a suggestion to keep me looking further.

My next step was to look in Hering’s **Guiding Symptoms**. There I finally found enough to give me the feeling of satisfaction that I had been looking for all along, the feeling that allows one to give a remedy with confidence, knowing that it must do something positive for the patient.

From Hering: “Head-Severe sharp headache in forehead, above eyes, worse above right eye (*Natrum arsenicosum* is not listed in the repertory for this symptom), worse from tobacco smoke. Nose-Constantly stopped up, worse at night… must breathe with mouth open at night. Respiratory-Miner’s Asthma; lungs feel full; oppressed, sore in chest. Tongue-Deep red, corrugated, anterior part fissured. Mind-Nervous restlessness; as if something was impending; cannot concentrate the mind; dull, listless.”

And so one finds in Hering as close to a perfect description of the patient as one may ever find when prescribing homeopathically! The patient was given one dose of *Natrum arsenicosum* 200c.

Six weeks after the remedy the patient was seen again. After an initial aggravation, she reported remarkable improvement in all of her symptoms. Here is the actual follow-up.

**First Follow-Up of Natrum arsenicosum**

November 5, 1984

*Natrum arsenicosum* 200c given September 23, 1984.

For two or three days after the remedy felt very befuddled, anxious, and had a bad headache. Two herpes outbreaks in the last three weeks. Much stress generally, especially over school. Struggling with math class; has to pass in order to get into the university. After several weeks, finally stopped saying she couldn’t do it and began applying herself. Headaches generally better. Mild headache once every couple of weeks or so, > with aspirin. In past, aspirin had no effect.

Energy low, but has motivation to do things. No longer, in a black mood with no reason to do anything. Doesn’t feel uncared for. No longer fears being alone forever. Still mistrustful of relationships because “they can blow up so easily.”

Sleeping better. Able to breathe normally through nose. No problem getting air in at night on lying down. Still short of breath on ascending-has to stop midway up a very steep incline to catch breath.

Chest pain-tight, sharp pain behind sternum (2), lasts about five minutes. No dyspnea associated with it. Comes very suddenly and frightens her (2). Has noticed it twice in the past month. Only occurs at work.

Last menstrual period “a gusher”. Had to change tampon every 30 to 60 minutes. Lots of clots, which scared her. Mild cramps. Still quite fastidious (3). Can allow things to be messy, but it really bothers her.

Her biggest problem now is how she handles stress, internalizes a lot, a “Type A person.”
Desires farinaceous food (1), chocolate (1), spicy (2). Thirsty (2).

Assessment:

Plan:

Further Follow-up

The improvement in her Sarcoidosis was clinically verified by chest x-ray and pulmonary function tests at nine weeks after the initial treatment. The x-ray showed her chest to have virtually no sign of Sarcoidosis, and her lung function had increased to 90%.

Over the next seven months she continued to do very well. Her breathing remained completely normal. She was having occasional mild headaches, and rare migraines. Her mood was good and her energy was fair (she was working 80 hours per week, with very few days off).

During that seven months the remedy was repeated in the same potency after some dental work and after many complaints from the patient that the herpes had continued to be a major and persistent problem. It was later given in a 1M potency, after which the herpes subsided and would then erupt only sporadically.

She started a new relationship in July, 1985, and did generally very well until April, 1986 (one and one half years after the original prescription), when she began having some degree as the original migraines, but were quite severe and becoming more frequent.

Given that she had been having Migraine headaches since she was five years old, it was unlikely that a single remedy would cure both the Sarcoidosis (a relatively recent problem) and the headaches. The original remedy had an effect on the headaches, but the persistence (to a milder degree), of the symptoms suggested that another remedy would be needed.

A New Layer and A New Remedy

June 19, 1986

Headaches have become worse again (2). Centered behind the right eye (2). Wakes with it in the morning. Occurs once or twice a week.

< light (3), smoke (3), noise (2). > hot bath or shower (2), pressing on eye (2).

Herpes very infrequent now. Last eruption about two months ago.

Breathing is fine. No chest pains.

No colds or flu.

Mood pretty stable, but still very anxious about her relationship (2).

Keeps expecting to get dumped. Struggling with self-esteem (2), jealousy (2), insecurity (2).

Suppressing her anger quite a bit (2). Doesn’t confront those who upset her. Lots of anger and irritability that doesn’t get expressed.

Housemate got angry because she hadn’t made him dinner (which isn’t her responsibility), so she made it for him, then felt angry (2), but never said anything (2). Wants to scream and yell, but never does (2).

“It’s too dangerous to express anger” (2). Past experiences with father and husband taught her this. Tries hard to be diplomatic.

Strong sex desire (2). Boyfriend calls her “nymphomaniac.” They spend hours together in bed.

Sleeps only six hours per night. Struggles with insomnia (2), frequent waking (1), nightmares of trying to kill mother, being pursued, dogs killing her (2).

Sleeps on sides (2).

Vaginal yeast infections keep coming and going in the last few months-itching, burning, thick cheesy discharge.

Desires pasta (2), sweets (2), spicy (1).

Averse to meat (1).

Chilly.

Had many styes as a child.

Assessment:

Plan:

Now almost two years after the original prescription, the patient has arrived at what appears to be the next layer. Although she mentioned her tendency to suppress her anger in the original case, it was brought out only on questioning by the homœopath. It wasn’t an issue that begged recognition at the time. As the more recent symptoms in the case (sarcoidosis, depression) have resolved, the organism has worked its way back to an earlier time, an earlier level of pathology. The original case gave hints of what might come later.

One of the many challenges homœopaths face is that of being able to see clearly through the different layers of a case, and to prescribe accurately for the present time. There is always a temptation to take what appears to be the easy path, to prescribe a polycrest remedy based on a loosely-defined idea of “essence,” while ignoring the specific symptoms of the case. Sometimes those characteristics one calls “essence” are reflections of an underlying nature, but not necessarily indicative of the remedy needed in the present time.

The patient was given Staphysagria 200c, one dose, on June 19, 1986, based on the symptoms of suppressed anger, high sex desire, jealousy, insomnia, and nightmares of murder. It is interesting to note that Staphysagria also has headaches which are right sided, frontal, temporal above the right eye; and so one finds an overlapping symptom with Natrum arsenicosum.

When a symptom is very distinct in a case, and it persists in spite of being a strong symptom of the remedy which has been prescribed, this can often be an indication that another remedy having that same symptom will probably be needed at a later date.
Staphysagria also has headaches which are worse from light and better from external pressure, as well as headaches on waking in the morning.

After the remedy she had two “killer” headaches, like she used to have in high school, the worst she had had in years, with visual aura and vomiting. She had no other significant headaches until almost a year later. She joined a weight-loss clinic and lost 10 pounds (her pre-diet weight had gone up to 157 pounds from 140). She had no insomnia or nightmares, and no herpes.

She reported feeling a general dissatisfaction with her friendships, was re-evaluating them. She felt they only liked her if she was the way they wanted her to be and she was tired of accommodating them while suppressing herself. The persistent vaginal infections discontinued after she stopped using the contraceptive sponge.

Six months later she had one herpes outbreak.

In August, 1987 (nearly three years after the original prescription), she came in complaining of severe irritability and depression before her period, and picking fights with her lover.

A third Layer and A Third Remedy


Severe irritability and depression before her period (2). Picks fights with her lover.

Had a painful outbreak of herpes in July, after her period-the first in six or seven months. Also had two migraine headaches, both in July, with the same location and modalities as previously, though again to a lesser degree than previously.

Has started needing to wear sunglasses. Her eyes are quite bothered by sunlight (2). She has also noticed that, although she likes the sun, it now gives her a dull headache.

Desires pasta (2), cheese (2), bread (2)

Assessment:

Plan:

Natrum muriaticum had headaches above the right eye, better from external pressure, worse from tobacco smoke. It is one of the main remedies for irritability before the menses. It also has photophobia, headaches from the sun, and desires farinaceous foods. In addition to this, Natrum muriaticum is complementary to Staphysagria. Based on this information, the patient was given one dose of Natrum muriaticum 200c.

Note that Natrum muriaticum is one of the remedies prescribed by the referring homoeopath. It had merely been given at the wrong time.

One of the most difficult challenges we face as homoeopaths is to have patience. We need to evaluate carefully at each follow-up, pay close attention to small changes in symptoms and modalities. It is easy to forget about these details, but if we persist, we can see the next remedy to be prescribed, emerging over time.

Further Follow-up

December 1, 1987.

Had a couple of very bad headaches shortly after the remedy, and no problems with bad headaches since then. Has a very occasional, very mild tension headache.

Has some premenstrual symptoms, but this is much better. She is much more rational around this time of the month.

No herpes since the end of August.

Sleep is good. Before the remedy she had been sleeping on her sides, mostly her right. Since the remedy she has been preferring her left side.

She has been happy and healthy, and she and her lover got married on Halloween. It was an orange and black wedding.

Summary

In summary, there are several points I would like to make about this case:

1. If the presenting pathology is a little unusual, it is very possible that the initial remedy needed will be a little unusual.
2. In many instances, the case which is covered by the small remedy will be like a thin layer, which when removed will reveal a more fundamental state in the patient, and this will often require a polycrest remedy.
3. If one sees elements of two or more common remedies (in this case Arsenicum album and Natrum muriaticum), but neither very clearly fits the case, one prescribing strategy would be to look at the salt of those two remedies (Natrum arsenicosum) to see if there is at least one strong symptom that belongs to that salt (headaches worse from tobacco). If so, that remedy can be prescribed with a certain amount of confidence.
4. The last point, and perhaps the most important, is one that I continually need to remind myself of. That is, to not prescribe by the “thumb method.” If the case “sort of” looks like a remedy that is familiar to me, but doesn’t really fit, it’s probably because it is the wrong remedy. If I persist in studying, I will eventually find the remedy which is truly the similimum. I will feel that “gut pleasing feeling” that my friend and colleague Lou Klein often refers to, and the patient will begin to heal in a very deep and significant way.
**Question:** Why did you assume that the case moved into Natrum muriaticum? Why not assume that we are still dealing with Natrum arsenicosum symptoms, especially with the specific craving of the pickles in the case, which seems to look a little strange. I personally would perceive that we are still dealing with Natrum arsenicosum symptoms.

**Answer:** There is certainly that possibility. There are several overlapping symptoms between Natrum arsenicosum and Natrum muriaticum. However, at the time of the last prescription, the focus of the case was extreme irritability before the menses – a symptom for which Natrum muriaticum is one of the main remedies. Although I believe Natrum arsenicosum could have this symptom, it is not represented as such in the repertory or Materia Medica. My sense, therefore, was that there had been a shift in the case. The chief complaint, along with the other strong Natrum elements, made the case clear for Natrum muriaticum.

The point that I made earlier is that very often a small remedy covers an initial thin layer in the case. Once this is removed, a more fundamental remedy is often needed, and I had the sense that this was the situation in this case. The case had already moved to Staphysagria, and we were getting down to a more fundamental state in this patient, a state that for me very clearly fit Natrum muriaticum. If the Natrum muriaticum had not worked for her, I certainly would have considered going back to the Natrum arsenicosum. The follow-up clearly shows that Natrum muriaticum was the right prescription.

**Question:** In headache cases, Belladonna often comes out way ahead of other remedies, in terms of the headache symptoms. Do you usually ignore this and go to other smaller remedies that cover other symptoms, even if the headaches are the presenting complaint?

**Answer:** Absolutely not. I carefully consider Belladonna. I look into the rest of the case to see if there are good confirmatory symptoms for this remedy. I look at other remedies, searching for the remedy that best fits the case. I do not rule out Belladonna until there is a reason to rule it out. And I don’t give it routinely to all headache cases, either.

**Comment:** I would like to share one experience that I have had with Natrum arsenicosum.

**Answer:** I would love to hear it!

**Comment:** This was a woman of the same age and family background as your patient. She was abused as a child. She also had headaches worse from tobacco smoke, which tended in her case to be at the root of the nose. There was a family history of fibro dysplasia, a condition affecting the arterial circulation. Her mother died of hypertension, kidney failure. My patient was herself developing hypertension at the age of 37, along with these headaches and PMS symptoms.

**Answer:** So she had this quality of fibrosis as well.

**Answer:** Yes, there was this quality, and it was presented in the family history. I will go back to the case and send you a copy.

**Comment:** I would very much like to see it. Has anyone else had experience with this remedy?

**Comment:** I had a patient, a 60-year-old man, a retired Chiropractor who came in with renal failure. This had happened after a surgical procedure. He developed a chronic obstruction, which he attributed to the urologist leaving a sponge in place. But the urologist’s notes indicated that the man’s chronic prostatic hypertrophy led to the renal failure, with a creatinine as high as 12.

At the time he came to see me, the pathologist was trying to get him to go on dialysis, but he wanted to try something else. The man was depressed and confused. I offered my hand to shake his hand, and he didn’t know what to do with it. He had some nasal obstruction, but the strongest aspect was the depression and apathy, combined with some very strong Arsenicum symptoms. But neither Natrum muriaticum or Arsenicum really fit the case.

So I gave him Natrum arsenicosum, 12c daily, because he was taking some other medications. I saw him back in my office in two weeks, and I was “terrified” because of how much better he was. The man was laughing, joking, acting normally, talking about bringing his wife in to see me. The last time I saw him, his creatinine was down to around four, and he was doing very well.

**Answer:** Yes, it seems that perhaps the Arsenicum element is stronger than the Natrum element, with the restlessness, the anxiety, the depression, and the type of pathology.

**Comment:** Well, actually I think it is balanced between the two.

**Comment:** I had a Natrum arsenicosum case, similar to the first one just mentioned, in that the patient had headaches that were at the root of the nose. Also, she had been emotionally hurt much like your patient, and the case had strong elements of Staphysagria. There was a lot of suppression-th ex-husband had dominated her. She had great anxiety about health, but she wasn’t particularly restless. She had had a grief from a divorce. So it is quite similar. Also, she had the symptom of headaches from reading, which is considered to be one of the main keynotes for Natrum arsenicosum.

**Answer:** Perhaps we can begin to flesh out more clearly the mental and emotional qualities of the Natrum arsenicosum patient, by bringing these cases together. Thank you all very much for sharing your clinical experiences.

3. Homeopathic Archaeology: Deciphering a Multi-Layered Case
KING Stephen ND DHANP (Small remedies & Interesting Cases)  
(Proceedings of the 1989 Professional Case Conference) 
IFH (International Foundation for Homeopathy)

**Introduction:** When I was about 10 years old, I wanted to be an archaeologist. For several years I read everything I could find on ancient civilizations and their rediscovery by various explorers and scientists. I was then and still am fascinated by the idea that our current world rests upon all the preceding cultures and civilizations, many of them largely unknown to us.

Like most teenagers, I was also a philosopher. I actually used to try to understand things, important things like how the past becomes the present … or where the present goes when it becomes the future … or why we remember some things, but not others. And when my parents told me to learn from past experience, I was puzzled, because I could never decide ahead of time what I would need to remember …

I guess it’s just as well that I never pursued a career in philosophy …. I probably wasn’t cut out for it. But I did become an archaeologist of sorts, though not the kind I would have expected. The longer I have practiced Homeopathy, the more I have come to think of what we do as “medical or therapeutic archaeology.”

As you know, successful homeopathic treatment of chronic disease is a systematic process, in which symptoms and states are brought to the surface, expressed by the body, treated appropriately, and then resolved.

The catalyst to this process is a sequence of correctly prescribed homeopathic medicines, the remedy being indicated at each point along the way by the patient’s symptoms. The result is an increasingly healthy person, more free to live and move in the world.

Over the course of life, each person encounters an endless stream of internal and external experiences, each of these an opportunity yet a potential challenge to the health and well-being of the organism. Most things the body simply deals with, without any change in its basic state. The body incorporates what is useful and rejects what is not.

But when one or more stresses, whether mental, emotional, or physical in nature, are more than the organism can handle, an adjustment becomes necessary. In the interest of survival, a compromise occurs—symptoms are produced, some aspect of normal functioning is altered or reduced, and a lowered vitality is the end result.

This more or less permanent change in the person’s health may happen gradually or relatively quickly, but either way the body begins to react differently, with new susceptibilities and a new constellation of symptoms.

The translation to a lesser degree of health can happen one or more times in a person’s life, depending upon constitution and life circumstances. Each successive translation results in a further decline in overall health, with increased pathology and limitation.

The patient who comes to see us may have traveled very far down this path, may be very far from his or her original state of health. Our task as homeopaths is to reverse this degenerative trend, step by step.

From the homeopathic perspective, then, a person’s current state of health is merely the uppermost in a series of pathological strata or “layers,” as we tend to call them. This is why a sequence of remedies is often needed, especially for adults. We talk about layers being “laid down” whenever a stress brings about a lasting negative change, but it is probably simplistic to think of these layers as piled one on top of the other, like so many well-defined bands of geological deposits.

If it were really this way, our prescribing would surely be easier; we could simply prescribe on the presenting totality of symptoms and expect the correct remedy to remove these symptoms, leading to another set of distinctly different symptoms.

But that’s not how it happens, as you know. When we take a chronic case, we find a confusing array of symptoms from various layers, present all together in varying degrees of intensity and frequency. It can be difficult to know which symptoms to focus on for the prescription, and a careful analysis is often required.

As difficult as the first prescription may be, it can be much harder to make the succeeding prescriptions correctly. The symptom picture is continually shifting, a dynamic flux. The organism in its innate wisdom determines what symptoms will be brought forward, and when, for attention and treatment. The prescriber’s own expectations in this area are often wrong.

The organism has its own priorities, which we imperfectly understand. Symptoms from the early life may come back first, then more recent symptoms. Or symptoms from two apparently different times in the person’s life may present together as a complex covered by a remedy. One must see the patient “new” at each visit, be alert to what is important, and see how the current symptoms fit into the overall process of healing. It is a rare case where we do not make an error in judgment somewhere along the way.

The case I’ve brought today illustrates a number of these points. I have presented this case elsewhere in less developed form, the last time over a year ago at an HANP conference, but the case has progressed quite a bit further since then.

**A Case of Recurrent Sinusitis and Vaginitis**

C.E. Female age 29  
Copywriter for ad agency
August, 1985

Family Medical History: Mother-died of Ovarian Cancer, age 50; Father-mood swings, had nervous breakdown in his 40’s; Maternal Grandmother-Throat Cancer; Paternal aunt-Thyroid Cancer; Brother-Hay Fever.

Personal Medical History: 1979, age 23-hospitalized for several days for severe concussion-after hit by truck while riding bicycle; 1975, age 19-bad case of Mononucleosis, first year in college, treated with steroids, spent three months in bed.

5’8” 120lbs.

“I’m not sure where to begin.” She has had so many health problems. Feels desperate about her health (3). She has not been well, not been herself for about two and one half years-since she and her husband moved to the US from Europe.

She’s very frustrated and angry with herself (3) for giving up a better, more comfortable life there. It was her idea to move, she felt dissatisfied. She’s American, but her family had lived in Europe for several years. Her husband is European.

[Loquacious]

Health problems?-Soon after arriving she took a stressful job as the only secretary in a busy office. Shortly thereafter, in June, 1983, she developed a painful Bronchitis, with a lot of congestion and coughing up of thick yellow mucus-treated with penicillin (PCN) and some sort of cough syrup.

The Bronchitis resolved, but immediately she developed an Acute Sinusitis, with bad facial pain, especially in the right frontal sinus area. This was treated with another course of PCN and an antihistamine, and later with a course of tetracycline, because the sinusitis was slow to resolve.

During this period of time she developed a bad perineal rash, a queasy stomach, and loose, frequent stools. The digestive symptoms persisted for several weeks, and she feels her digestion has not been right since.

The rash came and went, on and off, and gradually became, by October, 1983, a persistent and painful yeast Vaginitis/Dermatitis-beginning with a white discharge tremendous itching, but soon evolving into a generalized severe inflammation of the vagina, labia, clitoris, and perineum-incredibly raw and sore, hot and painful. She could barely walk, could not tolerate pants or underwear, and sex was out of the question.

This symptomatic state continued for months, somewhat controlled by constant application of Lotrimin cream, as well as boric acid/acidophilus douches. During this time she began to have hives all over her body, little red bumps that ran together, hot and itching. This happened much more if she had any synthetic fabric, nylons, etc., next to her skin. For this she was given Nystatin with no benefit, and then was diagnosed as having “nervous hives” and given hydrocortisone cream, which was of temporary benefit. No hives recently.

June, 1984, the worst of the Vaginitis symptoms finally subsided with the constant use of Lotrimin. Three days later she developed a trichomonas vaginitis, for which another course of PCN was given, with resolution of the symptoms after about 10 days. Then the yeast Vaginitis returned and did not subside until she used the Lotrimin for another two months (until September, 1984).

Since that time she has no overt diagnosable vaginal infections, but the chronic sensitivity of the vagina, external genitalia, and perineum has remained-frequent redness, irritation, burning, pain (all 3), especially from synthetic fabrics, tight clothing, soaps, and urine. She lives in constant fear that a vaginal infection will develop (3)-a kind of phobia or “craziness”- an extreme anxiety (3) or “paranoia.” She can’t relax about it. She still can’t have sex, because of the sensitivity.

Also, ever since the original Sinusitis in 1983, she continues to have intermittent Chronic Sinusitis-numerous episodes, each time treated with PCN, with partial or temporary resolution. The symptoms-congestion, pressure, pain in a big spot above her right eye, with a bright-yellow liquid discharge from the nose (all 2). Her faced feels swollen (2).

She had a bad case of Tonsillitis in June, 1985-high fever, sore throat bilaterally, painful swelling of the right anterior cervical glands, also treated with PCN.

Chronic digestive symptoms - constipation alternating with loose stools (1), frequent rumbling, bloating, and gas (1).

A lot of emotional stress-since starting her present job in January, 1985. She was promised equality with the other workers, promised that she wouldn’t be “just a secretary.” But they stuck her in a back room with a word processor – she is indignant (3), frustrated and angry inside (2), feels betrayed.

All her life she felt she came in second best. Her father liked her sister better and made fun of her. He was a famous scientist, didn’t treat her mother right. A difficult childhood – she was painfully shy, an avid student, very talented, art, music, creative writing. Walked around with her nose in the air, but actually was very lonely and couldn’t talk to anyone. Awkward with buck teeth and acne. “A nervous wreck.”

When she was 19, her mother was diagnosed with Ovarian Cancer – she stayed home from college and nursed her for three years until she died. Her menses stopped during those three years. Anger and resentment for her father, who was cold to her mother.
Desperately wants the freedom to be free, to be happy. [Tears] So many health problems, she feels old and decrepit. “I haven’t had my youth yet.”

Description of self – overly excitable (2), enthusiastic, very emotional. Tries very hard in everything she does. Big swings in mood (2)–in her early 20’s she was diagnosed as manic-depressive. Identifies with others’ problems, sympathetic (3), feels guilty if she doesn’t give money to people on the street. Anxiety about the future (2), health (3).

Enjoys being on stage, a ham. Proud, needs recognition (3). Looks down on people who are pretentious.

Energy – Goes up and down, slumps 2:00 to 3:30 pm.

Fears – Cancer (3), pain.

Temperature - < cold (2) and heat. Sun is okay, not great.

Food – Desires tangy, strong flavors (3) – sour/unripe fruit/berries, grapefruit (all 3), vinegar (2), spicy (3), mustard (1), strong cheese (1), chicken, nuts.

Averse fat (3), salt (1). Always a big appetite (2).

Thirst – Average, for warm (1).

Sleep – Light sleeper (1). On right side (2). No salivation, perspiration, feet, or dreams. Can’t relax well on back.

Sex – Strong sex desire in past, but very low (2) in recent years. No interest, almost an apathy toward husband. Likes him as a friend, but dislikes his touch (2). Doesn’t have her normal feelings for him.

Menses – Regular, 28 day cycle, four to five days duration.

Perspiration – Normal.

Digestion – As above.

Headaches – As above, with recurrent sinusitis.

Musculoskeletal – Normal.

Skin – As above.

Assessment:

Plan:

Analysis of Recurrent Sinusitis and Vaginitis Case

[Dr. KING asked for ideas and suggestions from the audience.]

Audience: I would expect several remedies to be needed in the case, and I would be looking at what seems to be most important at the moment and what to start with. I would look at what seems to be most intense in the case, what has bothered her most in her recent history.

I certainly would assume that the vaginal problem is still there and uncured, ready to come up again with any kind of added stress. I would focus on this aspect of the case, especially because of how severe it has been, how much it has troubled her, and how afraid she is of it.

I certainly would assume that the vaginal problem is still there and uncured, ready to come up again with any kind of added stress. I would focus on this aspect of the case, especially because of how severe it has been, how much it has troubled her, and how afraid she is of it.

So, after looking over the repertory, I would suggest Mercurius, because it fits the inflammation, the nature of the discharge and the excoriation, the rawness. I think it would also fit the history of the bronchitis with the yellow mucus, and the sinusitis. Also the digestive problems and the occasional loose stools, also the itching hives on her body. The sensitivity to both cold and heat would provide further support for Mercurius.

Response: Yes, those elements are indeed very good for Mercury. You are looking at symptoms most recent and most limiting on the physical plane which certainly makes sense. Other ideas?

Audience: My initial impression of the case, just looking over it, was that there was a strong case for Platina, particularly because of the extraordinary pain and sensitivity, the inability to wear underwear. Additional confirmation for Platina is a kind of arrogance that she has, which is mentioned a couple of times in the case.

Response: Looks down on people who are pretentious.

Audience: Right, and her depression is also characteristic of Platina, I think, in terms of the dark moods, the hopeless feelings, the sense that nothing is ever going to work out.

Audience: I also think that the vaginal problem is what needs to be focused on, and I would suggest Kreosotum can also have hormonal changes that are similar to those of Sepia, including the aversion to coition and the fear of coition.

Response: Right, and in particular an aversion to coition that is due to the physical discomfort. What I like about Kreosotum is that it matches the intensity of her vaginal and perineal symptoms. Many remedies have leucorrhoea or vaginitis, but Kreosotum would match the intensity of this patient’s symptoms.

Audience: What struck me was the element of grieving. I think she has been grieving much of her life.

Response: Why do you say that?

Audience: Well, her relationship with her father, how he dominated her mother, how she feels about that. The loss of her mother. This made me think of Natrum muriaticum.

All the genital and reproductive symptoms fit Natrum muriaticum. To a great extent. Also, her Sinusitis, the spot above her right eye, the liquid discharge from the nose that’s yellow. Natrum muriaticum is not well known for that, but it’s listed in the repertory in italics for both yellow nasal discharge and pain in a spot above right eye.
I also thought of Sepia, when she cried while talking about wanting to be free and happy.

**Audience:** I would consider Medorrhinum, because of all the antibiotics she has had, the suppressions, and the earlier “manic-depressive” diagnosis. I don’t think I’d give this remedy initially, but I think she will need Medorrhinum sooner or later.

**Response:** Yes, the desire for sour foods, especially unripe fruit.

The case has many symptoms on several levels – even in reading the case you can see that there is a kind of confusion and profusion of information. We see the vaginal and perineal symptoms, the recurrent sinusitis, the emotional turmoil and instability. We see her chronological story, her early years, the family difficulties, her mother’s illness and death.

I studied and repertorized the symptoms from several points of view:

1. Looking at the nose/sinus symptoms – Graphites, Mezereum, Kali bichromicum, Lachesis.
2. Looking at the genital/vaginitis symptoms – Kreosotum, Sepia, Mercurius, Sulphur.
3. Looking at these two groups together – Sulphur, Graphites, Natrum muriaticum, Sepia, Kreosotum.
5. Combining the mental/emotional symptoms with the general symptoms and modalities – in other words, looking at a general picture of the person, without the nose and genital symptoms – Phosphorus, Sulphur, Arsenicum, Lycopodium, Natrum muriaticum, Lachesis, China.
6. Combining the whole person with the nose/sinus symptoms – Phosphorus, Sulphur, Arsenicum, Lachesis, Natrum muriaticum, Lycopodium, Calcarea carbonica.
7. Combining this with the genital symptoms – a complete totality – Sulphur, Natrum muriaticum, Phosphorus, Arsenicum, Sepia, Calcarea carbonica, Lycopodium.

So, the repertory offers us some possibilities for prescribing. Do you like these remedies for the case? My own conclusions were:

- **No one remedy fits the sinus symptoms very well.**
- **Kreosotum** fits the genital symptoms well. If she were having the perineal/vaginitis symptoms now, and this were the main complaint, Kreosotum would be a good prescription.
- **Concerning the mental/emotional symptoms:** Phosphorus – is excitable, sympathetic, sleeps on right side; but average thirst for warm drinks contraindicates, and Phosphorus doesn’t fit the local symptoms well;
  - Nux vomica – has indignation, frustration, desires spicy, light sleeper; but averse fat does not confirm, and Nux vomica doesn’t fit the local symptoms well.
- **Concerning the totality:** Phosphorus – as above.
  - Sulphur – fits the local symptoms fairly well, excitable, indignation, needing recognition, desires spicy, slumps 2:00 pm; but Sulphur usually sleeps on left side, is more thirsty, and likes fat;
  - Arsenicum – is anxious, chilly, desires vinegar and mustard, warm drinks, sleeps on right side; but Arsenicum is usually not so sympathetic, likes fat, and it doesn’t fit the local symptoms;
  - Lachesis – is excitable, loquacious, sleeps on right side, fits sinus symptoms fairly well; but Lachesis is usually warmer and not so sympathetic.
  - Sepia – fits the genital symptoms, unstable and resentful mood, desires sour/vinegar, averse fat, averse sex; but Sepia usually slumps 3:00 to 5:00 or 4:00 to 6:00 pm, sleeps on left side or abdomen, is not so loquacious or sympathetic, and it doesn’t fit the local sinus symptoms.
  - Ignatia – supported by a history of menses suppressed from grief, excitable, frustration, indignation, slumps 2:00 to 3:30 pm, sleeps on right side; but Ignatia usually is thirstless, with sighing, and it also doesn’t fit the local symptoms.

So it seemed to me that none of these potential remedies were very satisfactory, and none could be prescribed with strong confidence. This cause me to look further at the case.

Medorrhinum was a possibility – Chronic Sinusitis, desires sour and unripe fruits, volatile personality, “a kind of craziness,” likes chicken, but Medorrhinum usually is a night person, sleeps on the abdomen, and desires fat. Also, there is no history of gonorrhea.

When the totality of a case does not present a clear picture for a remedy, this often means that there are several layers to the case. To determine which symptoms to use for the initial prescription, I ask myself the following questions:

1. ---What are the most recent symptoms?
2. ---What symptoms does the patient stress the most?
3. ---What symptoms appear to be the most limiting?
4. ---Where is the defense mechanism focused?

The lack of a clear picture may also mean that the case is confused or distorted in some way. Distorted by what? Often by previous medical treatment.
With these thoughts in mind, I noticed that she says she has not been herself for two and one half years. Whenever someone says something like this with such clarity, it suggests that the health has changed fundamentally. It strongly suggests that a pathological layer has been formed at that point.

Yet the remedies that repertorized out for the symptoms associated with this time period were not satisfactory, for the reasons given above.

Since moving to the US, she has had Bronchitis, frequent Sinusitis, then perineal rash, Vaginitis, Urticaria, digestive symptoms, Tonsillitis, and a big anxiety, especially that the vaginitis will return.

What is the common thread for all these symptoms/conditions? The repeated antibiotics, most notably, Penicillin. This raised the possibility of a Drug Miasm as the first layer in the case. The question was, could I verify this possibility?

Looking in O.A. Julian’s *Materia Medica of New Homeopathic Remedies*, under *Penicillinum*, one finds a small proving done in the 1950’s with 12 provers, three of whom were women. This is the only formal proving that I am aware of.

Pertinent proving symptoms found there: “….right frontal headache with sinusitis, neuralgia above and behind the right eye, acute and chronic sinusitis, purulent rhinitis, right frontal sinusitis, coryza with yellow (but thick) discharge, congestive headaches, epigastric and peri-umbilical cramping pains, with abdominal wind, yellow or white leucorrhea (but non-irritating), epidermic mycosis, urticaria, general predisposition to allergy, increased cerebral activity, everything seems sad. ”

Given the limited extent of the proving, this was a fairly good match to her symptoms. Note that her first Sinusitis episode came after receiving penicillin for the initial Bronchitis. This suggested that the recurrent sinusitis was actually an ongoing proving of penicillin!

Based on the similarity of symptoms, a single dose of *Penicillinum* 200c was prescribed.

**Results of Penicillium Prescription**

Five week follow-up—Soon after the remedy she had a mild flare-up of the Vaginitis, which cleared without treatment in one to two days. No vaginal symptoms since.

Isable to have intercourse, has increased sexual energy. Getting along better with her husband, still a bit neutral toward him.

General energy is much better, feels more positive, stronger in her personality—she quit her job, so they gave her a raise. More hopeful.

Her nose is still frequently stuffed up, but she has had no sinusitis. Has had some bloating, slow digestion for about 10 days, ending a week ago.

Sleeping a bit more on the left side, can’t sleep on back, and feels somewhat warmer generally.

**Plan:** No remedy was given.

Follow-up six weeks later—Doing well. Worries that something bad will happen if she relaxes.

Sinuses much better, no sinusitis, still gets some congestion in cold wind.

Feels like a regular person again.

Easier to get along with, less moody, more open, feels more fond of husband.

Some itching red bumps on hips and buttocks—long history of this.

No vaginal symptoms, no problem with intercourse.

Digestion has been very good.

Still desires vinegar, but no longer interested in unripe fruit or spicy.

**Plan:** No remedy was given.

Follow-up six weeks later—Doing well, a bit stressed from just finishing her class, final exam, papers, etc. One of her papers was passed out in class as an example of good work.

Some nervousness, anxiety, despite being happy.

No problems with sinuses.

Good energy.

Gets hungry at 10:30 am and 3:00 pm. Desires sweets, especially before the menses, and sweet fruit.

Sleep not so good, waking at 4:30 am, sleeping on left side.

Still some itching red bumps on and off.

No vaginal symptoms.

**Plan:** No remedy was given.

Follow-up two months later—Needs a vacation, has been working seven days per week. Tired a lot, doesn’t like her job, but content in her marriage.

Three weeks ago had some pain and pressure in the right sinus for a few days, without discharge or infection.

More thirsty in past month, for lukewarm.

Still wakes 4:30 am.

**Plan:** No remedy was given.

Follow-up two months later—Feeling great, more and more energy, and more assertive.

Nose and sinuses seem nearly normal, breathing clear most of time.

Still has itching spots, < after shower.

**Plan:** No remedy was given.

**The Past Returns—A New Layer**

June, 1986

Pretty good overall, but one week ago developed some congestion in the right sinus with a mild pain in a
The recent sinus symptoms were brief and mild. She was not given Penicillinum? I decided not to repeat, no remedy was given.

Plan:

Analysis of June, 1986, Case

What are your impressions of this case? Repeat Penicillium? I decided not to repeat, for two reasons:

1. The recent sinus symptoms were brief and mild. She actually has had no sinusitis since the original prescription nine months ago.

2. More importantly, the general symptoms have shifted into a much clearer pattern – food desires, sleep position, slump time (slight but significant change), plus the current mental/emotional state, itching < shower – all strongly suggest Sulphur. No longer craves unripe/sour/spicy. The repertory now strongly recommends Sulphur.

It is my experience that when it is time to change remedies, a slight hint of the previous symptomatology often remains, while the underlying picture of the general symptoms has become strong for another remedy, usually one that was visible in the original case (as Sulphur was in this case). This often marks the transition to the next layer. The person has more vitality and is returning to his or her previous state.

A single dose of Sulphur 200c was given.

As an aside, I want to point out two symptoms from the original case that were removed by Penicillinum:

1. Desires tangy, strong flavors (3)—sour/unripe fruit/berries, grapefruit (all 3), vineagar (2), spicy (3), mustard (1) strong cheese (1).

2. Sleeps on the right side.

Perhaps further proving and case studies will confirm these as symptoms of Penicillinum.

Results of Sulphur Prescription

Follow-up two months later – Doing pretty well, but “slight slip in her health” – three or four weeks ago she developed a sore throat, which has lingered since then. As a teenager had frequent sore throats and Bronchitis, and also had Mono-nucleosis.

Also three or four weeks ago she developed a vaginal yeast infection, at the end of menses, with a cottage cheese discharge and some burning. “Not like that terrible vaginitis I was having when I first came to see you. This was like the yeast infections I used to have in high school.” (I was out of town, and her allopathic doctor gave Lotrimin cream. The symptoms cleared gradually in eight days, no further problems.)

Immediately after the Sulphur she felt much more stable, less volatile in her moods, less reactive, “bland” – she didn’t like it. But now she likes it, feels more settled in herself.

She also slept better right away, not waking early.

No further sinus problems.

Warmer generally.

Not slumping in mid-afternoon.

Wants to drink ice water now.

No itching spots.

Plans to go to graduate school full-time in the near future. She wants to get on with her life.

Plan: No remedy was given.
The patient continued to do well for several months, no sinus problems, no vaginal problems. Sore throats persisted on and off, at a low level.

*Sulphur*, 200c was repeated eight months after the first dose, after some prolonged stress at work and a return of the itching. She applied and was accepted to graduate school in an international communications program.

**Grief and Torment**


A rough couple of months. Continues to have sore throats on and off – it never seems to go away completely.

Feels very “neurotic” – a lot of memories about her family have been churned up from somewhere inside her, a lot of feelings.

In January she went out of state to a friend’s wedding, spent time with her father, stepmother, oldest brother and his family. Her stepmother has begun to confide in her like her mother did. Experienced feelings of rejection from her oldest brother and his wife. He had sort of raised her as a kid.

Remembers how her father picked on her when she became the oldest after her brothers left home. She was, at 14 years old, her mother’s confidante. Her mother complained to her about her father. He gave her a lot of verbal abuse, “psychological torment,” after she changed from being homely to being attractive. She always felt that he found her sexually attractive.

He picked on her, made her very nervous. She lost her confidence in school, freaked out screaming “I can’t go to school anymore.” They sent her to a psychiatrist.

Remembers how at age 20 in college she rejected her boyfriend who really loved her. Never forgave herself and always wonders how things would have been if she had stayed with him. This happened around the time that she cared for her mother for three years before she died of Cancer. She never forgave her father for how he treated her mother, always felt that he caused her Cancer.

She’s having nightmares about saving her father from enemy armies.

Anxiety attacks (2).

Then she found out that her stepmother is leaving her father. Worries how this will affect him. Will he become dependent on her?

And she found out that a woman she always went to with her troubles, a “surrogate mother,” is dying of Cancer.

[Fears, sobbing, gasping]

She’s in such a state, so “strung out,” (3) so nervous and upset – she screams if something happens suddenly, like dropping a glass. Fears she will screw up her life, be like her father – over excitable, neurotic, controlled with a constant fear of losing control.

After her life she has never lived up to her potential, always had “high expectations about herself and life that were never met.” How will she handle graduate school in the fall?

Menses regular and normal, no problems.

**Assessment:**

**Plan:**

**Analysis of March, 1987, Case**

This is the first follow-up after the second dose of *Sulphur* 200c. Your impressions of the case now? A strong case for *Ignatia*. I apologize for the lack of general symptoms here. I ran out of time in the interview, and I felt clear about what to prescribe.

What general symptoms might we expect, to confirm *Ignatia*? Sleepy 2:00 to 4:00 pm, thristless, sleeps on right side or back, desires cheese, desires or is averse fruit, may be jerking of limbs on falling asleep or perspiration only on the face. And certainly some sighing, which was not present in this case.

Here we see that the continuing improvement in the patient’s health has allowed the underlying emotional turmoil to surface with considerable intensity. This creates the opportunity for resolution of past troubles.

A single dose of *Ignatia* 30c was given.

**Results of *Ignatia* Prescription**

Follow-up six weeks later—Doing great, wonders now what all the fuss was about. Circumstances are the same, but she’s calmer, no longer “hysterical, with my mind stuck on it all.”

She felt immediate relief after the remedy. “Something let go,” suddenly, within an hour, something relaxed with a big deep sigh. “No anxiety in my stomach anymore.” No longer feels about to go over the edge – more resilient. “I can handle things now.”

She is glad she didn’t stop treatment after the sinus problem was resolved. “My whole health is being restored, and now I see what health can be.”

**Plan:** No remedy was given.

She continued to do well, despite being caught in the middle of her father’s marital problems, which wore her down over time. *Ignatia* 200c was given three and a half months after the initial *Ignatia* 30c.

She gradually became clear, rational, and assertive in relating to her father, compassionate and understanding toward him without getting drawn into his troubles.

Generally more assertive. Shouted at her boss when he wasn’t going to give her the bonuses he had agreed to intimidated and got the money, then she quit.
She was offered and accepted a teaching assistantship in her graduate program.
Sore throats persisted on and off.

The Focus Shifts to the Throat
Graduate school is going well, likes the people, excited about being a teaching assistant.
But she is not sleeping well – restless sleep (2) after studying late. Has vivid, troubled dreams frequently (2). Wakes around 5:00 am with her heart beating fast and generally feeling a sensation of heat (2) – remembers having this in her first year in college, when she had Mononucleosis after pushing herself and losing sleep.
She becomes very tired and sleepy from 4:30 to 5:30 pm (2) and has to nap so that she can study later.
She feels keyed up yet very tired (2). Has bouts of excitement and euphoric feelings (3), in which ideas and thoughts race through her mind, and her cheeks and ears become red and hot (3). Gets very excited talking to people – they like her! Feels like a “young, excitable schoolgirl.”
Continues to have sore throats, very persistent, a hot, dry sensation (1), irritated on swallowing (1) – like when she had mono though not as severe.
Her symptoms with the original mono? Age 19 had a persistent sore throat. Her glands were swollen all around her neck. Her throat closed up, and it was very painful to swallow, her voice was hoarse and squeaky.
Energy – As above.
Fears – No fears.
Temperature – Slightly warm-blooded.
Food – No particular desires/aversions.
Thirst – Average thirst, for warm.
Sleep – on the side (1), no salivation, perspiration, teeth grinding, feet out. Dreams as above, no specific content.
Sex – Her sex energy has been good, much better since beginning treatment. Feels fine toward her husband, loving. They’re doing well together in all ways.
Menses – Regular, 28 dry cycle, five days’ duration, no major problems.
Perspiration – Average, in the axillae.
 Digestion – No problems.
Headaches – No symptoms.
Musculoskeletal – No symptoms.
Skin – No symptoms.

[Physical exam – Heart is regular in rate and rhythm, no murmurs or extra sounds.
• Pulse – 76
• Blood pressure – 118/72

Analysis of November, 1987, Case
This is eight months after the initial Ignatia 30c impressions of this case? How is she doing generally? Very well. The body focuses on two things – a kind of excitability, and some throat and sleep symptoms reminiscent of her bout with Mononucleosis.
1. Repertorizing just the Mononucleosis/sore throat symptoms – Belladonna, Lachesis, Arum triphillum, Hepar sulphur, Mercurius. (In studying this aspect, I included both the current and the past symptoms. I have found it useful to do this.)
2. Taking just the mental/emotional and general symptoms – Phosphorus, Sulphur, Lycopodium, Natrum muriaticum, Ferrum metallicum.
3. Talking all these symptoms together – a totality – Sulphur, Phosphorus, Lycopodium, Nux vomica, Rhus toxicodendron, Arsenicum, Aconite.
Belladonna? - The case lacks a 3:00 pm slump/aggravation, high fever, etc., and Belladonna lacks the mental/emotional/general symptoms.
Lachesis? – Not well confirmed.
Arum triphillum, Hepar sulphur, Mercurius, Calcarea carbonica, Lycopodium? – Not well confirmed.
Phosphorus? – Average thirst for warm contraindicates.
 Sulphur, Natrum muriaticum? - Not well-confirmed.
 Coffea cruda is certainly worth consideration, but it does not cover the throat symptoms.
There is a hint – any ideas? Sleepy at 4:30pm – Ferrum phosphoricum, Sepia.
 Sepia? – Not well-confirmed, as the sexual and hormonal aspects now seem very healthy.
 Ferrum phosphoricum? – Notice that both Phosphorus and Ferrum metallicum are well-represented in the mental/emotional/general symptom repertorization. In particular, notice the rubric, “FACE: Discoloration, red, with excitement,” where we find Coffea, Ferrum metallicum, Phosphorus, Sepia, Sulphur.
When I read the remedy Ferrum phosphoricum in KENT and HERING, I found the following symptoms:
Mental – Unnatural excitement, talkative, hilarious; his ideas are abundant, and there is unusual clearness of mind (also Coffea);
Face – Red face alternates with paleness, circumscribed redness of cheeks, heat of face, flushes of heat;
Throat – Redness in throat and tonsils, heat in throat, constriction of throat, pain on swallowing, inflammation of throat and tonsils, burning, soreness in throat, hoarseness, voice lost, weak;
Sleep – Restless, many dreams; anxious, confused, vivid, nightmares.
Thus, although the repertory does not strongly suggest Ferrum phosphoricum, the remedy clearly covers the pertinent elements of the case, plus the specific (and spontaneously given) symptom of sleepiness at 4:30 pm.
A single dose of Ferrum phosphoricum 200c was given.

Results of Ferrum phosphoricum Prescription

Over the next six months, she did very well, with no further problems with sore throats. The throat exam was normal thereafter. No other major sickness.
She experienced no more nervous excitability and flushes of heat. She said, “It seems rather silly, looking back on it.”
The 4:30 pm sleepiness? It went away gradually after the remedy. She reported feeling very well mentally and emotionally, “exceptionally well.”
No problems dealing with her father. She felt separate from him and her past negative experiences.
She reported feeling more genuinely nice toward people and was no longer depressed on the anniversary of her mother’s death.
She was working very hard in school, earning high grades.
No sinus or vaginal problems. A good relationship with her husband. They were talking about having children.
She said, “I am so much different than when I first came for treatment. My life and health were out of control. There was so much helplessness, guilt, self-pity, and desperation. I felt like a victim. Now I feel ready and able to live my life.”
Repeated the Ferrum phosphoricum once in the six months, not because she was doing poorly, but because I was experimenting. I could not discern any particular effect from the repetition. She simply continued to progress.

Another Episode of Vaginitis

May, 1988
[Comes in before scheduled appointment] Some persistent and annoying symptoms, the past three weeks.
Itching and burning around the vaginal opening (2) with a slight amount of whitish discharge.

Feels sad and discouraged (2), afraid that it won’t get better, that the symptoms will turn into something severe. The symptoms are not resolving [very anxious about this] A feeling of self pity (1).
Just before this started, she had been working very hard, losing sleep, preparing papers and a presentation for school. In the midst of this, she had a brief panic attack, had to sit down and catch her breath.
Ever had symptoms like this, only on the external genitals? Yes, one time at age 20, shortly after her mother died; treated topically with an antifungal cream.

[O – moderate redness, slight swelling around the vaginal opening, no discharge seen. Vaginal wet prep is clear, no white blood cells, no yeast cells/hyphae, etc.]
Has been feeling very teary the past two to three weeks (1).
Energy – Tired from working hard. Slumps around 6:00 pm.
Temperature – Warm-blooded (1).
Temperature – Desires chocolate (1).
Thirst – Average, for no particular temperature.
Sleep – Sleeps on sides (1). No salivation, teeth grinding, feet out. Has been having night sweats (1) the past two to three weeks. This is unusual.
Sex – Avoiding intercourse due to current symptoms, otherwise everything is fine, normal.
Menses – Regular, no problems.
Digestion – No symptoms.
Headaches – No symptoms.
Musculoskeletal – No symptoms.
Skin – No symptoms.
No sinus symptoms, no problems, with sore throats.

Assessment:
Plan:

Analysis of May, 1988, Case

Here there are only a few local symptoms, some local and some general. The actual genital symptoms are not severe, and one could with justification leave the case alone at this point, and wait for further developments.
I chose to prescribe, because she seemed rather worn down by her schedule, and because of the anxiety and the panic attack, which suggested that the situation was affecting the deeper aspects of her health.
But then what to prescribe? Looking solely at the totality of the local plus the mental and physical general symptoms – Sulphur, Nitric acid, Sepia, Calcarea carbonica, Mercurius, Pulsatilla.
Either way, similar remedies are suggested.
Nitric acid is a strong consideration, because of the excessive anxiety and despair. Had there been another characteristic symptom, such as desiring salt and fat, sticking pains, or strong-smelling urine, I would probably have given Nitric acid.
But I chose instead to return to Sulphur, which seemed likely to be her constitutional remedy.

A single dose of Sulphur 200c was prescribed, despite the fact that the general symptoms did not support Sulphur as strongly as the last time it was given.

Results of Second Sulphur Prescription

That second Sulphur prescription was one year ago. The genital symptoms resolved shortly after the remedy, but more importantly, she felt an immediate improvement in her general energy and mood.

She had no more panic attacks or night sweats. She began to play her musical instrument again after 14 years. She began to write poems and draw pictures, and reported feeling like she was eight years old when doing these activities. (It was around this age when her mother first began to confide in her, treating her like an adult.) “I grew up too fast.”

The Sulphur 200c has been repeated once in the past year, during another time of lost sleep and overwork. Otherwise she has been fine.

One interesting detail – the tendency to wake early, around 4:00 or 5:00 am, has never gone away completely. She seldom wakes with palpitations now, but the waking has been persistent. This is a strong Sulphur symptom, yet the remedy has not affected it much.

She told me that she had a history of waking in the night since childhood, so I didn’t think too much about it. When I saw her last month, she reported having vivid memory images, in which she clearly remembered that her sleep problems began after her father hit and threw her about when she was three years old. She never felt safe to sleep through the night after that. What this will mean in terms of prescribing remains to be seen, but it suggests that her organism is preparing to deal with this. Another remedy might be required.

Conclusion

This is the record of one person’s homoeopathic treatment over a period of three years and nine months. The initial prescription of Penicillinum, based on a fragmentary proving, addressed the Drug Miasm. Sulphur may well be the constitutional remedy, and it has been given at two distinct points in treatment.

Ignatia was for the emotional trauma of her mother’s death, as well as her feelings toward her father. Ferrum phosphoricum appears to have been for her late adolescence – the Mononucleosis, the nervous excitability. There seems to be some overlap between the Ignatia and Ferrum phosphoricum elements, at least in terms of chronology.

A few comments about prescribing over time for layers of pathology:

1. It is important to get the correct first prescription, or the case will not easily progress toward clarity.
2. It is useful to carefully watch the shifting of the general symptoms, which then can be used to confirm a change in remedies.
3. Whenever the patient comes back with new or altered symptoms, it is very important to find out if he or she has ever had these symptoms in this way before.
4. Small and seemingly insignificant symptoms, often concomitant to the actual complaints (such as the sleepiness at 4:30 pm for Ferrum phosphoricum) will help to confirm the correct prescription.
5. The body always knows what it is doing, even if we do not.

I think this case shows rather clearly how the human organism, under the stimulus of treatment, moves in an intelligent and systematic way to bring back unresolved mental, emotional and physical aspects of the earlier life, so that in the present these unresolved aspects can be worked through and integrated. This then creates a healthier and freer life, and enables the person to be more of whatever he or she has the potential and the desire to be.

4. The Psychic Dimension of Thuja

COULTER R. Catherine
(JAIH 86, 4/1993-94)

Introduction

Thuja, made from the twigs and leaves of the Thuja occidentalis or Arbor Vitae, was introduced into the Homeopathic Materia Medica in 1819 by HAHNEMANN, who then proceeded to dignify the remedy by establishing it as the sovereign anti-sycosis medicine, serving to counteract the malefic effects of gonorrhoea—whether in acute, suppressed, or inherited miasmatic form.\(^1\)

Thus distinguished, Thuja immediately took its rightful place amongst the homeopathic polycrests and has been favored with respectful treatment in the classical as well as more recent literature. Yet to this day its own particular personality presents something of a mystery to even the most knowledgeable physicians. HUBBARD speaks for a number of her colleagues when she writes: “Thuja is one of the most difficult

\(^1\) Henceforth, the word “sycosis” will refer to hereditary gonorrhoea as well as its long-term sequelae.
remedies to learn...its personality only emerges after long delving and experience."

The reason for this is readily stated. For a proper understanding of the medicine's unique Gestalt one needs to penetrate beneath the patient's conscious mental-emotional levels into the subconscious—there, in the dark recesses of the psyche, to discover the archetypal struggles and challenges of which the rich recorded symptomatology is a manifestation. One needs, in short, to explore the psychic dimension of *Thuja*.

**The Physical Dimension**

On the physical level this remedy presents little difficulty—as, due to the heroic self-sacrifice on the part of the early Homœopaths who, in an attempt thoroughly to "prove" the substance, not only willingly subjected themselves and their families to the routine headaches, joint pains, eye and respiratory tract infections, ailments of the digestive system, sleep and other nervous disorders—but also stoically suffered decaying of the teeth along the gum line, erosion of the gums, and none too alluring eruptions on the skin of fungoid growths and excrescences—mole, corn, fatty tumors, polypi, haematodes, condylomata, and warts of every conceivable shape (coccid, mushroom, fig, or cauliflower; pedunculated, crater-like indented, flat, raised or skintab), size (large, medium, or minuscule), color (flesh-colored or pigmented, black, brown, or red), consistency (hard or soft; horny, granular, jagged, spongy, or moist), age (long-standing or newly blossomed), and nature (painful, itching, stinging, sensitive to the touch, bleeding readily, emitting a fetid fluid, or smelling of sweat, herring brine, or old cheese)—*Thuja* is easily recognized. In fact, there has been established in the homeoeopath's mind such an inseverable link between *Thuja* and various skin excrescences that the following conversation between a doctor considering this remedy and his seeming wartless patient is hardly a rarity.

"Do you have any warts?" the physician inquires.

"No" is the reply.

"No warts at all?"

"No." The patient is sure about that. "No warts."

"Not even one single solitary little wart?"

The patient shakes his head.

"Perhaps a raised mole or two."

"Nope. Sorry."

The physician, defeated, sighs, "Too bad!"

"I beg your pardon?"

A brief exculpatory explanation is proffered concluding with the regretful "It is a bit of a setback. Nothing missing in your case except the warts."

The patient politely offers what sympathy he can and the physician, rallying, remarks, "Well, I guess we'll simply have to make do without warts. Pity, though. Yours, otherwise, would have been a textbook case."

*Thuja* is furthermore easy to spot on the physical plane in affections of the male urinary tract and reproductive organs. Because of its leading role in complaints arising from the gonorrheal Miasm, a physician scarcely needs to requisition and press into service the "little gray cells" of Agatha CHRISTIE's super-sleuth Hercule Poirot to recognize this remedy picture in urethral discharges, inflammations, and stricture; warts and sores on the penis; testicular pains; and various prostatic complaints including the "prostatic neurasthenia" (Boger's pithy phrase) which so frequently accompanies prostate related maladies. *Thuja* either alone clears up these conditions or, as often happens, follows well and completes the work of *Lycopodium*, *Pulsatilla*, *Silica*, and other remedies.

Characteristic, too, is the remedy's curative powers in the female genito-urinary sphere—although, save in profuse leucorrhoeas and warty excrescences around the vulva and in the perineum, its similarity might be less immediately apparent.

A teen-ager had long been suffering from excruciatingly painful menstrual cramps. Having taken her case history and identified no single outstanding remedy, the physician proceeded to round up the usual suspects for this complaint and prescribed in turn and over a period of many months *Sepia*, *Pulsatilla*, *Belladonna*, *Chamomilla*, *Magnesia phosphorica*, *Natrum muriaticum*, *Calcarea phosphorica*, *Medorrhinum—all to no avail. These repealed failures to pinpoint the simillimum were becoming increasingly embarrassing to the prescriber—until the patient mercifully volunteered that she had recently detected an uncharacteristic "ketchupy" odor to her perspiration that he sensed a likely culprit.

---

2 The falling off of warts can occur with lightning speed (twenty minutes after administration of the remedy, a child's long-standing, large, crater-like wart dislodged from the parent finger) or at a more leisurely pace. And not only warts. It might be appropriate to mention here that in over thirty years experience, the only times that the author witnessed homeopathic's influencing the disappearance of raised black *moles* from the torso or face (i.e., observed them spontaneously shrivel and drop off, leaving not a trace behind) was on three occasions when patients were undergoing a course of *Thuja* for chronic ailments.

3 According to the homeopathic hagiography. *Thuja* is reputed to have been brought to Hahnemann's attention precisely by a young man's developing acute urethritis after chewing on the leaves of the arboretum (cf. Shepherd).
True-blue (and doubtless ketchup-loving) Yankee though Kent was, the possibility was slight that this particular adjective would be listed under perspiration odors in his *Repertory*. However, ketchup smells "sweetish" or "honey-like" (Kent), as does *Thuja's* perspiration, and the remedy was immediately roped in to serve its curative term.

One could continue indefinitely citing *Thuja's* remarkable physical cures in every area of the body, but the Homeopathic literature is already crammed full of impressive cases and adding to their number would belabor the point without enlightening it. To repeat, the remedy on the physical plane presents no problem to the prescriber. It is on the mental-emotional plane that *Thuja's* identity, growing complex, becomes less clearly defined.

### The Mental-Emotional Dimension and *Natrum muriaticum*

In the comparative *Materia Medicae*, *Thuja* has been linked in various ways with a number of remedies—the most imminent of which are *Nitric acid* (Hahnemann), *Pulsatilla* and *Sepia* (Boenninghausen), *Pulsatilla* alone (Borland), *Lycopodium* and *Staphysagria* (Hering), *Silica* (Boericke), plus, of course, the gonorrheal nosode *Medorrhinum*, as well as the never to be left out of anything *Sulphur*; and strong arguments can be made for each one of these relationships. The field is essentially a free-for-all. On its deepest emotional level, however, it is to *Natrum muriaticum* that *Thuja* is most closely related. This important affinity has already been noted by BOGER (who, in his *Synoptic Key*, incidentally, ranks the potentized salt high for suppressed gonorrhea); yet it remains for the practicing physician to establish wherein exactly lies the profound affinity between these two remedies.

To begin with, the troubled *Thuja* patient (who is seeking homeopathic assistance for more than a specific physical complaint) is apt, like *Natrum muriaticum*, to view himself as singled out by destiny to be the recipient of Hamlet's "slings and arrows of outrageous fortune" and to evince the all-too-familiar picture of repressed emotions: anxiety, depression, and difficulty with relationships following in the wake of an inability to ask for what he wants, to express his feelings, or to deal with anger (a frequent observation is "I feel horrible and bad when angry"). Further, he tends, again like *Natrum muriaticum*, to retain in his inmost being not just the slings and arrows of fortune, personally directed at him, but also any other spirit-of-the-times injury or negative emotion that is circulating in the universe and is up for grabs (cf. the author's *Natrum muriaticum* chapter in *Portraits*. Vol. I). At times, so deeply entrenched are these legitimate or imagined injuries that for the longest time the patient himself may not be aware of how seriously bogged down he is in a psychological mire from which he cannot escape.

A primary distinction between these two constitutional types resides in *Thuja's* not projecting as unequivocal an aura of despondency as do persons of the salt diathesis. For, despite all noble attempts to camouflage his heart bowed down by weight of woe, your true *Natrum muriaticum* so obviously carries the sorrows of the world on his shoulders—what he is feeling is so plainly inscribed on his face, conveyed in his voice, in his manner of talking, and in his every gesture—that he can be spotted by the observant homoeopath from the moment he walks into the office or from his very first glance (PI). *Thuja* is either more adept at disguising the burdened aspect of himself (an "uneasiness of mind [where] everything seems burdensome and distressing": Allen) or his pain lies so deep that it dares not—*can* not—surface, even in body language. Consequently, even when harboring a similar low self-image, a tendency to self-condemnation ("reproaches himself": KENT), or a way of questioning equally both the meaning and validity of life ("weariness of life": HAHNEMANN; "loathing of life": ALLEN), he appears to be "lighter" than *Natrum muriaticum* ("the arbor vitae has a cheerful, jaunty appearance with [its] up tilted branches": Gibson), giving the impression of more openness and trust.

Finally, although to the naked eye *Thuja* is less doubtfully determined than *Natrum muriaticum* to extract the maximum pain from love relationships and more willing to forgive or let go of a heavy parental relationship (PI), still, traces of these characteristics can be found underlying a number of his physical complaints. The following case is representative of the two remedies' complementary roles.

---

4 Apart from the original compilers of the provings and cures, the British homeopaths, in particular, have accorded the remedy full justice, perhaps due, in part, to the time honored modality "worse from drinking tea" in their highly tea drinking culture (cf. BURNETT, CLARKE, SHEPHERD, TYLER, WHEELER, and others).

5 To avoid repetition of character traits already discussed in greater detail in this author's *Portraits of Homeopathic Remedies*, Vols. 1 and 2, henceforth, the symbols (P I) and (P II) will signify for the reader seeking more information to refer to that particular remedy chapter.
Search for relief from long-standing insomnia drew a young woman to Homeopathy. Other complaints were internal trembling, a pounding or racing heart which was worse upon lying down (at times to the point of thumping audibly), and of being enervated by the sun; while in appearance she was oily-haired and waxy, oily-skinned.

The reason for her symptoms was not hard to ascertain. Three years previously she had walked out of a prolonged, painful relationship which involved many subtle ways of being exploited and in some not so subtle ways of being abused by her no-good lover. Yet here was, thirty-six months later, still feeling an intense longing for the obvious loser of a man and, at the age of thirty-three, despairing of ever again experiencing a "happy (?!?) relationship." She found no consolation in close friends and was making no effort to meet new ones. Although during the consultation the woman made every effort to remain stoic, she broke down when permitting herself to talk of her loneliness—exhibiting, when crying, a blotched and swollen face and bright red nose.

With such a patent Natrum muriaticum picture (bright red nose and all) as well as history, presenting any remedy but the potentized salt would have rendered the physician guilty of criminal neglect. Accordingly the remedy was administered, first, in the 30c, then, moving gradually up the scale, in the 50M potency. The rataplan heart and internal trembling abated after the lower potency; the hair needed to be washed only on alternate days instead of daily and a higher tolerance of the sun developed after the middle potencies; and the mood was uplifted after the highest potencies ("a certain crying inside has ceased"); also the patient looked lighter and happier.

But her insomnia persisted. It was characterized by a frequent need to urinate, aggravated by tea ("I'm doomed for the entire night if I so much as drink a gulp of tea anytime after lunch")—although even without this pernicious beverage, she awakened around 3:00 a.m. to urinate, after which sleep was impossible. This last being Thuja's aggravation and waking lime, the physician whipped out his Thuja 1M—a single dose of which was administered as a con brio finale to the cure begun by the healing salt.

Kent, in his Lectures on Materia Medica, offers little in the way of a mental description of Thuja apart from a few "fixed ideas"—merely citing in one place the "violent irritability, jealousy, quarrelsome, ugliness..."(that) the doctor may not be able to find out about because the patient has in her nature a disposition to cheat." Yet from this acorn of a picture a mighty oak has sprung. Subsequent homeopaths, falling in step with Kent's typology, as well as with the general uncharitable treatment received by the sycosis miasm in the hands of Roberts and others, have elaborated upon it. Thus HUBBARD: "Salacity runs through the remedy...with a kind of impotent delight in lasciviousness. Like all sycotic remedies, there is an element of deception, cheating and lying in Thuja."6

Other respected homeopaths like Borland, however, have contested this depiction of the type, asserting, "That is not the Thuja familiar to me. [These] patients are singularly well-mannered; they are sensitive, polite, grateful...responsive to kindness...truthful and scrupulous in everything they do."

Actually, these conflicting opinions are easily reconciled when taking into account, first, the degree of illness. In cases of severe pain and emotional disturbance the Thuja individual may well exhibit Kent's "ugliness" of conduct. Perhaps many ill people are angry, and when in pain or discomfort behave in a quarrelsome, ungrateful, irascible manner: the tyranny of the invalid (more of which, later) is a familiar phenomenon. And second to be taken into account is Thuja's Natrum muriaticum-like reserve (PI). For, reticence and presenting a strong front in adversity is another trait that the two remedies share, together with a partial denial of their hardships even to themselves.

But because Thuja is considerate ("polite"), less socially awkward than Natrum muriaticum, and more adroit at disguising non-acceptable emotions ("she mingles in society as usual, behaves correctly and even jokes": Allen; "is able to control herself amongst strangers": Kent), he may appear secretive and deceptive ("furtive": Hubbard).

6The near-libelous moral stigma and negative characteristics attributed to the sycosis remedies and negative characterizations attributed to the sycosis remedies in the Medorrhinum chapter (P II). In addition, the reader's attention is drawn to the original provings of Hahnemann, Hering, and Allen, where the only truly negative listings their crews of stalwart provers could come up with were "sulky, angry at innocent jests" (Hahnemann), "very irritable ...quarrelsome, easily angered over trifles" (Hering), "exceedingly ill-humored...peeved...inclination to anger" (Allen).

However, to do Kent justice, the above quotation must be taken in context. The preceding words read: "when the ovaries have been affected for some time there will be violent irritability,... etc." Also, apart from the misleading reflections on the moral aspect of the Sycosis Miasm (always dangerous territory for even the greatest homeopaths) and consequently on Thuja, Hubbard's concise essay offers a valuable picture of this remedy.
Is such dissimulation deceit? Is the physician to address such a patient with a "Fie upon you, my friend, the truth is not in you!" or in other ways violate the reserve that has served the sufferer well over the years? Or is he rather to view such denial in the light of a protective technique that the patient has erected in a laudable attempt to deal positively with his hardships and out of consideration of other's feelings.

An example of this trait is portrayed in the following scene from Joyce Cary's The Horse's Mouth where the down-and-out painter Gully Jimson is stopping the night with Planty, a former cobbler, who has lost his right hand and, being unable to work, is now forced to live impoverished in a London poorhouse, trying to make the best of a wretched existence.

In fact, [Jimson narrates] in spite of a certain rudeness in my cough, due to indignation with the weather and some anxiety about finance, I passed a...good night in a bed of chairs. For although I could not sleep, I had a good view [of the sky], as Planty pointed out, through the top of the window...

Planty himself did not sleep either. Whenever I looked his way, I could see his little eye glittering as he stared at the ceiling. But what he was thinking of, I don't know. An old man's thoughts are an old man's secrets, and no one else would even understand them. He only once spoke to me when he heard the chairs creak and said, "You all right, Mr. Jimson?"

"I'm all right, Mr. Plant. Why aren't you asleep?"

"I've had my sleep. I wondered how you were sleeping."

"Like a top," I said. For it saves a lot of trouble between friends to swear that life is good, brother. It leaves more time to live.

The trunk of the arbor vitae is nearly as inflexible as a pillar of salt and Thuja, once again similar to Natrum muriaticum, is characterized by emotional inflexibility: rigidity of outlook, fear and resistance to change, and a general inability to go with the How (PI). These individuals do not respond well to transitions of any nature—either external (adapting to a changing environment) or internal (changes in the normal course of growth and development).

Beginning already in childhood, the Thuja-requiring infant might scream with terror on being carried from one room to the next or when transferred from one pair of caring hands to another, and a change in diet is occasion for stormy weather. Transitions from sleeping to waking and vice-versa are another trauma. The infant wakens in a grumpy, petulant mood, ready to cry on the slightest pretext, and then is so wired up before naps or at night that it cannot get to sleep: the more tired it is, the more hysterically it carries on. And every new stage of growth—teething, beginning to sit up, to crawl, or to walk—throws it off balance.

The older child is disoriented by changes in the family routine that its siblings accept with equanimity. It has a tantrum when switched from one form of occupation to another or if not allowed to wear a piece of clothing on which its mind is set (see also the section, "The Child and Vaccinosis"). Predictably, however, the youngster thrives on strict discipline and "loses it" when this is lacking.

Even the Thuja adult becomes unreasonably distraught over changes in routine: he has "fixed ideas" (Hering) about the way things are done—when, where, and how. Thus he is angered by being asked to walk the dog in the evening instead of his usual afternoon turn; while a change of schedule in the preparation of meals in a group or communal situation, someone occupying his favorite chair in front of the television, or any form of interruption in whatever he is engrossed are all a cause for distress ("crossness when all does not go according to his wish [or plan]" (Hahnemann)).

In view of larger life issues, such minor concerns should be inconsequential, as Thuja himself realizes perfectly well; nevertheless they affect him profoundly. "I find myself," said one patient who had exhausted the action of Natrum muriaticum for her headaches and unstable bowels (diarrhea alternating with constipation), "fretting over the pettiest, most insignificant matters: for instance, over the heels of my shoes wearing down faster than they used to or if our grocery store is out of my favorite brand of cheese. Of course, I could have my shoes re-heel more often or go to another store to get the cheese, but I want my store to carry it and rubber heels be made as strong as they used to be. I can't understand why these things should bother me. I have found my niche in life, like my job, and am in a good relationship. I should be happy and carefree. Yet instead of enjoying life, these trifles are cropping up to plague me. How do you explain this distressing rigidity? What does it mean?"

The physician did not even attempt to explain the phenomenon except to say, "It simply means that you are now in need of Thuja."

The patient was touching lightly on a trait that carries far-reaching ramifications. Individuals of this constitution find themselves adequate only to those situations that are patterned, prepared for, ossified—situations which require no adjustments. Such an inflexibility reflects, of course, deep-seated fears and insecurities, compelling the subject to concentrate on
unimportant, peripheral matters in hopes of thereby controlling the larger unpredictable ones. Even more, it is indicative of a tenuous mental balance ("unsteady...fragile": Hering), of an underlying chaos or disorder in the psyche ("chaotic": Kent) on the verge of breaking through. To stave off this last (that is, to propitiate the dark forces threatening to erupt) the individual sets up extra rigid rules and frameworks within which he can operate in relative security, and then abides by these—with a tenacity!

Thuja's: rigidity is also a method of counteracting an inherent indecisiveness ("irresolution": Kent's Repertory: in this rubric the remedy ought to be raised to the third degree). Pulsatilla's indecisiveness over daily matters arises as a corollary of dependence, and is a way of bringing others into one's supportive network (PI). Thuja's irresolution stems from an uncertainty concerning his whole life: Why was he born? What is he doing here on earth? What should he be doing here on earth?

For, similar to Natrum muriaticum, the type can be burdened with a troublesome conscience (PI). The symptom "extremely scrupulous about small things" (Hering) is prompted in equal measure by inflexibility (the conviction that things must be done in one precise way necessitates a conscientiousness over details), by dread of being in error, (engendered by a touchy pride and wanting to be "a good boy/girl"), and by that dull, heavy, joyless virtue known as a sense of duty.

Over conscientiousness, inflexibility, and the taking of life ultra seriously reflect, amidst other traits, a fundamental unease around people. "Although I may not show it, I feel unwanted and out of place among my peers" is a familiar Thuja refrain (a Natrum muriaticum's similar lament, as he fluctuates between withdrawal from and aggression vis-a-vis humanity, would not carry the introductory phrase).

Thuja's unease stems from a number of causes and assumes a variety of forms. A ready assumption of guilt and remorse is one fertile source: an all-pervasive guilt that has its twofold origins both in the individual's own uneasy conscience and in a tendency to shoulder the guilt of the world. Children feel responsible for their parents quarreling or breaking up; one Thuja-requiring girl even fell in some way responsible for her mother being in a wheelchair from polio(!) An adult suffers from guilt when getting out of a poor relationship or escaping from a violent and alcoholic spouse; abused children or women feel somehow to blame for being abused ("constant anxiety, as if he had committed a great crime": Allen; see also p. 226). Guilt may also arise from unfounded fears of hurting others. "Forgive me for being alive" is an underlying Thuja motif which finds its source in the most tortured and convoluted rationalizations, quite worthy of Dostoyevskii's "Underground Man."

For instance, because the remorseful individual does not feel entitled to love, his initial response to kindness and consideration might be too much gratitude. Later, turning round, he smarts under his own disproportionate response. But then, he reasons, it is not really disproportionate because, indeed, he is chronically undervalued and insufficiently appreciated, so his response was commensurate with what is ideally owed him—although (with another mental swerve), admittedly, perhaps it was excessive for the amount of recognition he actually received. In fact (and here he begins to wax indignant), the scant recognition proffered him was an insulting crumb. He then grows uneasy wondering whether it was a 'crumb'...or possibly as much as, or more, than he deserved...and this state of mind is but a step from self-condemnation for his rancor towards that which was, after all, meant to be a kindness—which brings him back full circle to his essential unworthiness. And, predictably, all the while, his disquiet carries a Natrum muriaticum/Staphysagria subliminal anger and smoldering resentment (PI and PII) as he waits for an apology from life, for some reparation, for some explanation as to why he does not feel at ease in this world.

"I spend one-third of my life dealing with people and the other two-thirds recuperating from the experience," said one fine social worker who was about to be given Thuja for his prostatitis. "I know that I am full of anger which I can neither express nor assimilate—but only allow to build up."

Barring certain specific physical symptoms, this could just as well have been a Natrum muriaticum or Staphysagria speaking and it could equally have been one of the two who returned a 1 month later, with symptoms cleared and energy and spirits revived, volunteering, "Instead of feeling deprived around people, I now have a sensation of abundance. I feel I have much to give, with an ability to put out and accept love; instead of, as I formerly, shrinking from people—even my clients—from a fear of hurting or being hurt by them."

The patient was fortunate in having recourse to Homeopathy. For the combined force of a pervasive sadness ("very depressed and dejected": Hahmemann), "fancied scruples of conscience" (Allen), and an unease at being a burden to friends and family ("a consciousness that they are not, doing everything they ought to be doing...that they are a trouble because they require attention": Borland), together with the harboring of an impotent, unresolved anger that dares to simmer but not to blaze, can result in Thuja's becoming isolated and emotionally withdrawn—an emotional state that
finds its physical counterpart in an aversion "to being touched or approached" (Hering).

Since dealing with people, the type discovers, generally involves hurt, little pleasure, and even less fulfillment ("company aggravates": Kent), he grows ever more self-absorbed and touchy, becoming morbidly sensitive about things he shouldn't ("angry at innocent jests": Hahnemann) and increasingly insensitive about things he should ("thoughtlessness": Hering). For there is a Sepia as well as a Natrum muriaticum side to the injured Thuja. Because feeling is painful, he grows evermore "quiet, absorbed in himself" (Allen), incapable of expressing or receiving love ("does not care for her children or relations": Hering), and eventually begins to lose touch with his emotions ("I feel drained and empty and dead inside"). Furthermore, sensing love or even the mere contact with people as a burden, he desires to be left alone in his misery ("avoids the sight of people": Kent) and, like a wounded animal, to crawl into his lair and lie undisturbed, licking his wounds ("relief from being alone": Hubbard; and cf. Sepia, [P1]).

All of which can lead to an estrangement from this world—to regarding himself in some way as foreign ("It's always the same old story: never belonging anywhere!" is a typical complaint). And it is with this particular sense of foreignness that Thuja breaks away from Natrum muriaticum, Staphysagria, Sepia, and other remedies and begins to assume a separate identity.  

A Thuja case history might well entail neglect, deprivation, a traumatic birth experience or early separation from mother (due to illness or adoption), or childhood abuse. Such a background can, to be sure, result not only in a patient's profound sense of his own inadequacy but also in an alienation from humanity—in feelings of being an outsider and the proverbial "stranger in one's own land."

Thuja can be likened to a person standing outside, alone in the darkness, looking through the window of a house into a room where the inmates are festively enjoying each other's company, acutely aware of his isolation and convinced that he can never be a part of the congenial scene.

---

7 In point of fact, this particular characteristic—actually this whole Thuja picture—is more prevalent in women than in men. But, once again, for stylistic purposes, to honor the King's English so to speak, the masculine gender is employed throughout this analysis when referring to patients in general, as well as to the physician in charge of a case.
the key *Thuja* strange, rare, and peculiar symptom "feels as if soul were separated from body" (Allen).\(^8\)

A case in point was the long-time homeopathic patient, cured of migraine headaches in the past with *Natrum muriaticum* and occasional doses of *Pulsatilla*, who came to the doctor because of a recurrence of his former malady, in milder form, and two new physical symptoms: heart palpitations, worse sitting, and burning sensation on the tip of his tongue.

The mental picture revealed that some ten months previously his spiritual master had passed away and that the grief was still acutely with him. The intense mourning period was perhaps legitimate, but the patient himself felt that he was too weepy for a grown man, too sensitive to criticism, and emotionally unsettled ("discombobulated" was his word); that it was, in short, time for him to move on from his prolonged grieving. The physician was debating between *Natrum muriaticum* and *Pulsatilla* and, while giving himself time to think, casually inquired about the other's recent vacation on an island off the Atlantic Coast.

It transpired that, contrary to the patient's own expectations (since he usually loved being near the ocean), the vacation had not been a success. He had felt as if the island were haunted—and was continuously aware of unfriendly spirits hovering around him: "It was an eerie and unpleasant sensation that I've never before felt there." Only later did he learn that he had been staying near the alleged burial grounds of American Indians who had been massacred by white settlers, while the remainder of the tribe was evicted from the island. It was as if the spirits of these maltreated souls were resenting his presence on their island and had returned to haunt him.

The patient's newly awakened sensitivity (the spirits on the island had never made their presence felt to him in all the years he had previously vacationed there) suggested *Thuja*. And, with a clearing of his physical symptoms, an interesting change occurred on the emotional plane: the mourning for his master had lessened because, as he said, "I feel as if I have moved on to a plane where I'm closer to him than ever and a part of me has joined him. Now I am communicating with him in spirit in a way I never could before. And, because I no longer am completely lost without him, I feel more inside my body, more grounded."

*Thuja*, rather than his two reliable standbys, was the man's simillimum because he had moved on to a stage in his spiritual development where he was beginning to access psychic realms—even if without yet wholly comprehending the phenomenon.

Thus to identify your *Thuja*, look for the psychic dimension. Once the physician holds this key, the remedy becomes easier to recognize—even in seemingly straightforward physical complaints such as Arthritis, Eczema, Asthma, Irritable Bowel syndrome. He may, however, have to work hard to extract this guiding symptom.

A woman, still young, was crippled with Arthritis. Burning, swelling joints were disfiguring her hands and feet, with restlessness and pain driving her out of bed in the early hours of the morning. At first *Rhus toxicodendron*, prescribed in the 1M potency and repeated at regular intervals, almost entirely cured her condition. But nine months later, the remedy in every potency ceased being effective and the physician deliberated on how to proceed.

Naturally *Thuja* as well as *Medorrhinum*—both major remedies for rheumatic joint pains and swellings which are so frequently associated with the Sycosis Miasm—suggested themselves as likely candidates, but a clinching modality or mental symptom was needed to decide between the two.

The patient refused to cooperate. There was no discernible *Thuja* 3:00 a.m. aggravation, nor aggravations from humidity, heat or cold, onions, or tea; the pain was not worse during the waxing moon (note, for mnemonic purposes, the linguistic correspondence to *Thuja*'s "waxy" skin); and on the emotional plane there was no unease with people or guilt, no feelings of estrangement or a sense of being victimized—save by her illness, Yet neither was there a *Medorrhinum* amelioration by the ocean, between sundown and sunrise, or a need to lean far back to pass stool; she was not better lying on her stomach or in the knee-chest position, nor was she particularly fond of oranges. Time passed neither too slowly (Medorrhinum) nor too quickly (*Thuja*). Homeopathically speaking, she was a complete washout.

The physician then bethought himself of probing deeper into her dreams.

"My dreams are not particularly disturbing, as I told you before, and there are no recurring ones as far as I can recall." She hesitated. "There is, however, one thing. Sometimes at night, just as I am about to fall asleep, I sense the presence of my departed mother hovering round me. It is by no means an unpleasant

---

\(^8\) At the risk of suiting the obvious, the reader is reminded that by no means will every *Thuja* patient exhibit a picture of partial alienation from the world; nor, conversely, will every troubled patient exhibiting a psychic estrangement require *Thuja*. But in daily practice a growing sensitivity to other orders of reality is being encountered with increased frequency, and the following pages will be devoted to investigating the phenomenon as it pertains to patients of this particular typology.
presence but it is unsettling. She seems to want something of me or is trying to tell me something, but, although I keep asking her, I don't know what. However, this probably has little bearing on the case."

Little bearing on the case! This symptom, in its close approximation to the classical Thuja symptoms "sensation as if a person is beside her", "sees phantoms of dead persons", "fancies someone is calling", "converses with absent people"—and constituting as it did a form of communication with another dimension of reality, was the very key to the patient's case. And Thuja 1M, administered infrequently, greatly diminished the woman's stillness and swelling and has kept her free of pain over the years.

One other case by way of illustration: a budding sensitivity to the psychic realm was unearthed in a girl in her late teens suffering from Spring allergies and chronic nasal catarrh involving the frontal sinuses with a constant need to hawk up mucus. These ailments would respond acutely to various remedies, but the latter symptoms resurfaced at the slightest cold spell. Clearly, the case needed to be addressed on the miasmatic level.

Remembering the well-known homeopathic dictum "Gonorrhea is the mother of catarrh," the doctor, to confirm his choice of Thuja, began a search into the young patient's extrasensory perception experiences. After first denying vigorously any such, the girl finally admitted to having recently taken up the study and interpretation of Tarot cards—which is, of course, a form of psychic divination. When the doctor, reaching out for his Thuja, asked this patient why she had held back this crucial bit of information, the answer was "I'm tired of people regarding me as a 'super flake' when I tell them about my interest in Tarot [this conversation took place a number of years ago when such pursuits were looked upon askance in polite society]. And, besides, I'm only a beginner—although, if I do say so myself, I'm becoming real good at reading the cards. If you help my sinuses, I'll give you a free reading."

A bargain was struck from which both parties emerged winners.

This entertaining of angels unawares is also encountered in male patients in their middle or advanced years, in whom significant spiritual changes are just starting to take place but have not yet been assimilated. In the meantime the subject resorts to stout denial.

The only complaint of a man in his early fifties was difficulty emptying the bladder, with frequent incomplete calls occasionally accompanied by burning. He exhibited the classic Thuja forked stream and a sometime yellow, glutinous urethral discharge; but when the physician, falling into his usual routine, tried to draw out some experience of a spiritual nature, the patient was not forthcoming. Only after Thuja had cleared up the physical condition did the physician learn that the patient, who was a city resident, had opted to take his meager yearly two week vacation not at a mountain or seaside resort but in New York City(!) so as to attend a conference on Tibetan Buddhism.

When asked why he had chosen to do so, he replied airily, "Oh, out of sheer, unadulterated curiosity—nothing more spiritual than that."

Yet to subject oneself to a full fortnight of listening, for gruelingly long hours, to the teachings of Tibetan mystics (when more than half the time the audience was unable to arrive at a consensus of opinion as to whether the Tibetan interpreters were speaking a garbled English or had lapsed into their native tongue) argued for some spiritual leanings—none the less valid for being unconscious.

However, to plead the devil's advocate (and heaven forbid that Homœopathy be rendered tidy, pat, or predictable!), there was a case of a woman with recurring urinary tract infections which responded only temporarily to Cantharis or Pulsatilla. In searching for a deeper remedy, the physician extracted from her a truly strange, rare, and peculiar symptom—the sensation of something alive in her ear.

"A worm in the ear?" the physician inquired—in which case Medorrhinum would have been his choice.

"No. No crawling sensation. Just something throbbing—and worms don't 'throb', do they? But as if alive."

A well-known Thuja symptom is "sensation of something alive in the abdomen" (Hering), and Boger lists Thuja in his "alive sensations" under Generalities; so that a bit of stretching of the first symptom and blending it with the second perfectly justified prescribing the arbor vitae in the 200C potency. When the patient returned much improved, the physician, ever pursuing his favorite Thuja theme, began pressing the patient for the psychic dimension to her case.

"Are you sure that nothing in your life could be viewed as experiencing some supernatural phenomenon?"

"Quite sure."

"Hmmmm...But perhaps the 'something alive' in your ear was the merest intimation of a spirit trying to communicate with you."

"Well, perhaps," the patient acquiesced—but without conviction.

"Or perhaps—"

"Nope. For-get it!"

And the physician was forced to leave it at that.
Nevertheless it is intriguing how when dealing with the Sycosis Miasm some growth in psychic or spiritual awareness often does accompany the physical complaint. But, whereas Medorrhinum appears to be at a crossroads of destiny, and the remedy pushes to start sonic process welling up inside which the patient can elect either to confront or not—the choice is his (PII)—with Thuja the picture is different. He no longer has a choice. His physical and mental symptoms are compelling him—for his very emotional survival—to explore the regions of other realities.

Conversely, Thuja might not work in similar cases of Arthritis, Urethritis, or Catarrh if the individual is not at a stage in life where he ought to be actively expanding his understanding of the psychic realms. There is no implying here that those persons not responding well to Thuja are less spiritually advanced than those who do. It goes almost without saying that every constitutional type is on a spiritual path of its own, therefore has different lessons to learn.

Psorinum (we saw in Portraits, Vol. 2), too readily sensing himself to be a victim of circumstances beyond his control, needs to establish a healthier balance between Predestination and Free Will. Tuberculinum's archetypal challenge is to find a viable way to satisfy both the primitive and civilized sides of his nature. The Medorrhinum picture, presaging some change that is about to take place, challenges the patient to commitment and response, even as still uncertain forces beckon him onward. And many individuals already feel secure and at home in the extrasensory dimension (clairvoyants, clairaudiants, psychics, or mediums, for instance, will more frequently require Phosphorus. Lachesis, Silica. Sepia, or Calcarea carbonica: PI and PII). Thuja, on the other hand, appears to be called for during that stage in a patient's spiritual development when his particular challenge is to grow more aware of and at ease in the new spheres of reality that are opening up to him. Thus the remedy serves to lengthen a process already begun.

Two middle-aged women with almost identical physical complaints, one helped by Sepia, the other by Thuja, offer here an instructive contrast.

Both women suffered from periodic left-sided frontal headaches and exhibited small, recently sprung, brown or flesh-colored warts on different parts of their bodies. Both worked in the alternative healing arts, each one excelling in her own particular field. The patient requiring Sepia was a psychic (she called herself an "intuitive counselor") who was in clear communication with guiding spirits from other planes of reality and felt perfectly comfortable in the supernatural realm. Her particular difficulty and life challenge was integrating work with family life—feeling too strongly drained by home ties, duties, and affections (PI).

The second patient, with a history of sexual abuse in childhood, was a more tortured soul. Although a true healer, who was helping her clients by means of gentle adjustments with her remarkable hands, she herself had no clear comprehension of the powers with which she was working. A dread of the unknown and a resistance to change was restraining her from venturing deeper into the spiritual realm, with the result that she suffered periodic breakdowns, during which an incapacitating indecisiveness, complete loss of self-confidence, and the Thuja aversion to being touched extending to an abhorrence of touching others placed a decided, damper on her good work.

Thuja 1M was prescribed—together with a visit to the Sepia psychic who, in a single reading, elucidated the archetypal lesson behind the patient's sufferings and instructed her in techniques "for accessing my guiding spirits so as to assist me to fulfill my role in the Cosmic Plan," as the woman, availing herself of the "New Age" terminology, put it. Later, she herself interpreted her frontal headaches as the concrete physical expression of her "third [spiritual] eye" attempting to open up but unable to do so. Certainly they progressively decreased in frequency and severity under the influence of the occasional dose of Thuja and her own untiring efforts to raise her spiritual consciousness.

Mental Confusion and "Delusions"

The Thuja patient frequently complains of weak memory and concentration ("mental dullness": Hering; "distraction": Hahnemann; "has great difficulty fixing the attention...forgets everything he does not write down": Allen) and mental confusion ("idees confused and mixed": Allen; "confusions as if in a dream": Kent). Or as one wit described his weakened mental powers: "The machinery just whirs around for some time—but nothing at all happens."

This is hardly surprising. Lost as Thuja is between two worlds, in neither of which he feels at case ("Why do I always feel like a second class citizen wherever I am or whatever I'm experiencing?"); his mind is bound to be in a turmoil of thoughts, feelings, sensations from which he tries initially to extricate himself by fleeing back to the familiar reality of his old self.

But, of course, he cannot do so. Having once set foot on the paranormal path there is no reversing the direction without injury to the psyche. The pilgrim cannot retrace his steps but, working through the confusion and perils of alien territory, must keep journeying onward. Turning back would be courting death of the spirit.

Thuja's lack of mental clarity reflects then, first of all, a general spiritual bewilderment and psychic disorientation which contributes to the profundity of his despondency, fears, insecurities. But even on a less esoteric
level, his confusion reflects that underlying "foreignness" and unease in this reality which is manifested in an inability to grapple with the normal flow of existence. The individual, as we discussed earlier, sets up rigid frameworks in his daily life precisely because he is so readily confused by the give and take of relationships as well as the physical aspects of this world.

For example, his very sense of time may be confused. The feeling that "time passes too quickly" (Kent) arises in part from a mental abstractness, with a tendency to being lost in sad or "happy reverie" (Allen). In contrast to the hard-working, productive Arsenicum who is able to accomplish more in a day than any two ordinary persons (PI), Thuja never seems to have the time to accomplish anything. Confusing reverie with reality, his excuse is that he has been too busy (watching the clouds? the birds? "enjoying the afternoon?" as certain individuals put it, or anguishing over some past or future problem?)—so that before he is aware, the day is over.

This mental confusion can be observed already in children: in intellectual skills there is little order or retention and their retrieving system (to use computer language) is all askew. Some days the child will know a bit of information; other days it will not. Sometimes it will spell the word "hope" correctly; other times not. Or it exhibits a slowness in talking and difficulty finding words. Frequently, long before it has time to finish a sentence, other members of the family or its peers have ceased listening and proceeded on to other topics. Sensing its intellectual awkwardness, the youngster might then resort to sobbing and raging because it feels that it is in some way different, not belonging to this world—consequently unwanted and unloved. Yet, simultaneously, it combats with every fiber of its young being all intellectual challenges or any assumption of responsibility that might serve to diminish its confusion.

In adults, absence of mental clarity extends even to a linguistic confusion ("confusion of the head, with difficulty of speech": Allen). As if his own language were "foreign" to him and no longer under his dominion, Thuja exhibits lapses: uses wrong words, misspells familiar ones; omits words or syllables when speaking and writing or insignificant words interpolate themselves; talks either too-hastily, swallowing words, or too slowly, in monosyllables, with hesitation and hunting for words. Other features are repetitiveness, broken or interrupted sentences, a Lachesis-like saltation from one subject to another, or inability to finish sentences from vanishing thoughts (consult the classical literature—especially Hering).

At times, then, Thuja may be spotted from the way a patient recounts his symptoms. Increased hair growth on her face and body (with long silky hairs two or three inches in length on her forearms and thighs—and, had she let them grow, ones almost as long under her chin and as sideburns) was vexing a woman in her thirties. Thuja, of course, is notorious for endocrine imbalance taking the form of hair growth in unusual places—as well as, interestingly, loss of hair in unusual places (not scalp, but eyebrows, beard, axillae, pubic area). Equally vexatious to the patient was her mental state. An assistant professor in philosophy and, as a rule, very much in control of her mental faculties, she was now, however, finding it difficult to concentrate on the texts ("when reading unable to follow the meaning"): Allen, to think coherently, to recall perfectly familiar information, or "to make connections", as she expressed it, when organizing material for her lectures. Everything scholarly, formerly so mentally accessible to her, was now a source of confusion.

The patient, in turn, was confusing to the physician in her case presentation: a medley of scattered and unfinished thoughts. Roberts maintains that "overgrowth" or the proliferation of cells is a key characteristic of Sycosis; hence the excess hair growth, the skin excreences, tumors. And, taking up his torch, other homeopaths have attributed to Thuja a paralleling excess of speech. This characteristic is by no means true of the majority of individuals requiring this remedy, but certain patients themselves would be the first to agree heartily with Hubbard's succinct depiction of their lack of mental clarity and linguistic style: "Mental embroidery and proliferation is ever the enemy of continuity. The Thuja patient has too much matter and too little form."

Anyway, as this woman was giving her case in a muddled way, with many repetitions, she kept interrupting herself to inquire, "Am I making myself clear? Do you understand what I'm saying? I would hate to be unclear. Do you follow me? Please, tell me if I am not clear."

The one thing emerging crystal clear was her need for Thuja.

And what were the dreams of this truly prototypal case? In a curious counterpart to the patient's physical proliferation or excess of hair cells and mental confusion were two recurring dreams. The first consisted of entering a house she was about to buy or move into: a house she knew well from the past but which, as she walked through it, seemed to expand and the rooms to multiply—initially in a logical, then in a disturbing, because disordered, way. One encounters numerous variations on this dream of disorientation from expanding structures, where the Thuja dreamer suddenly feels lost in a familiar house and fearful of investigating it further; but the underlying theme of finding himself in new (instead of what should be
familiar) territory, with the typical *Thuja* confusion from exploring new dimensions, remains a constant.

The second recurring dream was one of the woman's enjoying a visit to old friends. Then having the visit drag on...and on...growing first uncomfortable, next disagreeable (with the wish yet inability to escape), until the situation becomes downright intolerable; but still with no way out.

This dream was obviously symbolic of *Thuja*'s fundamental unease with people—as well as of sycosis excess.

A form of mental confusion and disorientation that cuts still deeper is the remedy's so-called "delusions."

*Thuja* is generously endowed with "strange, rare, and peculiar" delusions which are of particular value to our thesis—pertaining, as many of them do, to the extrasensory realms. These delusions take the forms of out-of- or altered-body sensations and of encounters with presences or voices from other planes of reality. To enumerate a few of the many (sixty plus) delusions found in the classical literature (here again, Hering leads the field):

of animal in abdomen
of all kinds of animals passing before him
that body is brittle; delicate
that body is lighter than air
that she is made of glass; easily broken
that flesh is being torn from the bones
that body is thin or is getting thin
that body is dissolved

that body has the appearance of building stones
that body is heavy as lead
that legs are made of wood
that his skull is too tight
that he is divided in two parts; of being double

that body is separated from the soul
that he is under superhuman control
that his continuity would be dissolved...that he must die

that he hears music
that someone is calling
that he hears voices in abdomen
that he sees people...strangers are beside him
that he is conversing with the absent
that he sees ghosis, spirits, specters, and visions

Kent employs the word "delusion" for these symptoms—in part, no doubt, to facilitate repertorizing but also because, hitherto, they have been interpreted as indicating mental instability and imbalance, if not actual insanity. And *The Webster Dictionary* defines delusions as "false beliefs or fixed misconceptions; a state of being led from truth into error." However in the present day and age our understanding of *Thuja*-like "delusions" is undergoing a significant metamorphosis, and these sensations are beginning to be viewed rather as a confused understanding of paranormal phenomena in subjects ultra receptive to other orders of reality.³

For instance, few enlightened healers of the psyche would today consider Joan of Arc, who heard voices, to have been insane. Nor was she suffering from delusions. Adopting a broader perspective, she is regarded as having had access (without confusion) to regions where guiding spirits were instructing her what to do.

Thus, rather than view the above symptoms as delusions (with this word's negative connotations), it would be more respectful of individuals in touch with the spirit regions, as well as perhaps more accurate, to hark back to the original classification of these symptoms as "sensations as if" (cf. Hering).

To elaborate: if our thesis that the accessing of extrasensory perception realms plays an integral part in the *Thuja* picture holds true, then a whole new interpretation of these so-called "delusions" emerges. Perhaps *Thuja* is not merely imagining that someone is beside him or that someone is talking to him or trying to influence him, or fancies that spirits of the dead are appearing to him, but is growing more sensitive to other levels of consciousness where such occurrences are taking place. It is necessary, however, to append the words "as if" to these symptoms because our language has no accurate terminology with which to represent the supernatural phenomena. Our vocabulary and very emotions are equipped only to describe presences from this plane of reality. Hence *Thuja*'s mental confusion and inability to describe his strange behavior ("when asked with whom she is talking aloud, does not know what to think": Allen).

Perhaps then, too, the sensations as if strangers are approaching and accosting him or that someone is beside or calling him are in actuality objective spirit entities that are approaching the patient, trying to talk to him, or in other ways making their presence felt, but which he cannot yet comprehend (recall the cases of the

³ Certainly, the *Thuja* picture encompasses insanity (cf. Hering and others); but true insanity does not lie within the sphere of this analysis.
haunting spirits of the American Indians and of the mother trying to communicate a message to her daughter). Certainly, most of Thuja’s “delusions” are a quite different kettle of fish from, for example, the Cannabis indica “imagines himself to be a locomotive” (Kent). In fact, Thuja’s “sensation as if” he is made of glass, is brittle, is emaciated, or his continuity would be dissolved, could be viewed as accurate images of his delicate psychic state on the verge of breaking down; while the symptom “feels as if skull is too tight” could reflect the psyche’s attempt to break through some barrier or confinement that is preventing his understanding of the encroaching new dimensions. Finally, the fear of being under superhuman control may be a legitimate dread of the confused and fragile ego (indeed few types have a more fragile hold on karmic life than the emotionally troubled Thuja) who is sensing the nature of spirits without understanding them, and is living in terror lest he fall under their undue influence.

For, seemingly perfectly balanced Thuja patients, with no visible traces of paranoia or mental imbalance, have described their fear and reluctance of venturing near seedy bars and run-down bus or subway stations, even in broad daylight, because of their heightened sensitivity not merely to the unfortunates who hang around these public places but even more to the spirits of departed drunkards and other outcasts from society. It is as if these lost, tormented spirits, who have never broken away from this level of reality and are still attached to their addictions or vices, are seeking to pounce onto some passing, vulnerable soul (inevitably a Thuja) and, by latching on, to come back to earth.

In other words, that which contributes to Thuja’s mental-emotional confusion is having no conventional paradigm or frame of reference through which to process and make meaning of his paranoid experiences. And this lack of satisfying tools for grappling with the psychic dimension, consorting with his utter psychic vulnerability and consequent inability to sift and sort out amongst the entities both malignant and benign that randomly bombard him (contributing to his feeling “of being double”: Kent) leaves him with no skills to discriminate in the spirit world.

Admittedly, no one can say for certain whether these “sensations as if” are genuine contacts with a different objective reality or products of overactive, over stimulated, at times even diseased imaginations. Although it is lately being pounded into us with ever increasing force that “there are more things in Heaven and on Earth, Horatio, than are dreamt of in our philosophies” (Hamlet), the field of psychic phenomena is still largely unexplored territory. It is conceivable that the supernatural lies not outside us but within us—in our subconscious, our imagination, our unconscious memories. Perhaps the individual psyche merely tunes into some archetypal or transpersonal experience of humanity, into what Jung calls our “collective unconscious.” Possibly, even, the whole world of positive and negative entities are but emanations of the psyche’s attempts to find a method of depersonalizing guilt and minimizing too heavy personal moral responsibility—i.e., attempts to lighten the burden of our insupportable yet unsuppressible consciences (discussed below, pp. 225-226).

No matter. Fortunately for Homeopathic prescribing, all such unknowns are irrelevant. The true homeopath, holding to Paracelsus’ maxim that man is but a microcosm of the universe ("For what is outside is also inside, and what is not outside man is not inside. The outer and the inner are one thing;... one constellation, one influence, one concordance, one duration...") operates on the premise that it is, not the physician’s role to pass judgment on how “scientifically” valid or invalid are a patient’s sensations. Working with the sensations “as if”, that which guides him to the simillimum is the particular “form” a patient’s energy takes and his resultant emanating Gestalt.

The material point in Thuja is that the troubled psyche appears to be at that stage in its spiritual development when lost, frightened, full of remorse (“rising of dark thoughts, causing uneasiness and apprehension of misfortune”: Allen), it is asking, "What do these spirits accosting me—or my ever-active conscience—want of me? Why are they not leaving me alone? Whence these feelings of ‘foreignness’, alienation, guilt? How can I feel less of an outsider—more as if I belong here, in this world?" At one end of the spectrum, Thuja is a dutiful, well-intentioned, "conscientious" (Kent) child who wishes to please his parent, teacher, or other authority figure but, receiving confused messages, does not know what is demanded of him—consequently how to respond; while at the other end of the spectrum, Thuja, sensing in these paranormal manifestations a threat to his already confused and insecure ego ("the excess of the etheric leaves little room for the ego": Hubbard), yet unable to escape from them, is angrily rebelling in the way a threatened adolescent fights against and rejects the guiding influences of those closest to him, those most eager to help him.

We noted earlier that other constitutional types confronted with the choice of embracing or rejecting the extrasensory perception realms can elect either to

---

10 Quoted in Divided Legacy, Vol. 1, p. 394.
pursue investigation of these or to disregard them, but that *Thuja*’s idiosyncracy lies in no longer being able to avoid confronting these issues. The thin end of the wedge is already in the door and his symptoms are forcing him to explore the new realities crowding in on him.

For we are threatened by that which we do not understand. Certain awarenesses have to be brought to light and integrated on the conscious level for true healing to take place. As long as a sufferer misunderstands the psychic phenomenon he is experiencing and refuses to investigate it further, he will remain apprehensive, angry, despairing—at times even suicidal ("she begins to weep bitterly and says she can no longer think or live": Allen). Reinforcing that which the body and spirit are trying to express, the potentized *Thuja*’s first objective, then, is to assist the menaced patient in feeling more at case in the psychic realms. This process, in turn, heightens trust in the material world. With the realization that its institutions, its variegated humanity, and his own body are here to help and not to hinder him in his spiritual growth, the individual grows more comfortable here on earth.

An unhealthy gum condition (helped by surgery in the past but now resurfacing) brought a middle-aged woman to Homœopathy. Other physical symptoms were one-sided headaches around the time of her menses, with the classical *Thuja* symptom, "as if a nail were driven through the temple," inordinately swollen veins on her legs, and brown spots on her arms and hands which would periodically appear, then disappear. These physical symptoms were a manifestation of a general health crisis which followed close on the heels of divorce—especially traumatic and guilt-inducing to a strictly raised Roman Catholic.

Weighing equally heavily on her spirits was a new distress. She was falling victim to hearing voices. Some were minatory and accusing, others were comforting; some voices were instructing her to "STOP," others to "GO" (*Anacardium*): some were telling her she was evil, others that she was good. Altogether it was chaos and confusion—making her wonder if she were possessed ("deranged and unfit to live": Allen).

The patient was started on one dose of *Thuja* 200C, which was repeated a month later; then during the course of a year was given two doses of the 1M and two of the 10M. The physical symptoms all improved, including the mysterious materializing and vanishing of the brown spots.

And, as to her voices: "Oh, I continue to hear them. I fear they are here to stay. But they are no longer menacing. And the way I look at it is, if the voices insist on being heard, I may as well capitalize on this weird phenomenon and learn how to put them to some use."

"Resorting to the old familiar 'If you can't lick 'em, join 'em' policy," the prescriber remarked.

"Precisely. So I am reading innumerable books on the subject and am talking to a venerable priest with mystical leanings who is teaching me, through prayer and meditation, how to distinguish between the opposing voices. Could be, with time, I'll be able to channel the good ones for the benefit of others as well as myself."

The homœopath could not have wished for a more gracious bowing to the inevitable.

Before proceeding further, it ought to be mentioned that *Thuja*’s relation to the extrasensory dimension need not always be torturous, fraught with strife. Certain patients—those with their struggles behind them, who are now free to reap the spiritual rewards—experience solely uplifting encounters (direct or indirect) with spirit entities.

For instance, the physician may learn to recognize an underlying *Thuja* diathesis in patients displaying an anthropomorphism—sometimes whimsical, sometimes earnest. More than one *Thuja* patient has admitted to regarding nature as permeated with living entities and to sensing the presence of living spirits in flowers, shrubs, trees, and even the lowly weeds. They also admit to believing in pixies and elves, fairies, and brownies. A woman, who had since childhood enjoyed talking to these last, one day decided that perhaps she should be channeling them, but

"Resorting to the old familiar 'If you can't lick 'em, join 'em' policy," the prescriber remarked.

"Precisely. So I am reading innumerable books on the subject and am talking to a venerable priest with mystical leanings who is teaching me, through prayer and meditation, how to distinguish between the opposing voices. Could be, with time, I'll be able to channel the good ones for the benefit of others as well as myself."

The homœopath could not have wished for a more gracious bowing to the inevitable.

Before proceeding further, it ought to be mentioned that *Thuja*’s relation to the extrasensory dimension need not always be torturous, fraught with strife. Certain patients—those with their struggles behind them, who are now free to reap the spiritual rewards—experience solely uplifting encounters (direct or indirect) with spirit entities.

For instance, the physician may learn to recognize an underlying *Thuja* diathesis in patients displaying an anthropomorphism—sometimes whimsical, sometimes earnest. More than one *Thuja* patient has admitted to regarding nature as permeated with living entities and to sensing the presence of living spirits in flowers, shrubs, trees, and even the lowly weeds. They also admit to believing in pixies and elves, fairies, and brownies. A woman, who had since childhood enjoyed talking to these last, one day decided that perhaps she should be concerned. "What is happening to me? Am I losing my mind—or regressing into childhood? Do tell me."

Her doctor could reassure her on that point. "Myself never having mastered the subject of brownies and elves, I, personally, cannot attest to their reality. But thanks to my *Thuja* patients, a number of whom are quite conversant with this topic yet in all other respects completely normal, I see no cause for alarm. If you wish to hold communication with the little folk from other spirit regions—please, be Homœopathy's guest."

All too often, however, (due possibly to something inherent in the nature of the Syкосis Miasm which we have yet to learn—or whatever karmic reason) the *Thuja* individual has to come to an understanding of psychic phenomena the hard way. *Phosphorus*, in contrast, feels not only at home in the extrasensory perception realm but actually enhanced by it. Being of a highly receptive, impressionable disposition, he eagerly welcomes novel sensations, emotions, experiences, often consciously cultivating communication with spirits from other realities (PI). There is less
resistance to the unknown, fewer barriers because he instinctively operates from a position of trust.

_Lachesis_ lies midway between _Phosphorus_ and _Thuja_. He may struggle with the supernatural dimension more than _Phosphorus_ but does not close down to the experience in the way _Thuja_ does initially. Although somewhat threatened, he feels simultaneously excited and exhilarated by being under the control of a superhuman power, since this control is often accompanied by surges of inspired creativity (PI).

The contrasting natures of _Phosphorus_ and _Thuja_ were dramatically illustrated in two patients with near-death experiences.

A warm, friendly woman was being prescribed _Phosphorus_ for her bleeding tendencies. In the past she had been hospitalized so often for severe hemorrhaging during menses that eventually, at the age of thirty-six, a hysterectomy was performed during which she almost died. More recently, a brain haemorrhage necessitated another hospitalization; at which point, after being discharged, she turned to Homeopathy for assistance.

The patient was a communicative soul and at her first visit confided to the physician, as to a very special friend, her near-death experience during her hysterectomy. (The physician was highly flattered by her trust until he learned that, true to type, the _Phosphorus_ woman had recounted this experience to every one of her "intimate friends"—i.e., to just about every person she knew (PI)). She found herself (she narrated) alone and frightened in a dark tunnel. Fear would have rendered her unable to move, were it not for a light at the far end, which, upon her approach, she saw was coming through a chink in the door of a brightly lit room. Through this slit floated sounds of voices: happy voices with laughing and singing—as if at a party. Her one desire (she recalled) was to be a participant in the merriment, and this propelled her onward. Just as she was approaching the door and was about to open it wider to enter, her action was arrested by her mother's voice ordering her to "Come back! Come back! Come back!"

The daughter had no desire to return. She wished to take part in the fun and festivities. But her mother's peremptory command brooked no disobedience and, as if still a little girl, she reluctantly obeyed.

That was all the woman remembered until she came to in the recovery room, after having been labored over for many hours by a team of doctors trying to stem her bleeding.

Meanwhile her mother, living in another state secure in the belief that her daughter's operation was long over and for certain she would be hearing from her in the morning, had gone to bed. That night, around 2 a.m., she saw in a dream her daughter lying in an open coffin that was being carried away by undertakers for burial. Her husband said that he was awakened by her shrieking at the top of her voice, "Come back! Come back! Come back!" But it was just around this time of the night, the doctors calculated, that the hemorrhaging of the patient (who had just about been given up for dead from loss of blood) abated, the vital signs reasserted themselves, and she was brought back to life.

The near-death experience was thus by no means one solely of terror to the _Phosphorus_ woman, who claimed that, full of curiosity, she had wanted desperately to pass through that door to the room where everyone seemed to be enjoying themselves; and that only force of habit had compelled her to obey her mother. Altogether the whole incident captured beautifully the _Phosphorus_ trust of new experiences— even when entering the realm of death.

Quite dissimilar in tone was the experience of an _Arsenicum album/_Thuja_ asthmatic. Over the years, the woman had responded well to _Arsenicum album_ for her acute condition and to _Thuja_ as her constitutional remedy. This, incidentally, is a well-recognized role of _Thuja_: to serve as the "chronic," of _Arsenicum album_ in asthma and other cases when a gonorrheal Miasm underlies the complaint ("In sycosis, _Arsenicum_ does not go to the bottom of the trouble but _Thuja_ will take up the work...and cure": Kent).

Prior to her discovery of Homeopathy, the patient also had almost died in hospital during a severe asthma attack. She, too, described finding herself alone and terrified in a dark tunnel with a speck of light in the distance.11

This woman, however, was not hastening towards the speck of light; her fear was not tinged with any curiosity as to what lay ahead. She was struggling to turn back and flee. Yet no turning was possible in the narrow passage, and her experience was one of unalloyed terror—ending with a sudden explosion of

---

11 The frightening, long tunnel with a light at the end appears to be a _sine qua non_ in near-death experiences. Birth and death being two sides of the same coin, conceivably, just as we enter life through the birth canal, so we exit this world through a tunnel of sorts—also followed by a burst into light.

If so, this renders the alleged last words of the great Goethe, "_Mehr Lichten! Mehr Lichten!_" as well as those of the saintly Pascal, "_Feu! Feu! Feu!_" not quite as unique as one had supposed; and those of the aesthete and wit Oscar Wilde, dying in a room hung with ugly Victorian wallpaper, "Either this wallpaper goes or I do!" (after which exclamation he promptly expired), rather refreshing.
light from the rear, after which she regained consciousness.

In the *Arsenicum album* chapter we discussed the type's strong fighting spirit: fighting illness; fighting obstacles and limitations; fighting for absolutes and perfection; fighting the inevitable (PI). It stands to reason that this would be a prime remedy for the struggles of the dying, who resist death with every cell and fiber of their being. The remedy, in high potency, lessens the terror of the Great Unknown and eases the letting-go of this life ("Gives quiet and ease to the last moments of life when given in high potency": Boericke).

*Lachesis* is another superior remedy for the dying ("euthanasia": Boericke)—especially at times when, apart from the guiding symptoms, the patient experiences frightening spiritual struggles. (Who is to possess his immortal soul? Light forces or dark forces?) And *Carbo vegetabilis* ("the old man's friend") is a blessing to the elderly patient who spiritually is quite prepared for death but is physically gasping for air—and suffers the terrors therefrom.

Before concluding this section, one additional near-death experience is cited as an example of a yet different remedy personality.

A woman, mother and wife to a large, demanding family, recounted how, after travelling the length of the tunnel, she arrived at the light at the end, only to discover that it was infinite space containing—nothing at all! No Christ or Buddha, Moses or Mohammed figures were there to greet her. Just a vast, light emptiness and silence. "But that," she remarked drily, "is precisely my idea of heaven."

What was her constitutional type? Why—*Sepia*, of course!

**Sleep, Dreams, and Inspiration**

One swallow does not make a summer; and a single near-death experience of a *Thuja* individual is scarcely a sufficiently solid foundation upon which to erect a respectable argument of *Thuja*’s uneasy relationship with other spheres of reality. Fortunately, however, the everyday experience most closely approximating death—sleep—is accessible to every mortal; and this realm offers further confirmation of our thesis.

The most common *Thuja* affliction related to sleep (or, rather, to the lack of same) is a persistent insomnia, characterized by an early morning (3:00 a.m.) waking with little hope afterwards of the sleep’s continuance. The waking may be caused by some physical condition (getting chilled or overheated, a drenching perspiration or need to urinate, or a 3:00 a.m. aggravation of on-going symptoms and ailments), but it has also been interpreted by patients themselves as their subconscious waking them before they have a chance to experience unsettling or threatening dreams—which, at this point in their lives, they are psychically not strong enough to deal with ("dreams affecting the mind": Kent).

This theory is rendered tenable from repeated observations that when the *Thuja* victim of insomnia does sleep longer, he encounters one or more of the symptoms listed in the homeopathic literature: distressing dreams remain with him a long time, refusing to be shaken off; sleep disturbed by frightening visions or apparitions in the morning hours; or the spirit (after having escaped to some other plane, as some patients allege takes place during deep sleep) experiences difficulty reentering the material body and adapting to this reality upon awakening (yet another variation on the sensation "as if mind is separated from body" as well as of "feels divided in two parts, and could not tell of which part he has possession when waking"). To forestall these eventualities the subconscious, rallying to the aid of the sufferer, prevents a long or deep sleep.

One patient had for several years been unable to sleep more than two or three hours a night ("sleeps at night only till 12 o'clock, then lies awake": Hahnemann; "short sleep": Kent). This insomnia, alternating with visitations of spectres whenever she did manage to grab a few extra winks, was the one symptom persisting in the wake of a nervous breakdown. It was only after *Thuja* had helped render the spectres less menacing—had in some way laid those discontented souls to rest—that she now "dared [as she put it] to sleep longer." Another patient, trying to recover from a broken love relationship, who had been helped by *Ignatia* and *Natrum muriaticum* but still suffered from insomnia, required *Thuja* because, although thoughts of his former loved one no longer obsessed him by day, she still appeared to him almost as an apparition at night.

In addition to being extra-susceptible to visitations by spirits during sleep, the very nature of *Thuja*’s dreams indicate his having stepped over some threshold of this reality into another dimension. He dreams "of dead men" (Hahnemann); of himself either already being a denizen of the nether world or that he is about to become one; also of conversing with the spirit inhabitants from the misty regions (consult the classical texts).

Indeed, death is an ever-present concern to many a *Thuja*. He experiences "continued thoughts [in contrast to dreams] of dying...presentiments of death" (Allen); or the soul in misery "desires death" (Kent). In addition,
without actively seeking their presence, he may be extra sensitive to the spirits of the dead. This characteristic is encountered even in childhood.

A girl on the brink of puberty was suffering from an unaccountable numbness of the legs. She was prescribed *Thuja* with success partly on the basis of a certain rigidity to her nature: for instance, the usurping of her particular seat in the car or at the dining room table by any sibling would evoke a disproportionate reaction. At her second visit, after the remedy had begun to take effect, the physician learnt that when each of her grandparents died, for a while afterwards she would sense their presence around her and pick up messages that they were trying to relay to other members of the family; and that subsequently over the years, they would appear to her in prophetic dreams. When a decade or so later she passed through a severe spiritual crisis, *Thuja* was again the most beneficial remedy.

Significant, too, are the "falling" dreams.\(^\text{12}\) Even though the symptom in itself is sufficient indication for Homeopathic prescribing and no interpretations of it are needed, the human mind is so constituted as to be tempted to search for meanings behind empirical facts. Thus, one *Thuja* patient will interpret his falling dream as the astral body (which during sleep has disassociated itself from this world and has been wandering up there on another plane forgetful of time) hastening to reunite with the physical body by falling into it before the sleeper wakens. Another patient needing *Thuja* views the falling dream as representing fear of growth in awareness—somewhat similar to the way a *Sulphur* adolescent or a *Belladonna*-requiring child dreams of falling from fear of growing up. To yet another burdened, over conscientious *Thuja* soul that yearns for a state of insensibility as a relief from too heavy responsibilities, the falling dream (representing a death wish?) possesses an attractive force and partakes of the nature of Pascal's headlong plunge into the abyss, leaving the ego and all worldly concerns behind. Whereas to the guilt-ridden *Thuja* individual, the falling dream carries the same symbolism as the Biblical "Fall." He views it as a fall from God's Grace; thereby, in yet another way, reinforcing his feelings of being an outcast—banished not only from this world but even from the next.

Patients can spin these ingenious interpretations of dreams indefinitely; the fecundity of the human imagination is limitless. But, once again, dreams are a form of energy, and it is their nature, *per se*, that dictates the homoeopath's choice of medicine—not their interpretations; even though these last can help elucidate a remedy's particular personality.

Inspiration can be ranked alongside sleep and dreams as another familiar aspect of our lives that is not wholly under our conscious sway. Not surprisingly, in view of the fact that *Thuja* helps clear the channels to the psychic realms, it can also help dispel blocked inspiration.

A long time homeopathic patient was in robust health but subject to periodic bowel troubles, as well as occasional anxiety attacks. Essentially a *Natrum muriaticum* type, with her "salt of the earth" personality and a way of always maintaining a stiff upper lip in adversity, she also needed *Arsenicum album* and *Aconite* to control (although never entirely cure) her recurring symptoms. On one occasion, the description of her urgent, spluttering, splashing, explosive stool, accompanied by much flatus, alternating with constipation, pointed to *Thuja*.

The woman further mentioned a squeaking sound that occasionally proceeded from her abdomen. As if in physical correspondence to *Thuja*’s sensation "as if an animal were in abdomen" or "hears voices in abdomen" (Hering), the abdomen may emit (in addition to the various gurglings, grumblings, rumblings, garglings listed in the homoeopathic literature) bird-like whistlings or mouse-like squeakings.

There was one other striking symptom: a perspiring under the nose and on the back of the neck, just beneath the hairline. *Thuja* perspires on "unusual" parts of the body and on parts that are not covered with hair—in contradistinction to breaking out into eczemas, pimples, or other skin eruptions on parts that are covered with hair (scalp, beard, armpits).

With such an abundance of guiding symptoms, the simillimum was obvious. Yet prior to administering the remedy, the physician, as alert to the scent of the paranormal in every *Thuja*-receiving patient as a hound to the scent of a fox, cross-examined the woman on whether she was subject to any experiences of a psychic nature.

She replied in the negative; then added, "However, a month ago a friend took me to a psychic in town. It was interesting; yet, although I've tried from time to time to contact my guiding spirits, as instructed, I have felt no different since."

It was not much to go on; but, still, the physician reasoned, something may have been set in motion, and he composed himself to wait.

Several months later, he received in the mail scrolls of paper covered with verse. The woman had always resorted, as a release from family difficulties, to

---

\(^{12}\) In Kent's *Repertory*, under the rubric "dreams of falling from high places", *Thuja* stands alone in the third degree.
writing whimsical (humorous or serious) poetry, but for some time had been "stuck" in her creativity. Now, apparently, the verses flowed from her pen in almost uncontrolled abundance ("I don't know where these deeper channels of inspiration are all coming from!") Her homœopath, however, was content. *Thuja*, to another her visit to the psychic, had undeniably tapped some deeper vein of poetical inspiration.  

A suggestive parallel between the physical and mental symptoms crowned the fitness of *Thuja* for this case. The woman's poetic inspiration came out in urgent, uncontrolled, unpredictable bursts—in the same way as her bowels would spurt out in a sudden, unexpected, uncontrolled rush. In the *Medorrhinum* chapter, the type's bursts of inspiration and creativity were described. Clearly, a pattern of "bursts" of intense activity, whether physical or mental, are a sycosis characteristic—an outward manifestation of the psyche's being propelled, at top speed, towards some particular resolution or new understanding (PII).

**Disturbed Emotional States and Spiritual Disease**

The need for *Thuja* is arising with increased frequency these days in disturbed emotional states and diseases of the spirit.  

A woman for whom a dose of *Thuja* 1M was prescribed, in part for her mental slate which was too attuned to the darker side of human existence, in part for the small pedunculated warts that were cropping up on her neck and upper portion of her torso, returned two months later with fewer warts and much improved in spirits.

"What remedy did you give me?" she inquired of the physician.

"*Thuja,*" he replied.

"Oh, but of course! I should have guessed! The Plutonian remedy."

"What makes you call it that?"

"Why, for the little warts on stems that look like the astrological symbol for And Pluto(♀). because, in general, we are living in a pretty Plutonian age, are we not? You know, the nuclear age, where the radiation clouds take the Plutonian shape of mushrooms on stems—and a time when sexual abuse prevails and the whole dark side of sex and our subconscious is emerging—"

In a shock of recognition, the physician grasped the imaginative astuteness of the patient's characterization of our era. Indeed, the last half of the twentieth century, with the opening up of the Plutonian-like underworld of our natures as well as of the shadowy realms beyond the one limited by our five senses, carry a distinctly *Thuja* flavor.

If (in a homœopathic thumbnail sketch of the mentality of modern Western Civilization) the Middle Ages, with its High Scholasticism and powerful religious dogma, could be characterized as a *Sulphur* era; the Renaissance, with the brilliant, sinuous, versatile minds exploring every branch of knowledge, seems a *Lachesis* and *Nux vomica* era; the Reformation, with its resurgence of mysticism together with the birth of science, shows the other sides of a *Lachesis* and *Sulphur* era; the Age of Enlightenment, with its extolling of reason, good form, good taste, and precise thinking, projects an *Arsenicum album* aura; in a natural reaction to the Age of Reason, the short-lived Sentimental era at the beginning of the nineteenth century weeps with *Pulsatilla*; the remainder of the nineteenth century, with its High Romanticism and liberation of the notions, and with every other literary hero or heroine dying of tuberculosis, may well be considered *Tuber culinum*; and *Natrum muriaticum* characterizes the post World Wars eras, with their consequent disillusionment and the growing isolation of the thinking individual who, breaking away from traditional values, sets off on his lonely quest in search of a new identity—then the last four decades of this

---

13 The *Arsenicum Elf*

Out into the morning
There came a happy Elf.
He knew that he was needed
So he shook his tiny self.
Up went his wee red shovel
My, how the snow did fly!
It glistened in the sunlight
Like the stars up in the sky.
Away he went, a scooting
Till the paths, they all were clear
Just fit for children’s walking.
And he gave a little cheer.
"Hooray for winter
Hooray for snow
I love to be a helper
Even when the breezes blow."
He looked to left and right
And then he shook his head—
"Now that everything looks tidy
I think I'll go back to bed."

Printed with the kind permission of the patient who choose to remain anonymous.

14 Altered or deranged states of mind directly induced by recreational or hallucinatory drugs is a separate subject not included in this analysis.

---

15 All these remedy characterizations—as well as (painting with a still broader brush) the *Nux Vomica* accelerated tempo imparted to the nineteenth and twentieth centuries by Napoleon—have been elaborated upon in *Portraits*, Vols.1 and 2.
century, which may be seen as an outgrowth of the Natrium muriaticum mentality and here we begin to appreciate the historical rationale behind the earlier analyzed affinity between the two remedies), belong to Thuja.

Now, if one accepts this impressionistic characterization of whole historical eras, surely then the unleashing of the truly 'Plutonian', as the patient called it, nuclear power (and Thuja, purportedly, was one of the prime remedies administered to victims of the Chernobyl disaster); the unleashing of the powers of sexuality on a mass scale—bringing with its liberation from old mores a host of dark issues; the unleashing of minds through powerful hallucinatory drugs with their Plutonian aftermaths; but, likewise, the sober explorations into the subconscious and other orders of reality, including Pluto's realm of life beyond death—all these fit beautifully the Thuja picture. This last, in turn, is clearly reflected in a number of the mental illnesses of our era.

I. Adolescent Schizophrenia

First to be addressed is "adolescent schizophrenia"—distinguished from true schizophrenia in that the young person has not truly lost contact with his environment, nor is he suffering from personality disintegration; it is more "as if" such changes had taken place and, in the normal course of events, the malady rights of its own accord.

The instabilities and perturbations of a young soul passing from the relative security of childhood into the real, frightening, "foreign" world of adulthood are at best considerable. When Thuja constitutes the underlying diathesis, the adolescent tends to experience the familiar trials of feeling wronged, misunderstood, insufficiently appreciated, restless, bored, and not "belonging" lo an exponential degree. Full of fears and contradictory emotions, incomprehensible even to himself, he feels simultaneously resentful at being insufficiently loved and remorseful for being unworthy of love; he dreads being alone yet needs to be alone; either he talks at too great length and with too much intensity without listening to others or he retires, sulky and morose, baring access to his room ("avoids company": Kent). Physical recoil from touch and anger at being approached for a favor or even addressed ("will not be touched or approached") coexist with an unbounded capacity for taking offense. Altogether, the telling phrase "Shut up and leave me alone!" about sums up his attitude towards mankind.

Because this adolescent feels estranged from his environment and ill at ease, he is ready—nay, eager—to enter into combat with just about any authority figure, particularly a family member, who dares to criticize, contradict, or in any way thwart him ("irritability is likely to be shown towards individuals about the house...towards the mother...": Kent). Here, too, is amplified the earlier mentioned Thuja perversive sensitivity, with a tendency to be overly sensitive about the wrong things and insensitive about the right things—such as the needs and feelings of others. For instance, himself so touchy about being intruded upon, he will yet, without the slightest compunction, burst thoughtlessly and intrusively into a room, interrupting whatever is going on, and demand of others immediate attention or some favor. He is driven by the "haste (and) hurry" (Hering), the impatience, and the restless seeking of external stimuli so often ascribed to the Sycosis Miasm (cf. Medorrhinum chapter of Portraits, Vol. 2). Also, here, finally, one encounters Kent's "ugliness" of disposition, with all its lying, suspiciousness, secretiveness.

At this stage, too, many a Thuja adolescent lives in a state of squalor, in which surroundings he feels more comfortable because they correspond on the physical level to the ugliness and disorder he senses inside him. This, to be sure, is also a Sulphur characteristic (PI and Portrait of Indifference). But although the Sulphur adolescent is similarly restless and requires of external stimuli, lacking which he falls into an ostentatious ennui; although he similarly abuses his hair and clothes, and is possibly even more argumentative, demanding, and utterly selfish, yet he does not emit that aura of profound "spiritual dis-ease". One senses that much of this cloud of adolescence, together with the abuse of hair and dress, will disperse with lime even without the assistance of homeopathic remedies. With Thuja it is not merely a question of easing this particular passage in human growth that can be so taxing to the tolerance, patience, and love of those around; lurking in his dark moods is a deeper spiritual disturbance, which, to be dispelled, will require much outside guidance and help.

2. Mental Disorder

In keeping with Thuja's averse response to transitions of any kind, the significant transitions in the stages of human development are bound to disorient him. This is true for those young adults undergoing what appears to be delayed adolescence and exhibiting either a loss of interest in the world around them, with incoherence of thought or action, or a lack of self-control ("gives way to humor of the moment": Allen). It is also true for Thuja adults during middle-age crises undergoing nervous or mental breakdowns, with emotional lability ("very changeable moods; goes from one extreme to another...spasmodic laughing and
weeping at the same time": Allen), panic attacks, and obsessive thoughts ("mind affected; cannot get rid of a thought he has in his head": Allen). For that matter, *Thuja* is beneficial to adults of any age who have failed to manage their lives successfully or to understand how a satisfying life could be conducted and who attach blame on others as an excuse for poor performance ("he is discontented and dissatisfied as are all those who have no order in their mentality (and life)": Hubbard). The remedy is also beneficial to those who suffer from identity crises and who, in their inability to set emotional boundaries, merely reflect others' personalities ("confusion as to his own identity": Kent). All these mental-emotional disturbances can be aspects of the same *Thuja* picture whose various symptoms are prefigured, if not actually listed, in the classical literature.

Furthermore, similar to the bizarre behavior evincing *Natrum muriaticum* or erratic *Lachesis*, the actions and reactions of *Thuja* sufferers might appear to be incommensurate with causes—without rhyme or reason—until one discovers them traceable to some earlier life incident of a profoundly disturbing nature (PI). Then the method to their madness becomes entirely comprehensible. Yet the deepest fears, insecurities, and free-floating guilt that mark this *Thuja* type ("constantly tormented by groundless anxiety...[feels] she is being punished for a fault she cannot name": Allen) suggest roots not only in traumas experienced in early life and remembered by the subconscious from infancy, during the birth process, or even while in utero. They may be (if one lends credence to such beliefs as many healers are now beginning to) events vaguely remembered by the subconscious from past lifetimes. Victims of the two World Wars, the Holocaust, Communist purges, as well as of cruelties perpetrated farther back in history, seem to be reincarnating into our world during the second half of this century with a *Thuja* diathesis. And the age during which a particular breakdown occurs is repeatedly discovered to correspond to the age at which some traumatic event it was experienced in a previous life, which some unconscious "memory" remembers. It is as if the patient is being offered, here and now, an opportunity to resolve this particular spiritual trauma and break his karmic pattern of repetitive suffering.

Whatever the original source of suffering, whatever its interpretation, the hitherto simmering *Thuja* rancor and feeling of having been in some way cheated by life, on this anniversary date, blaze forth. These negative emotions begin, then, to fester in the dark, dank underworld of the unconscious; like the *Thuja* pattern of overgrowth of undesirable cells, they proliferate and feed upon themselves, leaving little space for healthy emotions and shutting out all access to light. Thus the sufferer finds even the most primal of all instincts—self love—too burdensome, and despises himself for existing as one despises one's own disease.

And, with no herd of Gadarene swine in the vicinity to absorb the overwhelming negativity and obsessive thoughts, leaving the subject free while the animals rush headlong down a steep slope into the lake to their destruction, where is all this energy to go? How is it to be dispersed without; harm to self or others?

For it is noteworthy that, whereas the strong individual is able to harness even hostile emotions (such as are found in every person) and use them constructively in the world (competitiveness is channeled to sharpen the business instincts; ambiguousness to enhance the political or professional skills; jealousy, hatred, even vindictiveness can be sublimated into art or other creative endeavors), *Thuja* reacts differently. Unable to turn his surplus of negative energy into strength, finding no healthy outlet to channel it away from the self into socially acceptable forms, he is devastated by it. The reason for this is because (and here again we return to our basic theme) he is at that stage in his human development where his particular, his principal—at times his sole—challenge consists, not in succeeding in this world, but in investigating and deepening his understanding of the spiritual world.

Clearly, then, the "deceitfulness" attributed to *Thuja* is not that of a powerful, conniving, manipulative individual, such as one encounters in the villains of Balzac's more depressing novels—although the patient may, upon occasion, like to regard himself as such ("especially revels in dreams of overpowering selfishness...his self the center point about which everything must turn, with an intoxicated feeling of joyous satisfaction, which is the more important since usually he is melancholy": Allen). It is the deceit of the vulnerable, frightened, hurting soul who adopts concealment so as stoically to face hardship (as we saw earlier)—also to feel less exposed. For, the sensation "as if made of glass" (Hering) refers not only to his psychic fragility, his tenuous hold on reality that could loosen at any moment, but also (begging to differ with Kent who maintains that "the idea is that (she will break, and not that she is transparent") to his fear of people seeing through him into the angry part of his soul, which he is trying to hide from others as well as from himself. This fear which "tends to manifest as

---

"reserve" is reminiscent of Natrum muriaticum's well-known avoidance of eye contact except with the closest of friends. The eyes being notoriously the "interpreters of the soul," Natrum muriaticum does not fancy others prying (PI).

Further, just as the adolescent, feeling estranged from and misunderstood by his family, may begin to fantasize about being adopted, so the failed Thuya adult, who feels miserable and useless to himself and others, begins to exaggerate his alienation from humanity and his environment. Caught up in a web of self-doubt and self-reproach, Thuya needs somehow to prove to himself that he does not belong in this world—that he is either too sensitive and good for it or too ugly and evil. He then estranges himself still further by dwelling on legitimate or fancied grievances. If another inadvertently says the wrong thing to him, or even if he says the right thing but in the wrong tone, both can be occasions for feeling persecuted ("irritable, especially if anyone says anything of which he does not exactly approve": Allen). He also bitterly resents precisely those who love him most because their devotion is just another burden on his alienated, tormented soul and because their concern prevents him from indulging in the putative "nobility" of suffering. The type, actually, is reminiscent of those morbidly sensitive characters in Dostoyevskii's novels who, succumbing to a profound loafing of life, lose their spiritual direction somewhere around page thirteen in a five hundred page volume and are then unable to find it again until the end—if at all.

Perhaps the most apposite adjective to describe these Thuya sufferers is "dispirited". The patient is literally dis-spirited—meaning he has lost all intuitive contact with his own inner guiding spirit and is left without any healing direction. One case will serve as representative of the type.

Headaches, poor sleep, numerous allergies, and fleeting joint pains skeletal-wide were afflicting a college student. It was her menial state, however, that was primarily at stake. She had dropped out of school and was living at home, quite incapable of resuming her studies ("indisposition to any kind of intellectual labor": Hering) or of undertaking any occupation, even the most part-time. The maximum responsibility she was able to assume was occasional light grocery shopping, returning from these sallies with a bag containing a prune yoghurt, a piece of fruit out of season, and a small jar of expensive French mustard. Otherwise she spent the entire day sitting in her room, deeply depressed, in a stupor and near cataleptic state, gazing out into space ("sad thoughts about the merest trifles, in which she stares in front of her and picks her nails": Allen) and "disinclined to talk" (Hering)—not so much from overt hostility as to protect her all-too-shaky ego from the influence of stronger personalities. In addition she was confused when addressed and "when talking" (Kent); would stare through others as if without recognition ("could no longer recognize her acquaintances": Allen); and exhibited automatic responses in every situation with "inattention to what [was] going on around her" (Allen). Alternately, she would lie curled up in a fetal position on her bed, desiring nothing but solitude ("aversion to company").

Only at night would the young woman evince energy—when her daytime physical and mental apathy would be spelled by a frenetic restlessness and activity, forcing her to emerge from the house and roam the streets ("heat of bed and anxiety driving her out of bed and home": Allen; "impulse to walk": Boger). Sometimes frighteningly, she would find herself standing in a daze, unable to account for her movements or how she had landed in an unfamiliar district of town ("walks about from place to place without knowing what she wants": Allen; "confusion while walking": Kent). These uncontrolled impulses to wander like some creature of the night were markedly aggravated during moonlit nights, especially during the waxing moon (both Thuya modalities).

I had, however, her own justification for her strange asocial behavior: "I have to sit perfectly still and quiet and hold myself rigid because otherwise I will fly apart"; also for refusing to leave the house during the day: "In daylight strangers are able to see through me, into the darkness of my soul—and if they saw the blackness there, they would attack me" (fear of strangers": Hering).[17]

The doctor in charge, recognizing that the sufferer and her family were in for the long haul, insisted that if the dispirited patient were going to be treated homoeopathically, while living at home in a protected, supportive environment, she would simultaneously have to undergo systematic counseling with a spiritual or psychic counselor, to help her get in touch with her guiding spirits. Unlike the adolescent who merely needs to move from one stage in the normal course of human development into another stage, this young woman needed to allow into her consciousness a whole new dimension of reality.

The form of therapy chosen for her was past life regression—in part because she was already being spontaneously assailed by unsolicited spirit entities, in

[17] Incidentally, this case suggests that perhaps the latter-day increase of homeless people, whose fear and suspicion of strangers, by day, compels them 10 roam the streets at night, is yet another manifestation of our "Thuya era."
part because, she needed some powerful immediate experience to change her imminently threatened emotional balance, rather than the too slow for her particular condition psychotherapeutic process.

The patient proved to be a most receptive subject. She perceived that the real injuries sustained in this lifetime (troubles with teachers, with her family, with men, with her health—resulting in a complete absence of joie de vivre), as well as her imagined ones (feeling unwanted, unloved, persecuted), were largely linked to previous incarnations. It was there, in her past lives that the source of her present mental sufferings were to be found. The terrifying messages she was receiving into her brain that were instilling a "fear of insanity" (Kent) and the harmful messages she thought she was transmitting to others because of her hateful thoughts were all made clear in the context of past lives surfacing in uncontrolled flashbacks. Her soul, she now realized, was not helplessly possessed by some ugly side of her own nature or about to be attacked by evilly disposed towards her people, but was being besieged by her past experiences and personalities which needed to be acknowledged and understood before healing could begin.

More specifically relevant to our Homeopathic purposes, however, was one intriguing feature. The young woman would return from each one of her sessions feeling as if her whole body had taken a terrific beating and she were one solid exposed bruise with no flesh on her bones; or as if her bones rattled. All close approximations to the Thuja sensations as if "body is brittle and easily broken", "flesh were torn/beaten from the bones" (Hering), and "all inner portions seemed shaken" (Allen).

Not only in this particular instance but in a number of similar cases, Thuja has proven of undeniable value in assisting emotionally scarred patients to assimilate both the physical and emotional upheavals entailed in the expansion of psychic awareness; also in helping individuals remain grounded during the unsettling process of spiritual growth; finally in encouraging terrified sufferers to perceive that the spirit forces are right there beside them—all lined up, eager to guide and assist.

The author is not prepared to assert that this lack of trust in the powers of Good is uniquely a Thuja phenomenon. But the constitutional type does have a way of being too susceptible to the dark aspects of this world and, due to his aforesaid rigidity, is incapable of learning anything from his unhappy situation except that he is unhappy. He gets all tied up in knots of tangled, conflicting emotions (remorse and resentment, touchy pride and abject self-reproach, a tendency to self blame and affixing blame on others, wishing to please and conform and unwarranted rebelliousness) which he is in no way capable of unraveling without direct access to the spiritual realm; intellect, instinct, intuition are simply not sufficient.

A sentence in the suicidal note of the disillusioned, emotionally entangled Thuja character, Nezhdanov, in Ivan Turgenev's novel Virgin Soil, stating starkly, "I could not Simplify myself," would meet with the dispirited Thuja's perfect understanding.18

Homeopathy, with its highly idiosyncratic understanding of both mental and physical symptoms—viewing them at the very least as "guiding", if not as the body's actual attempts to heal itself—has always been particularly sensitive to the qualitative rather than the quantitative difference between health and illness. That is, it regards disease as essentially an intensification of an individual's underlying susceptibility, weakness, or latent characteristics.

Thus one is able to trace the same Thuja picture in states of spiritual dis-ease ranging from a mild inflexibility, an unease around people, and a certain foreignness or disconnectedness from this world; through mental confusion and various "sensations as if" (including out-of-body experiences and the sensing of the presence of other realities); through the temporary emotional disturbances of adolescences; all the way to individuals suffering nervous breakdowns and exhibiting traces of what conventional medicine labels as paranoia, catatonia, schizophrenia, multiple personalities.

18 An even finer literary example of the Thuja sense of confusion and dismay is encountered in Ford Madox Ford's The Good Soldier. A Thuja ambience pervades this extraordinary Work—beginning with the hopelessly lost and confused, pathetically deceived narrator and including the tragically confused triangle of characters whom he both loves and resents. The remorse-ridden hero, whose sufferings are described in the eerily Thuja image "as if the skin was being flayed off him...[with] the flesh hanging from him in rags..." commits suicide, the sensitive and too vulnerable younger heroine loses her reason, and the narrator himself is left with nothing but the burden of guardianship of the once beautiful in spirit, but now—alas!—mad girl. So that towards the end of the novel, upon summing up the imbroglio from which the characters had been trying desperately (and, naturally, unsuccessfully) to extricate themselves, the narrator mournfully laments: "It is a queer and fantastic world. Why can't people have what they want? The things were all there to content everybody, yet everybody has the wrong thing..."
Or, to approach the matter from another angle, the oft-mentioned weak tie between body and soul (where the mind is prepared to detach from its moorings upon the least provocation; can be the same "guiding symptom" for Thuja-requiring patients throughout the broadest range of ailments: whether suffering from hypoglycemia, insomnia, frightening dreams of falling, exhaustion; whether from an innate tendency to "space out" or to become "beside himself" with anger or anxiety; or whether invalidated from a profound spiritual or identity crisis. The symptom, moreover, is found equally in deranged minds that cannot function at all in this world and in persons experiencing artistic or other inspiration.

A veterinary variation on this ubiquitous symptom was a miniature dachshund (called Henry, after the poet Henry Wadsworth Longfellow) who, whenever his master left on a journey, would develop diarrhea and incontinence and would wander around the house, forlorn and bewildered, just as if his spirit had drifted away to join his master, and only his comically elongated body remained behind. Thuja 200C would strengthen the little creature's bowel and bladder control and arrest the aimless wandering from room to room. Thus his retrieved spirit would once again appear, to be securely lodged in his mortal frame.19

This still largely unexplained illness, individualistic to every patient and yielding to no recognized conventional medicine, is ideally cast for homeopathic treatment. To begin with, here again the disease appears to affect persons whose psychic balance is already tenuous and unstable—who have been pushed over the brink, as it were, by some particular form of stress causing the delicate hold to snap. Constitutional remedies such as Calcarea carbonica, Silica, Sepia, Lachesis, Natrum muriaticum, and especially the two Nosodes Psorinum and Carcinosin, all have much to contribute to alleviate the Chronic Fatigue picture (PII). But when a spiritual malaise overshadows even the functioning (either overactivity or suppression) of the immune system and the victim becomes prey to profound fear and despondency, it is time to apply to Thuja.

One needs merely to list the prevalent symptoms characteristic of the illness to observe the by now familiar Thuja picture emerging on all levels.

1) A sensation of light-headedness ("sensation of lightness when walking": Hering; "body feels lighter than air": Kent) is accompanied by disorientation and a feeling of disconnectedness from one's environment.

2) Side by side with muscular weakness and a debilitating exhaustion lies a mental fuzziness and fatigue and "aversion to all work" (Allen), with vacancy of mind and inability to think—at times to the point of the patient's not being able to understand when spoken to or to concentrate sufficiently to find words to answer questions put to him. This symptom is often worse in the morning, upon awakening, and may require some time before the mind is clear enough to comprehend and respond coherently: "he can hardly collect himself for half an hour" (Hahnemann)—or longer.

3) The mental confusion finds a parallel in a confusion of symptoms on the physical level—the illness being characterized by its ambient aches and pains. The prescriber finds himself, with different remedies in hand, chasing symptoms all around the patient's body, as they shift from head to joints (without swelling or redness); from joints to muscles; from muscles to upset stomach; from stomach to aching, sensitive eyes; from eyes to sore throat; from throat to swollen lymph glands in the neck, axillae, or groin; then back to headache in a never ceasing cycle (see the nifty little "Here and There" rubric, under Generalities in Boger's Synoptic Key).

4) The patient who, with his fragile and over-stimulated nervous system, is sensitive to light, noise (even "music aggravates": Kent) and touch

---

19 And for those lovers of the quirky, there was an additional twist to this case. The remedy administered to the dog came from an old-fashioned goose necked glass bottle that was fitted with a cork slightly too large for it which had to be forced in. This cork would periodically pop out of the bottle's neck of its own accord—a curious feat, and as close as any bottle could boast of its head (mind) separating from its body.

20 Also labeled "Chronic Fatigue Immune Dysfunction Syndrome" (CFIDS), in these pages the illness will continue to be referred to as Chronic Fatigue Syndrome for the sake of convenience.

---
will also complain of a skeletal fragility where the bones feel brittle and ready to break from the least exertion or even pressure—with the consequent "aversion to being touched."

5) A physical chilliness (which alternates with low-grade fever), so extreme that no ordinary heat can warm, finds its correspondence in an emotional chilliness and unresponsiveness. In his struggle for emotional survival, the invalid grows ever more absorbed in himself, uninterested in others, and more isolated. All of which, naturally, exacerbates his innate feelings of "foreignness" and disconnectedness from this world.

6) Sleep disturbances predominate. Either a patient sleeps eighteen hours a day, then awakens unrefreshed, or the insomnia is of such severity that he can verily go for days and nights without sleep. When, exhausted, he finally does drop off, his sleep is troubled by frightening dreams or apparitions. The corollary to fitful, unrefreshing sleep or sleep deprivation is a lack of energy to heal—far less to function; hence the drawn-out nature of convalescence with its long plateaux and disheartening relapses.

7) A patient's spirits might be so daunted from prolonged infirmity that he "despairs of recovery" (Kent) and is unable to throw off his shroud of dejection. This, together with the often normal blood tests and other vital signs, causes him (however unjustly) to appear culpable of malingering; or, if not culpable of that offense, at least guilty of "contributory neglect" in the will to heal. (Like Phosphorus, Thuja may look better than he feels or is. Sometimes, too, he appears so youthful, that as one elderly patient, who needed to have much bridgework done on his easily decaying teeth, said, "The only persons who are not astounded when I tell them my age are dentists.")

8) The free-floating anxiety that may become a significant factor in more severe cases of Chronic Fatigue leads all too readily to a heightened rigidity—a fastening on to opinions, convictions, patterns of behavior with a lobster-claw lock. And (like Thuja, generally) the patient grows so attuned to the painful experiences in our dualistic world, so ready to latch on to the dark side of existence, that he is unable to perceive or experience the positive aspects of life.

9) In his weakened condition and mental confusion, the patient severely affected by this ailment might even revert to the helplessness of a child. Unable to care for himself ("to go on with her dressing...has to be reminded to take food": Hering), to continue his studies or pursue a job ("unfitted for every work on account of confused whirling of thoughts in the head": Allen), he grows unfit to live alone and unfit for any but the most menial tasks and responsibilities. Even cleaning up his room becomes a big production, and, parenthetically, his short term memory so deteriorated that he cannot remember to lock the front door when leaving the house, close the windows against rain, turn off the stove, bring his wallet or his keys—whereas if these last are remembered, he is likely to lose them. In a sense, the patient has to relearn how to live—and meanwhile must rely on "the reminding and assistance of others" (Allen); which, in his state of nervous irritability, he bitterly resents.

In fact, speaking now in general terms, Kent's "violent irritability, quarrelsomeness, ugliness" finds its true voice in the tyranny of the Thuja invalid—a phenomenon that must be seen to be appreciated! A whole family will dance to the invalid's strings in unsuccessful attempts to please or to break in on his misery. Unsuccessful because, as with Humpty Dumpy whom "all the King's horses and all the King's men could not put together again," the proffered assistance of others cannot really help him. Not only do Thuja illnesses have a way of triggering deeply buried resentments and never truly acknowledged anger, and of bringing to the surface long suppressed traumas which the patient has to resolve on his own, but the shattered ego (which can be a major aspect of his disease) must, relinquishing the wish to return to its prior state, reassemble itself along more spiritual lines before true healing can commence.

For, in whatever form of emotional disturbance Thuja clothes itself, the breakdown of personality that is so frequently a precursor of a break-through in understanding entails a surrendering of the old identity so as to make way for the new. The enormous hindrance here is, that this inflexible, resistant-to-change individual clings to the old and to his fixed ideas with the combined tenacity of the obstinate Calcaria carbonica and the uncompromising Natrum muriaticum (P1). There is with this constitutional type little hope of a gentle shedding and laying aside of the old identity. A veritable shattering is required. Whence proceed the (by now no longer "strange, rare, and peculiar" to the reader) feelings of brittleness, broken bones, of flesh being torn from the bones, of the body becoming thin or dissolving, or becoming double—all accurately reflecting on the "sensations" level the changes that are taking place on a deeper stratum of the patient's psyche.

Thus a Thuja illness often serves as a forcing bed for a reexamination of the entire persona (an individual's life style, emotions, value systems—at times his very faith) in order to permit, as with the fabled phoenix arising out of the ashes of his old self, the emergence of a new and healthier understanding.
A clergyman well along in years was suffering from a severe case of Chronic Fatigue. For five long years he had been struggling with exhaustion, migratory pains, despondency, and self-reproach for a lack of generosity and true love in his heart for his fellow-men (not misanthropy as much as feeling emotionally dead). Equally disturbing to him was the way in which his illness had virtually stripped his faith of all purpose and meaning. Although resisting every inch of the way, a spiritual crisis was forcing him to reevaluate his traditional beliefs. This, in turn, necessitated "a working out of my hollow places and sharp edges—a relinquishing of my past prejudices, old hangups, and defensive crustations," as he observed, adding mournfully, "and I feel too old and tired to discover that all my old ideas are useless or wrong, to have my faith virtually rent asunder, and be forced to undergo a character metamorphosis."

But illness as a way to grow in spiritual awareness spares few Thuja individuals. This patient perfectly exemplified the constitutional type's archetypal challenge: to expand his consciousness—or continue spiritually and physically to suffer.

Thuja 30c was accordingly prescribed, then repeated at infrequent intervals. As he began shedding his physical symptoms and gaining self-acceptance, an emotional peace enveloped the septuagenarian. "For a while there, I thought I was a goner," he later confessed to his homeopath, "—an encrusted old barnacle too stuck to change. But apparently there were still some embers left in the ashes which the homeopathic remedy sparked off. And now a new flame is burning stronger than ever."

Parenthetically, from increased familiarity with the workings of the subconscious, even Thuja's "falling" dream takes on a new significance. That which the guilt-ridden patient has hitherto regarded as symbolizing a fall from Grace is now transformed into the felix culpa: the "fortunate fall" which leads ultimately to salvation. By virtue of breaking down an inadequate understanding or shattering an inadequate faith, the "fall" makes room for a new awareness to enter—and emerges, paradoxically, as the fall into Grace. Or, in homeopathic terms, Thuja's "falling ill" with a prolonged disease, offering the sufferer an opportunity for tranquility and reflection, at some point converts into a path of spiritual healing.

All of which introduces our next topic—that of religious imbalance.

4. Religious Imbalance and Sexual Guilt

One finds listed in the classical literature the symptom "pious" (Hering) or "religious" (Kent) fanaticism. True religious fanaticism, however, probably lies outside the jurisdiction of homeopathic remedies. Your true zealot, of whatever persuasion, likes his spiritual beliefs just fine ("Thank you very much") and displays no desire to relinquish or temper them. In step with George Santayana's definition of a fanatic as "someone who redoubles his effort as he loses his direction,' the zealot might even cultivate his fanaticism for the very energy it generates—regardless of whether it is constructive or destructive.

But addressable with Thuja is a religious state of mind which (in accordance to our thesis) is took narrow, rigid, or uncharitable for the individual: spiritual growth, reflecting a loss of contact will the vital force of religious experience and begetting a petrification that amounts to imbalance.

To elucidate: the Thuja psyche is so perilously close to the underlying turbulence, chaos, and dark side of his nature that for survival he has to impose the strictest order on his conscious moral/religious nature and submit to the strongest discipline. Thuja we recall, is expert at assuming guilt; and the order and stability (not to say rigidity) of religious rite and rituals do offer a refuge of sorts—a supportive frame to his unsuppressible conscience ("she herself desires with anxiety and despair to be taken to an asylum and there to be treated harshly [!] and strictly, so that her fixed ideas may be subdued and banished": Allen). Often, however, even these will not serve. For, Thuja is spiritually "petrified" in the alternate sense of the word as well. Having lost all intuitive spiritual direction, feeling unwanted, rejected, banished from God's Grace, he naturally finds himself beset with fears lest he submit to the chaos and disorder of the dark forces within him. These feelings, combined with the earlier mentioned confusion as to his own identity, may further conspire to render the type fearful of having fallen "under the influence of a superior power" (Hering). Lachesis, too, experiences feelings of being under superhuman control. But this sensation is not all negative for the serpent constitutional type. There is usually, we saw earlier, an accompanying surge of energy, exhilaration, ecstasy which (as many a Lachesis artist will testify) frequently expresses itself in a flow of creativity (PI). In Thuja the experience, unalloyed with creativity, is wholly terrifying.

Further, the nature of Thuja's religious guilt differs from Lachesis' religious struggles. Although the latter may possess a similar insupportable yet unsuppressible conscience, although he also fears to submit to the underlying chaos in his psyche, yet, due to his essentially dualistic experience of reality and to the two warring sides of his nature (the higher versus the
lower, the loving versus the hating, the rebelling versus the submissive), he is kept buoyant, vital, creative. Struggle, after all, is a sign of an active life force (Pl). Whereas, a *Thuja* assaulted by "anxiety of conscience" (Kent) experiences a monistic collapse into guilt.

This morbific mental state, the source of which reaches far back into the dim and distant past of this or other lifetimes and carrying as it does a subliminal, if not overt, "despair of salvation" (Kent), affects, unfortunately, the more precariously balanced egos—not the more transgressing ones. For, who are the persons who feel guilt most profoundly?

Healers working in the psychotherapeutic field or in spiritual counseling (including, if he so chooses, the classical homoeopath) repeatedly observe that the most severe and relentless self-accusers are actually those individuals who have been victims of humiliation, rejection, physical or sexual abuse, unhappy childhoods, or other injuries perpetrated on the psyche: persons who by some complicated emotional process lake on the guilt of their offenders—while these last, in contrast, suffer less remorse.

Those who believe in Karma might explain the victims’ feeling of identity with their offender in terms of past incarnations: today’s victim was yesterday’s abuser, who is now experiencing on himself the pain he inflicted on others (not to be accepted as simple punishment or retribution nor with a resignation to suffering [we are instructed by the *cognoscenti*], but to be viewed as a challenge, as an opportunity for consciousness transformation). Other healers may analyze the phenomenon in terms of the overly empathizing, overly susceptible psyche too readily taking on personally any archetypal guilt that is floating around out there in the stratosphere—that is, of the sufferer’s lapping into some transpersonal “collective unconscious” experience of mankind, then assuming a universal (a Dostoyevskian “We are all to blame!”) guilt. Yet other tinters in the field of the psyche perceive this characteristic as a perverse switching of identity in a tortured or diseased soul. By having allowed himself to be injured, the victim has, in some manner, become an accomplice to the crime; by participating, even if unwillingly, in the injury directed against his person, *Thuja* feels himself tarred with the same brush as the offender (“fancies she has committed a sin”: Allen).

Perhaps, too, beneath an excessive assumption of religious remorse, there resides the (albeit at tunes unconscious) conviction that just as great sin must precede great redemption, so great guilt is a necessary prerequisite to great absolution.21 Indeed, without this conviction and hope of absolution, how is the weight of guilt to be borne?

Be that as it may, there is no guilt so deep-seated, so self-destructive, so ineradicable as that of the oppressed or injured individual.

A middle-aged woman was suffering from a simple urinary disorder: frequent urination at night with too much urine in proportion to the amount of liquid consumed. *Phosphoric acid* had helped her in the past but was now no longer effective.

The case history revealed her having been sexually molested by a family member from an early age and then seduced before she had entered her teens. Her extreme sexual guilt, despite the fact that it was not for her to assume blame, established a pattern for later life. Throughout adolescence and young adulthood, she had indulged in a series of unsatisfying sexual relationships in order (by resorting to the *similia similibus* cure?) to reach a state of insensitivity towards the past. In actual fact, her guilt was compounded when, in her affairs with married men, she found herself the cause for family breakups or disharmony.

The sexual paradigm proving ineffectual, the woman next tried seeking absolution in religion (“she longs for the offices of the church in order to banish her sinful thoughts”: Allen). For a number of years she clung tenaciously to the strict established orthodox beliefs in which she had been raised, attending innumerable retreats and religious workshops. Then, failing to find spiritual solace there, she began frenziedly to espouse one strange religious belief system after another, embracing each in turn with a fervor and zeal that her close ones viewed as little short of fanaticism. ("Now I finally know what real prayer means—" the convert would earnestly assure one and all after every change of religious persuasion. "Before it was all simply empty recitations without genuine feeling.") As with her former sexual relations, she now tried on and threw off religions like dresses of fashion: each new discovery exciting her for a while—none satisfying. The physician had never encountered any patient who had worked so hard at being absolved of guilt—all the while despairing of ever attaining a state of Grace ("increasing despair which allows no rest anywhere...day and night": Allen).

*Thuja* 10M was prescribed. Yet the physician realized that the homeopathic remedy alone could not rectify the woman’s present religious imbal-

---

21 This exaggeration of guilt in order to draw out the meaning and purpose of suffering, clearly parallels the sometimes necessary homoeopathic aggravation of symptoms in order to cure.
ance, nor could it break her self-perpetrated pattern of seduced/seducer (whether with men or religion); and wary of the amount of legitimate anger and reproach likely to surface during the healing process ("the waves of anger and grief that overwhelm me astonished even myself!" is a familiar refrain), he urged her to visit a clairaudiant of strong religious bent. Circumventing the oft-times too lengthy psychoanalytical process, the channeler helped her client perceive her pattern of behavior in a larger (past lives) perspective and instructed her in techniques for accessing the spiritual realms more directly.

Occasional doses of Thuja would then help the patient to process and stabilize the changes of enormous magnitude (and what could be more enormous and unsettling than venturing into the vast uncharted seas of the spirit world?) which she was undergoing along her healing path.

This case was archetypal in its pointing to two instructive Thuja features. First, and not surprisingly perhaps in view of the remedy's close affiliations to the gonorrheal Miasm, how sexual guilt may lie at the source of the type's religious imbalance.

Thuja does not, as a rule, present a picture of sexual excess—or the contrary aversion to intercourse. The remedy, significantly, is not found under either of these rubrics in Kent's Repertory, nor even under "lasciviousness." So that in actual fact a sensitivity and delicacy with regard to sexual matters is encountered more frequently than Hubbard's "salaciousness." It is rather that some sexual incident (not necessarily of prodigious proportions in itself) will precipitate the whole disturbing issue of our twofold (part animal, part spiritual) natures. We find seeds for this confusion already in religious mythology, such as the account of the Biblical "Fall," where sexuality is viewed both as Original Sin and as a means of gaining knowledge and experience. When such views are consciously or unconsciously held, sexual experience, if abused or improperly understood, can obviously contribute to profound spiritual malaise.

Translated into homœopathic terms, Thuja is one of the remedies most frequently called for in cases of sexual imbalance: when the awakening of sexuality is especially troublesome in adolescence; for adults exhibiting a disproportionate sexual guilt ("I am a great one for sexual remorse," one patient volunteered. "No one—but no one—surpasses me there!"); for those who have experienced sexuality too early or experienced the dark side of romantic love as a truly "Plutonian fire"; also for persons suffering from the social or moral guilt of homosexuality.

If an individual feels secure and comfortable in a homosexual relationship ("remarkable indifference to the opposite sex": Allen), there is no issue. But if despite a higher tolerance and acceptance of such matters in our day and age, due to family, social, or religious opprobrium, he feels unease, with a need to hide or suppress this "unacceptable" aspect of his nature, or if he experiences self-hatred because of his homosexual tendencies, then a Thuja diathesis can emerge.

The second prominent Thuja feature of this woman's case was the vital role of the psychic. The degree of comfort and assistance that a psychic, a medium channelling spirits, or a counselor working in the transpersonal dimensions, can supply to a patient racked by confusion and remorse is incalculable.

It is healing for information to surface—even if not of a particularly desirable variety. Among other balms, it gives the necessary perspective on hardship and pain. Without understanding the meaning behind his sufferings in archetypal terms, without framing it in a context greater than this life, and especially without some spirit guidance beyond the self to lead the sufferer through the misty regions of the underworld (like Virgil did Dante) and through the dark labyrinths of the unconscious, many a traumatized Thuja cannot truly heal.

Indeed, Thuja-reaching patients, alter the initial shying, take to psychic readings and the accessing of

---

22 True, Thuja incorporates "lascivious dreams of coitus" (Hahnemann). But then, listed as this dream is under "amorous dreams" alongside 150 other remedies in Kent's Repertory—which constitutional type will cast the first stone at the possessor of this symptom?

23 The piquant aspect of it is that the guiding spirits do not, apparently, give vague advice, clothed in ambiguous or symbolic language. Displaying decided preferences and strong opinions (eat three solid meals a day or conversely, eat six small meals a day, cease meditating altogether, increase your meditation time, contact a certain person, do not contact him/her, etc.) they can be as practical and down-to-earth as an old-fashioned governess. The question a physician is tempted to ask his Thuja patients is: "Do you find your guides' advice always to be correct?"

"It is seldom 'wrong'" is a characteristic reply. "At times it can be confusing or seemingly contradictory when, on not overly important matters, the guiding spirits want one to make up one's own mind and trust one's own intuitions. And sometimes their advice seems wrong because it is so undesirable—or it is given prematurely (they do not always have the best timing). But on important matters and in retrospect, when the spirits do come on strong, they are right on target."
Plutonian regions like ducks to water. "I'm just crazy about psychics!" one woman announced to the homeopath who had sent her, fearful and resistant, for a reading. And another woman, who also had been pulled into the vortex of the paranormal despite her original reluctance, even added, "I know that Thuja and Homeopathy have helped me, but it is really the psychic who has turned me around. Give me a psychic over any kind of doctor any day!"

Some homeopaths might shrug their shoulders, thinking, "Ah well, there's no accounting for tastes"; others might sigh over the lack of gratitude in the world. But there is no gainsaying that those doctors who desire "the highest good" (Hahnemann) for their spiritually troubled Thuja patients ought always to have available as a recourse some avenue for exploring the psychic realms.

Contra et Pro

Many of the theories expounded in this portrait are, granted, bold assertions—open to scepticism, in general, and to dispute on the part of those homeopaths, in particular, who see little value in dragging the supernatural realms into our already sufficiently complicated Materia Medica.

The only forcible rejoinder to scepticism is the empirical stance.

The sole objective of homeopathic prescribing is healing (recall the first paragraph of Hahnemann's Organon: "The physician's highest and only mission is to restore the sick to health, to cure, as it is termed"); and if the observations in these pages help the homeopathic prescriber to recognize the need for Thuja in emotionally troubled and spiritually suffering patients then this thesis carries validity.

Further, if a patient, with the assistance of Thuja finds himself less threatened by voices, apparitions, or someone beside him, less disconnected in mind and body and less exposed to the undue influence of minatory spirits; if he feels less of an outsider in this world and no longer banished from Grace—altogether more grounded, more spiritually at peace, and better able to shield himself from the forces (or his moods) of darkness—then it is immaterial whether his sensations prior to or post remedy proceed from the subjective ever-vigilant conscience, an over stimulated imagination, or from objective entities from other planes of reality.

In other words, what is material here is that in the well-stocked arsenal of Homeopathic medicines, Thuja is one of the most reliable remedies in assisting a patient, during those menacing spiritual upheavals that are taking place inside him, to move from a partial and clouded vision of encroaching other realities ("seeing through a glass darkly") to a clearer and therefore healing comprehension of the spirit world ("seeing face to face").

The sceptic could further argue that taking into consideration the unascertainable extrasensory perception realms lies outside the sphere of the homeopathic discipline. But the classical prescriber knows that the remedies achieve their profound effects precisely because they do act on the unconscious, subconscious, or archetypal levels—and that the efficacy of Thuja on the substrata of the psyche is soundly rooted in the mental-emotional symptoms described in the homeopathic literature.

Moreover, the homeopath himself need not have to experience any paranormal phenomena in order to respect its validity in others. Nor need he accept the supernatural as an ultimate truth. In the same way that Homeopathy, with its "sensations as if", establishes no clear line between the objectivity and subjectivity of symptoms and passes no judgment on their "reality"—so, to arrive at the healing simillimum, it is merely essential for the physician to hold to the view that it is the sufferer's perspective and psychic energy, per se, that count—regardless of any ultimate reality.

Only in this way will both patient and preserver be enabled to greet the daily widening dimensions of the world we live in—as well as honor the capacity of our homeopathic remedies to address the expanding human consciousness—with a cry similar to Miranda’s in The Tempest, "Oh brave new world that has all these levels of reality in it!"

In a curious synchronicity, it was precisely in connection with Thuja that Hahnemann, in the Materia Medica Pura, Vol. 5 (1826 edition), first opened wider the doors of the counter-instinctual, counter-logical, paranormal aspects of the homeopathic discipline. In his introduction to the remedy, after describing the paradoxical phenomenon of the microdilutions’ increasing the power of a remedy, he goes on to say in a footnote: "This discovery that crude medicinal substances (dry and fluid) unfold their medicinal powers even more and more by trituration and succussion...and extend further the longer and stronger...

24 For now we see through a glass darkly; but then face to face; now I know in part, but then shall I know even as also I am known" (Paul's First Epistle to the Corinthians: 13: 12)

25 The author herself, lo her infinite chagrin, has never knowingly been accosted by any spirits, either unsettling or benign; has never enjoyed a journey into a past life or been visited by apparitions or prophetic dreams, nor has she ever conversed with a pixie or an elf.
[the process] is carried on, so that all material substance seems gradually to be dissolved and resolved into pure medicinal spirit [author's emphasis]. . .is of unspeakable value..."

With these words, Hahnemann himself introduced an added dimension of reality, as it were, into the homeopathic equation.

**The Child and "Vaccinosis"**

There still remains unaddressed one important aspect of *Thuja*—namely, its countering of the ill effects of vaccination, particularly in children. This topic has been left for last since only in the light of our preceding analysis can the remedy's signal role here be fully appreciated.

Initially regarded as the "specific" for counter-acting adverse reactions to the smallpox vaccination (cf. Hering), *Thuja* 's function has since been expanded to antitoting adverse effects from injection of any foreign antigen into the bloodstream: "This is a preeminently strong remedy when you have traces of animal poisoning such as snake bite, smallpox, and vaccination" (Kent). And such a well-recognized role does *Thuja* play in the last instance that, because no person can predict for certain which child might be inordinately sensitive to inoculations, a number of homeopaths will automatically accompany the compulsory children’s vaccinations with a dose of *Thuja* in hopes of mitigating, thereby, their possible injurious affects (cf. Appendix to *Silica* chapter in *Portraits*, Vol. 2).

Certainly *Thuja* is one of the first remedies to be considered for any one of the wide range of physical and neurological disorders: repeated middle ear infections, eczema, asthma, enuresis, chronic nasal catarrhs or diarrhea, sleep or eating problems, epileptiform seizures, whose onset can be traced back to the time of inoculation. It can play the role of prime remedy for a particular affliction, of cleanser after inoculation, or of supportive remedy to, *Silica*, *Sulphur*, and others.

More salient to this analysis, however, are the vaccination traumas in the mental sphere. The child is father to the man; and *Thuja* 's powers in this connection hold the key to its healing action in the whole of the psychic dimension.

It has been mentioned before, more than once, how patients requiring *Thuja* frequently *apriori* display a tenuous hold on life with sensations of estrangement from, and ill-ease in, this world—at times to the point of feeling "foreign" and disconnected from this plane of reality.

Conceivably, what happens during vaccination (here again, we are merely offering a working hypothesis to serve until a better one is supplied) is that the injection of a "foreign" (note!) antigen into the bloodstream of this ultra sensitive and neurologically extra delicately balanced individual, forces him to lose his already too fragile grasp of reality and props him into some different psychic plane.

In extreme cases—in a truly 'Plutonian' aftermath of inoculation—the child leaves this plane of existence altogether. Convincing arguments have been advanced for *Sudden Infant Death Syndrome* (SIDS) being directly related to the diptheria-pertussis - tetanus vaccine. Less sensitive victims of vaccinosis will withdraw only partially, disconnecting from this world in a milder but still unmistakable form.

For instance, the infant (in a form of altered mind state) becomes delirious from high fever immediately after the inoculation or, somewhat later, is perceived to have "tuned out," exhibiting a certain loss of emotional or intellectual responsiveness: "child stares after vaccination" (Hering). Or, according to parental reports, an older child, after its booster shot, might display a diminution of social awareness: one will suddenly start to crawl on all fours in a restaurant or other inappropriate places, oblivious to the impression it is making; another will sit dazed, buckled in its seat belt in the car when all others have gotten out—not moving, as if not knowing what is expected of it; yet another will begin to shirk the normal responsibilities entailed in the process of growing up, such as brushing his hair or making the bed prior to going to school, and will respond vehemently when told to attend to the care of his person or his room (we recollect that the child is "liable to be much worse in the mornings": Borland). Some youngsters regress in language skills, develop slowness in finding words, and later can be diagnosed as dyslexic or learning disabled.

Other forms of sequelae to the booster shots noted by parents are: the child, hitherto perfectly able to

---

26 Burnett's term for the physical and mental traumas resulting from vaccination (cf. his *Vaccinosis and Its Cure by Thuja*).
27 For case examples of vaccinosis in *adults*, consult Burnett, Clarke, Tyler, Shepherd, and others.
28 Perhaps even the onset of the *Thuja* "era", described above, can be linked with the onset of mass vaccination and its long-term sequelae.
29 *A Shot in the Dark* by Harris L. Coulter and Barbara Loe Fischer
30 Ibid.

Certainly many of these patterns of behavior actually stem from the original vaccine but, with infants, the correlation is difficult to prove. Direct cause and effect is more discernible to parents in the older child—hence alter a booster shot.
contain its bowels and urine, begins to lose control; another starts acting silly, giggling inappropriately, bothering other children by unwelcome touching or kissing, and later may display inappropriate expressions of sexuality. Yet other children, in a form of intensification of rigidity, increase the frequency and severity of their oppositional behavior ("the child is excessively obstinate"). Hering) and tantrums. The intractable Thuja child screams in rage and terror and will not listen to reason when its "fixed ideas" are tampered with (an article of clothing it has set its mind on wearing or some particular food it wishes to eat—regardless of how unsuitable for the occasion) or if required to interrupt its work or play for meals ("at the slightest contradiction it throws itself to the ground in a rage and loses its breath": Allen). It may also carry on quite out of proportion to a simple admonition or rebuke and in other ways exhibit a lack of self-discipline or self-control—thereby exposing itself to the catch-all label of "hyperactivity".

A number of these cases will respond well to Thuja to a lesser if not a large degree.

Behavioral and mental changes as a result of vaccination at times assume subtle and even amusing forms, probably noticeable only to the homeopathically educated. Thus a two-year-old girl, after her booster DPT shot, began to wail loudly every time her father lovingly sang her to sleep at night, as he had been accustomed to do in the past. As soon as he stopped singing, she stopped crying; he tried again and, to his hurt surprise, the same thing happened. Surely this was a unique variation on the Thuja symptom "cannot endure soft tender music" (Allen) and "weeping from music" (Kent), for after one dose of the remedy it never happened again.

Another case was an older girl of five who, after she was given her first polio and tetanus vaccines before going off to summer camp, developed a tendency to confuse words in an amusing manner. North Owl Street, to which a friend had recently moved, she would now refer to as North Howl Street; the Overlook Lodge near the family's country house in the Catskills, she insisted on calling Hangover Lodge; serious discussions with her parents about her behavior now became serious "disgusts"; and other such quaint malapropisms—until Thuja, somewhat regrettable, straightened these out.

A variant form of subtle long-term vaccine damage was the seven-year-old boy who, like a premature adolescent, moped discontentedly around the house, unable to amuse himself—constant seeking stimulation but satisfied with none ("I can't stand life. It's so boring!"). After a single dose of Thuja in high potency, he became more content, less needy of attention and stimulation, more cheerful.

While lying somewhere between the state of total withdrawal from this world (SIDS) and a partial withdrawal through regression in social behavior, awareness, or learning skills, we find a form of withdrawing from this plane of reality, known as Autism—the onset of which has also been linked to vaccination.

Naturally, factors other than vaccination, such as brain damage at birth, high fever or encephalitis, injuries to the head, can also cause a shutting off and escaping to another plane. But parents have repeatedly asserted how prior to the original inoculation or one of the booster shots, the child appeared to be developing normally. Then, suddenly, maybe a few hours, days, or at most weeks after vaccination, the child begins, if younger, to stare fixedly, gradually to avoid eye contact ("child stares after vaccination"), or to grow "averse to being touched". The older child loses its verbal skills ("child does not speak after vaccination": Hering).

Hitherto, children afflicted with autism have lived in their own silent world, seemingly largely unaware of the reality around them and unable to communicate with others. But recently a discovery by an Australian woman, Rosemary Crossley, has allowed us to access a number of these children's minds. Typing out words, phrases, and whole sentences on a lap-top computer or a Canon Facilitator© (a customized typewriter with ticker tape attached) they are beginning to emerge from their isolation and make their thought processes known.

Predictably, amongst the most prevalent themes that these children communicate are feelings of alienation and estrangement from other humans: "I want to be an ordinary person", "I want to talk like other children", "I don't want to be different from other children", "Why was I born different from other people?!", "I don't want to be a freak", "I want to be in the world with people and not in outer space", "I want to go to school like other children and not with handicapped children." And one ten-year-old typed out for her teacher: "I am grateful to you for treating me like a normal and not like a handicapped child."

Still others, once they become proficient on the facilitator, type out (using such remarkable expressions as "in utero", "incarnate", "inimical planet", etc.) that they remember how already in utero they did not wish

31 Also to the label of "ADD" or Attention Deficit Disorder the symptoms of which were discussed earlier under "Mental Confusion."

32 Ibid.
to enter this world; that they do not know why they had to be born into this inimical environment; that they did not wish to incarnate—in short that they do not belong here, but in some other world. Indeed, a fair number of these children (as well as those damaged by vaccination to a lesser degree) will have a corresponding history of failure to thrive: poor sleep or nursing in early infancy with either much screaming, as if in protest at being here on earth, or the contrary—excessive sleeping.

That these silent children, in many ways detached from this world, do live a life of their own in another order of reality has long been suspected by caring parents and caretakers who have observed them stop to listen, as if to a voice, then smile or laugh or cry or suddenly look displeased, as if in response to another's address. Now this strange behavior is beginning to be understood. It seems as if Providence has not left these children isolated, with no one with whom to communicate: a number of them are responding to guiding spirits. One autistic nine-year-old, once she mastered the facilitator, astounded her totally unaware parents by typing out for them that she had a spirit friend called Samos with whom she was in constant communication. This spirit friend was helping her understand that the purpose of her life was to study "neuro-endocrinology" (a word her parents did not even know) so as to help discover a neurological cure for autistic children; and that thanks to Samos, she now realized her purpose here on earth and was glad to be alive. (The conviction that they have come into this world 'autistic' so as to help others is a recurring theme with these children.)

Another girl, who had screamed for three solid days after her initial DPT inoculation and who at age fourteen could not even say "Mamma", described how her spirit friend, Dorothea, taught her to read when she was four years old; so that by the time she was fourteen she was reading and typing out essays on Thomas Mann and Dostoyevskii and writing poetry.33

And yet these remarkable children will not talk. Most will not even take on the responsibility of dressing or washing, of brushing their hair or teeth, or even going to the bathroom by themselves.

Why are these children so determinedly resistant to growing up ("leaving the womb", "becoming weaned", "popping out into the world" to use their own phrases)—why are they resistant to exhibiting their skills and often brilliant minds? When asked this question, the reply is always the same: "I can't! I'm too scared! I'm afraid! I don't want to be independent!" Thus an inordinate fear appears to be the underlying cause—"a nameless, bottomless, undefinable, ever-present terror," as one autistic youth expressed it, adding that it took constant work and vigilance not to be overwhelmed by anxiety and terror.

It is as if the fear and anger and a feeling of injustice at being injected with a foreign substance served as a catalyst for succumbing to the greater fear and anger against all the cruelty, harshness and injustice on earth. The outside world, with its wars, atrocities, competitiveness, greed, pain, is so terrifying that the child wants nothing to do with it. Far better to remain locked in its own silent (but rich in other realities) world than venture out into our threatening one. The resolutely uncompromising child realizes that as long as it remains mute, it will be cared for; if it exhibits any life skills (even the most primitive ones), it will be forced to take on responsibilities and confront the dreaded independence.

What we observe then in persons afflicted with this malady is an exaggeration of Thuja's innate susceptibility to and inability to shield himself from the negative forces that make up a part of our dualistic universe, with the corollary inability to relate to the positive ones—i.e., an intensification of the injured Thuja's tendency to perceive the world as a place where experience, instead of being an opportunity for growth, serves only to ossify his fears.

33 The following poem by this girl provides a rare glimpse into the mind of an autistic child:
To try is to fail, so I am served by neither. 
Only appeased for the moment
by my lessened madness
In some learning toward an ordinary show
of what's expected.
You want a normal performance. Well, 
I find the task prisons me Behind bars
of mighty opinions
righteously ordained by word wielding others Who dare to declare boundaries.
I try but little does nothing.
I drain lesions of their poisons-
Today is lanced of putrid yesterdays
and swelling tomorrows.
I foster fighting. I test my health

But more longing, not to open hands
 take and hold
But loneliness recognize on each nodding
'yes' hiding needy
don't do mortal prison.
I generally fight. I test my other
By less longing, more to close hands
take and hold
And sense experience in each
nodding yes.

Eve Hanf-Enos
Not surprisingly, too, there is guilt and remorse: "I'm so bad—so bad! People hate me!" children type or write out. Since nothing in their present short lives could justify such overwhelming guilt or terror, these young souls could be overwhelmed by some past life experiences—not merely as remembrances, but somehow, in an uncontrolled way, reliving the traumas. Indeed, when they are asked about how they themselves interpreted their fears or enforced silence, we find not infrequently the stern laws of Karma at work here. One ten-year-old girl wrote in reply—astonishing her unsuspecting parents who had never even thought of past lives or reincarnation—"I need to suffer because in another life I made others suffer. I killed people."

Eve, the author of the poem quoted above, also interpreted her autism in terms of harsh karmic laws. In her immediate past life she had been a victim of the Holocaust; and images of the terrors of concentration camp before she was shot and then, while still alive, thrown into a gas chamber were always with her, preventing her from wishing to become a part of this ugly world. She, too, saw the reasons for her present sufferings, as well as those of her most recent past life in her penultimate reincarnation. "I am paying for my past lifetime," she wrote. "In a lifetime before, I was on the other side. I did the shooting." And in another of her extraordinary poems she writes;

...Oh gods I still with wonder sense
This sorrow suffer, itself so intense.
I angels envy so good, so ether clear
An angel I can not now be, in darkness I am here.
I am sorrow saying so saddened me
Terrible desolation soon sagged at me
Sapped my soul, my spirit, so
I am doomed to answer 'no'
To angels who entice with silver words.
I am another sorrow ordained by swords
To cut and lonely path to follow
Today and everlastingly tomorrow.

Perhaps many autistic children are victims of either great terror experienced in their past lives or of guilt for crimes they perpetrated—or imagined they perpetrated—on others. But such suppositions remain in the realm of speculation. That which is not speculation, and what we are ascertaining more with every passing day from similar cases reported worldwide, is that a number of these children appear to be endowed with highly developed powers of extrasensory perceptions.

This stands to reason. Trapped by the limitations of their own bodies, not possessing the linguistic and social skills necessary to function in this world, with the avenues of conventional communication as well as the normal healthy outlets for sublimating their negative emotions blocked off to them, these withdrawn youngsters develop paranormal skills. Thus, often they know exactly what is going on in other peoples minds and in the lives of distant loved ones. They are able to type out answers to their parent's thoughts (not words). They can recount exactly what actions and conversation took place when a family member was away in another state or country.

One girl would wake up crying whenever her mother, in another room, was having a bad dream; another would have a seizure in school if her parents at home were quarrelling (later she typed out that she would not start healing until her parents resolved their marital conflicts). One little fellow would roll up in the fetal position and start whimpering and wailing whenever one of his older brothers, far away, was undergoing some emotionally traumatic experience; while another boy would urinate on the living room carpet whenever he did not like his mother's negative thoughts (speaking of refined forms of blackmail!)

In a slightly different vein, these children are able to bring up memories not only of early infancy but of pre-natal experiences. One child recalled verbatim file conversations held between her parents about whether she should be aborted or not; a second child accurately recounted his traumatic birth experience; a third described the big intrusive eye of the sonogram; while a fourth related how she felt "starved" in the womb (her mother had suffered from severe nausea and vomiting during much of the pregnancy).

In a word, these ultra sensitive youngsters—and, later, adults—are burdened with more psychic cargo than they can carry or know how to wield.

*Thuja*, to be sure, does not cure autism; and we are unable to gauge its work in the psychic realms. What we can gauge, however, is its effect in this, our own, reality and notice subtle improvements in social behavior and peripheral skills: in table manners, tantrum control, bowel or urine control, an increase in attention span, or a marked decrease in seizure activity.

Children on anti-seizure medication, after they receive *Thuja*, claim they feel less "wooden" (recall the *Thuja* sensation as if "made of wood"), less passive and "zombie-like". There can also be some relinquishing of rigidity and positional behavior; or sometimes after the remedy a child will establish stronger eye contact—looking at a person instead of staring through him; another will relate better with family members; at other times, the child who is intolerant of being touched, as autistic children often are (one girl wrote out a fascinating *Thuja* sensation "as if": "Whenever I am touched, I feel as if I'm going to break"); and another girl: "When I get touched, if feels as if my bones get stuck together and can't get unstuck"), grows more amenable to physical contact and affection. Older
children might grow more aware of the world around them, exhibiting a nascent curiosity about it and a desire to participate in its destiny. One girl, after a few doses of *Thuja*, typed out the questions, "How does Homeopathy work? What do the remedies do? How long will it take for me to learn to talk?...There are lots of wonderful things I want to be able to do."

Finally, *Thuja* supports other healing efforts already commenced. For instance, children proficient in the use of the facilitator, who yet need to have their hand held for confidence or assistance in neuro-muscular control (which is impeded by spasms and weak muscular tone), after the remedy, might grow bolder—or more coordinated—and ask to have only their wrist held, or their elbow; or a touch on the shoulder to feel grounded may be all that is required. As one older child typed out: "My mind and body used to go separate ways. Now they are together."

It is also true that *Thuja* will not work across the board with all vaccine damaged children despite Clarke's semi-jesting assertion that "everyone has been vaccinated and drinks tea, so everyone can be helped by *Thuja*" (quoted in Tyler). In every ailment, including vaccinosis, individualization remains the cardinal tenet in homeopathic prescribing. But from observing the powerful effect of *Thuja* and Medorrhinum on the vaccine damaged child or adult, there does appear to exist some still unexplained link between the sycosis Miasm and a susceptibility, from inoculation, to weakened ties with this reality.

Even in non-vaccinated children, a social or emotional imbalance (not being "with it"; becoming too easily unhinged when excited or tired; emotionally too labile and easily upset; "causelessly excited...at one time cries, another laughs": Allen), often accompanied by a mild neurological disorder (occasionally taking the form of head-banging in infants or excessive rocking in the older child) or some form of stunted growth or development, can point to a *Thuja* diathesis. These afflictions, too, may reflect varying degrees of tuning out from the world, a certain loss of grip on reality, or some strong underlying anxiety which the child seems to have brought into this world from another lifetime.

Last we arrive at the serious ("remarkably earnest mood in a young girl": Allen), precocious, or _artistic_ (not _autistic_)* Thuja* child, of delicate health but powerful imagination, who has a tendency to "space out" or get lost in a fantasy world ("happy reveries").

*Thuja* was the remedy for a six-year-old girl with poor eating and sleeping habits and cavities in her baby teeth, who was highly susceptible to the ethereal currents of the world. She heard voices in the wind and the sea, claimed that even the rocks off the coast of Maine spoke to her, and held lengthy conversations with earth spirits inhabiting trees and flowers. Her parents had to take her word on these assertions, but that she displayed a special way with animals—understanding their needs and feelings, and communicating with them almost as other children communicate with their peers—and that she evinced a poetic immediacy when describing her encounters with nature entities, was visible and undeniable.

This child, unwittingly, was following in the tradition of children finely attuned to the spirit forces of nature. One such precocious little girl, Opal Whiteley, born and raised in a lumber camp in Oregon around the turn of the century, kept a diary between the ages of five and seven that beautifully captures the "almost too sensitive for this world" *Thuja* quality ("extraordinary sensiveness to every impression": Allen).

I have thinks these potatoes growing here did have knowings of star-songs. I have kept watch in the field at night and I have seen the stars look kindness down upon them. And I have walked between the rows of potatoes, and I have watched the star-gleams on their leaves. And I have heard the wind ask of them the star-songs the star-gleams did tell in shadows on their leaves. And as the wind did go walking in the field talking to the earth-voices there, I did follow her down the rows. I did have feels of her presence near...

Now are come the days of brown leaves. They fall from the trees. They flutter on the ground. When the brown leaves flutter, they are saying little things. They talk with the wind. I hear them tell of their borning days when they did come into the world as leaves. And they whisper of the hoods they wore then [buds]...Today...they told how they were part of earth and air before their tree-borning days. And now in gray days of

---

34 To avoid unnecessary repetition, the characteristics described on p. 230 can be applied to non-vaccinated children—although seldom in equal measure. Also, those readers seeking additional symptoms of the *Thuja* re-quiring child in general are urged to consult Borland's *Children's Types* and Rumen's *Delicate, Backward, Puny, and Stunted Children*. 

©Quarterly Homoeopathic Digest XXVIII, 1&2/2011. For private circulation only.
winter they go back to the earth again. But they do not die...

or in slightly darker pigmentation:

I do so love trees. I have thinks I was once a tree growing in the forest; now all trees are my brothers...! did have thinks about the tree they all were before they got chopped up [for lumber]. I did wonder how I would feel if I was a very little piece of wood that got chopped out of a very big tree. I did think that it would have hurt my feelings. I felt of the feelings of the wood. They did have a very sad feel...


Also, in a typical Thuja fashion. Opal felt she did not "belong" in the family she was born into, was convinced that she was a foundling and in actuality the daughter of French aristocrats from whom she was somehow separated before the age of four. Her diary, strangely enough, is peppered with French words and turns of phrases as well as classical references, which by no stretch of the imagination could she have picked up in an Oregon lumber camp in the year 1902.

Although this accessing of the realm of extrasensory perceptions is encountered less frequently in boys than in girls, there are exceptions. The tip of the penis of a four-year-old was so clogged up with a heavy, yellowish, crusty discharge when he awoke one morning that until the crust was peeled off, urination was impossible. A dose of Thuja 200C prevented a recurrence of this symptom. It also, incidentally, assuaged his night terrors from which he would wake up thrashing and crying out, "Marne! Ypres! Verdun!" For a long time his parents, thinking that he was shouting, "Mom! Hepar for Dad!" (a remedy he habitually received for his sore throats), would try to assure him that Dad was just fine and had gotten his Hepar, until one day, when wakened from his dreams, he sobbingly described shooting and the "big holes" he was trying to climb out of ("dreams of battle; frightful": Kent). Certainly this kind of information on World War I fighting in the trenches did not come from his still very limited education—nor from watching television which his family did not even own.

In general, boys who patently require Thuja can be imaginative, and express themselves with interesting turns of phrases. They may be truly amusing as they chatter away like little adults on all kinds of subjects. Yet sometimes one senses that, for all their precociousness, they are somehow not quite of this world. In some indefinable way they are disconnected from it—not as socially aware as other boys of their age—talking a blue streak because, underneath, the sensitive soul suspects that he is different and handicapped and tries to cover up by a flow of words. This compensation for his feeling of "foreignness" is reminiscent of the way people who are hard of hearing talk at length, without listening, to camouflage their disability.

Conclusion

The remedy Thuja occidentalis is derived from a coniferous tree belonging to the cypress/cedar family.

From ancient times, the cypress has ornamented burial grounds; its aromatic oil was used in embalming; its wood, practically inaccessible to decay, served to make coffins and, because of its strong fragrance, was burnt in sacrificial offering (the Homeopathic Pharmacopoeia of the United States tells us that the name thuja is an adaptation of the greek word "thyra"—meaning to sacrifice). Also, according to ancient mythology, this tree was sacred to Pluto, ruler of the underworld and the home of the dead. Thus in a variety of ways trees of the cypress family are associated with death.

But being a hardy evergreen, capable of surviving in most climates and soils and under just about any conditions, with its ever green branches holding forth promises of hope for continuing existence, the Thuja occidentalis is equally associated with immortal life.

These two powerful images—death of the old life and birth of a new one—stand as fitting metaphors for the original dis-ease, followed by the remedy's remarkable healing powers on the psyche of those dispirited patients who, having lost their direction, must find it in a realm beyond the one limited by our five senses; and help us grasp the full significance of this ordinary, often scrub, conifer's being endowed with the grandiose name of arbor vitae—or the "tree of life."

Bibliography of works cited


Borland, Douglas. Children's Types. London: The
Editor's Comment

After reviewing the foregoing article, it became apparent that much of the content of Ms. Coulter's article on Thuja would be highly controversial, some might even say "unscientific." Nevertheless, the decision was made to publish this very provocative thesis. The purpose of the Journal is to educate, stimulate and provoke the reader. Some topics-assertions in this article, especially those on reincarnation and spiritual entities, may disturb some readers. However, the science of Homeopathy does deal intimately with our patients' subjective experiences; consequently, even such intangibles as described in Ms. Coulter's article, when viewed as part of a patient's experience (case history), become a part of our science (as Ms. Coulter herself says in the foregoing article). For our purposes, whether such extranormal events exist independent of human imagining or are solely intrapsychic phenomena is basically irrelevant. We are interested in clinical relevance. If Ms. Coulter's article helps practitioners better identify the internal Thuja experience, it will have served a very important service. It is for this reason that this article has been published in the Journal. I would like to express my gratitude to Ms. Coulter for submitting this interesting article for publication.

Additional Note: Our readers may be aware that Ms. Coulter is not a licensed health care practitioner. The publication of this article in the JAIH should not be construed as an endorsement of homeopathic medical treatment of the general public by lay practitioners. It should be noted that Ms. Coulter is one non-licensed practitioner whose knowledge, skill, experience, devotion and professionalism with regard to the practice of classical Homeopathy qualifies her literary contributions to Homeopathy as uniquely valuable to conceivably all professional homeopathic practitioners. It should be further noted that it has been Ms. Coulter's habit to practice Homeopathy in collaboration with licensed medical doctors, whether as a co-worker or, as is her current practice, a preceptor.

---

About the Author: Catherine R. Coulter, M.A. is the author of the two volumes, Portraits of Homeopathic Medicines: Psychophysical Analyses of Selected Constitutional Types. This chapter on Thuja is one of the three new "Portraits" that will be included in the Materia Medica section of her forthcoming book, Portrait of a Homeopath.

Catherine Coulter lives and works in the Boston, Massachusetts area, where she teaches classical homeopathy to medical doctors by the preceptorship method.
5. Detecting Early and Late Congenital Syphilis
   Symptoms

   NEISWANDER C. Allen (JAIH. 73, 1/1980)

   Early and late congenital syphilis has been steadily increasing since 1968. Some large city and county hospitals have noted a steady rise in early congenital cases. A general review of the signs and symptoms can help to alert a doctor to prevent this disease and some of its serious after effects on the child.

   One of the best preventative is early, adequate prenatal care, including a blood test for Syphilis, needed before the 4th month when the placenta acts as a barrier to the spirochete. The more recent the infection in the mother the greater is the risk of congenital Syphilis to the child. A mother with late Syphilis may have a healthy child even though she has had no treatment.

   The early congenital signs seen most often in the infant are skin eruptions. In grand rounds at the L.A. County Hospital, it was noted that a rash on the buttocks that could easily be mistaken for diaper rash was found to be syphilitic. There may be large bullous eruptions on the hands or feet, and smaller papular eruptions around the nose and mouth. There may be a characteristic “old man” look as the child fails to thrive. There may be a mucopurulent, bloody, nasal discharge. There may be a chronic catarrhal condition in which the child seems to have the “snuffles” all the time.

   The later in pregnancy that treatment is started, the greater are the chances that the infant may demonstrate some of the stigmata of congenital Syphilis.

   The major manifestations of late congenital Syphilis include:

   1. Frontal Bossae described by Parrot in 1880. It is a localized periostitis of the frontal and parietal bones. These appear as bony prominences of exostoses. The thickened areas produce a groove giving a “hot cross bun effect”. The overhanging brow may give the appearance of the “Olympian brow”. This Frontal Bossae may also be due to rickets, and needs to be differentiated.

   2. Hutchinson’s teeth are widely spaced and shorer than the lateral incisors. They may be barrel shaped or peg shaped. Because the middle part of the front teeth fail to form strong enamel, the middle portion and biting surface become notched after several years of use. Sometimes they erupt with this notched or saw tooth effect.

   3. Interstitial Keratitis occurs usually between 5 and 25 years of age. It begins with acute tearing pain, iritis, photophobia, and later clouding of the cornea and invasion of the stroma by blood vessels. Interstitial Keratitis is almost always caused by congenital Syphilis, but once in a while tuberculosis may be the exciting agent.

4. Saddle nose this is more or less the result of syphilitic rhinitis which begins in the early neonatal period. The bones and cartilage of the nasal cavity fail to develop properly and a depression results at the root of the nose. The nasal septum may collapse and cause a depression further down the nose. In a 12 year study of 271 patients this was a common finding in 199 of late congenital Syphilis. Since this symptom can occur as the result of trauma or severe infection, it is not diagnostic by itself without a further history of the patient.

5. Short Maxilla. This results in a concave or shallow dish effect in the middle section of the face. The cause is attributed to the syphilitic rhinitis which prevents the maxillar bone from developing normally to hold out the face.

6. The 6 Year Molars are often called Mulberry Molars. They present with molars narrower on the grinding surface at the top than at the gum margin. They may have a dome-like appearance. There may be many cusps instead of the usual four which accounts for the mulberry effect. The enamel is poor, and caries develop early, and many children lose these molars before they become teenagers. Mulberry Molars is definite sign of congenital Syphilis, but there will be other stigmata associated with it if a careful history is taken.

7. Deafness is considered to be caused by labyrinthitis. This eighth nerve deafness begins slowly in grade or junior high school. Seldom does it begin in adults. It may begin with vertigo followed by loss of hearing for high frequencies and then for conversational tones. It is progressive and involves sequentially both ears. Spinal fluid examinations are negative for neurosyphilis. When this occurs due to congenital Syphilis, other stigmata can usually be found by careful examination.

8. The child who sleeps on his stomach with his knees drawn up in a knee-chest position should also be considered in the homeopathic evaluation of congenital Syphilis.

9. A person who has a fetish about cleanliness, and who is always washing their hands, face, and body. One who is extremely “germ conscious” should be evaluated carefully for the cause of this symptom.

Boerrie’s Homeopathic Materia Medica Pocket Manual, the ninth edition, lists on pages 825-26 many remedies for general syphilitic conditions. On page 826 Congenital Syphilis is listed separately with twelve different rubrics to help to differentiate and individualize to fit the patient.

In this era of moral laxness it is well to have a high index of suspicion on children and infants whose symptoms have one or more of the above manifestations.
6. The Evolution of My Practice

SANKARAN Rajan (HL. 20, 3/2007)

Twenty years ago Rajan SANKARAN was one of the founders of Homeopathic Links. Since then he and his colleagues in Mumbai have published the Asian edition, and as a guest editor he has introduced several Indian colleagues and their articles to the readers of the international edition. For this celebration issue he was asked to summarise his development in Homeopathy over the past decades. To illustrate this journey from only symptom-based to system-based Homeopathy he shares a few cases that have shown him the way.

The Editor.

Introduction

I’ve been in practice for over 25 years. Right through, it has been a search to find a method that gives consistent results. I found that fundamental to finding such a method was to clearly perceive what is health, and what is disease. If this understanding is not clear, then we don’t know what we are treating. The basic concepts are not there.

As time passed, the basic concepts became clearer to me. Each step has made the results more consistent. Along the way, I developed three systems: Kingdoms, Miasms and Levels of Experience.

Now practice has become simpler. But to reach this stage of simplicity, one crosses many different levels. I would like to share with you, through illustrative cases, some parts of my journey.

Case 1

1986: This is one of the earlier cases that I saw, and recorded on video. The patient, a 58-year-old male patient, came with the diagnosis of Lyme disease (both IgG and 1gM Western Blots positive – tests September 2002).

He travels a great deal, across countries, teaching N.L.P. He is giving these seminars, moving from one place to another. He explained how he kept moving, staying for about two weeks to a month in one place, then back again to his retreat house for about two weeks, and then going somewhere else. What was prominent while he was talking was the movement. He emphasized the moving with his hand gestures.

Each time he goes to a new group of people, he prepares his talk for about two days and then gives the seminar. In the beginning of the seminar he feels unsure and has anxiety about how it will go, but once it starts it goes well. When I asked him, “what is the experience of unsure?”, he said he then feels “physiologically tight”. “My face becomes tight, and my movement tight. I don’t use gestures and move around as freely as I would want. Once I start working that releases and becomes less and less.” When I asked
him what “tight” felt like, he said, “Tight feels like holding back, lack of movement.” When I asked, “What comes to your mind with tightness?” he replied, I don’t have freedom in my face, a stiff face and I don’t move.”

While listening to his story, it became apparent that moving and initially feeling unsure during the seminar, which were both important to him, were aspects of the same thing. When describing his seminars, he talked of moving, and when describing the experience of anxiety of tightness, not moving; he didn’t talk about his capability to teach or about the subject itself. When he described how the anxiety before the seminar made him feel tight, here I realized that tightness is the opposite of movement.

He got Rhus toxicodendron LM1 to LM3, in daily doses.

This case demonstrated how, when you come to the core, everything comes back to the same thing. Ask a question on something, it’s another path back to the core.

Usually, with Homœopathy, we think of symptoms such as “Feels anxiety about performance” and then we think of Argentum, Medorrhinum, Lycopodium, Silicea. But if we merely go on these types of symptoms, we could make huge mistakes. We have to go behind such apparent symptoms, we could make huge mistakes. We have to go behind such apparent symptoms to the real symptoms, which are the sensations underlying the experience of the symptoms.

This man’s case is not about performance; it is about tightness and movement. When you can see this, and bring the case down to that level, it is simple.

Here are some excerpts from the follow-ups:

- “I am feeling better. People tell me I look younger. My back has stabilized. I still exercise in the morning and walk in the afternoon. I feel very comfortable with this. Recently there has been a bit of congestion in the chest. Mind and mood have been very good. I have increased my personal prayer to two to three hours of meditation, vipasana. I feel much more peaceful, and relaxed. I am comfortable in the day.”
- “I used to worry about the future; if a seminar was coming up, that I would make mistakes, won’t succeed, and others won’t like me. But now I don’t worry about the future, I feel much easier and know it will be all right. I have a seminar coming up on Tuesday morning, and have no worries about it. Anxiety always used to be there. Even now I have a little anxiety, but it’s not as intense as it used to be.”
- “There was may be a tightness inside. Now it’s may be there, but much less. May be about 60% reduced.”
- “There’s a change in my attitude towards life. I don’t set any goal, like I have to succeed, or be the first.” (Here, he is describing health; the ability to be in the moment without compulsion. It also shows awareness, a looking inward. His state is less intense. It does not have the power on him that it had. A decrease of the state gives one the ability to be in the moment.)
- “I just see whatever happens when it happens.” (This is what we should see in our patients).
- “If I fail, it doesn’t bother me. I feel easy with what’s coming up. Lately I say I’m becoming a hermit. I prefer to be at home. They probably think I’m a bit strange. I don’t move around like ordinary people. I stay at home. I don’t go out to restaurants or movies or to meet people. I used to do it, and didn’t like it. I prefer to be studying or reading at home. As for the work, I still travel, and like going from one place to another. When I get there, I am prepared. I just go in and do the work. Moving is a part of doing the work.”
- “I feel like a young person again. I’m smiling.”

Lyme disease was gone. The lab reports showed the infection was no longer active (both IgG and IgM Western Blots negative – tests February 2003).

**Case 3**

A child came with recurrent multiple boils on both lower limbs. He would take antibiotics, but shortly would develop them again. So they brought him for Homeopathy. At the first visit he had fever. He wouldn’t sit down in one place and moved about constantly. He had with him three brightly coloured papers, folded into little airplanes. He was constantly playing with these. He would put one on the table, and the other one would attack it. He kept doing this continuously. So I asked him to tell me about the papers.

He said, “The red one is me. The other two are enemies. The others will die and I won’t.”

The boy narrated a dream of a black witch with a net like a fish net. She trapped him and his friends and started hitting them. He woke from the dream with fear.

When I asked the mother to describe him, she said, “He is very active and restless, and hits people. He beats the maidservant in the house. He always hits her behind my back, the moment I am not around.”

The maidservant said that he jumps on her from behind and brings her down, then hits her.

I gave him Tarentula hispanica 1M.

Rubrics:
- Striking when not observed.

He responded within days and remains well, five years later. Two weeks after the first dose he had a
dream again, in which he trapped a ghost and locked the
door. In his previous dreams, someone else had trapped
him. The dreams had changed.

Kingdoms
It took more than a decade of practice to see that
there are essential differences in patients belonging to
the three different Kingdoms.
• The first case was a mineral case. It was about
performance, ability and the need to maintain a
position.
• The second one was a plant case, which exhibited,
deep down, a sensation and its opposite. Tightness
versus movement.
• And in the third case, an animal case, there is the
theme of one versus the other. You are doing it to
me, I am doing it to you. Victim and aggressor.

In Minerals, it is about structure; what I have and
don’t have, what I will lose. It’s about the completeness
or incompleteness of oneself. Am I losing my
completeness? The problem is with the self. In the
Periodic Table of Elements, minerals are placed in rows
and columns according to their atomic configurations,
and, interestingly, these rows and columns seem to
share common characteristics. Each row represents a
particular stage of development of the human being.
For example, the first row is the stage of conception, the
second of foetal life and labour, the third of infancy, the
fourth of security and work, the fifth row has issues
with creativity and performance and the sixth of
responsibility. The Aurum case mentioned earlier is
from the sixth row.

With Plants, it is all about sensitivity and
reactivity. Each family of plants has its own type of
sensation, and its opposite. For example the
Anacardiaceae family (to which Rhus toxicodendron
belongs) has the sensation of stiffness and desires the
opposite, namely movement. Within the family, the
plants may be differentiated by each one’s Miasm.

The Animal problem is “between me and someone
else”. It’s the issue of the survival of the fittest. It’s about
competition, high and low; even “me versus
myself”. Attractiveness. Animals are further divided
into classes and subclasses like insects, birds, reptiles,
mammals etc, each with its specific survival mode. The
survival mode of the spider is the deceit, the trapping,
and the striking which could be seen in the Tarentula
case above. The rubric, Striking when not observed, is
so representative of the spider group in nature.

Miasms
At some point, it also became clear to me that there
are differences in the depth and pace of each state.
They are characteristic of different types of responses.
And these responses correspond to the body’s response
to a specific type of infection. I called the specific type
of response “Miasm”, which corresponds to the way in
which the organism responds to a specific type of
infection. I could identify ten Miasms, namely Acute,
Typhoid, Psora, Malaria, Ringworm, Syphilis, Tubercular, Cancer, Leprous and Syphilis. This system
helps to pinpoint a remedy more particularly.

Let me clarify my perception of the Miasm in each
of the above three cases.
• The Aurum case had great desperation and a sense
of hopelessness. He had to move heaven and earth
to get the problem solved. His life was very
difficult and there was too much responsibility in it.
The Miasm here is Syphilitic, to which Aurum
clearly belongs.
• In the Rhus toxicodendron case, everything came
and went. They were crises that blew over. It’s the
Typhoid Miasm.
• The Tarentula boy was fast-paced, moving all the
time. The Miasm was tubercular.

Levels of Experience
The third system I worked with concerns the Levels
of Experience. I found that there are seven levels in
which we experience reality or perceive the case.
• Level 1: Name: pathology
• Level 2: Fact: symptoms
• Level 3: Feeling: emotions
• Level 4: Delusion
• Level 5: Sensation
• Level 6: Energy
• Level 7: Seventh

We can perceive any given situation at any of these
levels.

For example, some time ago, I had a problem with
a visa. I had to get one for a particular country. The
consulate was very inefficient and didn’t give my visa
on time. Time was getting shorter and shorter. I called
up the vice consul. He assured me that the visa was in
his hands, and asked me to send someone to pick it up.
I sent someone; they made him wait for six hours, and
told him to come the next day. I called again, and they
asked me to send someone again. Again he waited six
hours and was told to come the next day. I called yet
again, and they told me it was ready. The person went
to pick it up, but was told that it would take three days
to process. Finally, just the day before I left, I got my
passport.

What was my experience of this?
The fact was that I didn’t have a visa and I needed
it. My mind was thinking of facts. Then emotions
came – anger and anxiety. Then I got physical
symptoms of palpitations. I started thinking, “Why is
this happening? Why are they doing this?” I then
thought that there was a conspiracy, they were trying to
harass or persecute me. (I was working on the Snake Family at that time.) That was my delusion.

So on one level there was the fact. On another the emotion. On yet another a delusion. If it was a conspiracy, what should I do? Write about it in the newspaper?

I felt something in the abdomen and throat; a very intense sort of symptom, something like choking. I can only describe it with sounds and gestures, since words are inadequate. It had nothing to do with the delusions, emotions or facts.

It felt very familiar. I might have experienced it earlier when I had an exam or a fight with someone. A consistent experience that is physical as well as mental, deeper than the body or the mind, so that it needs sounds and gestures to express it. It has been constantly in the background since birth. It has nothing to do with the outside, actually. It surfaces from time to time. It is the sensation.

We have to take the case-taking to the level of sensation. It is the experience of the human being.

Once you get to that level, how do you use it?

Ask the patient to describe it.

Let us consider that he says, “Something is coming and crushing me” (In Animals, something is doing it to me). Or he says, “Something is contracting and expanding” (This is Plant). Or he says, “My whole structure has been compressed and wants to explode.” (This is Mineral.) If you come to this level, the patient could even tell you the name of the remedy!

The sixth level is the level of energy, with sound, movement, and gestures. It is not kingdom-specific. But when we focus on it, it becomes evident which kingdom the patient is in, since the energy and the sensation levels are very close and the kingdom is in the sensation level.

The seventh level is the background on which the energy pattern is imprinted. It is bland, neutral. It is the witness of the other levels. It is the level from which the patient can observe his other levels in case taking.

When you have a perception of the seven levels, life becomes interesting. It’s your unique experience; you’ve carried it from your birth and will carry it to your grave, unless you take a homeopathic remedy that dilutes it. You can only understand it from the level of experience, not the mind, because the Sensation does not follow the intellectual logic we school ourselves with. It doesn’t “make sense” at all; it is total nonsense. And yet it is an undeniable truth.

The truth is your experience, your sensation.

We also look for nonsense, when we look for the level of experience. At the Emotion level, expressions begin on the face. Then, usually, his eyebrows will rise when he starts imagining; for example, “This boss of mine is a dictator who specializes in making us feel so little.” When he gives images, for example, from human history, such as of Hitler, or books or movies, universal symbols and archetypes, he’s still at a human level. When it goes beyond that … it doesn’t make sense. We usually don’t want to talk about it or even experience it, because it makes no sense at all.

Imagine, if you would, a 45-year-old man, making paper planes and attacking one with the other; you would certainly commit him. So he pushes it down and suppresses it. “I won’t allow myself to feel it”, so he develops a physical pathology with the same sensation, and it becomes a disease with a scientific label, such as migraine, Asthma or allergic Bronchitis. The doctor thinks he is a sane person.

He could say, “The headache is killing me”, but if he did the paper-planes-attacking thing…

The more superficial the level of experience of the patient, the harder it is to get to the sensation. The more one lives in the sensation level, becomes aware of one’s innermost experience instead of pushing it down … just be aware, don’t act on it of course, especially if it is something like wanting to choke and kill someone…. it will spare one a lot of physical pathology.

So the “nonsense” part is a plant, a mineral or an animal spirit or energy. Each of us carries one inside. You need to find what is speaking inside. You will start hearing that language in everyday life and inside of you.

Nowadays, I hear almost nothing else!

In case-taking, we might hear facts, emotions and stories. We sometimes get lost in stories. We need to go behind the story. Take the non-human specific word, or the gesture, and if we make the patient focus on that, it helps him go beyond.

For example a patient (a 26-year-old female) came with an eating disorder she’d had for the past eight years. When asked about it she said it blocks her life. Before she could go further to describe the disorder, I asked her to describe “it blocks my life”. From here she said it was like a glass wall between her and the world. I asked her to describe the glass wall. And then we could straight go to her core sensation of being closed and oppressed as opposed to open and free. She got Cannabis indica as the remedy. The family, Hamamelidae, has the sensations of “open”., “closed”, “light” and “heavy”, and Cannabis indica lies in the Sycotic Miasm.

The inner song, as I call it, expresses itself, through gestures and non-human specific words in everyday conversations. It opens a secret door, and we explore a completely different world. In that world, we hear the source, the remedy speaking directly to us, as it were. Then we can be sure of what it is.

Homeopathy has become system-based instead of only-symptom based. And the results are gratifying.

References
Miracles in a Time of Darkness
Increasing the light of engagement: Healing Autism with Homœopathy
LUEPKER, Ian (HT. 28, 6/2008)

(This is a Time of Darkness in the Northern Hemisphere. Every year on December 21st, the Winter Solstice marks the shortest day of the year. Yet equally as important, it marks the time when the days begin to lengthen, minute by minute – often as imperceptibly as the development and growth of a child.)

The word solstice means “sun standing still.” The Winter Solstice signals the return of the sun, and for our ancestors, the return of light was a powerful symbol of hope in dark times. Winter Solstice festivals have been held worldwide throughout history, with Hanukkah – also called The Festival of Lights – and Christmas, being the most celebrated in the Western Hemisphere.

For parents of a child on the Autism spectrum, especially if their child is non-verbal, every day can feel like a time of darkness – a time when the lights of engagement, communication, and social interaction are barely perceptible, if not (seemingly) absent.

As with the lengthening of days and gradual movement toward the rebirth of springtime, however, there is always hope. And classical Homœopathy acts like a spark igniting the light of engagement in an autistic child; a spark that nurtures the child’s ability to relate to, and be in presence with their parents, siblings, friends, and the greater community.

Homœopathy holds the healing potential not only to increase the light of engagement so that the autistic child radiates her inner-light outwards, connecting and illuminating loved ones by engaging, communicating, and relating. But it also holds the potential to open the curtains, allowing the morning sun to permeate the child with the warm embrace of the love, care, and tenderness expressed by the community surrounding her!

A little light dispels a lot of darkness
When Rebecca picked up her five-year-old son, Uriel, from camp on a sunny July afternoon, she knew that he had soiled himself again. She could smell it. His bag, towel, and lunch box were stained, and the other children were laughing at him and calling him a baby. In spite of this seemingly embarrassing situation, Uriel appeared oblivious to the other children’s taunts. Rebecca described it as a “disconnect,” saying: “He is very self-confident, very independent, sure of himself, and strong-willed! He looked a little worried when I picked him up, but he doesn’t show any awareness that the other children are making fun of him.

“He is very literal: ‘I’m not a baby,’ he said, ‘my brother (1.5 years old) is the baby!’ In a very rational way, he able to deflect criticism, but I am concerned that he is reaching an age where he is going to start having trouble,” said Rebecca.

“Transitions are very difficult for him. I need to give him 30 minutes advance notice. In the morning, when we are getting ready for camp, I need to remind him to use the toilet. But he has a disconnect between his brain and body and doesn’t go to the bathroom. It looks a little like disobedience, but I know that it isn’t,” she continued.

Rebecca explained that Uriel had always been a physically sensitive child. “As an infant, he looked like he was in shock when I would hold him. His eyes were big and looked afraid. He cried a lot those first four months. Uriel was never a cuddly kid and disliked sitting in my lap. When he was three years old, he didn’t like being too close to other people. He disliked standing in line because of the jostling and would wander the periphery, making strange noises. He was different from the other kids, sometimes he would scream when people would greet him.

“Smells from perfumes, Lysol, or other cleaning solutions really bother him. And he is disturbed by loud noises,” she said. Additionally, Uriel hated having his hair cut, and his parents would need to cut his fingernails and toenails in the middle of the night, while he slept! He was so sensitive o certain fabrics and textiles that Rebecca had to choose clothing very cautiously for her son.

When Uriel was four years old, his mother bought him a giant poster of the planets. This sparked passionate interest in astronomy and outer space. “I can look at the sky for long periods of time and wonder what it would be like on those planets,” Uriel told me.

---


©Quarterly Homœopathic Digest XXVIII, 1&2/2011. For private circulation only.
“I get to see space. I wonder what it is like out there. You can have stars, the planets. Mars is cold. If you threw a snow ball at Mars it would never melt!”

“He is like his father in this way,” Rebecca explained. “Uriel is connected with something that is far outside of him. He connects with the galaxy in the same way. He sees beyond himself and at a very young age was interested in life on other planets.

“Uriel frequently dreams of death. Sometimes he dreams of us (his parents) dying, or a friend dying, and occasionally he’ll dream his own death,” Rebecca told me.

When I asked Uriel what these dreams were like for him, he replied, “It is like I am floating in the stars!”

“Sometimes he will wake up screaming, eyes wide open and staring,” Rebecca told me. “We can’t touch him or contact him. He also has flying dreams and silly dreams in which he will wake with laughter!

“For a five-year-old, he thinks deeply about a lot of things. He will sit and read Torah, and his questions are very deep. He doesn’t accept superficial answers to his questions either. Uriel will ask, ‘Why is there evil in the world?’ When he looks up in the sky, it is apparent that he has a strong sense that G-d exists.”

Rebecca described her son as being very creative and possessing a precocious memory: “He memorizes text and plots of movies. He is able to relive Shrek because he’s memorized the entire script!”

Food-wise, Uriel’s preferences included potatoes, corn, eggs, ice cream, and a great thirst for ice-cold water. However, his reactions to corn syrup, preservatives, gluten-containing foods, and dairy were strong, and after eating these foods, Uriel would act out behaviorally and his stools would get even looser than usual. Between his food sensitivities and his sensory issues (oral defensiveness), Uriel was on an extremely limited diet.

“His stools are never solid. They are typically a mustard yellow color. And the stench is overwhelming – like being in a barn! Then sometimes he will play with his stool, smearing it with impunity.”

Disconnected: lost in space

Like many children with High Functioning Autism (HFA), Uriel’s social understanding lagged behind his intellectual and conceptual understanding. Oblivious to the teasing and taunting of his peers, he lacked a social awareness, and this interfered with his ability to connect and engage with his peers.

On a physical level, he demonstrated a disconnect between his colon and brain that interfered with his ability to make it to the toilet in a timely manner. Clueless about his bodily needs, Uriel seemed lost in another world. This type of disconnect can look like disobedience in a child on the Autism spectrum, but to Rebecca’s credit she astutely recognized it as non-volitional behavior.

Many children with HFA struggle with sensory processing problems, and even as an infant Uriel demonstrated this tendency. As Rebecca described, his tactile sensitivity elicited apparent feelings of fear and shock when she tried to hold him. Infants and young children with HFA will sometimes respond to being greeted with aversion and fear, and in Uriel’s case he’d simply scream. For an infant or young child with HFA and sensory issues, every social interaction is uncharted territory, and anxiety levels can quickly rise when unexpected touch is potentially involved – being hugged, picked up, or patted on the head, for example.

A budding astronomer, Uriel’s “grand passion” strongly connected him with the planets and stars rather than his peers. Lost in space, Uriel’s unique and unusual appreciation of the worlds beyond planet Earth is the type of information that makes a homeopath’s ears perk with keen interest.

Homeopathic Hydrogen lights the way home

Most prominent in Uriel’s case was his passion for outer space and his separation from the world. I perceived a strong split between an “other-worldly” consciousness and his worldly existence. Interestingly, Rebecca told me that when they would threaten to take his favorite possessions away as punishment, he’d laugh! “Material possessions just aren’t that important to him,” she said. His interest in esoteric subjects coupled with dilemmas arising due to this earthly existence (e.g., when it is time to use the toilet) led me to the homeopathic remedy, Hydrogen.

At the heart if this remedy’s indications is a conflict between an “other-worldly” consciousness and worldly existence. People needing homeopathic Hydrogen have difficulties navigating the mundane aspects of this world.

Uriel’s dreams of death are a strong indication for homeopathic Hydrogen. In fact, six different symptoms specific to dreams involving death are listed in the indications for Hydrogen in the homeopathic literature, and Uriel’s dreams are represented in five of the six. And when I asked what his feeling was like in these dreams, he replied in a rather “hydrogenesque” manner (“it is like I am floating in the stars!”).

On the physical level, Uriel had a strong tendency toward loose stools, and the characteristic nature of these stools matched Hydrogen’s indications well. Finally, the type of physical sensitivity exhibited by Uriel is also an indication for Hydrogen.

Differential diagnosis: slim pickin’s in light of Hydrogen!

Sometimes, after I take a person’s case, the indicated remedy is extremely clear to me because of
the person’s unique characteristics, as it was with Uriel. Even so, I like to be thorough and make sure there isn’t a better-indicated remedy that I am missing, so I use due diligence to explore other possible remedies – just in case!

I briefly considered Helium for Uriel, a remedy that commonly rises to the surface when working with children on the Autism spectrum. People needing homeopathically prepared Helium prefer to stay within themselves, locked up inside, and they can remain disconnected from those around them. Interestingly, this element, a gas, is formed through a fusion between hydrogen atoms. Because it is so light, it is used to fill balloons; and metaphorically-speaking, this reflected Uriel’s tendency to float off into the cosmos, disconnecting from his immediate surroundings. Even so, homeopathic Hydrogen seemed to be a better match for Uriel than Helium since it fit not only this tendency but many of his other symptoms as well.

Additionally, I considered Phosphorus, a well-known remedy that matched Uriel’s tendency toward involuntary stool and his cravings for ice-water and ice-cream. Though people needing Phosphorus are most often thought to crave company, a polarity exists within the indications for Phosphorus, and Phosphorus patients can also exhibit an indifference to relations and peers. However, Uriel did not exhibit the fears and increased sympathy that I have learned to expect in a Phosphorus patient.

**Increasing the light!**

I gave Uriel his first dose of Hydrogen 1M four – and-a-half years ago. In the time since then, he’s had two more doses of Hydrogen 1M and five doses of Hydrogen 10M. He has responded to each dose and continues to shine his brilliant light – illuminating his peers, family, and the larger community!

I recently asked Rebecca to describe the most significant changes in Uriel as a result of his homœopathic treatment. “After that initial dose, he experienced a worsening of his symptoms that continued to increase in intensity for four weeks!” Rebecca said. “Uriel would look me in the eye and soil his pants while denying that he was doing it.” Rebecca added that her family had recently moved, and Uriel felt very angry about this transition.

“After six weeks, however, there was dramatic improvement. He went two full weeks without any soiling incidents – a first – and he never once had a soiling incident in school. He was always very, very happy in school. Unlike before, he would sit with others in a circle on the rug (though he liked to be a bit separate), and he would do what the whole group was supposed to do rather than always wandering off on his own.”

**A practitioner’s aside: dry vs. liquid dosing**

Uriel’s worsening of symptoms after receiving the initial dose of the remedy, followed eventually by marked improvement, is called an “aggravation” by homeœopaths. Such an aggravation of symptoms is considered a very good sign that the body is responding positively to a correctly selected remedy. But as a practitioner who fully embraces the ethic “first do no harm,” I would prefer to skip the aggravation period and move straight to amelioration and healing! Over the last three years of practice, I have learned by clinical experience that liquid remedies (LM or C potency in liquid) are far less likely to incur an aggravation such as Uriel’s while still producing improvement. Dosing my patients with liquid remedies (instead of granules or pellets taken dry on the tongue) has strongly diminished the likelihood of aggravations, and given me more freedom to tailor my dosing strategy to the patient’s individual needs.

**Dietary freedom: toward health and balance**

“Before homœopathic treatment, the list of foods Uriel had to avoid would fill a page; and the allowed foods were only a few,” Rebecca continued. “After nine months of homœopathic treatment, we accidentally discovered that he no longer regressed after consuming previously ‘forbidden’ foods. He no longer has a limited diet and because he’s also had a decrease in sensory issues, he now enjoys trying new foods and new combinations of familiar foods. He loves to cook and appreciates food like a gourmet, trying to determine the ingredients upon tasting a new dish.”

**Friendship: sharing the light of engagement**

“Last Sunday, a child from Uriel’s class called and wanted a playdate. As I drove to pick up this child and bring him to our house, I was filled with gratitude that there was actually a child in the world who called Uriel his friend,” Rebecca exclaimed. “For so many years, I was afraid that would never happen. Uriel always referred to classmates as ‘friends,’ but now it’s really true. Other kids refer to Uriel as their friend and actually want to spend time with him. He spends a ridiculous amount of time calling friends on the phone. He gets invited to sleepovers and has even gotten in trouble with his teachers for talking to his friends too much in class! I know it’s a little unusual for a parent to be pleased that their child is talking too much in class, but with Uriel, this is a huge milestone and an indication of great change and progress.”

**Clear communication: bringing light to the darkness**

“Before homœopathic treatment, whenever someone attempted to initiate a conversation with Uriel, if he would even respond, the conversation always died immediately. People didn’t often ask me what was wrong with him, but they would cease attempting to communicate with him and exchange looks with
others,” Rebecca noted. “Now, people give me the odd looks when I say that Uriel has ‘issues’. No one knows what I am talking about. We hear compliments about his intelligence, his sense of humor, his love of learning, and his good manners. Teachers tell us that they enjoy him, that he is a deep thinker who brings up really good points in class, and that he asks questions and initiates discussions.”

Sensory issues resolve: removing an obstacle to engagement

“Uriel never used to snuggle, cuddle, hug for a long time, or hold hands. I clearly remember the Shabbat morning about a year and a half ago when Uriel just slipped his hand into mine, actually held on tightly, and continued holding my hand for the 25-minute walk to shul,” Rebecca told me. “It was astonishing. He now falls asleep at night hugging one brother and wakes up in the morning anxious to hug the other one.

“A few days ago, I took Uriel for a haircut. He sat still in the chair, chatted with the stylist about his interests (customizing computers), and described to her how he wanted his hair to look. When she was finished cutting, the stylist said to him, ‘You are the best behaved nine-year-old I’ve ever had in my chair!’ Uriel smiled and asked, ‘Really?!’ I nearly cried,” said Rebecca. “Five years ago, I bought an electric hair buzzer and began cutting his hair myself because it was such a horrible experience to bring him to a professional. He used to scream, cry, twist, kick, bite, and do many other horrible, hurtful things. Uriel, the stylist, and I would all be traumatized at the end, and because of his behavior, his hair would look like he had cut it himself.

“We used to have to cut his fingernails and toenails while he was sleeping up through the age of five or six, and he could only wear clothing that was 100% cotton and of a very specific texture because of his sensory issues. He can now cut his own nails, and while he still prefers a particular kind of clothing, he is able to tolerate other fabrics and textures,” she noted.

A time of miracles: spreading light in a time of darkness!

“Yesterday, my husband and I met with Uriel’s teachers for our fall parent-teacher conference. His teachers began by saying, ‘I just love your boy!’ Fifteen minutes of completely positive comments,” said Rebecca, “and they gave me the oddest looks when I asked if he was ever defiant. It was incredible and an experience I never, ever imagined I’d have.”

As a homeopath, when I receive a case and prescribe the remedy that I feel is the best match, I am never exactly sure how the child will respond. But I do know two things – that homeopathic remedies are safe and gentle, and that it is reasonable to expect a miracle! This time of year is a healthy reminder that even in the darkest of times, a little light can dispel a lot of darkness, and there is always hope for a better day!

“In the depths of winter I finally learned that within me there lay an invincible summer.”

- ALBERT CAMUS

8. Where it All Began: Homeopathy’s Masterwork 200th anniversary of Hahnemann’s Organon of Medicine

SHALTS, Edward (HT. 30, 1/2010)

This year marks the 200th anniversary of the first edition of the book that remains the cornerstone of homeopathic philosophy and practice, Samuel HAHNEMANN’S Organon of Medicine. The story of its birth and evolution gives a glimpse into the meticulous and passionate mind of this brilliant visionary.

Can you imagine a 55-year-old married man with 9 children starting a revolution? I certainly hope you can, because that describes Homeopathy’s founder Christian Samuel HAHNEMANN in 1810, when the first edition of his masterpiece, The Organon of Medicine, was published.

By that time, Dr. HAHNEMANN had already produced 80 publications. Twenty-one were translations and revisions of other authors’ works. Fifty-nine were his own books and articles, thirty-one of which were original publications on Homeopathy.

It was five years into one of the rare periods in Hahnemann’s adult life when all the stress, uncertainty, and wandering seemed to have been left behind.

Pregnant pauses

Due to the economics of his time and ideological conflicts with medical colleagues, HAHNEMANN was forced to move frequently to seek better sources of income and more secure patronage and protection. The times when he was able to spend more than a year or two in a single location were rare, but they were also seminal. In 1785, for example, the newly married HAHNEMANN and his bride settled in Dresden for four years and then in Leipzig for another three. Already disillusioned with the inefficient, barbaric methods of allopathic medicine of his day, the medically credentialed HAHNEMANN switched his attention to chemistry and writing. By 1790, he had published his famous footnote about the medicinal properties of Peruvian bark in his translation of Cullen’s Materia Medica, initiating his work on the homeopathic Law of Similars—and ushering in the dawn of Homeopathy.”
But Hahnemann’s new ideas would have to incubate for quite some time while he moved his family as necessary, seeking a living as a scientist, writer, and translator. It wasn’t until 1805 that his restless life seemed to slow down again—and as before, the pause preceded the explosion of one of the great discoveries of modern time.

In 1805, accompanied by his wife and younger daughters, HAHNEMANN arrived in Torgau, a small town on the banks of the Elbe river in northwestern Saxony, Germany. There, he finally acquired his own home with a garden. HAHNEMANN continued to make a living as a translator and writer, but he also had the opportunity to take long walks and enjoy peaceful dinners and music played by the family orchestra formed by his daughters.

His life appeared stationary, but his mind was constantly working.

**The revolution begins**

In Torgau, armed with the new homœopathic method and having seen amazing results from its application, HAHNEMANN opened a medical practice to further test and prove his concepts with patients. Although he soon developed an extensive and enthusiastic clientele, his medical colleagues were hostile.

HAHNEMANN the scientist needed to elaborate on his theory with accurate details. HAHNEMANN the warrior had to defend Homœopathy against numerous attacks. In 1806, HAHNEMANN began these tasks with his essay “Medicine of Experience”, in which he enunciated the new principle of cure that had unlimited applications. But there was much more to say, and his work on the manifesto of Homœopathy went on for five years, resulting in the first edition of *The Organon* that came out 200 years ago, in 1810.

**Voice of conviction**

*The Organon* is remarkable for many things, not least of which is its combination of broad scope and deep insight. It is a practical manual on how to use Homœopathy, an elegantly reasoned philosophical tome, and a passionately argued exhortation to scientific accuracy. HAHNEMANN was not a man to mince words or cut corners, and he would settle for nothing but the highest standards. His voice comes through the writing loud and clear. In the preface to the first edition, for example, he wrote:

> According to the testimony of all ages, no occupation is more unanimously declared to be a conjectural art than medicine; consequently none has less right to refuse a searching enquiry as to whether it is well founded than it, on which man’s health, his most precious possession on earth, depends. …It remains to be seen whether physicians, who mean to act honestly by their conscience and by their fellow-creatures, will continue to stick to the pernicious tissue of conjectures and caprice, or can open their eyes to the salutary truth. I must warn the reader that indolence, love of ease and obstinacy preclude effective service at the altar of truth, and only freedom from prejudice and untiring zeal qualify for the most sacred of all human occupations, the practice of the true system of medicine.

**Quirks of history**

HAHNEMANN saw five editions of *The Organon* published during his lifetime. Each successive edition had its own characteristics; some contained more substantial changes than others. HAHNEMANN published the fifth edition in 1833, and this was the latest edition of his work available in any part of the world—indeed, it was the last edition generally known to exist—until 1921. The fifth edition stood as the definitive account of Hahnemann’s thought and practice during nearly a century, and a very significant century at that, for in this time Homeopathy spread to many other countries and grew to be a powerful force in medicine. Unbeknownst to generations of homœopaths, however, the fifth edition was not the last word from the founder….

**Mysteries, twists, and turns**

Only Hahnemann’s closest associates knew through personal correspondence that he was working on a sixth edition at the end of his life. The sixth edition was initially written in French but remained unpublished and, curiously, disappeared without a trace. HAHNEMANN then wrote a sixth edition in German. He indicated that it was completed in 1842, but he died the following year before it could be printed. Although Hahnemann’s widow, Melanie, claimed she was getting the manuscript ready for publication, she kept it unpublished for unknown reasons, and it passed to the BOENNINGHAUSEN family at her death in 1878.

Dr. Richard HAEHL, a German homeopath and biographer of HAHNEMANN, reported that the BOENNINGHAUSEN family guarded the manuscript very closely and would let no one even see it. On a visit to HAEHL in 1891, two American homeopaths inquired about the work. Dr. James WARD and Dr. William BOERICKE had read Hahnemann’s later correspondence with its allusions to his being at work on a sixth edition. When HAEHL told them of its whereabouts, they offered to purchase it.

Twenty-nine years later, the Boenninghauens, ruined by World War I, accepted the offer and in 1920...
gave up the manuscript, which is now in the library of the University of California at San Francisco, is a printed German fifth edition with Hahnemann’s handwritten additions and corrections neatly placed in the margins and on interleaved pages. (See photos on next page.) HAEHL published the German sixth edition in 1921.

Two hundred years young

HAHNEMANN spent a significant portion of his adult life sharpening this instrument of medical wisdom as he refined his understanding and use of Homeopathy. Encompassing philosophical theory and practical application, The Organon has been studied and proven dependable time and again by homeopaths around the world. To this day, it’s the starting place for all homeopaths, a very common textbook in Homeopathy courses, and the book you’ll find most often in homeopaths’ libraries. It remains an essential part of Hahnemann’s legacy, the cornerstone of a new system of medicine.

*While translating Cullen’s A Treatise on Materia Medica, HAHNEMANN wondered at the author’s claim Peruvian bark (the source for quinine) was effective against malaria because it was astringent/bitter. Reasoning that this didn’t make sense because other astringent substances didn’t help malaria, HAHNEMANN decided to ingest Peruvian bark to test its effects. When he experienced malaria-like symptoms, he theorized that Peruvian bark relieves people with malaria because it causes similar symptoms in a healthy person—the Law of Similars.

9. An Ideal of Health
   Inspiration from The Organon
   GUBBAY, Diana (HT. 30, 3/2010)

   Homeopathy offers extraordinary opportunities for healing. Perhaps no other modality has ideals as high as ours in terms of goals for treatment. We want to see a person’s symptoms improve under homeopathic care, of course. But that is not all. We want their general level of health to strengthen, too, and their energy and sense of well-being to be palpably enhanced. The aim is for the person to feel “well within themselves” in a way that goes beyond relief from the headaches or itchy skin that may have provoked their original search for help. When a case goes really well, we see people make adjustments in areas of their lives that have been stuck and unhealthy for years. Jobs, living arrangements, relationships, and exercise and nutrition routines are just a few of the places where spontaneous shifts can occur as people regain a holistic sense of well-being.

   Our goals for treatment have their roots in Hahnemann’s inspirational vision of what it is to be a healthy human being. But there are some days in my practice when it’s hard to find the right remedy for someone, or I’m tired from staying up late to work on difficult cases. On these days it can seem like the bar for our work as homeopaths is set unattainably high. A little inspiration is needed. So I pull The Organon of Medicine by Samuel HAHNEMANN off my shelf and read Paragraph 9:

   “In the healthy condition of man, The spiritual vital force (autocracy), The dynamis that animates the Material body (organism), rules with Unbounded sway, and retains all the Parts of the organism in admirable, Harmonious, vital operation, as Regards both sensations and functions, So that our indwelling, reason-gifted Mind can freely employ this living, Healthy instrument for the higher Purposes of our existence.”

   The first time I read this paragraph I got chills up my spine. I wanted to live my life aligned with something larger than myself. In fact, many people have a longing to fulfill a “higher purpose” in their lives. Here was HAHNEMANN, two hundred years ago, describing it as a natural outcome of a state of health. I regularly refer to this paragraph for inspiration regarding how deep homeopathic treatment can be; we can be released into a freedom from dis-ease that emancipates us to explore and express ourselves in the world in a uniquely satisfying way.

Under a magnifying glass

   The language of Paragraph 9, like so much of The Organon, takes getting used to, but it is worth time and patience. What did HAHNEMANN mean by these words, and how significant are they in our lives today? Let’s take a closer look at it, along with a few other aphorisms from The Organon that may enhance our understanding of Paragraph 9.

   HAHNEMANN refers to “the dynamis that animates the material body (organism).” This reinforces the idea stated throughout The Organon that the body does not merely run like an autonomic machine; its functioning does not depend solely on its organ systems and physical details. Instead, each of us is fundamentally enlivened (“animated”) by what HAHNEMANN calls our “Vital Force” or “Life principle” or “Dynamis.” (These terms are used interchangeably throughout this article.) in Hahnemann’s view, these interchangeable terms describe an organizing principle within each of us.

   “The material organism, without the Vital force, is capable of no sensation,
Harmonious functioning of the mental, emotional, and physical aspects of a person depends on the "dynamis," which is intrinsic to life. HAHNEMANN draws a distinction that is fundamental to Homeopathy here. The organism (an individual form of life) is not to be confused with that which animates it.

"The organism is indeed the material instrument of life, but it is not conceivable without the animation imparted to it by the instinctively perceiving and regulating vital force." – Par. 15

Take a look at the wind blowing through the leaves of the tallest tree in your neighborhood, from the base to the upper-most arcing branches. The leaves are not responsible for their own motion. They are moved by the invisible force of the wind. This is like the action of our Vital Force upon all aspects of our being. According to HAHNEMANN, our state of health derives from the fluid action of our Vital Force upon the organism, keeping all aspects in a state of "harmonious operation." We could no more say that the leaf produces the wind than we could say the symptom produces the disease.

**How we become ill**

Having established that life does not exist for us without the "instinctively perceiving" Vital Force, HAHNEMANN explains that we become ill when there is a disturbance to this same organizing, vital principle. This occurs through a "morbific agent" – something that makes us sick.

"When a person falls ill, it is only
This spiritual, self acting (automatic)
Vital force, everywhere present in his organism, that is primarily deranged by the dynamic influence upon it of a morbific agent...” – Par.11

The Western medical model tends to view the symptom as synonymous with the disease that needs to be eradicated. Hahnemann’s view differs. He does not see the source of disease in the symptom, but in a disturbance to the life force.

In health, the vital force accommodates the challenges that might interfere with smooth functioning of the organism. Encounters with the hot sun, an irritating boss, or a demanding exam all have the potential to derail our well-being. When the Vital Force is in harmonious operation as described in Paragraph 9, then these influences are accommodated and sloughed off. We do not remain “stuck” in the dis-ease, and symptoms do not develop.

The dynamis that presides over every aspect of our lives is not rigid. Rather it has ease of movement – "unbounded sway.” With these words we are given the idea of something unlimited (“unbounded”) and also in motion (“sway”), suggesting flexibility without limits or barriers. The flexibility serves to keep the organism in “admirable, harmonious, vital operation.” This is more than the absence of symptoms; it is a picture of health that is fluid, dynamic and full of ease – and it has an aspect of freedom. The Vital Force is maintaining harmony in all parts of the organism. As a result, the body, emotions, and mind are free to explore and express in any number of ways.

The opposite state of dis-ease occurs when the vital force has been disrupted from this flow. We know a disturbance has taken place because the organism shows symptoms: the hot sun leads to a migraine, the irritating boss provokes unrelenting anger, and the fear of failing an important exam results in memory lapses.

**What a cold wind can do**

This idea of flexibility (unbounded sway) of the Vital Force can be seen in a simple example on a cold autumn day. Many people can go out into the first nipping, frigid air of the season without getting sick. Others cough a little, but they are fine the next day. A certain number of people, however, will get sick from the sudden change in temperature. Colds, Flus, Ear Infections, Bronchitis, Asthmatic Episodes, and even Pneumonia may ensue when the person is susceptible.

In these cases, the Vital Force is not able to maintain its stance of “unbounded sway” to keep the organism in a healthy state.

“It is the morbidly affected Vital Force alone that produces diseases, so that that the morbid phenomena perceptible to our senses express at the same time all the internal change, that is to say, the whole morbid deraignment of the internal dynamis; in a word, they reveal the whole disease...” – Par. 12

Although the original derangement is in the life principle. It is the symptoms of disease that guide treatment. The symptom picture in its totality indicates “what needs to be healed” and, if treated successfully, will lead to the reestablishment of harmony in the organism and ease of movement of the Vital Force. [See column one, “Totality of Symptoms,” in the Spring 2010 issue of HT, available on our website.]

“...the disappearance under treatment of all the morbid phenomena and of all the morbid alterations that differ from the healthy vital operations, certainly affects and necessarily implies the restoration of the integrity of the vital force and, therefore, the recovered health of the whole organism.” – Par.12
If a state of health is imbued with vitality, flexibility, and movement, then the converse of health—disease—must, by implication, impose limits on vitality, flexibility, and movement. The response of my Vital Force to the cold wind may keep me from going to work, taking care of my children, meeting with my friends, singing in the choir, or taking my dream vacation. It might keep me from being open to how I could conduct my life creatively and responsively in any given moment, because my Vital Force is too preoccupied with producing a violent cough that keeps me in bed. 4

**Beyond cessation of symptoms**

The harmonious vital operation” that HAHNEMANN refers to in Paragraph 9 of *The Organon* is “as regards both sensations and functions.” For example, we might have the sensation of being cold as we wend our way home on the first cold evening in autumn; the function will be the organism’s response to the forceful wind. When the two act together, harmoniously, as HAHNEMANN describes, the life principle in us will respond flexibly to maintain equilibrium. But when we are susceptible, the cold sensation penetrates beneath our skin, and the function is a fever and ensuing cough. The organism adapts to the morbific influences by producing these symptoms.

We are exposed every day to influences that have the potential to throw us into dis-ease. It can be the sudden change in weather that heralds a shift in season as described above. It can be food or environmental irritants that provoke allergic responses. Physical pain is often the most obvious beacon of ill health, but mental and emotional symptoms can limit us too. Obsessive thinking, mental dullness, memory loss, or emotional responses such as excessive grief—or even excessive joy—can remain “stuck” enough to obscure our ability to “freely employ this living, healthy instrument.”

HAHNEMANN shows us in Paragraph 9 and elsewhere in the *Organon* that the removal of these symptoms (through treatment of the totality) is not the end of the road. The synchronized two-step of harmonious sensation and function is only in service of another facet of life. There is something more than cessation of symptoms that is our goal.

**A state of health as a state of freedom**

It bears repeating:

“In the healthy condition of man, the spiritual vital force (autocracy), the dynamis that animates the material body (organism), rules with unbounded sway... so that our indwelling, reason-gifted mind can freely employ this living, healthy instrument for the higher purposes of our existence.”—Par. 9

When we have recovered from the cold wind, hot sun, angry outbursts, memory lapses, or more serious debilitating disease, and we are out in the world again, what then? Here is where HAHNEMANN inspires us to understand health as the possibility for our fullest manifestation as human beings to “freely employ this living, healthy instrument.” Note the word “freely,” defined as “not being imprisoned or enslaved, not controlled by obligation or the will of another.” In health, we are free, “The healthy condition of man” brings us out of dis-ease into the realm of freedom.

A state of health frees us so that something else within us can be fully used. This is our “indwelling, reason-gifted mind.” It is at once an odd phrase, and at the same time—sheer poetry. If we are not limited by the “stuck” pattern of disease symptoms, then the “reason-gifted mind” that is within each of us is able to act freely to employ our “living healthy instrument” for a purpose. This purpose is beyond disease and beyond health. It is a higher purpose, the higher purpose of our existence.

HAHNEMANN does not tell us what this higher purpose is. Yet he tells us that we are the instrument through which this potential can manifest. What can Paragraph 9 of *The Organon* mean for each of us?

1. For further explanation of the translation of these terms, see the glossary definitions of “life force” (p. 323), “dynamis” (p. 304), and “wesen” (p. 361) in *The Organon of the Medical Art*, edited and annotated by Wenda O’Reilly, PhD.
2. Morbific, meaning “to make sick” from the Latin morbus + -ficare to make.
3. Susceptibility is a topic for a future column of Philosophy Alive!
4. In long term treatment, we hope to see susceptibility be reduced: for example, people who often get sick in fall and winter may eventually be able to waltz through these seasons without so much as a sneeze.
5. Dictionary.com
6. The state of health described in Paragraph 9 is an ideal. It is possible that very few of us attain this degree of complete well-being. Yet, in whatever relative state of disease we may find ourselves, we have the opportunity to respond to Hahnemann’s suggestion that we fulfill the “higher purposes of our existence.”
7. Wenda O’Reilly’s translation of *The Organon* expresses this same phrase as “indwelling, rational spirit.”
10. HAHNEMANN and Homœopathy: Pioneering Work in Psychiatry
MERIZALDE, A. Bernardo (AJHM. 101, 1/2008)

HAHNEMANN was a pioneer in the area of mental health. According to Richard HAEBL, HAHNEMANN began to promote the humane treatment of the mentally ill in 1793. In 1796, HAHNEMANN wrote: “The physician in charge of such unhappy people (the insane) must, indeed, have at his command an attitude which inspires respect but also creates confidence. He will never feel insulted because a being that cannot reason is incapable of insulting anyone.”

Homeopathy and Psychiatry

The first homœopathic hospital for the mentally ill was founded in Middletown, New York, in May 1874. According to the attending physicians, it “…did not require the use of the opiates, bromides or chloral hydrate in order to control the patients.” (Stiles, 1875)

A report published in the Transactions of the American Institute of Homœopathy compared the patient discharge rates of homœopathic mental hospitals in the state of New York to those of conventional hospitals between 1883 and 1890. The homœopathic hospitals were able to discharge fifty percent of their patients as contrasted to thirty percent for the conventional hospitals. The conventional hospitals also had a thirty-three percent higher death rate. (Talcott, 1891)

A prominent physician who used Homœopathy to treat the mentally ill was Charles Frederick MENNINGER, founder of the Menninger Clinic in Kansas, which is still in operation, but no longer uses Homœopathy. Dr. MENNINGER was an active member of the American Institute of Homœopathy and is quoted as saying, “Homœopathy is wholly capable of satisfying the therapeutic demands of this age better than any other system or school of medicine … It is imperative that we exhaust the homœopathic healing art before resorting to any other mode of treatment, if we wish to accomplish the greatest success possible.” (MENNINGER, 1897)

Few studies on the use of Homœopathy in the mental health field have been published and even fewer follow acceptable scientific methodology. Some meta-analyses show Homœopathy is a viable medical therapy and can be adapted to modern research methodology. There are ten high-quality studies on the treatment of mental problems that include depression, insomnia, nervous tension, agitation, aphasia, and behavior problems. Of these ten studies, eight demonstrated positive effects of homœopathic treatment. None of those studies have been replicated, but they suggest that homœopathic treatment should continue to be explored in the mentally ill. (KLEIJNEN, KNIPSCHILD and REIT, 1991) (LINDE, et al., 1997)

Dr. Jonathan DAVIDSON has noted that there are similarities between modern psychiatry and Homœopathy, and in his article (DAVIDSON, Psychiatry and Homeopathy, 1994) he discusses self healing, microdoses, the disappearance of the symptoms in reverse order of their appearance, and the diagnosis by pattern recognition of the symptoms. Other treatments invoke the concept of similarity as in the treatment of depression with sleep deprivation or the use of reserpine in the treatment of refractory depression. (Ananth & Ruskin, 1974), (Wu & Bunney, 1990)

Tricyclic antidepressants are used in small dosages in the treatment of panic disorder, yet these antidepressants tend to cause an exacerbation of those symptoms at higher dosages in these patients. (Kaplan & Sadock, 1995)

DAVIDSON and his colleagues concluded that Homœopathy may be useful in the treatment of some patients who suffer from anxiety or depression, either as an adjunctive or sole treatment. The authors noted several limitations of the study, and felt that only larger, double-blinded, controlled trials could provide answers to the questions that arise when using Homœopathy in the treatment of disease, in general, and in psychiatry in particular. (DAVIDSON, MORRISON, SHORE, et al., 1997)

CHAPMAN, et.al., performed a randomized, double-blind, placebo-controlled study on sixty patients with persistent mild traumatic brain injury. The results suggested that Homœopathy used alone or concurrently with conventional pharmacological and rehabilitation therapies might be effective in treating patients with persistent mild traumatic brain injury, a condition which is notoriously recalcitrant to conventional treatment. (CHAPMAN, WEINTRAUB, et.al., 1999)

LAMONT, performed a double-blinded placebo-controlled study on the treatment of forty-three children with the diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). It showed statistically significant differences in the group that received homœopathic treatment compared to the group that received placebo. (LAMONT, 1997)

Another study of ADHD done in Switzerland involved 115 children (more boys than girls). It used standard diagnostic criteria and screening tools to confirm the diagnosis. Seventy-five percent of the children were treated with Homœopathy prescribed according to Hahnemannian criteria. The study lasted three-and-a-half months. (Frei & Thurneysen; Treatment for Hyperactive Children: Homeopathy and methylphenidate Compared in a Family Setting. 2001)

This same research group decided to do a “cross-over” phase of the study and stopped the remedies.
What they found when the children who had improved with Homeopathy were selected randomly to receive the homeopathic medicine or placebo was that those receiving placebo deteriorated and then subsequently improved when the remedy was reinstated; it is important to note that the study was double-blinded. (FREI, et.al., 2005)

Hundreds of case reports have been published in homeopathic journals, during the nineteenth and twentieth centuries, of patients suffering from mental disorders who were treated successfully with Homeopathy. Even though some of the cases were inadequately evaluated, many of these patients could meet DSM-IV criteria for a mental disorder.

A case series of 120 patients with diagnoses of anxiety neurosis, phobias, psychosomatic disorders, or neurotic depression was published by GIBSON, et.al.

PRIESTMAN described twenty cases of anxiety, phobias, and hypochondriasis treated with Homeopathy (PRIESTMAN, 1953).

Reichenberg-ULLMAN and ULLMAN have successfully treated patients with ADHD, depression, and behavior disorders. (Reichenberg-ULLMAN & ULLMAN. Ritalin Free Kids, 1996) (Reichenberg-ULLMAN & ULLMAN, 1999)

DETINIS presented six cases of patients suffering from depression with suicidal ideation, chronic pain, sleep disorder, premenstrual syndrome and anxiety disorder treated homeopathically.

BODMAN presented a series of cases of depression, anxiety, sleep disorder, phobias, neurosis, cerebral sequelae from a stroke, Meniere’s disease, Migraines, and other conditions treated successfully with Homeopathy. (DENTINIS, 1994) (BODMAN, 1990)

BOLTZ AND PHALNIKAR presented patients with acute psychosis who recovered after homeopathic treatment with long-term follow-up. These patients had failed to improve with conventional treatment (BOLTZ, 1968) (PHALNIKAR, 1962).

SAINÉ presented a series of cases of patients with psychosis, manic-depressive disorder, obsessions, and neurosis (SAINÉ, 1997).

SHEVIN presented several cases of patients with dissociative disorders, character pathology, and post-traumatic stress disorder treated homeopathically. (SHEVIN, 1989)

GALLAVARDIN published a series of alcoholic patients who recovered with homeopathic treatment. (GALLAVARDIN 1960/90)

GALLAVARDIN, M. et. al., presented a series of thirty men treated for alcohol withdrawal and delirium tremens. They reported that about thirty percent of the patients continued treatment for 12-18 months with most of them abstaining during a long follow-up period of up to seven years. (GALLAVARDIN 1960/90)

(GRAZYNA & TRZEBIATOWSKA-TRZECIAK, 1993)

Some authors have presented cases of children with mental retardation who improved with homeopathic treatment. HAIDVOGL, et. al., presented a series of forty cases of handicapped children. They reported that close to 75% of the children responded to treatment with nearly 50% showing improvement of all the target symptoms. The authors pointed out that the children with organic brain injury, autism and definite syndromes responded well generally in comparison to the children whose handicap was due to social deprivation. (HAIDVOGL, LEHNER, RESCH, 1993)

GRIGGS presented a series of four cases, including one with a seizure disorder (Griggs, 1968)

WRIGHT-HUBBARD presented four cases of mental retardation, with seizures, autism, and muscle twitching who responded well to homeopathic remedies when there was nothing else conventional to offer them. (WRIGHT-HUBBARD, 1965)

CORTINA presented a series of twenty cases of children with enuresis and behavioral problems treated with Ilex, a plant derived remedy. They reported 50% improvement in the enuresis and behavioral symptoms. Unfortunately, the study was not controlled, which makes it difficult to evaluate. (CORTINA, 1994)

There are a number of single case reports of patients suffering from anorexia nervosa, anxiety neurosis, and manic-depressive illness treated successfully with Homeopathy. BOERICKE reported an interesting case of a patient suffering from dementia with psychosis treated with a homeopathic preparation of chlorpromazine after the patient had worsened with the usual dosages of this drug. (GRAY, 1981) (CROTHERS, 1981) (WHITMONT, 1980) (BOERICKE, G., 1965)

Though the above cited cases provide documented evidence that homeopathic medicines can be effective in medical disorders, many other cases reported in the homeopathic literature do not. Most single case reports in our literature give only anecdotal information.

Patients with depression and bipolar disorder respond very well to homeopathic treatment. Some of these patients have required conventional medications, but the dosages have tended to be moderate; they have rarely needed more than one or two medications, and intercurrent symptomatic problems were treated with homeopathic remedies. (MERIZALDE, 2003-4)

Patients with Tourette’s disorder have also responded well to homeopathic remedies, as well as patients with trichotillomania, anxiety, chronic fatigue and fibromyalgia, and dissociative disorders, including multiple personality disorders. These patients have had poor responses to conventional medications or did not tolerate the side-effects from them. (MERIZALDE, 2002-3)
Therapeutic Considerations for the Use of Homœopathic Remedies in Psychiatry

After the homœopath takes a complete case, he or she selects those symptoms which are uncommon, rare and peculiar; that is to say, they are outside of the common or usual. An example of an unusual symptom might be when a chilly person wants to apply something cold to his headaches.

The selection of the remedy is always based on the totality of symptoms of the patient with special consideration given to their peculiar or characteristic qualities, such as: congestion of the face, red skin, glaring eyes, throbbing carotids, excited mental state, hyperaesthesia of all senses, delirious and restless sleep, dryness of the mouth, etc., which are found in the proving of Belladonna. These are the symptoms of an anticholinergic intoxication and, according to the theory, can be treated with minimal dosages of the same substance, following the principle of hormesis.

Hahnemann identified two contrasting biological actions that could be induced by medicinal substances: the first, the pharmacological, or toxic, effect of the substance, and the second, the organic reaction, which represented the drive of the organism to return to a state of equilibrium. This is known today as the "rebound phenomenon," and can be induced by certain drugs such as vasoconstrictors, alcohol, coffee, benzodiazepines and narcotics.

This phenomenon, called hormesis, is a dose-response relationship phenomenon characterized by low-dose stimulation and high-dose inhibition observed in carefully designed and rigorous in vitro and in vivo scientific research. (Calabrese EJ, 2004) (Merizalde, 2005)

Hormesis may play a role in conventional pharmacological treatments in psychiatry, such as the use of tricyclics in the treatment of panic and anxiety, or paradoxical reactions from benzodiazepines. Perhaps, the reported increase in suicidal ideation caused by the SSRI medications could be part of this same phenomenon. It is also often seen that antipsychotic medications can worsen psychotic symptoms. (Kaplan & Sadock, 1995)

A manic state of a quarrelsome and obscene character, with immodest acts, gestures and expressions, such as exposing oneself, is characteristic of Hyoscyamus.

There are thirty-nine remedies cited by Guernsey with symptoms characteristic of mental illness. In addition to the mental symptoms, characteristic, physical symptoms are also included in the amanmnesis. (Guernsey, 1866) (Boericke, W., 1927)

Hahnemann observed that one can often observe an initial aggravation of the patient’s symptoms after which improvement begins. A similar phenomenon has been observed in the treatment of anxiety disorders with tricyclics. (Kaplan & Sadock, 1995)

The clinical pictures elicited in the proving of certain remedies can sometimes bear an uncanny resemblance to modern clinical syndromes. A good example occurs in the proving of Aurum metallicum. Provers reported: “Hopeless, despondent and great desire to commit suicide, disgust of life, feeling of self-condemnation and utter worthlessness.”

Contrast that description with that of Staphysagris one is akin to the rejection sensitivity of a patient with Donald Klein’s Hysteroid Dysphoria or atypical depression.

As previously mentioned, the remedy is selected not only on the mental picture but any concomitant physical symptoms. For example, Aurum seems to have an affinity for cardiovascular system, while that of Staphysagria is often for the genitourinary system.

Another interesting picture is that of Arsenicum album, which is characterized by great anguish and restlessness; it also has fear of death and of being left alone. These are symptoms commonly found in anxiety disorders, especially with panic attacks.

The picture of Natrum muriaticum (sodium chloride) presents with: ill effect from grief, fright, anger, etc.; depressed and irritable; gets into a passion about trifles; wants to be left alone to cry. These symptoms may be found in a Dysthymic or Adjustment disorders.

Nux vomica manifests with a zealous fiery temperament, great irritability; intolerance of noise, odors, light, or touch. The remedy is also: sullen and fault-finding, desirous of stimulants, sometimes in excess, and suffers from constipation. These symptoms are found in patients suffering from neurovegetative dystonia, as well as other forms of dysthymia, usually of organic nature.

These are some of the mental symptoms reported in the homeopathic Materia Medica.

Homœopathic remedies are non-toxic and safe; however, they need to be prescribed with care as they can elicit symptoms in sensitive persons. Just as someone can react emotionally to an intense movie, including nightmares that could last several days, or react to a psychotherapeutic intervention, certain very sensitive patients can “prove” homœopathic medicines. In patients who are extremely sensitive the LM potencies may be necessary. If the symptoms of aggravation are too intense, an antidotal remedy that covered the old and the new symptoms will be necessary, at a lower potency than the remedy that caused the aggravation (this last recommendation is based on personal experience). (Hahnemann, 1842/1996)
References


11. Look at, then See the Case
SHEPPERD, Joel (AJHM, 102, 2/2009)

Introduction:
Each student of Hahnemann’s Organon finds something that is especially interesting. Many people like the sweeping mission statement of §1 and §2, and often quote those lines. Other practitioners appreciate the historical perspective offered by HAHNEMANN when he compares the deficiencies of all previous forms of medical therapeutics. Those who like the mystery of the unknown may relish the details of preparing a medicine with no more original substance in it. The homeopath who has emphatically rejected the narrow view of mechanistic biomedicine may make a religion out of the vital force of §9. The far-ranging thinker calls the first part of the Organon a philosophy rather than real, verifiable experimental conclusions. One group of homeopaths cannot bring themselves to translate some of the noun objects named in the Organon. They leave the words “gestalt” and “wesen” untranslated, for instance, as if these terms are just too important to say in English.

To me, the Organon is a “how to” manual. How to verbs are the most important words for me. The first part of the Organon begins with §82-104. These aphorisms devote considerable effort listing the necessary skills of the investigation of a person’s diseases. HAHNEMANN instructs the curing artisan to be complete, thorough and ask about past symptoms as well as present symptoms; and to include all circumstances, such as other treatments, life habits or family traits. Homeopaths routinely do this now, but it was quite an innovation to be so complete for a chronic disease case; it was not done before HAHNEMANN.

This case taking section of the Organon ends with the statements in the first part of §104. This aphorism tells us how to turn a list of facts or bits of information
to the disease, and to prescribe a homœopathic remedy…”(4)

§104 “Once the picture of the disease has been accurately sketched, the most difficult part of the physician’s task is accomplished. A record of the totality of the symptoms, especially those that mark and distinguish the case of disease, is now always available to the physician as a complete picture of the illness to guide him in his treatment. He can pick out the characteristic symptoms in order to oppose…”(10)

§104 “When the totality of the symptoms that specially mark and distinguish the cause of disease or, in other words, when the picture of the disease, whatever be its kind, is once accurately sketched, the most difficult part of the task is accomplished. The physician has then the picture of the disease, especially if it be a chronic one, before him to guide him in his treatment: he can investigate it in all its parts and can pick out the characteristic symptoms, in order to oppose to these, that is to say, to the whole malady itself, a very similar artificial morbidic force, in the shape of a homœopathically chosen medicinal substance…”(5)

§104 The Dudgeon translation is used by Boericke word for word.(6)

§104 “When the picture of any case of disease, i.e., the totality of symptoms particularly defining and distinguishing it, is precisely written down, then the most difficult part of the task is already accomplished. In his treatment, especially of chronic disease, the physician can always refer to it. He can peruse it in all its parts and pick out the characteristic symptoms so as to counter them:, i.e., counter the complaint itself, with the appropriately similar artificial disease agent the homœopathic remedy…”(7)

§104 “Once the totality of symptoms that principally determines and distinguish the disease case – in other words, the image of any kind of disease – has been exactly recorded, the most difficult work is done. During the treatment (especially of a chronic disease), the medical-art practitioner then has the total disease image always before him. He can behold it in all of its parts and life out the characteristic signs. He can then select….”(8)

§104 “If now the totality of the symptoms preeminently determining and distinguishing the case, or in other words, if the picture of the disease of any kind exactly noted down for once, the most difficult labor is done. The healing artist then has it always before him laid down as the basis of treatment especially of the chronic disease, he can penetrate it in all its parts and mark the characteristic signs, in order to oppose them.”(9)

§104 “Once the picture of the disease has been accurately sketched, the most difficult part of the physician’s task is accomplished. A record of the totality of the symptoms, especially those that mark and distinguish the case of disease, is now always available to the physician as a complete picture of the illness to guide him in his treatment. He can perceive it in all its parts and can pick out the characteristic symptoms…”(11)

§104 “Ist nun die Gesamtheit der, den Krankheitsfall vorzugslich bestimmenden und

or a list of seemingly unrelated symptoms into a meaningful picture (“bild”) or a living whole (“ganz”) or a “gestalt.” We must determine the characteristic symptoms. How does HAHNEMANN define “characteristic peculiar.” However, HAHNEMANN uses multiple aspects of meaning. Table 1 lists the translation of several different German words that describe characteristic symptoms.

What does HAHNEMANN actually say to do with the totality of symptoms? He never uses the word “analyze.” The dictionary says that “analyze” means “breaking up something complex into its various simple elements.”(1) This process covers how we analyze a person’s whole disease, and break it down into its component parts, which we call the totality of symptoms. The discovery of the characteristic symptoms from the totality of symptoms is another, different process. What is that technique? We will consult eleven versions, ten different ones in English, to reach a greater realization of what to do.

Eleven Different Versions of §104

§82 “When once the whole complex of symptoms, the picture of any particular kind of disease, is exactly drawn out, then the most difficult part of the physician’s task is finished. Then he has it always before him: he can study it in all its details, in order to discover an effective opposing force, an artificial counter disease-force, similar to the existing disorder, chosen out of the symptom-lists of all the medicines which are known to him…”(2)

§XCVII “The totality of the symptoms, which characterize a given case—or, in other terms, the image of the disease—being once committed to writing, the most difficult part is accomplished. The physician ought ever after to have this image before his eyes to serve as a basis of treatment, especially when the disease is chronic. He can then study it in all its parts, and draw from it the characteristic marks, in order the oppose to these symptoms—that is to say, to the disease itself—a remedy that is perfectly homœopathic….”(3)

§104 “When all of the prominent and characteristic symptoms, collectively forming an image of a case of chronic, or of any other disease, have been carefully committed to writing, the most difficult part of the labor will have been accomplished. The image which has now been construed, forms the basis of treatment, particularly of chronic diseases. This image is always accessible to the physician, whom it enables to oversee all its parts, to mark its characteristic signs representing the disease, and to prescribe a homœopathic remedy…”(4)

§104 “When the totality of the symptoms that specially mark and distinguish the case of disease or, in other words, when the picture of the disease, whatever be its kind, is once accurately sketched, the most difficult part of the task is accomplished. The physician

©Quarterly Homœopathic Digest XXVIII, 1&2/2011. For private circulation only. 100
auszeichnenden Symptome, oder andern Worten, das Bild der Krankheit irgend einer Art einmal genau aufgezeichnet, so ist auch die schwerste Arbeit geschehen. Der Heilkünstler hat es dann bei der Cur, vorzuglich der chronischen Krankheit auf immer vor sich, kann es in allen seinen Theilen durchschauen und die charakteristischen Zeichen herausheben, um ihm eine gegen diese, das ist, gegen das Uebel selbst gerichtete…”(12)

A Tally of Two Verbs

HAHNEMANN says to do two actions with the totality of symptoms in §104. We “herausheben” the characteristic symptoms. The most popular translation for this is “pick out” according to BOERICKE, KUNZLI, HAMLYN and HOCHSTETTER. “Lift out” says O'Reilly; “mark” says FINCKE and WESSELHOEFT; “chosen out of” says WHEELER; and “draw from it,” says DEVRIENT. One German dictionary defines it as “lif out” (12), and another dictionary mentions “lif or take out; render prominent, make conspicuous, lay stress on; throw into relief, set off.”(14)

HAHNEMANN “herausheben” the characteristic symptoms from the totality of symptoms by doing what? He says to “durchshauen” the symptoms. “Study” say WHEELER and DEVRIENT; “oversee” says WESSELHOEFT; “investigate” says BOERICKE; “peruse” says KUNZLI; “behold” declares O'REILLY; HAMLYN says “guide;” HOCHSTETTER says “perceive; and FINCKE mentions “penetrate.” Some of these words don’t seem to be related to each other in any meaningful way. Three different German dictionaries offer: “to see through, to see clearly to understand;”(15) “to look through, to see through, to penetrate;” (16) “see through, look through, penetrate, understand, grasp, see into the heart of;”(17)

Some of the words that translators choose emphasize the senses: “oversee, behold, perceive.” Other words emphasize thinking about the symptoms; such as, “study, investigate, peruse, guide.” Remember in §6 that HAHNEMANN says to observe what is “outwardly discernible through the senses.”(18) He does not want us to think up symptoms or say, “I think I understand the symptom,” or make hypotheses or interpretations of the symptoms. We are to use all the perceptible signs and symptoms of the diseases in the individual. We use all five of our senses of smell, taste, touch, hearing and sight to perceive the totality of the symptoms of the disease. We do not think the characteristic symptoms; we see them.

In German there are two words “to see;” “schaunen” and “sehen.” In English we can perhaps compare these two words with “to see” and “to look.” Here are some examples:

We can look at a list or look through a list of symptoms.
We can look at something and not really see it if we don’t pay attention.
We can look through a window because it is transparent.
Or we can see through a window, which implies that we actually noticed something that we looked at through the transparent glass.

We don’t look through a person unless we are Superman, but we can see through a person if we realize their unstated motivations or intentions.

Looking at or looking through a list of symptoms of a disease is not enough.

We must see through the symptom totality and realize the living whole.

To see the whole we stay with the symptoms; we stay within the symptoms; we stay with the concrete observable symptoms only. We do not attempt to see beyond the symptoms, as if we can see over the horizon and extrapolate the reality. We do not try to see something behind the symptoms that seems to just elude our senses, because we do not believe that the signs and symptoms are enough. We do not reach above the symptoms looking for universal ideas or concepts. These acts of the thinking mind that separated itself from the seeing mind only introduce theories and hypotheses. Examples of ideas that we can think up include taxonomy categories, psychological categories, and periodic table themes. These are all preconceptions, assumptions and suppositions borrowed from other sciences. Choose, instead, to stay with the actual perceptions.

One homeopathic practitioner hints that we can see the whole case and recognize the characteristic symptoms if: “A preparation for this labor involves the task of making acquaintance of a good repertory and mastering as far as is possible the peculiar genius of the best proved drugs, this latter achievement is no slight task…”(19)

A New translation of §104

For the word “herausheben,” I choose the definition “make conspicuous.” The dictionary definition is to make “clearly visible, obvious, plainly evident, attracting notice, remarkable, noteworthy.”(20)

For “durchschauen” I use the words “make transpicuous,” defined as “that can be seen through, transparent, lucid.”(21)

I choose a bullet point format to make the aphorism more perspicuous; that is, “easily understood, clearly expressed.”(23) Here is my translation of the first part of §104:

• Accurately noting down the totality of symptoms that determine and distinguish the case is the most difficult part of the task.
• After several conversations, the doctor sketches the disease picture of the patient as completely as possible.
• The curing artisan can then refer to his notes at any time.
• Make transpicuous all the parts.
• Make the characteristic symptoms conspicuous.
• Distinguish the most striking and peculiar (characteristic) symptoms.
• Then choose the appropriate artificial disease agent – the homœopathic medicine – the best possible similarity to the signs to begin the cure.

References
3. DEVRIENT C, translator. The Homeœopathic Medical Doctrine or Organon of the Healing Art of S. HAHNEMANN. Dublin: W.F. WAKEMAN; 1833.
5. BOERICKE, W., translator. Organon of Medicine by Samuel HAHNEMANN. Philadelphia: Boericke & Tafel; 1935.
18. WESSELHOEFT, p. 66.
21. Ibid. Transpicuous; p.3373.
22. Ibid. Perspicuous; p.2172.

================================================================================================
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. Ein homöopathisches Patientennetzwerk im Herzogtum Anhalt-Bernburg. (A homoeopathic Patients Network in the Dukedom Anhalt-Bernburg)
BUSCHE Jens (Karl E Haug Verlag, Stuttgart, 2008 (German).

This is 11th book in the Quellen und Studien zur Homöopathiegeschichte Series which is brought out by the Institute for History of Medicine of the Robert Bosch Foundation, Stuttgart with Dr. Robert JUTTE as the Director of the Institute.

This book covers the family of KERSTEN and his near relations during the years 1831 – 1835, when Samuel HAHNEMANN was practicing in Koethen.

The study is in 7 chapters.
The 1st chapter is Introduction.
The 2nd Chapter describes HAHNEMANN’s daily Practices during his period in Koethen. During the period, he brought out new Editions of his basic textbooks and Materia Medica and Chronic Diseases. It was from Koethen that in 1831 he gave out to the world through several publication on prevention as well as cure of the Cholera Epidemic.

The third Chapter gives the biographical details of the family of KERSTEN.

The dietetic instructions of HAHNEMANN during his treatment are discussed in chapter 4. Here are discussed fresh air, light, walking in the open, food, etc. The instructions HAHNEMANN gave his patients through his several letters are also studied here.

Sixth Chapter is titled “Homeopathic Foreign therapies” by Chamber President BRAUN and Dr. med. WÜRZLER of the family of KERSTEN.

The seventh Chapter is a Summary.

There is a detailed Annexe containing the key to the abbreviations used by HAHNEMANN, latin references, details of the personalities named in the book, chronology of prescriptions, dietetic questions as well as other related remarks in respect of each of the family of KERSTEN.

The book is not only of historic interest but also discusses the problems presented by the patients and how HAHNEMANN managed them.

K.S.SRINIVASAN.

II. My experiments with 50 millesimal scale of potencies by Dr. Ramananlal P. Patel.

Dr. PATEL begins his book with extensive prefaces to all the editions of the Organon, the preface to the 6th edition occupying almost 9 pages. Then comes a list of references arranged alphatically about 193 in number. Next follows a list of contents of the book – in all 16 Chapters including two appendices.

Then comes three introductory chapters. The first part deals with the life & times of HAHNEMANN, the second part with the Organon of Medicine, its evolution and evaluation and the third part occupies pages that deals with Dr. PATEL’s initiation and research work on the sixth edition and 50 millesimal potencies. The protocol and methodology of the research work is given on pages 31 to 33.

Chapter I from pages 34 to 53 deals with the 50 Millesimal potencies and their preparation. Details of the manufacturing process and various technical points are given and a few sample paragraphs, modified amended and rewritten by HAHNEMANN in the 5th edition for the sixth edition give us an idea of the nature of Hahnemann’s handwriting.

Chapter 2 gives the evolution of 50 millesimal scale of potencies.

Chapter 3 compares the same scale with the centesimal scale and

Chapter 4 deals with the history and a historical survey of the development of 50 millesimal scale of potencies.

Chapter 5 gives the reason “WHY” Hahnemann advocated the 50 millesimals as a further advance in the method of treatment.

Chapter 6 deals with Dr. PATEL’s earlier experiences from 1948 to 1968 in dealing with his cases giving brief notes of about 33 examples of such cases.

Chapter 7 is titled the treatment of diseases with 50 millesimal potencies and

Chapter 8 talks on the selection of the potency according to various scales of potentization.

Chapter 9 is pretty large one from pages 111 to 129 and deals with the preparation and the administration of the remedy.

Chapter 10 talks on the repetition of the dose or what is called as pharmacopollaxy according to both the 5th and 6th editions of the Organon

Chapter 11 deals with a few observations of Dr. PATEL during past 56 years.
Chapter 12 gives the advantages in the use of 50 millesimal scale potencies.

Chapter 13 from pages 153 to 179 gives an approach to cases in Homœopathic practice.

Chapter 14 gives a few case reports of Hahnemann his approach and his use of 50 millesimal potencies and also includes Dr. PATEL’s understanding and learning and experiences in utilizing this scale - covers pages from 180 to pages 222.

Chapter 15 occupies pages 223 to 457 and deals with various strategies of homoeopathic prescribing and given us cases dealt with, on Asthma and various chronic cases and also a large section of Cancer cases. A protocol for research in the treatment of Asthma and Cancer cases has also been given.

Chapter 16 gives the concluding remarks of the author in which he says that freeing the ‘soul’ from the clutches of disease is a great reward that Homœopathy offers to suffering mankind. Every case which Dr. PATEL has treated with 50 Millesimal Scale potencies has brought tears of ‘joy’ in his eyes – He add’s – that ‘Joy” with tears is the greatest experience in ones life who follows truth the greatest Homœopathic truth for the good of mankind.

Appendix I contains a list of remedies still seen in Hahnemann’s wooden case inlaid Ivory box. These contain potencies prepared upto millesimal 1 to 10 and some remedies like Mercurius solubilis and Sulphur are prepared upto the 30th degree. However in a footnote it is given that the box containing the potencies made by HAHNEMANN in the 50 millesimal scale is lost or is missing or stolen from the Institute of the History of medicine of Robert Bosch Foundation, Stuttgart, Germany.

Appendix II gives some details of how the 50 millesimal potencies are administered to patients by Dr. PATEL both to local patients and to distant patients.

My concluding remarks are as follows. This book of 460 pages sent to me by Dr. PATEL is his greatest work that he has brought out at his age. One cannot read this book in a hurry. For my readers of HCCR I had to condense the gist of all the chapters for their benefit. The pages dealing with various cured cases is exhaustive and stunning can our misinformed and misguided allopathic friends do the same?

Dr. PATEL is one of the leading stalwarts of Hahnemann’s system of Homœopathy. He is a recipient of various awards and is a members of various committees all over India and abroad. Dr. PATEL’s life from the clutches of an advanced Osteosarcoma is a saga in itself. He cured himself by various potencies of Thuja after failure of repeated operations and other medications. God in his Supreme Wisdom decided to save Dr. PATEL’s life, so that he could devote himself to the cause of Homœopathy and HAHNEMANN and cure innumerable acute and chronic cases for the benefit of ailing humanity. Dr. PATEL’s book is not easy to read – because it contains a wealth of information that is in fact mind-boggling. I advise all my readers to purchase this book and go through it – at least go through the various case reports and cures that have been made. The book costs Rs.500 and to my mind very moderately priced. I would advise all my readers to go through this book carefully for their benefit.

Dr. D.E. MISTRY.

III. Euphorbium – Materia Medica Revisa
Homoeopathiae: von Bettina ROSE-BRÜHL, Klaus-Henning GYPSEP (Hrsg.), Wunnibald Gypser Verlag, Glee.

This Monograph comes in Materia Medica Revisa Series.

It is understood from the ‘Nachwort’ (Epilogue) that there are several Euphorbium and it is difficult to say who proved which Euphorbium; or for that with regard to the data collected from toxicological reports and Case Reports.

HAHNEMANN mentions in his Chronic Diseases mentioned that formerly the source was from Euphorbium officinarum growing in the hottest part of Africa and later from the Canary Isles, being gathered from Euphorbia canariensis. Symptom No.79 in Chronic Diseases is from Euphorbium cypariassias.

The Monograph contains 284 symptoms.

There are symptoms which have been missed in the Repertories. Careful comparison has to be made to fill this gap in the Repertories e.g. Symptom No.275 in the Monograph gives: “Shivering (Shaking) of the whole upper body”.

All symptoms given in the MMR series are reliable. Excellent get up.

K.S. SRINIVASAN.

IV. Euphrasia – Materia Medica Revisa
Homoeopathiae: von Doris BARZEN, Klaus-Henning GYPSEP (Hrsg.), Wunnibald Gypser Verlag, Glee.

There are 632 symptoms in this Monograph.

Nearly 35% of the Symptoms of Euphrasia pertain to the eye and Vision: Dr. Doris BARZEN gives very interesting information in the ‘Nachwort’: Dr.C.G. MOHR, a student of HERING was treating a 2 year-old girl child who suffered from diarrhoea and painful urging for stool causing anal prolapse, which was not responding to any of the medicines, over a period of 9 months. At this juncture the child developed coryza
sneezing, photophobia, etc. which called for *Euphrasia* which was given in C30 water, every 3hrs. and by next day the coryza, sneezings were all better. Five days later a severe diarrhoea came on painless lasting the whole day. After the last stool, the child got up and said “Mamma, my thing’s up” and she was found to be cured of the prolapse. MOHR was very much astounded and when he studied the proving in Hahnemann’s Pure Materia Medica he found in Symptom No.17 “a pressure in anus when sitting”.

Another interesting report by Dr. Mac FARLAN, who had been called by a 76-year-old woman suffering from severe inflammation of the eye. She was also taking antidiabetic drugs. With Dr. Mac FARLAN’s prescription of *Euphrasia* the eye complaints which were troubling the woman since three months, was relieved in 12 days. Her pharmacist who routinely examined her urine and sugar level told her that her Diabetes was very much better. Mac FARLAN was very much surprised and he gave the woman now *Euphrasia* 40M. After 8 weeks the pharmacist reported that for the first time in year her urine was free from sugar. The Diabetes of the 76-year-old remained healed.

As usual the Monographs are excellently got up – printing, binding etc. and above all gold mine of Materia Medica.

K.S. SRINIVASAN.
### Repertorization 1A: Respiratory Symptoms, All Remedies

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>10</td>
<td>9</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>6</td>
<td>6</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Rubrics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nose; OBSTRUCTION; night</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mouth; DISCOLOURATION; tongue; red</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mouth; CRACKED; Tongue fissured</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Respiration; LOUD; sleep, in</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiration; DIFFICULT; ascending</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiration; DIFFICULT; exertion</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

### Repertorization 1B: Respiratory Symptoms, 15 Polycrests Removed

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12</td>
<td>9</td>
<td>7</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Rubrics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nose; OBSTRUCTION; night</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mouth; DISCOLOURATION; tongue; red</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mouth; CRACKED; Tongue fissured</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiration; LOUD; sleep, in</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiration; DIFFICULT; ascending</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiration; DIFFICULT; exertion</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Repertorization 2A: Headache symptoms, All Remedies

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>12</td>
<td>8</td>
<td>6</td>
<td>7</td>
<td>7</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Head Pain; LOCALIZATION; Forehead; eyes; above right</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Head Pain; LOCALIZATION; Forehead; eyes; behind</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Head Pain; LOCALIZATION; Temples; right</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Pain; GENERAL; noise, from</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Head Pain; GENERAL; tobacco, smoking, from</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Pain; PRESSING; outward</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

### Repertorization 2B: Headache symptoms, 15 Polycrests Removed

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>8</td>
<td>6</td>
<td>7</td>
<td>6</td>
<td>6</td>
<td>4</td>
<td>8</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Head Pain; LOCALIZATION; Forehead; eyes; above right</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Head Pain; LOCALIZATION; Forehead; eyes; behind</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Pain; LOCALIZATION; Temples; right</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Pain; GENERAL; noise, from</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Pain; GENERAL; tobacco, smoking, from</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Pain; PRESSING; outward</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Repe\torization 3A: Totality of case,  
All Remedies

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>33</td>
<td>28</td>
<td>28</td>
<td>31</td>
<td>35</td>
<td>31</td>
<td>31</td>
<td>28</td>
<td>26</td>
</tr>
<tr>
<td>Respiration; DIFFICULT; exertion, after</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Respiration; DIFFICULT; ascending</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Respiration; LOUD; sleep, in</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Mouth; CRACKED; Tongue fissured</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mouth; DISCOLORATION; Tongue red</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Noise; OBSTRUCTION; night</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Pain; PRESSING; outward</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Pain; GENERAL; tobacco, smoking, from</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Head Pain; GENERAL; noise, from</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Pain; LOCALIZATION; Forehead; eyes; above right</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generalities; WEAKNESS</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Generalities; COLD; heat and cold</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Mind; ANXIETY; health, about</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Mind; INDUSTRIOUS</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mind; FASTIDIOUS</td>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mind; FEAR; narrow place, in</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td></td>
<td>3</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mind; FEAR; robbers, of</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mind; FORSAKEN feeling</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Sleep; POSITION; side on, left</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep; UNREFRESHING</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Stomach; DESIRES; highly seasoned food</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach; DESIRES; ice cream</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach; DESIRES; salty things</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td></td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach; DESIRES; sweets</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>


Repertorization 3B: Totality of case, 15 Polycrests Removed

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>28</td>
<td>28</td>
<td>18</td>
<td>17</td>
<td>15</td>
<td>15</td>
<td>20</td>
<td>17</td>
<td>13</td>
</tr>
<tr>
<td>Rubrics</td>
<td>16</td>
<td>11</td>
<td>12</td>
<td>11</td>
<td>11</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Respiration; DIFFICULT; exertion, after</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Respiration; DIFFICULT; ascending</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiration; LOUD; sleep, in</td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mouth; CRACKED; Tongue fissured</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mouth; DISCOLORATION; Tongue red</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nose; OBSTRUCTION; night</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Pain; PRESSING; outward</td>
<td></td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Pain; GENERAL; tobacco, smoking, from</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Head Pain; GENERAL; noise, from</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Head Pain; LOCALIZATION; Forehead; eyes; above right</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generalities; WEAKNESS</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Generalities; COLD; heat and cold</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mind; ANXIETY; health, about</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Mind; INDUSTRIOUS</td>
<td></td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mind; FASTIDIOUS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mind; FEAR; narrow place, in</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Mind; FEAR; robbers, of</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mind; FORSAKEN feeling</td>
<td>2</td>
<td>1</td>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep; POSITION; side on, left</td>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep; UNREFRESHING</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Stomach; DESIRES; highly seasoned food</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Stomach; DESIRES; ice cream</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach; DESIRES; salty things</td>
<td>3</td>
<td>2</td>
<td></td>
<td></td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach; DESIRES; sweets</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TABLE 1
CHARACTERISTIC SYMPTOMS
§153-154, 151, 104, 102, 130, 164, 178, 67a, 82, 83, 85, 211-213

<table>
<thead>
<tr>
<th>Peculiar</th>
<th>Prominent</th>
<th>Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special</td>
<td>Strange</td>
<td>Singular</td>
</tr>
<tr>
<td>Particular</td>
<td>Unusual</td>
<td>Odd</td>
</tr>
<tr>
<td>Uncommon</td>
<td>Marked</td>
<td>Rare</td>
</tr>
<tr>
<td>Distinctive</td>
<td>Distinguishing</td>
<td>Genius of the medicine</td>
</tr>
<tr>
<td>Eminent</td>
<td>Clarified</td>
<td>Individualized</td>
</tr>
<tr>
<td>Intense</td>
<td>Striking</td>
<td>Mental/emotional</td>
</tr>
</tbody>
</table>