

CENTRE FOR EXCELLENCE IN HOMŒOPATHY

CONTINUING HOMŒOPATHIC MEDICAL EDUCATION
SERVICES

QUARTERLY HOMŒOPATHIC DIGEST

VOL. XV, 1998



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

Adyaya I Brahmana 3 Mantra 28

Brhadāranyaka Upaniṣad

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

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1. QHD, Vol.XV, No.1, 1998**PART I - CURRENT LITERATURE LISTING**

(The journal lists the current literature in Homœopathy drawn from the well-known homœopathic journals world-over - English, American, German, French, Belgian, Brazilian, 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 of this journal and readers are requested to refer to them for full articles.)

I PHILOSOPHY

1. 200 Jahre Simile-Prinzip: Magic - Medizin - Metaphor (200 years of Similie principle - Magic, Medicine, Metaphor)
JÜTTE, R.(AHZ,242,1/1997)

The simile-axiom, which still is one of the major tenets of Homœopathy, was formulated by Samuel HAHNEMANN 200 years ago. In the course of time the phrase “Similia Similibus Curentur” been interpreted and explained in various ways. Three attempts at an interpretation can be distinguished: magical, scientific and metaphorical explanations. All interpretations are still effective today. Their problematic nature, however, gives cause not only to a permanent conflict between orthodox medicine and Homœopathy, but leads often enough to strife among homœopaths.

2. Hidden Clues to Hahnemann’s Theoretical Insights
AJARDO-BERNAL German(BHJ,86,1/97)

The title explains clearly what has been discussed in this interesting article. The author rightly explains that we need to examine no sources except HAHNEMANN’s major works viz., **The Chronic Diseases, The Organon of Medicine, The Materia Medica Pura**, to understand his concepts.

3. The Value of Mental Symptoms
SPINEDI Dario (HL,9,3/1996)

The author points out that in the last numbers of the **Homœopathic Links** he observed a tendency to give tremendous importance to the mental symptoms and mental state of the patient in order to find the simillimum. He refers to the teaching of the late Dr.KUNZLI who pointed out that many doctors thought that the mental symptoms are the most important, but HAHNEMANN said that the characteristic symptoms are the most important - paragraph 153.

The mental symptoms are absolutely not the most important, but something like an extra weight on one of the two scales. We look at the patient’s mental state, finally. If we take the mental symptoms as paramount it is possible that we will give our own interpretation of the mental symptoms and thus we will find a wrong remedy.

So the mental symptoms come in last and not first. First we have to consider the symptoms according to paragraph 153.

4. Agravação e prognóstico em Homeopatia - uma sistematização de conceitos (Aggravation and Prognosis in Homœopathy - a systematization of concepts)
TEIXEIRA Marcus Zulian (RH,62,1-2/1997)

Based mainly on the works of HAHNEMANN and KENT, the author presents a critical study about the homœopathic aggravation and the clinical dynamic prognosis.

He exposes the meaning of homœopathic aggravation, the way of the utilization and the conceptual differences between the above mentioned authors, showing that the homœopathic aggravation is a useful reference for homœopathic treatment evaluation.

The homœopathic prognosis are considered a parameter of evaluation of the patients and are described and explained in detail, showing the similarities and differences between HAHNEMANN and KENT’s teachings.

5. Relationship of Homœopathy and Spiritual Healing
BAHDER Paul (JAIH,90,1/1997)

The relationship between Spiritual Healing and Homœopathy is discussed. Points of similarities and differences are outlined. In Spiritual Healing as well as in genuine Classical Homœopathy it isn’t as much that man will rise to the

level of the spiritual realm, astute as Spirit, the transcendental Supramental Realm, will reveal itself amidst our experience as healing.

II. MATERIA MEDICA

1. *Lac equinum* (Mare's Milk)

GREEN, J.Claire (AH,3/1997)

Lac equinum was proved by Nancy HERRICK in February 1995. The symptoms have been collated by J.Claire GREEN and presented in this article.

2. *Lycopodium*

SHORE Jonathan (BHJ,86,1/1997)

Lycopodium is made from the black spores on the underside of the leaves. The remedy is studied in detail under the heads: Split between inner and outer, Cowardice, Unwilling to face responsibility, Anxiety and anticipation, Lack of confidence, Feeling of inadequacy, Bluff, Many facets, Fear of being found out, Fear of intimate relationships, Losing control, Religious opposition to opposite sex, Rising fear, Emotionality, Apathy, Children.

3. A Heavy Black Cloud Enveloped Her *Cimicifuga*: Essence.

GHEGAS Vassilis (HL,9,4/1996)

The Central idea in *Cimicifuga* is cloudiness: Cloudy, confusing, misguiding remedy on all levels. The author discusses this remedy at the mental and physical levels and for women. Succinct and practical in the author's well-known manner of presentation of remedies. Very instructive.

4. Encaged in Wires

HIWAT Corrie (HL,9,4/1996)

This is an 'addition' to the above article of Vassilis GHEGAS. The author gives many additional 'mental' symptoms.

5. *Dolphin's milk* - A Proving

HERRICK Nancy (HL,9,4/1996)

This proving was done in the 30 potency and 17 provers took it. The symptoms of 10 provers are given in some detail. Most of the provers have reported dreams.

6. A Proving of *Tilia cordata*

BANNAN Robert (HL,9,4/1996)

Tilia cordata is a tree. In Czech tradition the tree grows near cottages as a protection, as no bad things can happen when it is there. If it is cut down it will have unhappy consequences. A proving of 30 potency of this tree was done by the students attending the summer school in Prague, Czech republic, in 1995. The remedy was prepared from pieces of the root, bark, young leaf, buds and flowers collected in May and macerated together in alcohol for two weeks. This was decanted and the potencies made.

In accordance with the current trend, more 'mind' symptoms and 'dreams' are given.

7. *Cochlearia officinalis* - Taking care of difficult patients

SCHOLTEN Jan (HL,9,3/1996)

The most important keynote of *Cochlearia* is "stomach pains radiating to sides and back". The picture that emerges is of a woman who has to take care of her sick, difficult, nagging husband. The first characteristic is a sense of duty, just like the *Kaliums* have. The second characteristic is the fact that they actually don't feel like taking care of a nagging old man. In this they are different from the *Kaliums*. *Cochlearia* often has dreams of being bound too, of being stuck and not being able to get out. They often feel angry but they suffer in silence. They develop a bitterness, they feel disappointed in life. The DD with *Cocculus* needs to be made too. Sensitive to criticism, particularly with respect to their task of looking after husband and children.

Four cases are presented.

8. The Proving of *Ozone* - A Summary with Some Interpretations

SCHADDE Anne (HL,9,3/1996)

A synopsis of the Materia Medica obtained from evaluation of 45 symptom diaries, is given and discussed. The proving symptoms have been published in German with an English version to 'come soon'.

9. Homœopathic Proving of Maori Medicines

BRIGGS Derek (HL,9,3/1996)

The Auckland College of Homœopathy made a 'dream proving' of a Maori Medicine - *Tutu* - a herb. In the opinion of the author *Tutu* may be useful in high blood-pressure, anger and breast cancer; it may also well have value in poor intellectual performance, e.g. in school children.

10. *Magnesium sulphuricum*

(CCRH,19,1 & 2/1997)

The 'Pathogenesis' of *Magnesium sulphuricum* obtained in a proving conducted by the Central Council for Research in Homœopathy, New Delhi, in 1994-95, is listed here. Four female and eleven male provers took part in the Proving. 200, 30, 6 potencies were used in the descending order.

11. *Glycyrrhiza glabra*

(CCRH, 19, 1 & 2/1997.)

Nine male and six female provers took part in this Proving carried out by the CCRH in 1993-94. The 30, 6 potencies were used in the descending order. [Dr.Ardhendu Sekhar CHATTERJEE has also carried out a 'Proving' of this medicine and published them. There are many symptoms which do not corroborate each other in these two provings. Detailed 'proving symptoms' - not the clinical symptoms ultimately picked out - in both provings must be carefully gone through so that the benefit of both the 'Provings' are available for verification by the Profession for confirmation = KSS.]

12. *Mangifera indica*

(CCRH, 19, 1 & 2/1997.)

In this 'short' Proving carried out in 1995-96, nine males took part. The 6, 30 potencies were used.

13. *Phyllanthus niruri*

(CCRH, 19, 1 & 2/1997)

This 'Proving' was carried out by the CCRH in 1994-95, in which four females and ten males took part. The 30, 6, and mother tincture, were used in the descending order.

14. *Terminalia chebula*

(CCRH, 19, 1 & 2/1997)

This 'Proving' was carried out in 1994-95 with six female, and nine male provers taking part. The 200, 30, 6 potencies were used in the descending order.

15. *Carica papaya*

(CCRH, 19, 1 & 2/1997.)

The 'Proving' was carried out in 1990 in which eight males and five females took part. The 200, 30, 6 potencies were used in the descending order.

16. *Nyctanthes arbortristis*

(CCRH, 19, 1 & 2/1997)

This 'Proving' was carried out in 1995-96 with eight females and five males taking part. The 200, 30, 6 potencies were used in the descending order.

18. *Platina*

SAMANT Nitin (HH,22,3/1997)

To put it succinctly, the disease of *Platina* is 'disordered sense of proportion.

19. *Euphorbia pilulifera*

VAID Indu & VARMAP.N.(HH,22,3/97)

Head: Sunstroke

Nose: Hayfever

Female: Genitalia/Sex Leucorrhoea/worse on least movement

Generals: Injuries (including blows, bruises, falls)

Sensitiveness: Externally used as well

Sun: Sunstroke

Miasmatic analysis: Sycosis

Clinical: 1. Bronchitis. 2. Cardiac dyspnoea. 3. Haemorrhage from sunstroke and traumatism. 4. Hay-fever. 5. Humid Asthma. 6. Leucorrhoea, acrid, worse on least movement. 7. Urethritis and intense pain on urinating and much urging.

Recommended dose: 3x and above.

20. The Cycle of *Conium maculatum*

HERSCU Paul (NEJH,6,1/1997)

Paul HERSCU has introduced a new way of study and understanding the remedies, called the Cycle and the Segments. There is a rise in the number of 'teachers' due to whom study of Homœopathy by more and more persons is seen. These 'teachers' have introduced their own innovative methods; study of the remedy 'components'; the 'theme' or 'themes' of the remedy; the 'delusions' and the 'dreams'; the 'wound', the 'wall' and the 'mask'; the 'essence'; the 'phenomenon' and the 'facets' of the remedy; the 'cycle' and 'segments' of the remedy, etc. A whole book is written on one remedy like the one on *Sepia* and the one on *Stramonium*! It is for the individual, discerning homœopath to carefully read these ideas and then read the remedy in the 'Proving' and understand the remedy.

In this interesting article Paul HERSCU explains the Cycle and the Segments of *Conium maculatum*.

21. *Conium maculatum*

GHEGAS Vassilis (NEJH,6,1/1997).

This is a very interesting article by the well-known teacher. He introduces *Conium* with the case of 48-year-old woman who was married to a 72-year-old man, mortally afraid of even the word-Cancer, fear of diseases, fear of dark, thunderstorms, wakes at night from perspiration, very religious, etc. VASSILIS explains how the remedy could be only *Conium* and not *Phosphorus* or *Lachesis* or *Calcarea carbonica*. He says "When you take a case and you have even one strong symptom for *Conium*, don't think about the other remedies under-neath. Here the Layer of Remedies means that *Conium* is growing above *Phosphorus* or *Calcarea carbonica*. The first law of Homœopathy is that you start the therapy with the remedy that is present when the patient comes to you. It doesn't matter which remedy he used to be. At this moment, you need the remedy that covers the case at the physical sphere. Her physical complaints are much worse than the emotional sphere. One point here: when you have a person who wakes up at night with perspiration, investigate immediately homœopathically for *Conium maculatum*. Sleeplessness because of perspiration, *Conium*.

He further discusses the remedy under: After loss of a spouse or partner, suppression of sexuality, Vertigo, perspiration during sleep, eyes, Menopause, weakness and trembling, palpitation and chest pain, induration of glands, metrorrhagia, *Conium* and Cancer surgery, follow up after *Conium*, *Hydrastis* after *Conium*, *Murex*, *Graphites*, *Carbo animalis*, *Baryta carbonica*, *Iodum*, *Conium* and in Men, *Aurum muriaticum natronatum*. He concludes: "The vast majority of my Cancer cases (wherever the Cancer may be) will first require *Conium*. In patients with a predisposition towards Cancer, there is a good prognosis if they are treated early enough to change that pattern. Once the Cancer has begun, it is more difficult. If bones or liver are already involved, the prognosis is very bad. In some Cancer cases, you will use *Conium*, then their constitutional remedy. Then you may need to repeat *Conium*. *Conium* is rarely indicated for children".

22. Musings on *Conium maculatum*

WINSTON Julian (NEJH,6,1/1997)

This is a small 'noting' on the Poison Hemlock - *Conium*. He writes that he has found this plant in many places including New Zealand and the toxicity of the plant juice.

23. *Carcinosin* - A Remedy for the complications of Modern Day

JAIN, J.S., JOHN S.P., KHURANA Manoj, MURUGAN M.(AHJ,5.1/97)

This is a brief study of the well-known symptoms of *Carcinosin*.

24. Protocolo de pesquisa para revisão bibliográfica das patogenesias (Research protocol for bibliographical revision of the pathogenesis) (RH,62,1-2/1997)

This research proposed for a bibliographical revision of the pathogenesis was elaborated by the **Research Committee of the Brazilian Medical Homœopathic Association** aiming at the continuation of a critical revision of the homœopathic Materia Medica, on searching its registry sources to establish at the end a reliable picture of each medicament. For this purpose, a methodological proposal of work constituted of 23 points is presented which the researcher details through in a basic guide of the study that will enable it to attain the above mentioned objective.

25. *Hura brasiliensis*

ADALIAN Elizabeth (HOM,64/1997)

This is a brief study of *Hura brasiliensis* with the help of the mental rubrics. The author says that his "aim is to upgrade the identity of our original remedies and express them in the feelings and language of our present day."

26. *Hypericum perforatum*

BOULDERSTONE Katharine (HOM,64/1997)

This 'proving' of *Hypericum perforatum* is "to complement existing provings, especially by focusing on the more psychological and spiritual aspects of the remedy that were not brought out by Provers in the past" She also says that this is an 'incomplete' Proving.

III.THERAPEUTICS

1. A Case of Possession

GRAY Bill (AH,3/1997)

Sometimes even a fully detailed repertorization cannot replace time-honored experience coupled with intuition. This is another single-remedy cured case of Bill GRAY's where the thread of a certain theme ran through the entire case; the skill is in the perception. The theme that is running through this case is 'psychic'. Remedies such as *Phosphorus*, *Cannabis indica*, *Sulphur*, *Silica*, *Calcarea carbonica*, *Medorrhinum* are commonly considered as 'psychic', it was *Nitric acid* that was the curative remedy.

2. A Case of *Lac equinum*

JACKSON Jessica (AH,3/1997)

Significance of friendship is very marked in *Lac equinum*. Dreams of unsuccessful efforts and the feeling that the patient wants to do something but there is always some reason why it can't be done are also characteristics of this remedy.

3. Anne SCHADDE takes a Case
(AH,3/1997)

In this case of a 52 year-old female who came in for bad Periodontosis. Gums spongy and teeth loose. The dentist proposed repair. She tells a lot, her lips constantly keep moving as if talking even when she is not actually making sounds and while the author was telling her something. This was interpreted as 'constant talking'. Her parents were always quarreling, her mother was put in a psychiatric care for a short while. Husband is an alcoholic. She bore the whole weight. She wrote a lot in her diary. She wrote her dreams in a poetic form. Can't bear narrow, small places. With the symptoms "Teeth, looseness of; mouth, spongy gums; Scorbutic gums; Makes verses; Intolerance of clothing; Fear of narrow places; Fear of insanity and 'constant talking' *Lachesis M* was prescribed. She went on to improve and one more dose was repeated after about six months. She came back after four months and told of a book she had read that the illness 'Periodontosis' meant poisons are being eliminated via the gums (similar to snakes); she continued to move her lips without actual speech whenever the author was talking. In BOERICKE is found under *Naja tripudians* "has lost control over lip movement". Now *Naja* is prescribed in Q potencies. She began with Q1 potency and went up to Q13, making good improvement. Her family situation also improved.

The family dynamics actually maintains the patient's illness and until the maintaining cause is removed the patient may not get cured.

4. *Arnica montana* as Defiant
BOUTILIER Kim (AH,3/1997)

The author demonstrates, with the help of some select 'rubrics' that *Arnica* has the 'theme' of "defiance" running through.

5. *Folliculinum*: Estrogen Gone Awry
INEZ Gina (AH,3/1997)

In his **Tutorials on Homœopathy** FOUBISTER wrote: "From birth onwards, restrictions of various kinds are imposed by the behavior of others. It is when reaction to such imposition past or present, can be judged to be well outside the norm that *Folliculinum* should be considered." If a patient has been unable to healthily individuate and instead lives a life that is unusually embroiled or co-dependent, the pressure of life's circumstance can become overbearing and may result in the need for *Folliculinum*. Overwhelming pressure or self-imposed expectations in domestic, professional, spiritual, religious, or family life can lead to "over-tiredness, with a conflict of loyalties resulting in excessive stress." FOUBISTER suggests that if well-indicated remedies fail to act for a patient undergoing extreme pressure, *Folliculinum* may be indicated, at least until the pressures are past.

Two cases are presented by Gina INEZ and discussed. A brief Materia Medica of *Folliculinum* is also presented.

6. A Case of *Helonias*
THAKKAR Sadhna (AH,3/1997)

A woman in the third trimester of her third pregnancy complained of "incredible fatigue"; she was also irritable and grouchy, picking up with her family members over trifles; she loved gardening and landscaping and when she is involved in this she forgets all her troubles. *Helonias* 30 relieved all the complaints within two days (see PHATAK's Repertory: Pregnancy, complaints during; Diversion ameliorates; Fault-finding.)

7. Die Homöotherapie von Kontaktekzemen (Homœo-therapy of Contact Eczema)
FISCHER U. (AHZ,242,1/1997)

The different procedures in the homœopathic treatment of acute and chronic eczemas are demonstrated by using four acute cases (*Apis mellifica*, *Rhus toxicodendron*, *Sulphur*, *Sepia*) and one chronic case of *Pulsatilla*.

8. A Striking Symptom leads to the Simillimum
FAYETTON Marie Luc (HL,9,3/1996)

Case 1: A young woman who consulted the author addressed him in the second person 'familiar' term, instead of in the formal term. This was interpreted as 'familiarity' and *Chloroformium* the only remedy in the SR, was prescribed. *Chloroformium* XM (the other symptoms also agreed with this remedy). The pathogenesis is thus confirmed.

Case 2: A woman born in 1959 suffered from age 14. She attempted to kill herself a few times by taking lot of medicine. Was hospitalised many times. Her 'peculiar' symptoms were:

She talked with familiarity to me, even during the first encounter.

Obscene thoughts that she feels compelled to narrate to me, i.e. 'I imagine you sitting on the toilet'.

Obsessive thoughts about killing her father and all those who are taking care of her, including the doctor.

She always reminded people that her grandmother was an aristocrat (I am not so sure about it).

She was given *Chloroformium* in December 1992. In January 1993 she tried to kill herself twice and since then she has not made any such attempts. Follow-up in 1995: she remains well. But she said "If my mother's stomach rumbles, I feel it is because of my thoughts. Or it is a sign of God. I think all these thoughts are abnormal but it is nothing compared to my previous state". In March 1995 she was better and she talked sense. She has no obsession at all.

Case 3: A young woman, adopted child from Korea, born in 1970. Very disturbed emotionally. Unable to control her impulses. She likes dancing, singing, playing guitar, piano, flute. She could play piano for hours, and when she plays piano she did not hear anyone and her parents had to shout at her many times before she could leave the instrument. She speaks to me with familiarity (her mother and myself are close to each other). *Tarentula* from 1985 to 1989 helped, but did not bring any dramatic changes in her character. 1990 she ran away for 8 days, had an accident with car, she stopped going to college and she had a lot of debts. Suffering from Bulimia and looked very dirty. *Chloroformium XM* prescribed in January 1990. Her mother's report next month was that she had changed a lot for the better. Follow-up 5 years later: happy with her work and wanted to become a teacher.

9. When the Soul is Liberated - The Extreme Fluctuation between Two States of Being - The First Case of *Ozone*

SCHUSTER Bernd (HL,9,3/1996)

Ozone was proved in 1993 by Anne SCHADDE. The case reported herein is presumably the first one to be healed with *Ozone*. The author says that not much can be learned about the depth of a remedy without studying the original source (proving); secondary literature will give only superficial picture. Study of the source is the only protection against mistakes - this holds good for the **Materia Medica** and **Organon**.

In this case the author used the LM potencies. The idea of *Ozone*, the author says, is, extreme fluctuation between two contrary states.

10. A Case of *Cenchris*

BALDOTA Sudhir (HL,9,3/1996)

Cenchris contortrix was prescribed to a patient who complained of coryza and recurrent colds, on the basis of mental symptoms only. At the end of the article the author quotes from The Encyclopaedia of Animal World to cite the 'signature' of this snake. (It is surprising that the author has not quoted the 'proving' of the remedy, but has cited the 'signature'. The homoeopathic medicine "draws not its knowledge from those impure sources of materia medica hitherto in use, pursues not that antiquated, dreamy, false path we have just pointed out, but follows the way of consonant nature. It administers no medicines to combat the diseases of mankind before testing their pure effects; that is, observing what changes they can produce in the health of a healthy man - this is pure materia medica...) [HAHNEMANN's **Examinations of the sources of common Materia Medica** = KSS.]

11. I was Fine Until I Cooled off

VASANDI Yogesh R. (HL,9,3/1996)

A woman with complaints of blisters in mouth, inflamed tongue; dirty yellow and grey coating tongue. Insomnia since 3 days. Felt very scared for no apparent reason. Feels very tense and shivers without reason. Feels very weak and has sudden blackouts for a few seconds. Depressed. Right leg swelling, with pain. History of venograft for iliofemoral thrombosis many years ago. She lost her mother when she was very young and her father remarried against the wishes of his children. However, while the other children reconciled and moved well with the step-mother, this patient couldn't. She felt that all of them together had neglected her. The home atmosphere depressed her. *Crotalus cascavella* improved her. The author has mentioned 29 rubrics (all 'mind' symptoms) in respect of this case/remedy.

12. I Think of Death when I'm Alone

MANGIALAVORI Massimo (HL,9,3/1996)

Two more cases of *Crotalus cascavella*. The first is of 26-year-old woman who summed up her ailment: "I have been under homoeopathic treatment for symptoms of anxiety and depression. It would take too much to explain it all. With every pain I feel I get frightened and anxious, aggressive, which I vent on my husband or my daughter. Six months ago I've opened a new shop. Last year I moved from Perugia to Placenza. I'm very attached to the town and its traditions. I'm worried because this economical crisis frightens me." She suffers from backache when it's damp. Has diarrhoea and constipation alternately. Spreading articular pains. Felt lump in throat which doesn't go down. Fear of tumour. Fear of death, particularly when alone. Felt terrified and took it on everything. Often dreamt of her father dying, death, coffins, wreaths.

Crotalus casavella 30 (Mind, Death, thoughts of; Death, thoughts of, when alone). Follow-up after seven months: improving. The remedy was repeated. Review after 9 months and the remedy was given in 200.

The second case: 21-year-old woman very timid and reserved, talks confusedly, as if she were eating the words and it's difficult for me to understand. Her tone is low. A month before she had a nervous breakdown. Generally she is nervous about everything. Keeps changing her mind from time to time. Afraid of staying alone. Felt oppressed by her parents. Dreams or sensations that come out. Felt as if death on her. She said that she thought about what exists after death; that there is something like a spirit but there isn't anything like substance.

She was given *Crotalus cascavella* 30 which was repeated after 3 months.

13. See How I Fooled You

VARSHA Abhay Talwakar (HL,9,3/1996)

A Case of Chronic Diarrhoea. 7-year-old girl with chronic loose stool. At least once a month she had loose stool with mucus and sometimes blood. This since five years which no medicine has helped. The complaints were worse in cloudy weather and during the rainy season. When ill thus she will be very dull. Stools were blackish, mucoid and offensive with pain in abdomen before stool. She also had bed-wetting. She was generally active, fearless, jealous of her friends, cunning in getting what she wanted. Analysing the 'mind' symptoms *Lachesis* came through. The mother had dreams of a black snake during her pregnancy. *Lachesis* M was given. follow-up one year later: remains well.

14. What have I done Wrong

MASTER Farokh (HL,9,3/1996)

A Case of Schizophrenia and a Case of biliousness. In the first case a 21-year-old female with Schizophrenia was treated with *Stramonium* M. She improved and remained well for about two years. She came again with recurrence of depression. Now she was given *Naja* M; upto the time of writing the article remained well.

In the second case: 40-year-old woman with complaints of nausea and vomiting, worse empty stomach. Headache. Vomiting at short intervals till stomach feels empty, < delayed meals, > after vomiting. Headache right frontal > massaging. Respiratory tract infection especially throat off and on. Detailed personal history (bio-pathography) was taken and *Naja* M was given. This was repeated four times and she remained well.

15. A Case of Involuntary stool

DAPTADAR, G.B.(HL,9,3/1996)

11-year-old girl with complaints of involuntary stool. She always tried to delay attending the call for stool or not pass at all; but the involuntary stool was always there. She desired fruits, sour; aversion to rice, milk; easy satiety, eats slowly and while eating, headache; vomiting suddenly; vomits and she sleeps, after which she is normal; pain in abdomen. She had ganglion in the wrist. History of recurrent tonsillitis. Flatus, at night. She was given *Veratrum album* M three doses at 8 hours interval. There was no change for over three weeks and she was put on placebo. After this the involuntary stool stopped. Eight months later: she remains well.

Case of a 13-year-old boy: Weakness, difficulty in learning and delayed mile-stones. Left half of the body less well-developed. Eyes large and protruding. Appeared dull and absorbed. Very timid from childhood and was afraid of the wind, frightened by rains, etc. Always played with children 4-5 years younger. Difficulty in expressing. Misplaces words, omits letters. Poor concentration and no perseverance. Chilly. The mother had a feeling throughout the pregnancy that she would die during labour; she also had hypertension during pregnancy. Taking all these *Conium* M was prescribed and five months later XM; the XM was repeated twice. The response was quite slow but he went on improving. After the last dose the improvement became rapid all-round.

16. An Unexpected Remedy

TAJI W.M. (HL,9,3/1996)

30-year-old male with complaints of Rheumatoid Arthritis. Pain and swelling in all the joints since ten years. It began on the left side and then went on to other joints. Pain < change of weather, rainy season, before storm, cloudy, motion, morning. Better by rest. Also numbness. Averse to sweets and liked warm food and drinks. Perspiration more on palms and soles.

Melilotus 200 twice daily for three days and slow improvement began, after a slight aggravation. Follow-up one year.

17. Guided by the Book

CHATTERJEE Sujit (HL,9,3/1996)

The author narrates 5 cases, briefly, to stress the need for referring to books like the Repertory and Materia Medica. In each case he has referred to the Repertory and then the Materia Medica before administering the medicine. Nice study.

18. A Frantic Phone Call

PATWARDAN Prabha (HL,9,3/1996)

This is a briefly-told case of a 40-year-old man with chronic gastro-intestinal and respiratory illness. He had gone to London and there he fell sick. He was hospitalised and in spite of several tests no diagnosis could be formed and so he could not be treated appropriately. He was getting fever, for past two weeks, in the evenings at 6 p.m., with chill on uncovering, chill followed by heat. During chill as well as during heat, he did not like being uncovered. *Argentum nitricum* (ALLEN's **Therapeutics of Fever**) cured him totally.

19. A case of Aphonia with Abdominal Pain using

BOERICKE's and FAULKNER's Repertories

HAZARIKA Bikash Kumar (HL,9,3/1996)

15-year-old fair, delicate girl, who lost her mother in early childhood. Frequent agonizing pains in her abdomen. Tossed about in the bed during the attack. Only injections of anti-spasmodics and tranquilisers helped. The pain

recurred after 15-20 days. An appendectomy was performed, but hardly a month had passed when the pain returned with greater intensity. Pain extended from the abdomen to the middle part of the chest and then came together with a severe spasm of the larynx which caused severe dyspnoea. One day after such a spasm she found that she had lost her voice. No organic disease could be diagnosed by the hospital. All forms of treatment were tried; and in the end the abdominal pains and laryngeal pains became less frequent and less severe. But the aphonia remained.

Now Homœopathy. She was emaciated and looked depressed. Only a hissing sound came out of her mouth while speaking. Using BOERICKE's and FAULKNER's repertories, *Ignatia* was selected and given in the M potency. A month later, she had an attack of abdominal pain and laryngeal spasm with greater intensity during the night but for a shorter duration. She then went into a deep sleep and when she woke up in the morning she had got back her voice. No further abdominal pains or laryngeal spasms.

20. Constitutional and Acute Remedy,
co-operating Partners
KOKELLENBERG Guy (HL,9,3/1996)

Through a case of rheumatism in a 45-year-old woman, the author demonstrates that a small remedy does a great job (*Viola odorata*), and that the constitutional remedy did not do the trick in an acute situation, but seems to do nicely before and after the acute remedy.

21. A Long-standing Case of Wart
BANERJEE Subrata Kumar (HL,9,3/1996)

The author writes of a case of wart in the palm of a 52-year-old woman treated with *Anacardium*, single dose. He discusses the miasmatic base, the Materia Medica, repertorization and also the administration of the remedy in accordance with HAHNEMANN's instructions in paragraphs 246 (V edition - footnote) and 275 (VI edition), 288 (V edition) and 272 (VI edition), with reference to the size of the pill and to give the medicine diluted in water.

22. The Bee or not the Bee
SHAH Jayesh (HL,9,4/1996)

Dr. SHAH delineates the 'characteristics' of *Apis mellifica* in children as follows:

- Restlessness
- Awkwardness
- Jealousy
- Destructiveness
- Obstinacy
- Hysterical trait
- Intense desire for cold things, cold bathing
- Open, sunken fontanelles
- Thirst for small quantities often

23. I am nothing, I don't count
ZAREN Ananda (HL,9,4/1996)

This is a video case of *Lac caninum* presented by the author in Austria in 1995. The title of the article explains the feeling of this remedy. This patient exhibits self-loathing, self-hatred and self-doubt. At the end of the very interesting presentation the author gives some valuable ideas: this remedy is not well-represented in the repertory.

Do not depend on hearing the symptoms of fear of snakes or alternating sides. There is a great deal of unspoken terror in *Lac caninum*. The terror that they feel paralyses their body. Self-control is easily shattered. Fear of insanity. Terror that is nameless and faceless, like a snake-pit. They live in a continuous state of emergency that something will happen to them at any moment.

24. I am a nobody
SERBAN Gabriella (HL,9,4/1996)

This is a case of *Alumina*. While it is quite interesting to read, it is much about the mental state, the life-situation of the patient and interpretation of the symptoms into mental rubrics. (In this case the patient has pathological fear of knives, needles, flying; she has fear of spiders, snakes, the unknown which should even otherwise make one consider *Alumina* = KSS).

25. Presumed Poisoning by Common and Uncommon Chemicals
ROBINSON Karl (HL,9,4/1996)

A Case of *Alumina silicata*. 55-year-old man with chronic hives of hands, arms, back and buttocks. At age 10 he was exposed to tar, at 15 to Ammonium nitrate and at 16 to Agent Orange. During his teenage years he had often washed his hands with petrol. In the 1980s he was exposed to Malathion and other pesticides and insecticides. 1982 a possible heatstroke. Sensation of constriction in the anus. Very dry skin. He was so cold that he could bear extreme heat. He did not sweat. He could not bear contradiction. Two years ago he was so depressed that he desired death.

As recently as 5 to 6 years ago he had slurred speech and used to make mistakes in speaking. He still made mistakes in writing. Lower extremities jerked on going to sleep. He appeared closed and emotionally very tight.

Alumina silicata 6 once daily for 70 days and he improved very well. About his exposure to tar during his childhood he said that he got tar all over his body and inhaled the fumes extensively and he fainted and claims that he nearly died. After *Alumina silicata* he began to sweat, more tolerant of contradiction, etc.

26. Confusion of Identity with My Lover

STUUT Rienk (HL,9,4/1996)

This is a case of *Aluminium sulphuricum*. A woman of 30 years age who became psychotic one year after her final exams at school. The remedy picture of *Aluminium sulphuricum* was a prediction by Jan SCHOLTEN on the basis of the group analysis of both *Aluminium* and *sulphuricum*. (In the preceding case of *Alumina silicata* also the author says that while the coldness, constriction of the anus, and dry skin with inability to sweat suggested *Silica* the earlier balance problem with staggering, ataxia, dropping things, weak memory plus fear of insanity suggested *Alumina* and therefore *Alumina silicata* was prescribed. Synthetic materia medica of many remedies are thus formed; also many remedies are presented on the basis of their signatures, etc. Why indeed should we not then discard 'provings'? That such synthetic prescriptions do produce favorable results is another matter = KSS)

27. Inability to Screen out Outside Stimuli

JOHNSTON Linda (HL,9,4/1996)

This is a case of **Attention Deficit Disorder** (ADD), in a six-year-old girl. She suffered repeated ear infections and sore throat at first year and half, every few months. Reacted badly to DPT, MMR and Polio with high-pitched crying, fever and vomiting. After she went to first grade problems began. Clinical Psychologist and Neuropsychologist diagnosed it ADD.

She was given *Phosphorus* because of her inability to effectively screen out outside stimuli; she had inadequate barriers to the chaos of the outside world, a characteristic typical of *Phosphorus*. After this she had ten days of sore throat with fever upto 103° F, a return of an old recurrent illness. And then changes for the better began. Ten months after the first dose her behaviour changed. *Tuberculinum* 200 which took her on further improvement and *Phosphorus* 200 was repeated twice and then M twice. At the end of summer she had serious febrile illness, with fever ranging from 100° to 104° F degrees; a productive cough with congestion and malaise; *Phosphorus*, *Tuberculinum* and *Ferrum phosphoricum* were given to no avail.

Because of her cafe au lait spot and the fact that her mother had responded favourably to *Carcinosin* she was given that remedy after which she began to recover. Later she received *Phosphorus* in higher potencies and she is doing well.

28. Children with **Attention Deficit Disorder**

REICHENBERG-ULLMAN Judyth (HL,9,4/1996)

The author says that there are in the USA two million children diagnosed with ADD who are taking stimulant medication, most commonly Ritalin, Dexedrine, and Cylert. This number has doubled each year in recent years and will reach eight million by the turn of the century, if the trend continues. The author has chosen two cases from her book **Beyond Ritalin: Homœopathic Treatment of ADD and Other Behavioural and Learning Problems**. In the first case of a 12 -year-old boy the remedy was *Cornus circinatus* 200.

The central problem of this boy was his inability to comprehend even simple words and concepts which he had read. The symptoms in ALLEN fitted well. In the second very fascinating case the remedy was *Aranea ixobola*. Very interesting.

29. Pleasure in Teasing Others

SHAH Nandita (HL,9,4/1996)

Two cases of *Aranea ixobola*. 'Teasing' was the most important symptom in both the cases, while restlessness, deceit, poor impulse control, etc. were also there.

30. I let myself go in the Wind

MANGIALAVORI Massimo (HL,9,4/1996)

This case also is a 'spider' one, *Aranea diadema*. 34-year-old woman. She can't bear closed rooms, tunnels, elevators, etc. She has terrible headaches for years, which began with her puberty and it persecutes her every month 'like a toll that remembers her that she must suffer'. She is restless, nervous, can't be still a moment. She is worse for cold. *Aranea diadema* cured and brought deep transformation. It is interesting that the patient had passion for knitting. (The prescription was not based on this)

31. He's mad about ropes

MANGIALAVORI Massimo (HL,9,4/1996)

Six-year-old boy, very thin, restless; rheumatic ailments since about two years, which began after a series of tonsillitis; worse every winter since 3 years-age. His ailments begin with a intense sensation of cold, was always very cold since a baby, then his articulations pain; wants to be well-covered at night but tosses about a lot in bed

continuously and gets cold. Very restless and becomes more lively when he has a fever. Drinks a lot and takes lot of milk. When grown up he wants to be a mountaineer like his grandfather; mad about playing with ropes; knows how to make many knots. Construction games are his favourites together with machineries. When he has a fever he is much more lively and wants to drink a lot.

Aranea diadema cured.

32. Can we really spoil a case?

SCHOLTEN Jan (HL,9,4/1996)

The author says that you really can't spoil a case by a wrong prescription; that many so-called 'incurable cases' are simply cases calling out for a relatively unknown remedy. He gives two brief examples of such cases in which the group analysis led to the remedy. He also thinks that the 'spoiled cases' or 'incurable' are only projections of the failure, pessimism of the doctor. Admitting that we cannot cure everyone might be a more enlightened attitude for both doctor and patient.

33. Constitutional prescribing

MASTER Farokh (HH, 22,2/1997)

In this brief article the author says that KENT's teaching of hierarchy of symptoms, viz., Mental, Physical Generals, and Physical Particulars lead to 'constitutional' prescribing.

34. Two Short Cases

PANJWANI Rifat N. (HH,22,2/1997)

23-year-old male with complaint of severe epigastric pain not better by orthodox treatment. Diagnosed Gastroduodenitis. Difficulty in swallowing. *Cadmium sulphuratum* 30 cured.

57-year-old lady with complaint of burning sensation in the mouth following tooth extraction; burning in the mouth; dryness of the mouth; thirstless; greasy taste in mouth; saltish saliva. Routine remedies like *Arsenicum*, *Mercurius* did not help, but *Euphorbium* selected on the peculiar symptom of salty saliva cured.

35. Short Cases

PANCHAL Ameet, PANCHAL Neeta A. (HH,22,2/1997)

A 12-year-old girl with asthmatic attacks since last 4 or 5 days, attacks during midnight and during sleep. Had to sit up. The attack came on after her teacher threatened her in the school that she would not get good grades as her attendance had fallen short. The patient is a good performer. This fright brought on the attack. The other symptoms also matched *Sambucus nigra* which stopped the attacks.

7-year-old child with dry cough of many days' standing. The child has been getting this cough since three years, every year during the Diwali festival season when lot of crackers and fireworks are lighted by people and there is too much smoke in the atmosphere. After referring to CLARKE's **Dictionary of Practical Materia Medica**, *Mentha piperita* was selected and given in the 30 potency which relieved this cough. Evidently this remedy will suit cough due to environmental pollution.

36. A Case of Hypertension and Migraine

GALA Mita H. (HH,22,2/1997)

24-year-old male with Migraine and Hypertension. *Phosphorus* 200 to XM over a period relieved the Migraine and the Hypertension. Follow-up eleven months: remains normal.

37. A Case of Bronchial Asthma

PATWARDHAN A.B. (HH,22,2/1997)

12-year-old boy with Bronchial Asthma. History of Asthma in maternal Grandfather. Repertorization indicated *Arsenicum album* as the remedy but as the patient was more hot than chilly, *Arsenicum iodatum* was given and he was able to go through without bronchodilators. As 'constitutional' remedy *Natrum sulphuricum* M has been given. Patient is still under observation.

38. Midas Touch - but not for Gold

ANSARI Anwar (HH,22,3/1997)

A young student with 'Depression'. He was a student of Ayurvedic Medicine. He has been studying hard and one night he suddenly felt that his head was being hit by stones. This began to recur next day and on; he also felt that in the evening when he sat down for dinner and touched his food it felt like stone; a piece of bread felt as heavy as a stone! He was also afraid of entering a room without lights as he feared that some one may throw stones at him.

His feeling of 'stones' was interpreted as 'fragility' on his part; Monomania and fixed ideas added to these pointed to *Thuja* which was given in the 200 and recovery soon followed. Two years follow-up: he remains well.

39. Long standing Eczema

IYER Latha (HH,22,3/1997)

34-year-old woman with Eczema of her left foot since eight years. Much itching. Blackish discoloration of the neck and itching of the hands since 15 days. Recurrent attacks of cold and tonsillitis. Her husband was an alcoholic. She felt caged. She felt a constant threat to her life and her children. *Cimicifuga* 200 cured. (The rubrics: Delusion, wires, is caught in; Aversion to company; Impatience; Desire to wander; Chilly; Rage; Fear of being murdered; Menses irregular, scanty).

40. Migraine cured with *Hepar sulphuris*

DESAI Rupal (HH,22,3/1997)

36-year-old woman with Migraine and Hyper-acidity as well as Cervical Spondylosis, Haemorrhoids. *Hepar sulphuris* 200 chosen on the basis of her 'mental' symptoms alone, relieved her complaints.

41. The Price of Superiority

SAMANT Nitin (HH,22,3/1997)

Two Cases: 1. 11-year-old girl with recurrent vomiting with pain in the stomach before going to school since the last four months. Frequent urination at night and recurrent cough and cold < by cold drinks and cold weather. *Platina* chosen on the basis of her 'mental' symptoms alone cured.

Case 2: Mother of the above girl: she wanted to reduce her weight; chilly; ravenous appetite; desired spicy and non-vegetarian food. Very straight-forward, and fights against injustice. She was also given *Platina* based on her 'mental' symptoms.

42. Severe dermatitis cured with a rare remedy.

SAKHRANI Uma (HH,22,3/1997)

41-year-old woman with xerotic Eczema, severe itching, burning and oozing of sticky watery fluid since one year. Worse during full moon as well as new moon and made the nights miserable. Numbness of her lower extremities since about five years. *Cenchrus contortrix* M prescribed on her 'dreams' alone, cured.

42. A Case of Asthma

PATWARDHAN Prabha (HH,22,3/1997)

One-year-old boy with Asthma since the age of 2 months brought on by exposure to dust. Has been admitted to hospitals four times within one year. High fever with Leucocytosis during the attacks. Big built child with normal milestones. Loved bathing and eating; he would get very excited whenever these two were to be had. Licked shoes, table tops and the carpet. Night restless and could not sleep. Chest was full of rhonchi.

Coffea selected on the 'mental' symptoms alone cleared his ailments and he had not a single episode of wheeze during the next six months.

43. A Case of Chronic Vertigo

VAKANKAR V.R. (HH,22,3/1997)

35-year-old female, unmarried, with complaint of vertigo since two and half years. Indigestion and hyperacidity also. When she has this vertigo she feels as if her body has no weight and is floating; sensation as if there is no support below her. Frequent urination during giddiness. Loss of balance when she wakes up in the morning. Hot patient, < during summer. She has fixed ideas about health; constant feeling that something is wrong with her. Even a small upset is considered a major one. *Thuja* M one dose given on her mental symptoms alone restored her.

44. Mapped Tongue - A Rare Concomitant

DOSHI Nina (HH,22,3/1997)

19-year-old male with impeded breathing. Constriction in the chest. From age 12 had impeded breathing which begins with a bout of sneezing, < change of weather, damp weather. < night, cold things, 12-1 p.m., 3-4 p.m. and night 1-2 a.m. > by hot drinks and steam. Frothy/patchy tongue and bilateral rhonchi. Thirst for ice cold water. Takes cold easily. He had mapped tongue whenever he had breathing difficulty and this mapped tongue vanished when his breathing improved. *Kali bichromicum* brought about improvement and as inter-current he was given a dose of *Psorinum* and then again *Kali bichromicum* after he became very much better.

45. Mental Symptoms in Homœo Therapeutics

BALAKRISHNAN E. (HH,22,3/1997)

Cases of Neurosis are presented: Mental depression, irregular menses and Hirsutism in a 21-year-old lady was cured with *Cyclamen*. (Always sad, taciturn, gloomy, obsessed with the idea that she was being persecuted by everyone, the feeling that she has committed a grievous hurt or has not done her duty)

20-year-old lady with too many angry-looking pimples spread over face, many red pustules, some exuding pus. Even as her case was being taken, she wanted to wash her hands and face. She said that she liked to wash her face and hands several times 'to keep herself clean'. *Syphilinum* cleared her pimples and phobia.

9-year-old girl, sprightly, intelligent, was with her grandparents since her own parents were living abroad. She was very attached to her grandparents. Later when her parents took her and lived separately, the girl became sad and morose, kept herself closeted in one room, not speaking to anyone, not attending even to her personal needs.

Psychiatric treatment went on for months without appreciable improvement. Weaning her away from her grandparents was taken as the cause and *Aurum metallicum* (Forsaken feeling) improved her.

16-year-old girl was obsessed with the idea that she was the most beautiful person, spending all the time before the mirror, improving her looks, leaving no time for studies or other activity. Sleepless, she spent days and nights annoying everyone with the question "am I not the most beautiful - how do I look?" Psychiatric treatment only made her drowsy and sleepy. *Cannabis indica* (Delusion, being beautiful). cleared her obsession.

37-year-old male, obsessed with fear of death and that something dreadful will happen to him. He wanted someone to always escort him. This mental state came on after he saw his father dying of a massive heart attack all of a sudden. *Phosphorus* brought him back to normalcy.

Case of pituitary tumor slated for operation; patient developed symptoms of heart failure every time he was taken to the operation theater. *Gelsemium* cleared this fear (not the tumor. This is a case presented by Dr.B.N.CHAKRAVARTY).

Since Hysterectomy two years ago, the patient was suffering from severe vertigo which defied all treatment. Fear of insanity was her mental obsession. There was also suppression of menstrual flow. *Calcarea carbonica* brought about complete cure.

42-year-old male with Rheumatoid arthritis bed-ridden, Dropsical swelling of all joints with severe tearing pain. Despairs of recovery, weeping while narrating complaints. Expressed loathing of life, suicidal thoughts. *Aurum metallicum* XM, followed by *Sepia* brought about complete recovery within 7 months.

46. Delusion of Hearing Voices

MISHRA S.C. (HH,22,3/1997)

44-year-old female, married. She was employed and when she was transferred she went and stayed alone. At this time she began to hear voices; felt that her neighbours were criticising, discussing her. She did not mix with her neighbors. Her husband was tall and well-earning whereas she was miserly, and hoarded things and money. Did not entertain anyone. *Baryta carbonica* brought about improvement but it was *Calcarea silicata* that finally cured her.

47. A Case of Hyperpigmentation

BURDE Anita N. (HH,22,3/1997)

32-year-old lady, with hyperpigmented patches on exposed parts of her body, worse when exposed to sun. She had recurrent urinary tract infection; recurrent worm infestation. She came from a rich family but she could not reach 'high' in society as her husband was not rich. However, she had strong desire to attain a high status. She was impatient and had strong desire to perform on the stage. *Argentum nitricum* 200 cured her including the hyperpigmented patches.

48. A Case of *Lyssin*

SHAH Parinda (HH,22,3/1997)

4-year-old old boy with upper respiratory tract infection with high fever, almost every six weeks. Only strong antibiotics could control the fever and infection every time. He was restless, wanted mother's attention constantly and became annoyed when he was told to be quiet. Very irritable. Stubborn. At the slightest contradiction he shrieks, shouts, throws things, bites and even beat his parents. Cannot control his anger. Later he feels and even says 'sorry'. Scared of being alone in house, he followed his mother around the house. His mother is a Christian and father Hindu and the mother had lot of difficulties in adjusting to an orthodox Hindu way of life. She constantly prayed and quarreled with her husband and cursed him bitterly. The mother's mental state pointed to *Lyssin*. The boy began to improve and maintains well.

49. Rheumatology - Connective Tissue Diseases

KOHLI Bindu (HUD,5.1/997)

These diseases refer to a group of diseases thought to be mediated by the deposition of immune complexes in specific organ or tissue sites including the glomerulus and blood vessel walls. Homœopathy being immunologically reactive, has shown positive in the treatment of these complex diseases.

50. Miracle of Barberry

KANSAL Kamal (HUD,5.1/1997)

35-year-old lady with pain in both lumbar region radiating down to urethra/vagina with vomiting, diagnosed radiologically bilateral ureteric calculi. *Berberis vulgaris* 30, thrice daily. She passed stones twice. The medicine was continued for over a month, Although the size of calculus was big to be passed from ureter and the urethra (female), it is only possible that apart from the dissolution effect of *Berberis vulgaris* it must be dilatatory effect on circular fibres of ureter and urethra.

51. Case Reports - Rheumatology

KANSAL Kamal & KOHLI Bindu (HUD, 5,2/1997)

Case 1: Systemic Lupus Erythematosus with Rheumatic Arthritis: 30-year-old lady with joint pain with swelling of affected joint < knees (both). Anger, despair; pains ++; Dutiful. *Kali iodatum* 200 one dose daily for 7

days. There was very significant improvement. The immunologist in the Government Hospital who did the blood tests and saw the improvement said that the patient had been given Steroids!

Case 2: Systemic Sclerosis: 40-year-old female, with pain in joints tightening of skin specially over finger and puffing of face. SS was diagnosed. She was on systemic Steroids; Gold compounds; without much relief. Pain with stiffness joints; Burning in palms and soles; stool frequent, loose with griping; difficulty in opening mouth; difficulty swallowing. The pains developed after she had two abortions. *Sabina* 30 three times a day for two weeks with remarkable relief in pain and swelling. The prescription was repeated 3-4 times in ascending potencies, infrequently. The relief was complete.

Case 3: 34-year-old female with swelling and stiffness of all joints and gradually involved almost all joints. Eruptions with itching all over the body; Fever with chills; Puffiness of face; Ill-treatment by husband and in-laws for last ten years. *Ignatia* 200, three doses and then on placebo. She went on to improve and became well.

Case 4: Scleroderma: 35-year-old female. **Raynaud's phenomena** - 5 years. ; breathlessness on exertion grade IV < winter; Dysphagia; Difficulty in opening the mouth. *Secale cornutum* 30 three times a day from 26.6.95 to 3.2.1996 and she went on to improve.

Case 5: Rheumatoid Arthritis: 16-year-old male with pain and swelling of left ankle, gradually involving right ankle and knee and lastly hands and fingers, with high fever. *Ledum palustre* 200 thrice daily three weeks and got relieved.

Case 6: 38-year-old female with pain and swelling of joints < morning of 19.7.1995. She had **Erythema Nodosum** 6 months back and was advised for investigation for RA which she ignored. The Erythema nodosum was treated with total relief by *Rhus toxicodendron* 30. Now she was given *Lachesis* 200 one dose followed by placebo for one month. Normal.

Case 7: 38-year-old male with Elbow Bursitis treated effectively with *Ruta* 30. Later he again presented himself with pain in all joints with stiffness. RA factor +ve. *Medorrhinum* M one dose, repeated once and then XM. Normal.

Case 8: 50-year-old female with pain multiple joints since 3 years; bronchial Asthma since 10 years. History of allergic rhinitis for 10 years. Was on allopathic medicines and then developed difficulty in breathing, cough and spasm with wheezing. Was given steroids and bronchodilators for about one year when she started developing joint pains. *Pulsatilla* M one dose. Relief all-round, but pains still continued and prevented sleep. *Strontium* 30 t.d.s. gave very good and lasting improvement.

52. *Ignatia* rescued the male

KANSAL Kamal (HUD,5,2/1997)

37-year-old male presented with anxiety, hot, clammy palms, depressed and weepy. Has suffered major financial losses in shares and investments. This was unexpected. *Ignatia* 200 three doses and he recovered.

53. Defective Spermatogenesis

MISRA Nityananda (HUD,5,3/1997)

Fast falling sperm count is concern. Newer techniques are emerging as ART (ICI etc.). But a trial with homoeopathic treatment is worthy. A Case report: 35-year-old, married at 24 years had defective spermatogenesis resulting in no children. Pathological reports revealed "one to three living sperms or a few dead sperms only". No significant improvement from different treatments including homoeopathic. Small-pox at 2 years age, scabies suppressed at 11, profuse lachrymation and hypermetric vision at 13, chicken pox at 17 years. He was much worried about his father who was an inveterate Opium eater. VDRL test, negative. Detailed case taken and *Sulphur* M, *Lycopodium* M, *Carbo vegetabilis* M, *Rhus toxicodendron* 30, *Sulphur* Q6. Subsequent report showed very good count of spermatozoa, as also motility.

54. Idiopathic Thrombocytopenic Purpura

WAHI, R.N. (HUD,5,3/1997)

18-year-old girl, with Idiopathic thrombocytopenic purpura diagnosed in November 1996. She came for Menorrhagia and Petechial haemorrhages on legs, arms and bleeding gums. *Crotalus horridus* 6 three times and *Ceanothus* mother tincture three times, daily. Improved.

55. A Strange feeling in the Legs

VANDEN BERGHE Fons (NEJH,6,1/1997)

41-year-old catholic priest with recurring pharyngitis and poor wound healing. When tried to exercise, he experienced a strange sensation in his legs which obliged him to stop and sit down. *Sulphur* M was given on 26 November 1995 and he never complained of pharyngitis and his skin was also much better, but his leg complaint remained. From 1988 he began to have episodes of palpitations and later headaches. He complained of his legs, heart, headache. Many remedies were prescribed over the years 1985 to 1991 and he was not really cured. Then *Conium* 200 was given and he began to improve. Follow-up from 1992 to 1997.

56. Grief and Vertigo

VANDEN BERGHE Fons (NEJH,6,1/1997)

64-year-old woman lost her husband in an accident a week prior to her visit. she complained of tension in her throat, constriction in chest, anxiety being alone in her house and generally cold sensation overall. She sighed and wept. *Ignatia XM* was given. The result was rapid. A month later she came and told of a vertigo since two weeks which was more during the act of lying down in bed. *Ignatia 200*. The vertigo became worse and now she had it when turning in bed and when rising from the bed. *Conium 200*.

57. *Conium maculatum* to *Nux moschata*
KOKELENBERG Guy (NEJH,5,1/1997)

In this case KOKELENBERG explains how he used *Conium* as remedy in a 'transition' state between other remedies. A 49-year-old woman divorced her husband after he had an extra-marital affair. Three years later she developed relationship with a man who turned out to be an alcoholic and premature ejaculation and then two myocardial infarctions. She was in menopause. Breast tenderness, swelling. Waking from sleep from perspiration. Hot flushes. *Conium maculatum 200*. She improved well and was followed-up for three months. Although her physical symptoms went away her mental complaints had not. Now on reconsideration she was given *Nux moschata 200* and she was totally cured.

In this case it was clear that there were different remedy layers. "The hierarchial value of mental symptoms covered by *Nux moschata* versus the physical general symptoms covered by *Conium maculatum* would ordinarily lead to a preference for *Nux moschata*. However, the presence of *Conium* key-notes, especially during menopause can be a sign of a pre-cancerous state which necessitates *Conium* prescriptions over other remedies."

58. A Sensual Monk
SCHADDE Anne (NEJH,6,1/1997)

The author says, rightly, that she found from her experience that while the similie can bring about good results, only the simillimum will have the symptoms disappear for ever. A 46-year-old priest with charisma, a charming person, soft spoken complained of feeling motion of boat long after he had travelled in a ship. The sensation persisted. Allopathic treatments didn't help. He tried Homœopathy because he "wanted the ground under my feet to be stable." The problem started when he looked at the surface of the sea while being on the ship. The feeling is "like a balloon is going to raise my head and twists me around." He said this in a way as if he was standing in the middle and the whole surrounding was moving: "I want the ground to be stable. The bed is moving, the balloon is raising my head. I do not have the feeling of standing with my feet on the ground." Tests revealed elevated liver function and it was already swollen. He drank alcohol in large quantity at a time; he emptied a glass in a gulp. This is an expression of his life, he is in a way generous and his whole appearance has a kind of generosity. He had problems with his vision, as if "foggy". He wanted always to please others. He needed to feel useful to others, like a kind of compulsive helpfulness. He was given *Phosphorus* and the vertigo disappeared within 24 hours. Five years later he informed that the vertigo had returned after he looked into the water while walking across a bridge. When enquired it was learnt that the foggy vision was still there "as if there is a haze between me and the world"; the liver function tests were still bad and he was developing a fatty liver. A repetition of *Phosphorus* didn't help. *Cocculus*, *Coffea* and some other remedies did not help. The case was restudied and *Conium maculatum M* cured him.

A very interesting report.

59. Breast Nodules with Seventeen year Follow-up
RILEY David (NEJH,6,1/1997)

62-year-old lady who had lumps in her right breast which were discovered to be malignant and therefore treated by surgery and the right breast was removed. She then developed several small, hard lumps in the left breast and these "were just like the ones in the right breast". While she seemed sad she denied any grief or traumas from the past. Has been in menopause for four years. She was of stoic nature. Her son told that she didn't like to be acknowledged in front of the family. She felt humiliated by any kind of recognition even if it is something good to be said about her. Because of the indurated nodules she was given *Conium 200*. In the follow-up two months later, she said that the nodules had completely disappeared. When her son was contacted 17 years later, he informed that his mother was still living and she had regular mammograms and these had always been negative.

60. An Eighty-year Old back in a Forty-year Old Woman
FARRUGIA Lyn (NEJH.6.1/1997)

42-year-old woman, with complaint of back pain. She had, 4 years ago, a herniated disc from an injury which occurred while lifting boxes at her job. She was taking pills for the pain and from 1992 to 1994 there was little pain, but now after the accident the pain has become worse. MRI revealed one dead disk and three disks that are on their way out. Arthritis in spine and her orthopaedic surgeon said that she had the back of an 80-year old person. Left foot is numb on the top of the foot. She also had Migraine which occurred once a month on the left side always above the eye. 16 years ago she was treated with birth control pills for 12 years for Endometriosis. She was fidgety. She said that she was an underachiever, got bored very easily. Does many things at a time and none gets completed. She has suffered much grief. She said that while she appeared to be very active and social, underneath she was really very sad about her life especially since she was alone most of the time.

She was given *Conium* LM 1 and later 2, 3 and then LM 5 and she began to improve. After one year she continues to take *Conium* one dose every day in LM potency. Her prognosis is fair to good.

This case illustrates the use of *Conium* in treating pathological conditions with the LM potency over the course of a year.

61. A case of Cervical Dysplasia

KLEIN Louis (NEJH,6,1/1997)

This article is excerpted and updated by the author from his presentation at the Proceedings of the 1989 IFH Case Conference. A female 44 years age with Pap class III. The presentation details the symptoms, the analysis and the selection of the remedy and the follow-up. This case also is an example of homœopathic cure of a serious pathology. A brief *Materia Medica* of *Conium*, including in children, is given at the end of the article.

62. A Case of Psoriasis

AGARWAL M.L. (AHJ,5,1/1997)

18-year-old male with Psoriasis in waist, both sides. Nails deformed, blackish. He was under constant pressure from his parents to study and score well. He felt much insulted in the presence of his brothers and sister. *Staphysagria* improved. After three months during examination time there was recurrence and repetition of *Staphysagria* did not improve. After reconsideration *Sepia* was given which gave the desired result.

63. The vexed question of Antidotes

CASTRO Miranda (HT,17,1/1997)

In this interesting article the author openly discusses the 'vexed' question whether Coffee, Mint, etc. really antidote the healing effects of a correct homœopathic medicine. Her considered answer in the light of years of experience is that these do not antidote. There are many instances in which the remedy had been given in tea, coffee or soup, food itself and the remedy worked. In many cases the reason for the remedy's inaction is due to it being the wrong or unhomœopathic, remedy! Prohibiting stringently something which the patient has been regularly accustomed to puts a lot of tension on the patient and that could act as an antidote. The commonly believed 'antidotes' - Coffee, Tea, Tobacco, Mint etc. - are not antidotes in all cases; it depends upon other factors.

64. A Remedy for Sciatica

SULLIVAN Andrea (HT,17,1/1997)

The author's office receptionist complained of pain in the right hip, buttock, worse when rising from a seat; the pain moved down to behind the knee as if it were Sciatica. The pain was worse at nights and worse lying. As is not unusual an off-hand prescription of *Rhus toxicodendron* was ordered which did not relieve, and the next day *Tellurium* was prescribed, also rather hastily. No relief came and on repertorization *Sepia* was indicated, which when given, relieved. Reference to the text books confirmed *Sepia*'s action in Sciatica.

65. A Scorpion Bite

NAUMAN Eileen (HT,17,1/1997)

The author narrates an experience of her husband being stung by the scorpion commonly known in Arizona (USA) as Bark Scorpion also as Sculptured Scorpion, and its scientific name *Centruroides sculpturatus*. The sting of this scorpion is known to be very toxic and sometimes fatal. She narrates the symptoms developed by her husband and the successful treatment (*Lachesis*).

Additional information which the author gathered from the Forest Service Ranger: there are over 1500 species of scorpions on this earth. The most dangerous species in the US is the Sculptured Scorpion and it lives only in the southern Arizona and New Mexico. If stung by this scorpion they recommend immediate emergency room treatment.

In the PS the author adds that the scorpion which they had captured soon after being stung, for purposes of identification by the Forest Service Ranger, was released across the creek by her husband on the next day, to go on its way!

66. Theory and Experience

MALERBA Larry (HT,17,1/1997)

Miasmatic theory and homœopathic clinical experience frequently shed light on the fundamental truth that diseases and disease predispositions are inherited not only in a conventional genetic sense but also in an energetic sense. To a large extent the energy of our parents, and their parents, plays a strong role in who we are and what we will become susceptible to in life. This energy is transmitted not through the genetic code but through an energetic mechanism which we currently, due to our limited knowledge, only understand in a very vague way. A case in illustration: 3-year-old boy who would go to sleep at bedtime and after two hours maximum would wake up screaming. Couldn't be put down or he would scream until picked up again. During day he needed constant attention. Unless engaged by someone he would whine. Was much attached to his father and every morning when his father left for work he had strong fear that his father would go away and die. When in public he was "extrovert". Frequently he would ask his mom whether she was happy. Fears included "big dinosaurs and monsters". He had a port wine stain birthmark on his

right lower leg. He was given *Carcinosin* 30, later two more doses of 200. Although he improved, he relapsed into an increased fear of his father's death. The mother then recalled that several years before the birth of her son a "peeping Tom" had put a severe fright into her that required two years of therapy to overcome. She became terrified at night and could not be alone for fear that he would come back and do harm to her. It was long time after that she became pregnant with her son. *Stramonium* 200 (the remedy which the mother needed at the time she suffered the fright) was given to the boy and remained well since then.

67. What it might have been

MALERBA Larry (HT,17,3/1997)

Two-year-old girl already been to the Paediatrician that morning. She had woken up from a nap at 2 p.m. the day before with the left side of her face severely swollen. The Paediatrician suspected Mumps and he drew a titer but the results of this test were still pending. The child woke up several times at night and wanted to be held. Fever, loss of appetite, clear runny nose, and nasal stuffiness. Irritable. Cough, *Pulsatilla* 30 three doses in 24 hours, and there was quick relief. The titer test subsequently turned out to be negative.

68. Case Analysis: Seeing the Wood for the Trees

ZAJAC Angela (HOM,64/1997)

This is a brief article reiterating that a homœopath should not miss to pick up the peculiar, rare, strange, queer symptom from out of the mass of symptoms reported by the patient.

69. A *Hydrogen* Case

SHINE Michelle (HOM,64/1997)

This is a case of a young woman, idealistic, socially aware woman, Cannabis-smoker, history of sexual abuse in childhood, craving for sugar. She became worse every time she smoked Cannabis. She felt spaced-out after this. *Hydrogen* LM 1 helped her most to recover. It is said that *Hydrogen* is a remedy that helps people with an idealistic attitude to live in this imperfect society in health.

70. Rectal cancer Treated by Homœopathy

LAKSHMINARAYANAN, D. (MFH,7,3/1997)

An 80-year-old lady with rectal Cancer was treated with the remedies indicated from time to time during the period March 1996 to June 1996 and she is still under treatment. It is interesting that the "self-inflicted radiation therapy was successfully antidoted by *Phosphorus*, *Arnica X-ray* and *Anacardium*. The last report in November reveals a significant reduction in the size of the tumour." Still more interesting that the author has successfully used *Arnica* and *Phosphorus* which the late Dr.A.H.GRIMMER had proposed for the victims of the Hiroshima bombing (radiation effects).

71. Mastectomy Breast Cancer - Radiation -

Bad effects of

LAKSHMINARAYANAN, D. (MFH,7,3/1887)

In this article too the author refers to GRIMMER's suggestion as basic remedies *Arnica* and *Phosphorus* for ill effects of radiation.

A case: A 39-year-old lady with Cancer left breast underwent mastectomy and removal of four axillary lymphnodes, on 18.3.1996. She observed sometime later a lump on the left chest. While *Bellis* relieved the pain she developed pain in the left shoulder and scapula. *Arnica* 200 was given and then she underwent intense radiation of 25 sittings followed by Chemotherapy. On 19.6.1996 she exhibited several radiation burns, axillae puckered, ulcer on operated site with painful cicatrix, peeled orange appearance of skin surrounding the ulcer, crater filled with offensive slough. *Phosphorus* 30. Other remedies indicated by the presenting symptoms followed over a period of about three months and she improved and as at the time of reporting of the case she "presents a healthy face, cheerful appearance in contrast to the gloomy melancholy at the beginning". The author makes two very useful suggestions:

1) "All cases having had surgery under anaesthesia may require a powerful antidote like *Acetic acid* as a broad-spectrum remedy intercurrently to deal with sequelae.

2) "Patients undergoing radiation for any condition must be given *Phosphorus* intercurrently as long as symptoms attributable to radiation present themselves. I have used *X-ray* and *Radium bromatum* also during later stages after repeated use of *Phosphorus*."

72. Homœopathic Gynaecology

SARASWATHI, G. (MFH,7.3/1997)

A 26-year-old married female, married to a first cousin (consanguinous) had a number of pregnancies with only one live birth. Her gynaec. history is long and varied. First pregnancy in 1991 ended in intra-uterine death in the 8th month and 'induced labour' resulted in a macerated female foetus with no external malformations. She was then given hormone treatment and became pregnant in December 1992 and in the 8th month the foetus found to be having severe hydrops; Cardiomegaly was also concomitantly noted with cardiac failure. Pregnancy was terminated. This delivery was very painful, the patient was in labour for 20 hours, and she needed 6 units of blood transfusion. After this she had bleeding p/v for 3 months. Once again hormonal treatment and she conceived in September 1995. In February

1996 foetal hydrops was found and she received homœopathic medication for many painful conditions that arose. Then intra-uterine death was diagnosed but patient was not aware of when death had occurred; no pains. *Pulsatilla* M few doses and she delivered normally and the placenta was expelled in toto in the next five minutes. Post-partum bleeding was hardly 25 - 50 ml. Post partum treatment homœopathically with *Arnica*, *Calendula* and *Hypericum*. The patient is continuing homœopathic treatment to get rid of the sequelae in the many gynaec episodes in an attempt to avoid future recurrence and to enable a normal pregnancy and healthy child without recourse to the type of allopathic treatment she had received during the previous pregnancies.

73. Two cases

KULAY F.M. (MFH,7,3/1997)

12 year-old girl with frequent throat infection, aversion to bananas. *Elaps* 200 brought about rapid relief.

One month-old baby boy hospitalised with suspected Pneumonia, mild fever; dyspnoea, cough, crying, given Oxygen. Homœopathic treatment: *Lachesis* 200 (Darting tongue, in and out; Mouth, aphthae; Chest, congestion) and very rapid relief.

74. Capsule Cases

JANAKI, C.H. (MFH,7,3/1997)

13-year-old girl fell on her back while practising skating; a month later she suffered pain in the Coccyx while sitting on a hard surface. She had a chronic tendency to bloody cracks on finger tips, and palms along with chapping of skin and this was also < when the coccyx pain came on. *Mezereum* 200, three doses were given and soon the pain was > by 50% as also the skin symptoms. Two weeks later *Mezereum* M, three doses > the pains to a considerable extent.

10-year-old boy who suffered swollen tonsils, fever, body pains etc. The boy had been doing Aerobics in the hot sun for about 10 days preparatory to the school annual day. The complaints began on 31.1.1996 and over the next four days many remedies - *Belladonna*, *Antimonium crudum*, *Rhus toxicodendron*, *Pyrogen* were give with temporary abatement of the symptoms. At last *Arnica* relieved completely. The remedies were given in the 200 - M potencies.

75. Traumatic Amnesia

MISHRA, S.C. (MFH,7,3/1997)

64-year-old man suffered concussion in head and was unconscious for more than 48 hours in a hospital. His memory could not be regained in spite of the hospitalisation for 15 days. He could not recognise anyone nor speak. When he began to speak later, it was slurred and incoherent; he sat on his bed and picked up some imaginary things from bed. *Arnica*, *Natrum sulphuricum*, *Baryta carbonica*, did not help. *Rhus toxicodendron* at last cured.

76. Cough these days

LAKSHMINARAYANAN, D. (MFH,7,3/1997)

Five cases of severe dry coughs in which the remedies were *Spongia* in two cases and *Hyoscyamus* in two and in the last it was *Tuberculinum* M that finished.

77. Depression: Approach and Management

PARTHASARATHY Vishpala (NJH,6,1/1997)

Three cases of 'Depression' are presented..

78. From Gloom to Bloom

HUMRANWALA Parinaz (NJH,6,1/1997)

The case of a 19-year-old girl from a village, married to a city-bred (Bombay) husband, constantly ill-treated by her mother-in-law and sister-in-law, and the husband towing the line of these two, leading to depression. *Staphysagria* cured.

79. The Superman Zombie

SHUKLA Chetna (NJH,6,1/1997)

Young man of 20 years-age, depressed. He had lost his father when he was 9 and that loss affected him too much. He became lonely, sensitive, philosophical, and his face was expressionless. *Anhalonium lewinii* restored him.

80. I will Kill or Die

RANA Satish (NJH,6,1/1997)

25-year-old young law student who became easily angry at trifles and abuses the person offending him. He becomes so angry that he wanted to kill the offender. Unable to do so he falls into despair and depression. He felt like ending his life. His troubles began after he failed to join the Indian Army which he very much loved to. Suspicious, jealous, feels that he is under supernatural power. Inquisitive. Reproaches himself. Quarrelsome. *Nux vomica* and then *Lachesis* were given; however, the patient committed suicide.

81. Why do I feel Depressed?

PANCHAL Manish (NJH,6,1/1997)

26-year-old lady with depression. Said 'I have no desire to live, I do not care to live and I am not happy to live. During this spell of depression if I am able to weep, I feel better but tears do not come. I have no desire to live, but don't have the courage to jump from the window, to burn myself or sleep on the railway track.' Felt that her mother had no time for her and neglected her whereas her in-laws gave her all the company needed and kept her cheerful. When she was in the hospital for delivery, her mother although she came to her workplace (school) which was very close to the hospital visited only four days after the delivery!

Lac defloratum improved her. In the opinion of the author she still needed treatment but the patient stopped.

82. My Unworthy Self

SHUKLA Chetan (NJH,6,1/1997)

Young boy with recurring sinusitis since past one and half years. He was depressed "because of his studies". Lot of pressure from father. His father pressurized him to take accounts in which he was not good and he felt himself inferior compared to his colleagues in studies. *Lac caninum* M.

83. Desire to Live Again

SHENOY Nayana A. (NJH,6,1/1997)

30-year-old lady with joint pains, pain in the nape alternating with pain in both wrist joints. History of badly treated Pneumonia. Loved a man whom she trusted much but who ditched her and also her sister. She felt her pains increased after this betrayal. Wanted 'to show him'. Felt that she was neglected by this man because she was poor, not sophisticated, low and inferior. *Lac caninum* 200, repeated once and then M.

84. Homœopathy Combats Depression

BALAKRISHNAN, C. (NJH,6,1/1997)

The author presents five cases. The remedies - *Aurum*, *Calcarea*, *Cyclamen*, *Lilium tigrinum*, *Psorinum*.

85. Am I an Invalid

AHMED Md.Rafi (NJH,6,1/1997)

36-year-old male with tremendous anxiety. Felt himself invalid and unfit for any work or business. Looked melancholic. It all began after he received a telegram about his mother's heart attack; he was much shocked, and feared heart attack to himself, then developed loss of confidence, fear of going out alone. Allopathic medicines being taken for this anxiety have been of no avail. He suffered from acidity too. *Argentum nitricum*.

86. Childhood Hysteria

KUMAR Praveen (NJH,6,1/1997)

Four brief, interesting cases: *Ignatia*, *Staphysagria*, *Natrum muriaticum* and *Moschus*. The cases are preceded by a brief exposition of childhood Hysteria.

87. A Hopeless Case of Trauma

MAMGAIN S.K. (NJH,6,1/1997)

As the title of the article reveals this is indeed an 'irreparable' and 'hopeless' case of head injury in a boy of 11 year-age and the prognosis in the large hospitals were poor. Over a period of two years, the child made what can be termed as 'unbelievable' recovery with homœopathic treatment. He is still under treatment.

88. A Quick Prescription with a Prompt Result

SANDHU Kultar Singh (NJH,6,1/1997)

Two cases of Paralysis promptly cured by homœopathic treatment.

89. Learning through Clinical Cases

RANGOONWALA Niranjana (NJH,6,1/97)

40-year-old man with pain in left heel. On totality he was given *Veratrum album* 200 which relieved.

49-year-old spinster, a professor in a college, with complaint of pain right arm with numbness for two months. Feverish with shivering in right arm every alternate day. In this case too *Veratrum album* given on the basis of the totality.

90. Depression: an Introduction

ROY Sasi (NJH,6,1/1997)

After a brief explanation of 'depression', the author narrates 7 cases treated by him.

91. Three cases of Mechanical Compression

SAINE Andre (SIM,10,1/1997)

(This is from talk presented at the HANP Case Conference, Seattle, Washington, Nov. 9-10,1996).

1. 48-year-old male, right cervico-brachial neuralgia, radiating from the neck to the wrist. Violent pain, < night, 4-5 a.m., and wakes him up. Throbbing gnawing, sensation of electricity going along the nerves. Narcotics, two

injections of Cortisone have all been of no avail. Scan shows a huge cervical disc herniation at C6-7. He is annoyed, tense; grouchy, can explode easily. In his youth, was abandoned and lived under child public care services; was a rebel who wanted to destroy all mankind. In fact, he is sensitive under the hard shell. Stutters. Fastidious for order. Feels good in altitude. *Mercurius solubilis* brought about a rapid improvement. Scan done five months later showed regression of the herniated disc, right side.

2. 63-year-old retired Cardiologist with severe cervical nerve root syndrome due to diffuse and pronounced cervical Arthrosis with flattening of C3-4 and C5-6 discs. Contractive stiffness from nape to the shoulders, with intolerable deep tearing pain in the neck, and a burning tingling (pins and needles) which extends down to the posterior parts of the arms to the last three digits, and down the mid-back. As the day progresses the pain becomes worse. Has chills, and is chilly. Lying down ameliorates a bit.

The problem began 15 years ago and has become progressively worse. Has played a lot of Soccer until about 8 years ago and enjoyed hitting the ball with head. Has played close to 40 years. Has tried Acupuncture, Physical therapy, Analgesics, Traction, Homœopathy etc. but to no avail. four Steroid injections 20% reduction of pain. MRI and CT Scan: anterior listhesis of C3 and C4, retrolisthesis of C4 and C5, and significant degenerative changes C4 to C7. Surgery was not recommended due to the extensive degenerative changes at multiple levels. Over a period of 2 years he has received from two different homœopaths many remedies without benefit.

He is a hot patient. Jerking of a limb in sleep. Likes sweets, spicy, and salty foods. Very meticulous, disciplined, very sociable, offended easily if someone is rude or not polite. Sensitive to offensive odors.

Sulphur and then *Nux vomica* did not help. The burning, prickling that the patient had in the cervical/thoracic spine that was worse lying down and better from walking around fit *Thallium metallicum*. Immediate and maximum relief was experienced. *Tellurium* followed. Now he is left with only 15-20% pain.

3. 72-year-old retired Engineer, with presumed diagnosis of **Multiple Sclerosis**. About 3 years ago he lifted a plastic pool half full of water that weighed over 500 lbs. to empty it, the patient felt a numbness with tingling in both his feet. These paraesthesias never left, but gradually progressed upward to his neck. When aggravated he would get dark rings under eyes, have bloodshot eyes, mucous in throat, and develop a strong body odor. If one side would improve, then his eyes would also clear up. His hands have started to clench with flexion of the wrists, 2 years ago. Felt his hands are oily, as if he had soaked them in oil and tried to pick up something. Hands shake constantly. Feels very weak. Lost much strength in legs. Balance is very poor. All symptoms worse left side. < sudden noise, any stress or anger, cold air, hot weather; > local heat. Feels extremely frustrated, used to build everything with his hands. But now cannot even hold a plate without dropping it. Does not feel any tingling while sleeping; he never has the tingling on waking until he starts to move to rise (and therefore he did not have Multiple sclerosis, but this was a mechanical problem, a postural problem, probably blew a disc in his spine while he was lifting.) He has had Eczema with itchiness on thighs and legs for years, which is > with Cortisone ointment. Warm-blooded person, likes spicy and salty foods. A strong, stoic, patient. A caring person with good values.

Hypericum was given (electric shock kind of pain, with the ascending paraesthesia) and he had an aggravation of most of his symptoms for the first three days and then he started to improve and within two weeks, he was almost completely recovered. Back to his old self, full of energy, with full use of his hands and body. It has been three months since the remedy, and he is still fine. His Eczema has broken out. The worst he has had.

92. Dissimilar Disease

SAINE Andre (Simillimum, 10,1/1997)

Refer to Paras 39,41,42...in The **Organon**, on "complex disease" and "dissimilar disease". These should be understood, as they are very important. The point is that as a disease - an acute disease or a chronic disease - progresses, you will go into different stages of the disease. If a different remedy is needed for the different stages, it is a dissimilar disease which means, not similar to the prior state. If a remedy of the prior state is given in the progression of disease either acute or chronic what will happen is that you will precipitate the following state. You are going to make it worse. A case of a 48-year-old woman with serious pathologies is given in full detail to explain this; thoroughly educative.

93. Hypothyroidism, Panic attacks, and Anorexia: Three Cases demanding respect

SOUTH Lianne (SIM, 10,1/1997)

1. 19-year-old female student with diagnosed **Grave's Disease**. She had a great sense of hyperbole. From out of her voluntary narration, four rubrics were formed: Affectation, Contemptuous, Loquacity, Ambitious and the remedies *Lachesis*, *Platina*, *Hyoscyamus*, *Veratrum album* came up. *Platina* was chosen. From December 1993 to February 1995 she was on treatment. Follow-up in September 1996 confirmed that there was no relapse of thyroid symptoms. An interesting case study.

2. 15-year-old young woman, a nationally-competitive Skier. She suffered a neck injury while skiing, and she had another small injury falling off her bike. Shortly after that she began to have terrible panic-attacks: a lot of dizziness, hyperventilation, and "really weird thoughts." Always afraid of needles, pins, and spiders, but this got much worse. She is on the drugs Prozac, Zanax, and Imipramine, with no help. Instead she got terrible panic attacks, seven or eight times a day. She looked a 21 year-old instead of her actual 15. She is a very sophisticated, very beautiful, and very arrogant, girl. The rubrics: Haughty; Fear, overpowering; Anxiety; and Delusions, horrible. *Platina* M once and XM twice, during the period April 1995 to July 1995, and she remains well.

3. 30-year-old woman, with main complaint of Anorexia. Has been on “lots of anti-depressants since 1988. Very, very tired. Majorly suicidal for 7 years.” She felt that her parents loved her sister and she herself was always put down. A problem with depression since she was 6 years old. Always a sense of failure—can never be enough. She gets into angry state, but silently. Difficult relationship with people, very easily angered. Verbal fights. “I intimidate people and keep them away.” But she can tell a lot of sexually raunchy jokes, and she swore an unbelievable amount, all the way through the interview. *Staphysagria* was given and “that was a goof”. Two months later when she came back, nothing had happened. Further story: Dreaming of dead people; Delusion, great person; Delusion, she’s not appreciated; Laughing, serious matters. Violent anger, and Ailments from grief: *Platina*. and in the next two follow-ups she was doing much better.

94. A Case of **Ulcerative Colitis**

ULLMAN Robert (SIM,10,1/1997)

39-year-old woman, a Systems Analyst. Chief complaint: Ulcerative Colitis. The woman had brought to the author, three pages of notes that she had written out, regarding stress from working intensely on her dissertation, graduation, many activities and celebrations. She called it “Notes on Recent Health Experiences.” Bloody stools, with tissue and mucus, bleeding is not copious. No abdominal pains or discomfort. Gas, and she can be constipated or bloated. Urgent stools, worse after a day of constipation. Stools usually once or twice a day. Canker sores in mouth. A cold sore on her lip. She has a Ph.D. in Slavic language and the strife in Yugoslavia is tearing her apart. Her symptoms started about the time of the revolution there. Feels powerless over events in Yugoslavia Mourns the way things were there when she was a student. There has been a lot of divorce in her life: her divorce, her parents’ divorce, Yugoslavia is going through a divorce. She has a lot of concern over her son’s education, and whether he’s in the right school. She has, in general, a lot of concern about education. Interest in computers, engineering, and languages—those are her specialties. And, obviously, a very bright person. A person who can learn Serbo-Croatian, and Systems Analysis, and do a whole variety of different things. Very academically astute, very driven. A desire to travel, an international focus. She likes to folk-dance. *Nux vomica* was prescribed. Didn’t do well with this remedy. Developed an acute illness for which prescribed *Phosphorus*, and then *Arsenicum album*. Then again *Phosphorus* and lastly *Kali phosphoricum*. The author has followed Rajan SANKARAN’s line of thinking and also Jan SCHOLTEN’s. The time that this case zigzagged to almost complete relief of her ailments was from October 1991 to January 1995.

95. Running with the Wheezes

DELANEY Susan (SIM,10,1/1997)

“This is a case of Asthma and Diarrhoea. The acute part is Diarrhoea, and the chronic, Asthma. It is a complicated case because it uses allopathic remedies long-term, and the patient is using them acutely. “The presentation begins so.

58-year-old female, a clinical Social worker, married, with no children. These are the things she has been through: Tonsillectomy, 1963; leg veins stripped, 1965; Mononucleosis, 1978; Toxoplasmosis, 1982; Haemorrhoidectomy, 1984; endometrial Carcinoma, and a total Hysterectomy, 1984; chronic bronchial infections since 1985. Emphysema and Asthma since about 1991. Degenerative disease of spine, and Osteoporosis. In 1991-2, Arrhythmia. She herself has been a smoker for 35 years and had given it up only since 2 years, and her parents were smokers all through their life and they heated their house with a wood stove and so she has somehow been getting a lot of smoke from childhood. When she came for homeopathic treatment she had really bad diarrhoea. She was first given a “herbal gastrointestinal formula” called ‘Blue Heron’ to soothe the irritated lining of the gut and to slow the passage of the stools with a bulking agent. (The author is a Naturopath). With *Natrum sulphuricum*, *Sulphur*, *Cuprum* over the period August 26, 1994 to March 1995 she improved. However, the improvements didn’t seem to hold. Now her personal characteristics were gathered and *Lycopodium* 30 daily was prescribed. She had amazing improvement. From April 1995 she has been on this medicine - she felt she needed the *Lycopodium* and she could indeed do well with the remedy daily - and improved greatly.

96. Cluster Headaches in a High Achiever

GOLDMAN Ellen (SIM,10,1/1997)

Case of a man who had suffered from cluster headaches that had lasted for more than half his life. His headaches began after he was hospitalised for a severe sore throat which was later diagnosed as due to Streptococcal infection and given Penicillin. The headaches came on after this. Remedies like *Aurum muriaticum*, *Lachesis*, *Bryonia* didn’t help. Reconsidered and given *Gelsemium* and he began to immediately improve. An interesting presentation.

(Nos.91 to 96 above are presentations in the HANP Case Conference 1996 on Cases of Cured Physical Pathology.)

97. Das “Betpissen” und der “unwillkürliche (unwiderstehliche) Harnabgang” in der homöopathische Literatur zu BÖNNINGHAUSEN’s Zeiten. (Bedwetting and the involuntary (uncontrollable) escape of urine in the homöopathic literature in BOENNINGHAUSEN’s time.)

JANSEN A. (ZKH,41, 1&3/1997)

The Symptoms “bedwetting” and “involuntary urination” were selected from the Materia Medica and written out as a complete symptom. The way of selecting a remedy of the old homöopathic physicians is shown according to articles of the old homöopathic literature.

98. Interrupted Motherhood with Fibroid - A Case

Report

MISHRA S.C. (QH,5,4/1997)

34 year-old married lady. One child and no further conception after that. Bulky uterus with a fibroid in the posterior wall filling uterine cavity. Although her spillage was prevented by *Natrum carbonicum*, the remedy could not remove the fibroid. However, she went into full term and delivered normally a live baby.

IV. REPERTORY

1. Ramanlal PATEL's Neuherausgabe von KENT's "Repertory" (Chicago 1957) - nicht nur eine Rezension (Ramanlal PATEL's new edition of KENT's Repertory (Chicago 1957) - not just a reprint) KLUNKER W. (ZKH,41,1/1997)

This is a brief study of the history of KENT's Repertory, and a review of the latest edition of the 6th edition of this repertory published by Dr.Ramanlal PATEL. This edition of PATEL is a new corrected, revised and improved edition and not just a reprint of the 1957 edition. The introduction, lay-out, corrections, etc. all are well-appreciated. KLUNKER has also suggested certain corrections, for example "Anger, before cough": *Cina*, should actually come under the Rubric "Cough from anger" in p.782. The entire rubric "Anger, cough, from" is wrongly placed and belongs to "Cough, anger from", p.782. Dr.PATEL's work is a valuable and much needed work.

2. Algumas observações às rubricas repertoriais (Some observations on repertorial rubrics) ZOBY Elias Carlos (RH,62,1-2/1997)

The author makes comments and criticisms about several mental rubrics of the repertory, based on his other work entitled "Homoeopathic Taxonomy". All observations were carried out from the verification in Materia Medica and original repertories. He concludes that it is necessary to set a homoeopathic taxonomy and a complete certification of the sources of information, not being possible to rely just on the dictionaries' entries for the understanding of the rubrics. He also shows that repertory is indispensable to the homoeopathic practice and its mistakes should be corrected.

2. Repertorisieren 100 Jahre KENT's "Repertory" (Repertorisation 100 years after KENT's Repertory) KLUNKER, W. (ZKH,41,2/1997)

The intention of this paper is to show that the publication of KENT's Repertory 1897 means a caseura in the method of choosing the remedy. Before that, the choice of remedy had to be based on the Materia Medica, the repertories only could give some hints. After that, the method of repertorisation became the instrument for choosing the remedy directly, controlled by the Materia Medica. This method brought not only a progress in practicability of Homoeopathy, but also more certainty in the choice of the healing remedy.

V. RESEARCH

1. A Possible Characterization of the Homoeopathic Effect VEGA Guadalupe Ruiz and TORRES Jose Leonel (BHJ,86,1/1997)

Electrical signals from a photoelectric plethysmograph are used to test peripheral blood circulation as a source of a homoeopathically relevant parameter that will vary in a reproducible and systematic way following exhibition of specific medicines in homoeopathic doses. Mathematical treatment of the signals gives a Fourier power spectrum with an approximately linear profile (in a log-log plot) at the lowest frequencies. The gradient of this line seems to meet the above requirements of reproducible and systematic variation under a homoeopathic stimulus, and this is our basis to propose an analogous treatment for other electrical signals from the body, especially those from the heart and brain.

2. Homoeopathic *Arnica* and *Rhus toxicodendron* for delayed onset muscle soreness - A pilot-for a randomized, double-blind, placebo-controlled trial JAWARA.N., LEWITH G.T., VICKERS.A.J., MULLEE.M.A.(BHJ,86,1/97)

We intend to develop a simple, reproducible, clinical model to test the null hypothesis that the effects of ultramolecular homoeopathic preparations are always equivalent to placebo. A pilot of a randomized, double-blind, placebo-controlled study was conducted to assess the effects of *Arnica* and *Rhus tox* 30 on delayed onset muscle soreness. 50 healthy volunteers undertook a standard bench-stepping exercise, with outcome assessed using a validated soreness scale. Though the results of the trial favoured Homoeopathy, differences between groups were small and did not reach statistical significance ($p>0.2$). A sub-group analysis of subjects who did not take vigorous exercise and who would therefore be expected to be more responsive to treatment showed clinically but not statistically significant difference between groups ($p>0.2$). A second trial is currently under way in an attempt to replicate these findings.

3. Effects of *Podophyllum peltatum* compounds in various preparations and dilutions on human neutrophil functions in vitro

CHIRUMBOLO, S., CONFORTI, A., LUSSIGNOLI, S., METELMANN, H.BELLAVITE, P.
(BHJ,86,1/1997)

Human blood Neutrophil granulocytes (Neutrophils) treated with *Podophyllum peltatum* L., derived compounds exhibited an enhanced oxidative response in subsequent challenge with bacterial formyl peptides. This priming effect was concerned with superoxide anion (O_2^-) release respiratory burst). The phenomenon was observed with a potentized preparation containing, among other things, *Podophyllum* extract (*Podophyllum compositum*), with *Podophyllum* 4x (final concentration of active principle about 0.025 pg/ml), whereas enhancement of O_2 release was not caused by homoeopathic *Podophyllum* 12 or other components of the complex homoeopathic preparation. Purified podophyllotoxin had the same effect at doses of 0.1-10 pg/ml, whereas doses higher than 100 pg/ml of podophyllotoxin inhibited the respiratory burst, so that pure toxin showed a typical bi-phasic dose response curve. Similar effects were obtained with purified Colchicine (1-1000 pg/ml), a microtubule-disrupting agent. No priming by a *Podophyllum*-derived compound was observed on Neutrophils stimulated with 50 ng/ml phorbol ester. Further, both potentized *Podophyllum*-derived compounds and pure podophyllotoxin-inhibited cellular adhesion to the serum-coated surface of culture microplates. These show that low potencies of a drug extract have specific stimulating effects on the activation of Neutrophil metabolism. The same stimulating effects are also caused by low doses of the active principle of the drug, which is an inhibitor when used at high doses.

4. Observações clínicas sobre a ação de medicamento homeopático em lesões por papiloma virus humano (Policlínica III da Secretaria Municipal de Saúde de Campinas) (Clinical observations about the action of homoeopathic medicament in lesions caused by the human papiloma virus (Políclinics III, City Health Care Department, Campinas, Brazil)

ALVES DE LIMA Ana Maria, PITARELLO Marlene, RODRIGUES Paulo Regis Alves, DEUTNER Roberto, BERGO Sylvia Maria (RH,62,1-2/1997)

The authors carried out a study in order to evaluate the efficacy of the homoeopathic medicament. *Thuja occidentalis* in the treatment of lesions carried by Human Papilloma Virus in 198 virus infected patients, in a town health care service, during one year. After ninety days of individual assistance it was realized that 84.2% of the patients had the oncotic and colposcopic cytology negotiated, a much better result than another similar study carried out with several allopathic medicaments. Moreover, the side effects of *Thuja* were almost nil.

5. Impfumfrage (Vaccination question)
FRIEDRICH, U.(ZKH,41,1/1997)

Homoeopathic physicians in Baden-Wurttemberg had been sent questionnaires about side-effects of vaccination. Although only 21 (3.5%) of them answered, 207 side-effects of vaccinations were reported, 134 of them severe. Homoeopaths should record and collect in each case the details of vaccinations and the ailments succeeding the vaccinations.

6. Potentised homoeopathic drugs act through regulation of gene-expression: a hypothesis to explain their mechanism and pathways of action in vivo KHUDA-BUKHSH Anisur Rahman (QHQ,5,4/1997)

A working hypothesis to explain the mechanism of action of potentized homoeopathic drugs in vivo has been proposed. The model is partly substantiated from the authors' own research data on repair of chromosomal damages in X-irradiated or toxic chemical-treated mice by the oral administration of some potentized homoeopathic drugs, and partly from some of the unpublished and published work of other researchers in the field of homoeopathy. In this model, strong scientific arguments have been made to form the hypothesis that the potentized homoeopathic drugs act through regulation of gene-expression, presumably through hormone-hormone-protein complexes - the sensor gene integrator gene receptor gene-producer gene-pathway of Britten and Davidson's model, or else through the regulator/mutator gene-operator gene-structural gene pathway of Jacob and Monod's model among some other independent mechanisms. Scientific details of some possible pathways, admittedly speculative for some steps, have also been provided to stimulate research in this direction to verify the correctness of the hypothesis.

VI. VETERINARY

1. A Case of Canine Skin Disease
TAPP Lori (HL,9,4/1996)

3-year-old, male German Shepherd dog with chief complaint of recurring skin eruptions of the back and elbows. Ear inflammation, worse on the right, and clear discharge from the eyes. Skin felt warm to touch and the eruptions consisted of many small scabs with much flaking and dryness. The ear eruptions were characterised by redness and itching, especially of the ear flap. He was very attached to his owner and tended to be fearful and aggressive with strangers. His appetite was ravenous. He preferred cool temperatures but was not overly sensitive to heat. Thunderstorms made him restless and uneasy but he was not afraid of loud noises. His build was large and stocky with a tendency to flabbiness.

Because of the recent antibiotic treatment *Nux vomica* 200 was given and it appeared to have cleared the picture allowing the emergence of the symptoms needed to prescribe the next remedy. After evaluating the symptoms that

now came up *Calcarea carbonica* 200 was given and at follow-up improvement was noticed and after five weeks there was no longer itching and all the skin lesions had disappeared. The nasal itch and discharge had also gone away. Follow-up an year later: remains well.

2. Wildlife cyber-care

LEDERMAN Jeff (HT,17,1/1997)

The author is a well-known wildlife rehabilitator and he uses Homœopathy predominantly in his practice. He has reported many cases in the **Homeopathy Today**. He continues to do so, we are happy note.

He writes that through his computer he receives many requests for information and help with injured and ill wild animals. Here is one such case: A muscovy duck that has a fractured femur. It has been pinned, however, the bone isn't healing; from the x-ray it appears that we are dealing with an old arthritic animal. The veterinarian is at a loss. Prescription suggested over the Internet, *Symphytum* and *Calcarea phosphorica* have begun healing process!

3. A Cat with motion sickness

DEAN Betty (HT,17,1/1997)

A cat which suffered motion sickness (while traveling with the owner, the author, by truck and ferry) was relieved of this by *Nux vomica* (intense nausea = *Nux vomica*)

4. Homoeopathic Medicine for the Farm

SHEAFFER Edgar (HT,17,2/1997)

The many advantages of using Homœopathy in the Farm, including the 'economics' are briefly dealt with.

5. Wild life cyber-care

LEDERMAN Jeff (HT,17,2/1997)

A kitten that had been badly bitten by a dog, with a big bite wound in her jaw, in shock, emaciated and de-hydrated; she appeared to have significant brain damage. After the Vet stabilized her, *Arnica* was given and she recovered fast.

6. A Cat fight

RITCHIE Lorie (HT,17,3/1997)

The cat was badly injured in a fight and was found limping with her tail dragging, and looked sore, tired and pitiful. Wounds on each flank near the tail, the wounds were open and oozing copious amounts of a clear, watery discharge. She wouldn't let handling, examination and when attempted to do she bit the hand. Normally this was a very docile cat. Evidently its nerves were injured and hence the sensitivity. *Hypericum* 30 was given and about 15 minutes later she was so relaxed that she could be thoroughly examined. Next day a dose of *Ruta* 30 was given because of the injuries being puncture wounds near the base of the spine. All well.

7. Cas Cliniques pour l'entrée à la Société Belge
Society of Homoeopaths)

d'Homéopathie (Clinical cases for entry into the Belgian

SAELEN Daniel(RBH,29,1,1997)

Case 1 - Dry cough in a horse since a year especially when it started eating. On auscultation a confirmatory diagnosis of bilateral emphysema was made. Based on the following mental characteristics of the horse: Dictatorial, Fear of water, Fear of Strangers, Timidity, *Cuprum* 200 was given.

The most striking aspect of this horse was the contradiction between its dictatorial nature and its fear and anxiety. From among the repertorised remedies(*Lycopodium*, *Lachesis* and *Cuprum*) the above symptoms were more characteristic of *Cuprum*.

Case 2 A female German shepherd aged 5 years. Skin problems on the low back and tail. Pruritic, with eruptions on scratching. this eczema > during winter and < from the first rays of the sun in spring. It hated sunlight and always stood under the shade. The skin had become thicker, dry, and the fur was dull and snapped easily. It also had hip pains after a long walk.

A very gentle dog, affectionate even with strangers. Irritable during the heat. It feared thunderstorms, firecrackers and loud noises. The following symptoms were repertorised: Irritability during menses, Fear of noise, Company desire for, Sun agg., and Skin eruption dry and *Natrum carbonicum* was given and the dog improved.

Case 3: A cow of four years developed diarrhoea like water. The cow was prostrated, no longer ate, stayed isolated from the troop. Its milk production had reduced considerably. The rectal temperature was 38⁰5 C, but the skin was extremely cold. *Veratrum album* was given without any relief. When the case was repertorised using the rubrics: Lack of reaction, Rectum diarrhoea hot weather, and Skin coldness diarrhoea during, *Veratrum album* and *Camphora* came up. As *Veratrum* had already been tried without success *Camphora* was given and everything was back into order.

Case 4: A mare 6 years old had swollen lids like tennis balls; frothy white tears flowed which excoriated; an intense pruritis on the whole body; the vulva was also swollen with a discharge of a rusty coloured fluid. It was agitated; it scratched itself and lay in a corner with its head low; with nostrils strongly dilated and a noisy respiration. An injection of steroids and antihistamines had terminated the acute crisis. But two days later the eyes continued to tear, did not eat well, and respiration continued to be noisy. *Arsenicum album* based on: Eye, discharge acrid, Eye, swollen lids, Skin, itching, Nose dilated nostrils, Respiration Stertorous, put the horse back on track.

VII. BIOGRAPHY

1. The Un-burial of Melanie HAHNEMANN
GRIMES Melanie (AH,3/1996)

This article highlights MELANIE HAHNEMANN's qualities, with reference to the biographical works of Richard HAEHL and Rima HANDLEY.

2. Marion BELLE ROOD, M.D.
LANGE Andrew (AH,3/1997)

This is a tribute to a very interesting and noble woman. Dr.ROOD died in December 1995 at 97 years of age. Marion BELLE ROOD was one of the great elders in American Homœopathy. She practiced for over fifty years. She was a pioneer in science and medicine. As the only woman in her Physics Masters programme at the University of Michigan in Ann Arbor, she helped work on the Quantum theory during the 1920s. She attended the New York Homœopathic Medical College as the only female student in her class. Harvey FARRINGTON was one of her professors. She earned her living while going through medical school by tutoring the children of the Rockefeller family. Dr.ROOD was also a colleague of A.H.GRIMMER. Her approach to disease was deeply influenced by her understanding of chronic disease and the Miasms. Her tremendous understanding of the pathogenesis of disease enabled her to solve the most difficult cases. J.H.ALLEN's **Chronic Miasms** was central in her understanding of prescribing medicines miasmatically. Dr.ROOD could open to a page in HERING's **Guiding Symptoms** and find the case before her mirrored there, word for word. She treated multiple generations within families, often in the same morning. Dr.ROOD used Homœopathy in treating Cancer in hundreds of cases. Stories about Dr.ROOD are of a legendary nature. Most of them are true. She did not have a telephone, nor take appointments. Her clinic hours began at eleven in the morning. Patients came from around the country and the world to line up on her dirt road. Cars lined up outside her driveway by eight in the morning. She worked until the last patient had been treated. Patients would eat picnic lunches, stand on the porch and chat while waiting.

In Dr.ROOD's office in her living room, patients sat amidst piles of books, cats and dogs, dishes covered in lace, and wooden boxes filled with medicines. Records were kept on large file cards. She sat behind a small wooden side table with KENT and KNERR's Repertories guiding her. Busts of HAHNEMANN and HYPHATIA watched over her. HYPHATIA was a young woman mathematician and astronomer from Alexandria, and a leading proponent of neo-platonic thought. As a scientist, Dr.ROOD kept a wide range of journals piled throughout the living room in which she saw her patients. She would regularly lecture to her patients on the relationship between Homœopathy and current developments in science, whether they could appreciate her insights or not. She felt strongly that a background in Physics was essential for a homœopathic education. She believed that medicines could have an effect at a distance. In fact, one night when an impatient patient had left, after having waited much of the day, Dr.ROOD just looked out of the door and exclaimed, "Oh, he must have been exposed to the remedy he needed from here, and felt so much better he didn't need to see me!" When a local reporter interviewed her after her retirement he asked her what would her patients do without her to which she replied, "Well, I hope they're all better. That's what is supposed to happen." Dr.ROOD never married. While living a humble and simple life, she was constantly abreast of developments in science and politics throughout the world. She represented kindness, strength, humility, and the unique individuality of our tradition. Her legacy remains in her foresight in preserving the U.S. Homœopathic Pharmacopoeia, in the generations of patients that she had treated, and in her example of brilliance in understanding of the science of medicine. (What a personality! Although this fine homœopath passed away in December 1995, it is surprising that I did not come across reference to her in the other well-known American homœopathic journals, like the **Journal of the American Institute of Homeopathy**, **Homeopathy Today**, **Resonance**. Glory to the journal **The American Homeopath**, that it has carried this enlightening story=KSS.)

3. Von der Homöopathie zur Biochemie (From Homœopathy to Biochemistry)
SCHMEER E.H. (AHZ,242,1/1997)

This brief article is dedicated to Wilhelm Heinrich SCHUSSLER whose 175th Birth-day fell on 21 August 1996. This is a brief biography with emphasis on his merits in Homœopathy and on the foundation of a new method of healing - Biochemistry. Further themes are the relationship between Biochemistry and Homœopathy, their common features and their differences.

VIII. HISTORY

1. Pioneering Women Homœopaths
NIELSEN Sarah (AH,3/1997)

This article contains brief biographies of 'pioneering women homœopaths' - beginning with Marie MELANIE D'HERVILLY GOHIER HAHNEMANN, and on to Margery Grace BLACKIE, Frederica E. GLADWIN, Margaret L.TYLER, Elisabeth WRIGHT HUBBARD, Dorothy SHEPHERD, Julia Minerva GREEN.

2. Women and Homeopathy in the Nineteenth Century
KIRSCHMANN Anne Taylor (AH,3/1997)

That women homœopaths have contributed quite large for the development of Homœopathy is a matter of history, although not much has been written on this. In this excellent article the great women who argued the case of women in health reform, medicine, science and of course Homœopathy, are recalled.

3. Janus at the Bedside

STEWART Robert (AH,3/1997)

This is a very interesting study of History and Homœopathy at the end of 20th Century. It begins with the Greek period, to HAHNEMANN's time and now. It attempts to explain why Homœopathy is so poorly represented in History.

4. Primary sources in Homœopathic History

LEARY Bernard (BHJ,86,1/1997)

The importance of primary sources in the History of Homœopathy is discussed in particular relation to newly discovered letters addressed to Frederic QUIN.

5. The Flexner Report

WINSTON Julian (HT,17,3/1997)

It is common to quote the **Flexner Report** as a cause of the decline of Homœopathy in the USA. However, only very few have ever seen exactly what the Flexner Report said about the homœopathic education that was being offered. In this article, the author reproduces the relevant part of the Report

6. Zur Geschichte der richtungsweisenden Dissense unter den Homöopathen, dargestellt am Leitfaden der Geschichte der deutschen homöopathischen Krankhauser (On the history of the directional differences amongst the homœopaths explained with the guidance of the History of the German Homœopathic Hospitals)

EPPENICH. H (ZKH,41,1&2/1997)

The different directions among the homœopaths are presented with the help of information from the history of the German homœopathic hospitals. It becomes clear that since the 19th century the true Homœopathy of HAHNEMANN which is in its pure form free of ideologies is overweighed, distorted and diluted both by the conception of natural science and by religious ideas. Within the field of tension of the different ideologies there is also a tension between homœopathic physicians and lay practitioners. (Review of the German book **History of the German Homœopathic Hospitals from the beginning to the end of the First World War.**=KSS.)

IX. EDUCATION

1. The Council on Homœopathic Education

KREISBERG Joel (HT,17,1/1997)

The **Council on Homœopathic Education (CHE)** was founded in 1982 as an independent and autonomous agency. Its goals are:

- To establish, maintain, insure and improve the quality of education in the science and discipline of Homœopathy in the United States and Canada.
- To set up standards for the above presentations and to evaluate for approval, endorsement or otherwise certify such presentations or institutions.

The Council has been active since 14 years with many leading teaching organizations participating. Programs are evaluated at two levels - Graduate and Postgraduate.

The Board is currently completing the process of federal recognition.

X. GENERAL

1. The Duties of the Physician From a Woman's View

KENT Clara Louise (AH,3/1997)

This very interesting article contains some important 'home truths', for example "A patient has a hard *Bryonia* headache, every sound causes an agony of throbbing pain in the back of the head; the doctor comes up the stairs with a pair of heavy shoes that squeak at every step; the patient vows then and there never again to call that doctor." "A doctor may throw away his cigar or put his pipe in his pocket before going to the patient's room, but her *Ipecac* headache is much aggravated by the smell of dead tobacco smoke and she says to her aunt: "Don't let that man in here again when I have one of these headaches or I shall be sick all over the bed." Again one of the poorest prescribers may secure a large business if he is happy and cheerful in the sick room without overdoing it, and firm without brusqueness, commanding without being over-bearing, sympathetic to the extent of kindly thoughtfulness, and yielding when principle is not involved. How much better should the physician do who joins the skill with tact! If the young physician has learned the science and art of healing he may acquire tact by taking lessons from his wife, who should be able to see how much he lacks of being a well-rounded figure in his chosen profession. The DUNHAM may train you

in the science, but a woman can teach you to grow increasingly useful and commanding among the figures that move in the world of science, art and society." Sound advices. We would like to hear more from Madame KENT.

2. Interview with Maesie PANOS
JACKSON Rowan (AH,3/1997)

Dr.Maesimund PANOS, M.D., a Grand Dame of American Homoeopathy, has a life-experience in Homeopathy that spans nearly a century, or more if we include her father's work as a homoeopathic physician during the Civil War. She is a living bridge between the pioneers of the earlier part of this century and all of us who have been nourished and educated by her books, including **Homeopathic Medicine in Home** with Jane HEIMLICH, and **Homeopathy as an Art and Science**, a collection of Dr.Elizabeth WRIGHT-HUBBARD's writings which she edited with her daughter Della DesROSIERS. She and her daughter have also edited a homoeopathic gold mine, the "**Cumulative Indices of the Homeopathic Recorder and The Proceedings of The International Hahnemannian Association from 1881 - 1958.**" It is a dazzling collection of articles made available through The Woodward Foundation which Dr.PANOS co-founded. This interview took place in three parts over the winter of 1995-96. In this interview Dr.PANOS speaks about training and early experiences, about Dr.Julia GREEN, about her association with Dr.WHITMONT, etc.

3. The Self-Publishing Homeopath - A Guide for Homeopaths
BEDAYN Greg (AH,3/1997)

"In this independent age of high-speed lap-top gigabytes and increasing numbers of qualified writers on Homoeopathy, there is a growing sub-community of excellent desktop-publishing homoeopaths who have chosen to leave out the publisher and distributor to be paid, in full, for their hard labors. These homoeopath/authors feel that they should be the ones making the profits generated by their own hard work - that it would wither and become obsolete without its author ever gaining full recognition or full financial reward. The truth is that it can be easy to self-publish; it can even be a joyous experience." The article proceeds to give sound information on self-publishing.

4. Interview with Nandita SHAH
GRIMES Melanie (AH,3/1997)

This is a refreshing article, one which relates particularly to Indian situation. Nandita speaks on organic farming and 'natural life', besides her homoeopathic practice.

5. Interview with Ananda ZAREN
FRIES Suzane (AH,3/1997)

In this interesting interview Ananda ZAREN, who learnt Homoeopathy with George VITHOULKAS explains how she came into Homoeopathy, development of her methodology and her experiences. Ananda ZAREN is a Midwife and she studied Homoeopathy and has reached world renown. She explains that the philosophy of Homoeopathy holds that the mind and body are not separate. The emotions affect the organs, the musculature, and hormonal cycles, and the shifting processes of the body affect the mind and emotions. Every experience leaves some residue in the physical body and in the "emotional body". Every unexpressed feeling continues to exist. The early experiences form a wound and the organism responds to the wound by arranging a protective wall around itself. The outward manifestation of this wall are the symptoms we can perceive. She further says that long-drawn-out interviews with patients about their childhood or personal difficulties were really not necessary for an accurate diagnosis or the remedy. The patient's own body loudly and clearly discloses basic difficulties, such as the inability to make full emotional contact with others or to completely release longings and pent-up feelings. There are countless minute and subtle ways, the body sends a loud, urgent message to those able to read it. Words can lie. The mode expression never lies. Also we must focus on the patient's breathing. General body posture is also a key element in revealing the inner process. Vocal quality is also another important indicator of the inner state. The quality or emotional tone of the voice is often far more important than the patient's chief complaint and is a basic indicator of emotional and physical well-being.

Ananda ZAREN narrates a very interesting case of a baby born at 5 months in uterus.

6. Melissa FAIRBANKS
BEDAYN Greg (AH,3/1997)

Melissa FAIRBANKS is the person organising the well-known Four Winds Seminars in the USA. She practices in the San Francisco Bay Area. It will certainly be quite interesting for all to know that she is the daughter of the famous actor DOUGLAS FAIRBANKS Jr. She has spent a large part of her life in England; she studied Homoeopathy in London. She also attended the Seminars of Rajan SANKARAN, Vassilis GHEGAS, CANDEGABE, EIZAYAGA, et al. Of all it was Rajan SANKARAN who influenced her the most. FAIRBANKS speaks with immense warmth, respect and happiness about the seminarists who unraveled the mysteries of Homoeopathy.

7. Interview with Alize TIMMERMAN
WINSTON Julian, and EVANS Gwyneth (AH,3/1997)

Alize TIMMERMAN of Holland is a trained biochemical analyst before studying Homoeopathy. She speaks of the support she got from colleague biologists. In her experience biologists were more open to Homoeopathy than medical doctors. Her first experience in practice of Homoeopathy seems to be a lung cancer (of the left lung) and he was fully

cured (x-rays confirmed) by *Phosphorus*. Alize then studied with George VITHOULKAS. Then with Alfons GEUKENS, Vassilis GHEGAS, Jan SCHOLTEN. She says that Homoeopathy has been recognized in Holland and out of 15 million people in Holland about 3 million see Homoeopaths! The medical doctor-homoeopaths in Holland are most co-operative with the so-called 'lay' homoeopaths. TIMMERMAN says that more provings are necessary particularly because of many MS and Cancer cases.

8. Interview with Sheilagh CREASY
BEDAYN Greg (AH,3/1997)

CREASY is not a doctor and has no medical certification, yet she is considered as a pre-eminent woman homoeopath and is much in demand in the world today. She is also a teacher. She has been practising since over forty-five years and remembers George VITHOULKAS as a young engineer when he came to study Homoeopathy alongside her in South Africa. She has lived and practiced in England, India, and parts of Africa where she lived for a time in the remote bush, treating severe pathologies the likes of which many of us have never even heard. She is truly a world-class homoeopath, having treated generations of families from South Africa to India, from the United Kingdom and Western and Eastern Europe (Chernobyl disaster victims) to America. Her Institute of Classical Homeopathy in Marin County, California is considered by many to be the "most Hahnemannian" in the U.S. and students are expected to honor the precise teachings of the early master, before going out on their own.

In this interesting interview Sheilagh CREASY tells about her beginnings, her studies and her wide experience. The reason for persons to stray from classical Homoeopathy is, CREASY is certain, that they do not do enough studying of the old masters, every one of the old masters, DUNHAM, BOGER, LIPPE, FARRINGTON, all of them. Once you have studied them you cannot deviate.

9. Interview with David MUNDY
MARRS Iain (AH,3/1997)

David MUNDY studied with George VITHOULKAS and Vassilis GHEGAS and Rajan SANKARAN. He also studied with Joseph REVES of Israel the concept of the circle. REVES method uses the symbolism of the circle and the four elements, which fits very well with homoeopathic philosophy. Joseph REVES taught that the use of language, the way of talking about things can point to the link between mind and body, give us suggestions as to why this person developed this symptom at this particular time. REVES source was the Kabbalah, the Jewish mystical studies. With his knowledge of Chinese Medicine MUNDY could understand the polarity in remedies.

He tells of a few cases and his method of analysis of the cases. A fairly long and very interesting and fascinating interview.

10. Qualitätszirkel in der Homöopathie (Quality Circles in Homoeopathy)
BLEUL G. (AHZ,242,1/1997)

'Quality Circles' are study groups of colleagues meeting in order to develop their knowledge. Since 1989/1993 there are legislators and medical organisations have been giving instructions. The attempt is to mark out the quality of structure, process and result in homoeopathic practice. There is no compulsion but there are good reasons for joining a 'Quality Circle'. Homoeopaths of a region may decide to meet at regular intervals and discuss. The group may be anywhere between 5 to 15 members.

11. A Study of Self-prescribing with 'Over the counter' Remedies.
DOHERTY Ann (HOM,64/1997)

This is a very interesting 'study' carried out over several months. The study was done in Hamilton in Scotland. Out of three stores chosen only the Boots the Chemist store could help substantially while the remaining two were marginal. The 'summary of the findings' are given as below:

1. A large percentage of people were dissatisfied with the treatments they had already tried, some found their doctor unable to help and some people were getting worse.
2. Other people complained about the side-effects of medicines. One said *Prednisolone* and others said it was habit-forming drugs which they wished to avoid. Homoeopathy was seen as a natural medicine which was less harmful to the body.
3. There was a desire to become more responsible for their own health although people were prepared to ask for professional advice also.
4. Increasing information from the media about homoeopathic remedies has increased the public's awareness and acceptance of it as a form of alternative health. The experience of friends and family, being the direct experience of someone they trust, has also convinced people about the effectiveness of homoeopathic remedies.
5. People were satisfied with the effectiveness of homoeopathic remedies by direct experience also. There was a range of ways in which people said the remedies helped them.
6. Another factor is the availability of the remedies. Many more retailers are now selling over-the-counter remedies. This of course is a response to the demand, but it has the knock-on effect of increasing availability and so sales increase.

The over-all findings of this study is that self-prescription gave people a measure of control over their health. People were able to make decisions for themselves regarding where to get their information. They reported some positive results from homœopathic self-prescription, and they gained more confidence as they continued with self-medication.

12. Mythology in Practice

BRINKLEY Jeff (HOM,64/1997)

Some of the 'beliefs' which the homœopaths have come to strongly hold, which the author calls 'myths' in the light of his experience:

- *never start treatment with a high potency
- *never start treatment with a low potency
- *never start treatment with *Lycopodium* 200
- *the patients must take the remedy under their tongue Is there a magic little trap-door there?
- *food or drink must be avoided for 20 minutes/1 hour/2 hours/3 hours, etc. before and after taking the remedy
- *certain remedies must only be given at certain, very specific times of the day/month/year
- *only doctors should (really) practice Homoeopathy - (!!!?)
- *certain remedies must only be given in a certain sequence e.g. *Calc.* to *Lyc.* to *Sulph.* to *Calc.*
- *certain remedies must not be prescribed after other certain remedies - concept of inimical/antidotal remedies
- *never prescribe more than one remedy at a time
- *always prescribe more than one remedy at a time

13. Speculations on Connections Between Modern

Science and Homoeopathic Principles

ADAMS Peter (HOM,64/1997)

This is really thought-provoking. There are developments on all scientific frontiers which relate to Homoeopathy. Some of these discoveries feed neatly into our beliefs and principles. The theories examined in this brief article are: Bootstrap theory; Field theory; The Quantum Sea, the Implicate Order and Vital Energy; Holography; Morphogenetic Fields; $E=mc^2$; Holism; Chaos and Complexity; Information theory; System theory. The author also feels that it is perhaps the Systems theory (cybernetic) which offers the most effective support for the homœopathic philosophy of health and disease.

14. The Place for Clinical Audit in Homoeopathic

Practice

PAY Jill and STONE Yvonne (HOM,64/1997)

This subject is rarely written about in the homœopathic journals. We have some articles in the BHJ and now in the HOM.

What is audit? Audit is "the systematic critical analysis of the quality of medical care, including the procedures used for diagnosis and treatment, the use of resources and the resulting outcome and quality of life for the patient". In fact every homœopath should make this audit from time to time in self-interest atleast. In this article the author covers the areas the audit should cover. The beneficiaries of clinical audit are primarily the patients using the service; however, the homœopath, the profession and the wider population also benefit from improved professional practice and effectiveness.

15. Bones and Joints are not what you think they are

KOTHARI, M.L.V., MEHTA Lopa A., NATARAJAN. M., and KOTHARI, V.M. (MFH,7,3/1997)

In their characteristic way the authors dispel many wrong ideas about Anatomy, disease, and related things. The 'summary' is as follows:

All text books on Anatomy must change and will change.

Tendons are not attached anywhere - they exhibit only tendency.

Synovial fluid bears weight.

You can't replace a joint - this is humbug. In future replacement of a joint will be fairly light weight and not heavy as of now. There is the case reported from London where a lady with two replacement joints going for a swim drowned because the body could not bear the additional weight of the prosthesis.

The Ilizarov Russian paradox is that in a fracture, the fracture site should not be compressed but distracted, and our research has solved this paradox because distraction of the fractured ends provides greater relief to the soft tissue and the healing becomes much faster.

All arthritis problems, whether of inflammatory, immunologic or infective are soft tissue problems and not a surgeon's responsibility, because we have found that bone is overlaid or underlaid and not part of the joint.

Soft tissues mother a bone. Bones undergo a lot of distortion - apropos, the wings of a jumbo jet which can move through a range of 20 feet in the air. Some of the sky scrapers are allowed to sway upto 12 feet in USA. A railway

tract, looking rigid, sways when a train passes over it; our teeth move up and down when we chew food but we can't notice it.

So we envisage changes in medical texts and medical thinking on the following lines. Soft tissue should be considered stronger than bone.

Muscles can pull only in one direction, it can't make a curve but bone deflects it so that you can rotate your body, so that a straight pole is converted into a curve. In a car or, a sewing machine, a linear, motion gets converted into a circular motion by a crank shaft and wheel into a linear motion on the road and the linear motion of the needle.

Nature is far more simple than human minds can visualize. It is high time doctors passed on knowledge to the patients rather than continue to boss over them.

16. Depression

KOTHARI Manu & MEHTA Lopa (NJH,6.1/1997)

This issue of the NJH is devoted to 'Depression', and the journal opens with this nice article. Some extracts:

To be human is to be unhappy, depressed, mood out. This certainly is unique to man as a species. Walt WHITMAN sensed the why of human depression and penned these immortal lines:

I wish I could turn and live with animals,
They are so placid and self-contained.
I stand and look at them long and long.
They do not sweat and whine about their condition,
They do not lie awake in the dark
Nor weep for their sins.
They do not make me sick discussing their duties to God,
Not one dissatisfied, not one is demented
No one has the mania of winning things,
Not one kneels to another, nor to his kind
That lived thousands of years ago.
Not one is unhappy in the whole earth
(Song of Myself 32,694)

A perceptive reader can make out that WHITMAN, by providing the whys of human depression, has also driven home the art of the why nots of depression. The ceaseless Niagara of all-pathetic verbiage on the etiology, clinical features, classifications, treatment and so on of Depression has failed to pull mankind out of its morass. 'No man is good enough to be another man's master.' MONTAGNE advised all the learned or lordly bigwigs to realize that each one of them, on an exalted seat, is basically resting on his own rump filled with his own..... MAUGHAM suggested that priests, popes, pundits, judges and crusaders better keep in their pocket a wad of tissue papers to remind them of their evacual ordinariness. The astounding generalization that in the kingdom of the Lord all humans are alike and equal, cures us of our vanity as also of or envy and jealousy. To say the least, it is depressing, nay, elevating. 'Beyond its sham, drudgery, and broken dreams, it is a beautiful world.' This lofty reassurance from DESSIDERATA in St.Paul's Church, Boston, sums up life's essence. A Zen master was asked the secret of happiness in life: 'to eat when hungry, to sleep when tired.' Human vanity - an exaggerated sense of one's importance - is at the root of many a depression. All human learning is vanity for learning never groweth a grain of rice nor provideth a drop of rain, a shaft of sunshine or the waft of air. See everyone as your equal, being an equal partner in the brief interlude between two heartbeats, your FIRST and your LAST. Lord Buddha gave a medicine against depression: know and accept that the human frame, like all else that lives and dies, is programmed to decay, disease, and die with the mere passage of time. Since all that are healthy do not necessarily survive nor do the diseased necessarily die, know for sure that disease does not cause death. Death is a mere function of time. Therefore resent not your gray hair, wrinkles, cataracts, cancer or coronaries. Take them in your stride. If you feel depressed about them, they will seem worse. If you welcome them graciously, you won't be depressed nor your patients. Practitioners who dye every day set a wrong example for their patients. In the Art of Living Joyfully. Physician, heal thyself!

17. Explanation of some of the difficult terms used in ALLEN's Key Notes

GHOSH Ajoy Kumar (QHJ, 5,4/1997)

The title of the article indicates the subject dealt with. 32 terms have been picked for a brief explanation.

XI. BOOKS

1. **Homöopathische Archtypen bei Homer - Eine Archalogie der Seele, von HADULLA. M; WACHMUTH, J (Hrsg.): 316 S., 62 Abb., geb. Karl F.Haug Verlag, Heidelberg 1996, DM 108,-. (Homoeopathic Archetypes in Homer - an archeology of the soul) - (German) review by GEBHARDT (AHZ,242,1/1997):** The ten chapters in this book are from ten authors. It aims to show the archetypes of the main figures in the *Iliad* and *Odyssey* with homoeopathic Materia Medica: ODYSSEUS and *Sulphur*, AGAMEMNON and *Lycopodium*, KLYTAIMNESTRA and *Anacardium*, MENELAOS and *Staphysagria*, HELENA and *Platina*, ACHILLEUS and *Natrum muriaticum*, AIAS and *Stramonium*, TELEMACHOS and *Phosphorus*, HEKTOR and *Calcarea carbonica*, PENELOPE and *Seipia*. It is

astonishing to see the areas in which the great Greek figures are found to agree with the phenotype of the appropriate remedies.

2. **Psychiatry and Homoeopathy**, by Fernando RISQUEZ, 1st edition, New Delhi: B. Jain 1995. ISBN 81 - 7021 - 696 - 6: review by Anton van RHUN (BHJ,86,1/1997): "Dr.Fernando RISQUEZ, MD, Psychiatrist and homœopath from the Venezuelan school, attempts with this 1st edition to bridge the gap between the theoretical concepts and practical applications of Homoeopathy and Psychiatry. It is obvious that he draws on a broad philosophical and theoretical background, which appears well integrated in his daily clinical experience, as illustrated by numerous elaborate cases. He generously shares his profound understanding of Psychiatry based on Freudian and Jungian concepts, as well as Homoeopathy firmly rooted in the Latin American Kentists such as ORTEGA and PASCHERO. There are also numerous referrals to the **Organon**. . . I hope this book will open up dialogue regarding our different approaches to chronic diseases, and address some of the numerous questions still unanswered regarding psychiatric disorders.

3. **Trauma and Recovery** by Judith Lewis HERMAN, Basic Books, a division of Harper Collins, ISBN 9028416536, 1992 review by Alize TIMMERMAN (HL,9,3/1996): "On reading this book, written by a very experienced psychiatrist, I was struck by the strong relation between her view on healing processes and the healing processes in our own daily practice. The trauma as experienced by war victims are in my experience (8 years practice treating deep pathology like MS, etc.) quite similar, to the development of a deep disease and the healing crisis these patients have to go through. The stages a patient goes through she describes in such a realistic manner, and with such a deep knowledge that I advice everyone who is treating chronic cases to study this book... The vast knowledge she shows, and the deep experience she seems to have in this field will give you a better understanding for this group of patients. Last but not least she shows you that the more one denies oneself, the more suppressive we will treat our patients."

4. **The Homoeopathic Childbirth Manual: A Practical Guide for Labor, Birth, and the Immediate Post Partum Period**, by Betty IDARIUS, Idarius Press, 2-B Lorraine St., Ukiah, CA 95482. \$14.95 +shipping review by Judith REICHENBERG-ULLMAN (NEJH,6,1/1997): "There are very few skilled homœopaths who also have extensive experience in midwifery. Betty IDARIUS, a midwife and counsellor, has been working with pregnant women for the past twenty years. . . This book is very well organized and designed. . . The book is easy to read and the instructions for using the remedies are very clear. There is a nice balance between narrative, materia medica and a mini-repertory for each condition. . . I am sure that it will save many a laboring woman from pain, suffering and drugs".

5. **Stramonium: with an Introduction to Analysis using Cycles and Segments**, by Paul HERSCU, N.D. New England School of Homeopathy Press, Amherst, Massachusetts, 1996, 220 pages, \$28. review by George GUESS, M.D., D.Ht. (JAIH,90,1/1997): ". . . With *Stramonium*, Dr.HERSCU has again penned a masterful work, full of original thought and original clinical observations, *Stramonium* herein is described thoroughly, from its profoundly disturbed mental picture to its vitiligo. His focus is on the paediatric *Stramonium* image. Employing his highly original concept of remedy cycles, he attempts to conceptualize the varied symptomatology of this remedy as manifest expressions of a recurring dynamic cycle or spiral of disease. . . Regardless of one's affinity for this concept, homœopaths should make themselves aware of this process of remedy and case analysis. No doubt many practitioners will excitedly embrace it. . . The book is well written and well bound (in paperback), the print attractive and easy to read. . . Obviously, I am well pleased with this book and highly recommend it. . ."

6. **Ritalin Free Kids** by Judyth REICHENBERG-ULLMAN, ND., and Robert ULLMAN, N.D., Prima Publishing, Rocklin, CA., 300 pages, soft cover, \$15., review by Angela HAIR (HT,17,1/1997): ". . . Ritalin is an amphetamine administered twice daily to the **Attention Deficit Disorder** children who are out of synch with the rest of the class. It induces compliance but at what cost? Are these children learning despite their seeming compliance? This book is about an alternative way of helping children with ADD. . . Certainly **Ritalin Free Kids** offers enormous hope to parents and teachers of ADD children and to children who are now adolescents and adults trying to get through life with their particular modus operandi. It offers hope tempered only by the meticulous case-taking of the homœopath."

7. **Homeoquest card Memorizer 500 Questions about Kent's Repertory** by Christina WULLE. £ 30. available from Minerva Books. review by Jude CRESSWELL (HOM,64/1997): ". . . This is a pack of questions and answers for serious students of rubrics and remedies. The card set contains four different tasks related to the repertory... I think that these cards could be used by individual students who want to test themselves on their knowledge of the repertory, by groups of students wanting to while away those winter evenings or cram just before the final Repertory exam in July, or to be used by college themselves to form part of a detailed test of different aspects of repertorisation. . ."

8. **Homoeopathy for Children** by Gabrielle PINTO and Murray FELDMAN. Thorsons publishers, 1996, 226 pages, soft cover, £ 6.99. review by Sue MILLICAN (HOM,64/1997): "This is a book by two respected and well-loved homœopaths; many of us have benefited from their guidance and teaching. So it was with much interest that I opened it. . . . Overall a thoroughly good book. . . . I would warmly recommend this book to my patients and to a parent looking for an alternative treatment to orthodox medicine."

9. Miranda Castro's Homoeopathic Guides - Stress, Homoeopathic solutions for emotional and physical stress. Pan Books, 1996. 400 pages soft cover, £ 9.99. review by Gabrielle PINTO (HOM,64/1997): "This is Miranda CASTRO's third book and is a excellent easy read on the 20th Century disease called stress. She carefully unites her understanding of psychological work with her homœopathic knowledge, advising readers how to manage the changes they may need to make when under emotional or physical stress. The great thing is that you can immediately follow some of her suggestions and adjust your life accordingly. . . . This is a jolly good self-help book aimed at empowering the reader to manage his or her life and therefore is useful for practitioners to recommend to patients. I think that we as practitioners also need to read it to remind us to review our own levels of stress and make the appropriate changes whenever possible, even if it is only about taking time out to read a book!"

10. Ausgewählte Falle aus der Praxis eines klassische Homöopathen. (Selected cases from the Practice of a classical homœopath), von W.HESS. 796 S., geb. Karl F.Haug, Heidelberg 1995, DM 198,-(German), review by FRIEDRICH (ZKH,41,1/1997) :

" . . . HESS has collected 127 cases from his practice and lecture courses and revised them afresh. Added are some remedy studies and an animal case . . . Everything is in proper relationship and makes a harmonious whole. . . It can be read either in separate cases or together and can pick up hints. . . HESS is not just an experienced practitioner and a great homœopath but also an engaging narrator. . . This book is the reflection of the life and work of a great physician Walter HESS. No homœopath should be without this book."

11. Die Homöopathische Anamnese. von W.GAWLIK 135 S., 7 Abb., 6 Tab., Hippokrates Verlag, Stuttgart 1996, DM 48,- (German), review by BLEUL. (ZKH,41,1/1997): "In this small but content-wise full book Willibald GAWLIK has given his 40 years' experience as a doctor. Everything that is relevant to homœopathic anamnesis has been thoroughly explained... The specialty of homœopathic anamnesis is the unfiltered recording of the patient's statement without interruption, falsification or suggestion..."

XII. NEWS & NOTES

I. Commenting on the Journal *The American Homeopath*, and the *North American Society of Homeopaths (NASH)*, Roger MORRISON, MD, Director of the *Hahnemann Medical Clinic, Albany, California, U.S.A.* writes:

" . . . Having taught in many countries, I have noticed a definite trend: in countries where homœopathic practices allowed to non-medical practitioners, Homœopathy has flourished. For example, in Holland, England, Germany, Norway, New Zealand, and Australia, the practice of Homœopathy has flourished largely because of the enthusiasm of non-medical homœopaths. In many instances it was the professional practitioners who eagerly sought out new ideas and teachers such as VITHOULKAS and GHEGAS long before the medical group took an interest. In many other countries - the United States for one - we have had a much slower development of Homœopathy until recent years. . . I believe that the absence of a strong tradition of non-medical Homœopathy has contributed to this delay... If there had been a strong group of non-medical practitioners at that time, surely Homœopathy would have survived and developed itself more effectively in this century. But the mere existence of professional practice is not enough. In many of the countries I have cited above, non-medical homœopaths have created vibrant and highly professional schools and organizations. . . . To metamorphose from "Lay Practitioner" into "Professional Homœopath" requires more than a change in name. It requires proper schooling, high standards and, well, professionalism. As professional homœopaths set and achieve high standards of knowledge, including diagnosis, Pathology and allopathic Pharmacology as well as Homœopathy, this professionalism should and will be recognized.. . . our goal must be the establishment of schools which can provide for the independent licensure of homœopaths." (AH,3/1997)

II. Very interesting discussion by the readers of *The American Homœopath*, about the term so commonly used by the homœopaths - "palliation": Julian WINSTON writes: ". . . I was fascinated with the definition of palliation you gave as "that which serves to conceal or hide." . . . I checked the *Oxford English Dictionary (OED)* and found that meaning is labeled as "obsolete". Further on the OED defines "palliation" as "the alleviation of the symptoms and incidents of disease without curing it; hence temporary relief." I then journeyed to *Webster's Unabridged Dictionary* where I found that "palliate" is derived from the Latin meaning "to cloak." In a medical context, it is "to reduce the violence of a disease: cause to lessen or abate without curing." The whole debate about this definition pivots around this simple point. The conventional medical model does not have a concept of suppression. It gives steroids for a local condition, and that "works" (i.e. the symptoms go away). One does not notice if another symptom arises, because that new symptom is a now a different "disease." If the Vital Force is healthy enough, when the steroid is discontinued after the "cure" there might be a "rebound-effect" where the original condition returns. Although this phenomenon has been given a name by the medical profession, it is not tied to the idea that there was a suppression. There certainly are cases where palliation would be advisable and even necessary. But they are a judgment call on the part of the practitioner to make - and they can be made better when the practitioner is aware of the possibility of the suppression of the dynamic disease. Therefore, the definition "to cloak, or conceal" makes sense and is accurate from the homœopathic point of view. . . . I offer two more definitions of "palliate" from Noah Webster: "to cover with excuses; to conceal or disguise the enormity of by excuses or apologies."

Iain MARRS (an Oxford English Scholar practicing Homoeopathy in Canada) discusses 'palliation' and gives 'at least four meanings': (I) maleficent tactic practiced with a terminally suppressive intent, as an end in itself, all the more wrong and harmful because cloaked as regards its own intent; (II) a conscious tactic, the possibility of which exists alongside the seductive danger type (I).; (III) a beneficial tactic which is therefore a subtype (II) - this category is not the sole right and achievement of Homoeopathy; (IV) what appeared initially to be a conscious action comes to waste the potential benefits or tactical gains. A palliative action, if repeated, can in time become a suppression if the gains made thereby are not utilized. (AH,3/1997)

III. NASH (North American Society of Homeopathy), who are publishers of **The American Homeopath** ('an annual review') reports that they "have an unusually active membership. . . Miranda CASTRO is the new executive director. Miranda has settled in Seattle where she is working at Bastyr University to develop a post-graduate homoeopathic medicine programme. . ." All these make very interesting news. Homoeopathy on the march, in the USA. (AH,3/1997).

IV. While much that is happening in the USA with regard to Homoeopathy is very encouraging there is much that is quite discouraging and quite shocking indeed. The extent to which Homoeopathy is witch-hunted is very disturbing. The Editorial of the BHJ,86,1/1997, recounts the state of affairs with regard to Homoeopathy. A San Francisco Bay area attorney sued some of America's largest drug store chains simply for selling homoeopathic medicines, alleging that the drug stores were allowing false advertising because homoeopathic products were claimed to be effective. The cases were settled, but the same attorney has also sued individual homoeopathic companies, costing them almost one million dollars in legal defence costs to date. Another case against a homoeopathic physician in Virginia sent a chilling message to physicians interested in Homoeopathy and alternative medicine. The homoeopath, who is also an Oncologist, was treating a patient with **Hodgkin's disease**. The patient had earlier undergone Chemotherapy but adamantly refused further courses of it. The patient's records indicated that the homoeopath/oncologist had told the patient at least once that he should have further Chemotherapy, but the courts awarded the patient's wife and daughter over 235,000 Dollars because the doctor took advantage of (the patient's) fear, leading (him) to believe that Homoeopathy was as effective as Chemotherapy. Practising homoeopaths have also been harassed in other ways. Elizabeth BRINKLEY, MD a pediatrician and homoeopath, was removed from a health insurance company's list of practitioners simply for prescribing homoeopathic medicines for selected patients. No patient had ever complained and the insurers have yet (after 2 years) to provide a more specific reason for her expulsion. Pediatrician Toni BARK, MD in Chicago lost her hospital privileges for recommending Garlic and Vitamin C for a child's upper respiratory tract infection. The physician who brought the charges against Dr.BARK was so misinformed that he referred to this treatment as homoeopathic medicine

The backlash is, however, relatively small compared to the progress made in Homoeopathy and alternative medicine, with increasing growth and acceptance within various mainstream institutions. There is still a long way to go, however, to gain reasonable acceptance and integration within American medical care today. It should be noted that, as history has continually shown, dinosaurs scream loudest before they fall. It is therefore predictable that as Homoeopathy gains greater acceptance, respect and popularity, we can expect more backlash by defenders of the old paradigm and by those with a vested interest in maintaining it. This backlash is, in part, evidence of the depth and breadth of Homoeopathy's growth. How we choose to deal with it will greatly influence its effects.

V. 51st LMHI Congress, Capri, Italy, 2-6 October, 1996. Brief Report in the BHJ,86,1/1997: This is the 200th year since HAHNEMANN's first publication on Homoeopathy in 1796. Capri is the island where Roman emperors took their ease and from which Tiberius ruled the Empire. Papers were given in the authors' original language and the somewhat halting simultaneous translation (at least into English) proved a barrier to full appreciation of the speakers. The homoeopathic Pharmacists held their international meeting in conjunction with the Congress. The stated themes were Homoeopathy in Pregnancy and the first 7 years of life, Homoeopathic education and the Homoeopathic medicines *Aurum* and *Thuja*, plus a round table conference on research.

An interesting paper on a homoeopathic approach to pregnancy came from Dr.BARILLI and colleagues. They described possible interactions of a mother's Vital Force and that of the child she is carrying and hypothesized, with some examples, on the responses and symptomatology which can be expected depending on the similarity or dissimilarity of their Vital Forces. Other interesting work came from Dr. Deh of India who described five cases of infertility successfully treated with Homoeopathy and from Dr.FALABELLA and colleagues who reported four cases of threatened abortion, three of which resolved following homoeopathic treatment.

Protocols in homoeopathic education came from several countries, including an interesting statement from Dr.LESIGANG (Vienna), who described the very well-developed Austrian basic training course. Dr.SCHROYENS gave a talk from the point of view of the student learning Homoeopathy, in which he pointed out that although learning *Materia Medica*, how to extract symptoms and repertorization methods are very important, too little attention is paid to teaching consultation and follow-up skills.

Teaching on *Aurum* came from Dr.CANDEGABE and there was a cured clinical case from Dr.ABBATE of hyperlipidaemia and fatty liver treated with *Aurum*. It was interesting to see a comparative *Materia Medica* in the

analysis of the school of Dr.PASCHERO. Strongly miasmatic concepts are used to arrive at 'a **minimum syndrome of maximum value**' which consists entirely of mental symptoms. Medicines are then compared in order by how many of these symptoms (9 for *Aurum*) are held in common with *Aurum*. In his presentation, Dr.BLASI extracted repertory symptoms of *Aurum* that relate to what you might notice as you meet the patient. His grouping of physical and mental characteristics and pathological observations by repertory chapter is surprisingly lengthy and potentially of great value.

The exclusively miasmatic interpretation of disease and homeopathic prescribing following this kind of analysis, was the subject of 5 further papers. Dr.ARAUJO from Brazil gave a new spin on sycosis, by relating 'sycotic' symptoms in a number of known pathogenic organisms. He discussed the clinical pictures of infection with Hepatitis B and C virus, Herpes virus, Cytomegalo virus, Epstein Barr virus and Human papilloma virus. He also mentioned bacterial pathogens and drew the conclusion that in modern terms, the transmission of a miasm such as sycosis, could be partly explained by for example, the incorporation of HPV genes into the germ-line. This was food for thought here which relates directly to HAHNEMANN's original concept of miasm as a contagion.

Thuja was dealt with very thoroughly by Dr.CHAND from India in his excellent paper. One interesting note about provings of *Thuja* was that HAHNEMANN's original proving used 10 provers and recorded 633 symptoms (333 from him and 300 from the others!). ALLEN's **Encyclopaedia** gives 3,377 symptoms. It appears that the extra information came from a later prover who took a single globule of the 1000th potency and then recorded every symptom for the next 2 years. It is important to know the source of a symptom!

Drs.BELLAVITE and SIGNORINI in a densely argued paper supported throughout by experimental observations on human Neutrophils, propose a model of the **similia** principle based on the interaction of a drug with homeostatic mechanisms. Their aim has been a study of the **similia** independent of high dilution effects and seems very promising.

A further breakdown of the content of the proceedings reveals (out of 104 presentations) discussion of specific medicines, 7 papers; **The Organon** paragraphs 246 to 248, 3 papers; 'Philosophy', 23 papers; Psychology as applied to Homoeopathy, 5 papers; Clinical topics, 29 papers; Provings, 6 papers; Quality and documentation issues, 5 presentations; and Clinical trials and qualitative outcome studies, 8 presentations.

As usual, clinicians case reports provided the highlights. Dr.ASCANI presented in great detail 11 cases where acute prescription of *Glonoinum* in a number of acute conditions had been effective, pointing out the quite well-developed mental picture of this medicine. Dr.SHANGLOO presented 2 cured cases of **Osteogenesis imperfecta** in which he had predominantly used *Calcarea carbonica* to good effect and there were presentations of an *Asafoetida* case (Dr.MEREU) and an *Asparagus* case (Dr.PRONGIA). Dr.AMENGUAL L.VICENS (Mallorca) described the use of *Comocladia dentata*, a plant of the Anacardiaceae, in Ophthalmology. He reported a self-proving when he unknowingly rubbed some of the plant on his eyes whilst in the Philippine jungle. This resulted in swelling of the eyelids, local heat and an inability to open them for about three quarters of an hour. He followed with a case of exophthalmos with severe eye pain which responded to the homeopathic preparation. The patient had used steroid drops extensively and the author makes the point that isopathic prescription of potentized steroids can be an effective help in reducing material doses of steroids. Dr. MANGIALAVORI reported a beautiful case of *Citrus vulgaris*, from the skin of a bitter orange, for which he originally prescribed *Argentum nitricum*. Dr.MANGIALAVORI has 6 cases documented of good results with *Citrus vulgaris*, although these were not presented.

It was refreshing to see reports of two complex cases followed up over some years. Not the frequently encountered single medicine 'wonder cases', but examples of chronic case management. Dr.PAYRHUBER (Austria) showed a case of Lymphoproliferative syndrome and Dr.ASHER (Australia) one of Thyrotoxicosis where all treatments given (conventional, too) were recorded, warts and all. This is the way most of us practise!

Drs.FISHER and DANTAS from London presented their initial results of a systematic review of provings, confining themselves at this stage to those published in the U.K. and the U.S.A. 47 reports of provings published from 1945 to 1995 were analysed according to a standard form comprising 84 questions relating to methodological quality. This systematic review revealed widespread serious methodological short-comings such as small sample sizes, rare use of pre-treatment run-in observation, absence of adequate control groups and absent or inadequate blinding of observers. The authors commented that there is an urgent need for methodological experimentation and debate to establish rigorous design. This issue was also addressed by Dr.David RILEY (USA) who has conducted over 50 provings and come to a fairly well-standardized protocol which he described in detail. This work looks like the best basis on which to build for the future. He proposed clear symptom selecting criteria for sorting out from the background symptoms those attributable to the proving substance, which will surely become the reference point for the future. This problem of symptom selecting became very clear with the presentation of a new proving of *Hydrogen* from the **Associazione Versiliese di medicina Homoeopathica** under the direction of Dr.F.SCHROYENS. 7 volunteers took placebo and 14 took the Verum in 3 different potencies. Using strict selection criteria (which were unfortunately not stated), only 18 symptoms were developed by the Verum group and 6 by the placebo group. Contrast this with the over 1,000 symptoms ascribed to *Hydrogen* in the well-known proving (and many entries already made in the **Complete Repertory** = KSS) of Jeremy SHERR. **There are clearly some very important issues about the experimental foundations of Homoeopathy which are now being addressed.**

Clinical studies: Out of 104 presentations, only 8 could be said to be clinical trials or outcome studies in any sense. Dr.CANELLO and colleagues presented a paper on Veterinary medicine. The best human clinical studies were by Dr.van WASSENHOVEN (Belgium) and by Dr.HOFFMAN (Brazil). Dr.van WASSENHOVEN presented a retrospective analysis of all cases of chronic Arthritis seen in his private practice. One follow-up measure, the proportion of patients who managed to stop conventional drugs following homœopathic treatment, showed that 43 out of 99 cases had achieved this. Dr.HOFFMAN's report of her use of KENT's approach to acute conditions in infantile Pneumonia is impressive. 25 cases of Pneumonia were managed solely homœopathically and a cure was achieved in all of them. Dr.VISALI and colleagues presented 2 outcome studies. The first was of Homœopathy in the treatment of Periodontal disease (76 cases) and the second of homœopathic treatment of Herpes zoster patients (33 cases). Other clinical outcome studies reported were by PULERI in food allergy and SANJEEV in Viral hepatitis.

VI. Acute diseases - definition, origin and clinical approach by G.PAGLIARO et al. in the *Studia Homeopathica*, 1995 (extract in the BHJ,86,1/1997): This work is a literature review of 'acute diseases' in Homœopathy. Looking at this theme from HAHNEMANN to contemporary authors, the paper focuses on the definition of and clinical approach to acute diseases. Within the conceptual frame, there is a common understanding about acute diseases among the authors. But there are differences in clinical approach. According to the authors of this paper, only J.H. ALLEN and ELIZALDE have shown consistency between clinical approach and definition of acute disease. KENT argued that acute diseases are linked with susceptibility. ALLEN pointed out that a chronic miasm underlies an acute disease. ROBERTS saw the unbalanced state in acute diseases connected with the psoric stigma. Stuart CLOSE, EIZAYAGA, VITHOULKAS, BANDOEL and JAHR are mentioned and ELIZALDE who argues that acute diseases are an exacerbation of the dynamic interplay of Miasms and the consequence of psoric conflict.

In their clinical approach, all authors acknowledge the need for considering the case in terms of the totality of symptoms, although they may differ in their working strategies. However, while prescribing for the acute stage, all except ALLEN and ELIZALDE consider the picture individually. That is, the prescription is designed to address the totality of symptoms presented at the acute stage. KENT, for instance, argued that symptoms of the acute stage are outstanding and that an acute prescription may be made without reference to the constitution. ALLEN and ELIZALDE refer to the homœopathic medicine for the chronic miasm.

VII. *Lachesis muta* 200 as a hypotensive by F.BERNAL-OCHOA, A.RUIZ-HERNANDEZ, R.BERNAT in the *Boletín Mexicano de Homeopatía*, 1995, 28. (extract in the BHJ,86,1/1997): A trial conducted at the emergency ward of the National Homœopathic Hospital in Mexico City during the first semester of 1994 was designed to test the efficacy of homœopathic treatment against placebo in the control of arterial hypertension. The experimental phase was preceded by an extensive nosological study using **Mac Repertory**, emphasizing the totality of rubrics. The analysis showed *Lachesis muta* to have the highest percentage and symptomatic cover. It was decided to use the 200 cH based on previous experience by veterinary trials and studies of acute conditions by Kentian homœopaths. The sample in the trial was random. 83.3% treated had a 10% or more of blood pressure compared to only 7.14% in the control group. This result was statistically significant for the treated group ($p < 0.001$).

VIII. Provings: J.ALAERTS, F.WIELAND, G.PEIRONA, P.SOUK-ALOON in the *Revue Belge d' Homeopathie*. The whole of the first edition of 1996 of the journal is devoted to Provings. The editorial complains that since HAHNEMANN and his close collaborators left us the vast majority of the *Materia Medica*s, there has been a lack of new provings, and challenges homœopaths, suggesting that many of the Provings conducted since HAHNEMANN are badly codified, have undergone inadequate confirmatory studies, and have not been adequately integrated into our repertories, and that it is time to wake up.

The first of 7 papers describes in detail the technique currently used in Germany, and presents a protocol for conducting Provings and a plea for both local and international meetings to share the results of Provings. A paper by GONZALES PEIRONA from Saragossa in Spain describes a Proving of *Mirbane* conducted in a double-blind environment, which produced statistically significant results. Dr.LENTHERIC describes Provings of *Salvia officinalis* over a period of 7 years which unfortunately produced no satisfactory conclusions. Finally, Dr.SOUK ALOON describes Provings of Nosodes derived from *Brucella melitensis* conducted on 10 healthy subjects between 1983 and 1988. (*Revue Belge d'Homeopathie*, 1/1996, extract in the BHJ,86,1/1997)

IX. *Cannabis indica* in adolescents by Dr.GRANDGEORGE: Dr.Didier GRANDGEORGE reviews the use of *Cannabis indica*, with the observation that the tincture is not available in France, but must be procured from abroad. Training in Psychiatry persuaded him of the ill-effects of using *Cannabis* recreationally, and his experience in the Gabon in the 1970s confirmed his view and makes a harrowing tale; he observed slipping moral standards amongst his expatriate medical colleagues under the influence of recreational *Cannabis* use, two couples separating, and one Physician committing suicide following the death of his partner in a motorcycle accident. Reviewing the *Materia Medica* reveals the usefulness of *Cannabis indica* in adolescence. The rubric Fear of drowning is likened to the adolescent leaving the cocoon of family life into the big wide world, with the development of disinhibition, a Jekyll and Hyde personality, feelings of isolation, and an aversion to mental effort that some parents may find familiar. (*L' Homeopathie Europeene*, 3/1995, extract in the BHJ,86,1/1997)

X. Animal magic! by G.LANGMAN: The issue of **L' Homeopathie Europeene**, 4/1995, devoted to veterinary Homoeopathy contains a very useful little article by Dr.LANGMAN summarizing the rubrics relating man to animals. Various groups of animal lovers and phobics are described, with VITHOULKAS's love of animals being the only positive rubric quoted. The absence of *Carcinosin* from the French Pharmacopoeia is lamented, as the Nosode is therefore little known in France. The author takes the opportunity to offer a brief tour of the *Materia Medica* on this important medicine. Many authors describe fear of cats, insects, dogs, snakes and other venomous beasts as well as the more generic fear of animals. A final mention of the unusual *Abelmoschus hibiscus* which according to JULIAN covers all those phobias is interesting (extract in the BHJ,86.1/1997)

XI. Exercise-induced Haematuria by M.GARDENAL in the **Journal de l'homeopathie**, May 1996, (extract in the BHJ,86.1/1997): Similarities are drawn between Haematuria and Hyperuricaemia after heavy exercise in man, and Myoglobinuria in racehorses. In a previous edition vets had described paroxysmal Myoglobinuria in a racehorse, stimulating Dr.GARDENAL to investigate medicines useful in treating these conditions in man, while recognizing the importance of prevention through adequate hydration and training. Microscopic or macroscopic Haematuria of less than 48 hours duration after significant effort is the presenting complaint. Acute homoeopathic medicines are proposed, particularly *Arnica*, *China*, *Hamamelis*, *Mangifera* and *Millefolium*, in the absence of underlying pathology. For exercise-induced Hyperuricaemia, acute medicines for ureteric colic are suggested. The summary will be a useful reference for practitioners interested in sports medicine.

XII. A Topical Trial by S. NIEDERLE in **HomInt R & D Newsletter** 2/1995 (extract in the BHJ,86.1/1997): This paper is particularly interesting because it reports on some of the very few trials carried out on topical homoeopathic preparation *Cardiospermum halicacabum*, a member of the tropical Sapindaceae family, is a climbing plant found in India, Africa and South America, where it is used herbally for skin diseases, constipation and rheumatism. In Homoeopathy the aerial parts of the plant are used to prepare a topical product claimed to be effective in the treatment of eczematous disorders. The first observational studies carried out in the early 1970s and 1980s to determine the application range, efficacy and safety of *Cardiospermum halicacabum* are described. The value of this paper is that it demonstrates the thoroughness with which a testing process can be carried out. Even the most avid sceptic cannot help but be impressed by this quality of evidence. (A proving of *Cardiospermum halicacabum* in D6 and C30 was carried out in 1988 with 33 physicians. The proving was held as double-blind study. Full details of this thorough Proving has been published in the ZKH,34, 3&4/1990 = KSS)

XIII. Viola odorata and Viola tricolor: two completely different sisters: Seminar presented in Lindau on June 15-18 June 1995 by Wolfgang SPRINGER, Munich. Video cases were presented. A 30-year-old woman with bronchial Asthma, which began in the fifth month of pregnancy. The Asthma was aggravated by exertion and anger. She was a pretty and lively woman, who looked young for her age. Her remedy was *Viola odorata* found through the symptoms: "emotions dominated by intellect" "dyspnoea during pregnancy" (BOERICKE). The remedy was given in LM potencies and later in C200 with excellent results.

Viola tricolor: Though botanically closely related the remedy picture of *Viola tricolor* does not resemble much the one of *Viola odorata*. Above all it lacks the mildness of the common violet. Its states are definitely more severe and harmful. It is tri-miasmatic, i.e. it contains distinct features of all the three miasms. It has a much wider range than just severe skin problems. In the selection of characteristic symptoms listed below the Psoric (P), Sycotic(S), and Syphilitic (L) aspects are marked with capital letters:

- cracked, gummy crusts on scalp, matting the hair together (P)
- nervous paroxysms (epilepsy) after suppressed eczema (P)
- burning and itching eruption of face, except eyelid
- skin affections combined with urinary symptoms
- isolated allergy to rye
- swelling of prepuce, itching (S)
- suppressed gonorrhoea (S)
- nocturnal emissions accompanied by very vivid dreams
- most intensive itching of vulva (*Tarent.*)
- leucorrhoea with stitching pain in children, in syphilis
- induration of testicles (L)
- lancinating pains in the limbs (L)
- dry scabs over the whole body, exuding yellow water after scratching (L)
- large boils all over the body (L); (use of *Viol-t.* in HIV?)
- articular rheumatism with itching around the joints.

(HL,9/1996)

XIV. The HL,9,4/1996, has mentioned that the following 'Provings' data are available: *Candida albicans*, *Carbo mineralis*, *Cymbopogon citratus*. All these have been proved in Germany and the details are available in German language.

XV. The Editorial of Amy ROTHENBERG in the NEJM, 6, 1/1997 is quite thought-provoking. She says that as a homoeopath and also as a mother, wife, a woman living in these times, she looks at everything through the lens of Homoeopathy. She refers to an article in the **Lancet**, Vol.349, Feb.1, 1997 pp.309-313, An alternative strategy for studying adverse events in medical care which said that 17.7% of hospital patients had some adverse event occur. The finding of the study which followed 1047 consecutive patients admitted to three units of a large urban teaching hospital, was that there were more adverse events the longer patients were in the hospital and for those in an Intensive Care Unit. The likelihood of experiencing a problem increased about 6% each day of hospitalization. The mistakes cited in this research were of many varieties.

Amy ROTHENBERG also discusses the appropriateness of Mammograms.- whether or not they are appropriate for women in their 40's who do not have a family history of breast cancer.

She discusses about cloning. While genetically identical specimens can be cloned, "what of the soul? What of the Vital force? These things are not clonable" ; identical twins while genetically the same yet have individual weaknesses, strengths and preferences. "As a species we have learned how to mechanically move genetic material around - yet we still can't feed everyone, house everyone or educate all of our children."

She also writes about the fragility of life. A friend who was hit by a car while he was riding his bike. He spent a few weeks in the hospital in a coma and then a few weeks in a vegetative state. A number of homoeopathic remedies were prescribed which helped. The time spent in the hospital along with Paul HERSCU, taking the case, bringing food to the family, doing massage, talking and praying was an incredible experience. "I observed how he was continually reduced to the sum of his parts. Each body area had its specialist, from the trauma specialist to the neurologist, from the rehab physical therapist to the orthopaedic surgeon. Each one is brilliant in their own right, applying their hard-earned knowledge with expertise, even compassion. Yet, one night after a surgery on a mangled leg, this vital and strong willed man passed away in his sleep. The degree of trauma, the extent of the internal injuries and perhaps the anaesthesia for the surgery on his leg proved too much to bear. In his death, we all felt the mix of relief that he would no longer have to suffer and the deep grief over losing him. . . The longer we all practice the more we will see of all of life's events: struggle and peace, pathology and healing, life and death. . ."

XVI. "The conclusions drawn by Dr.A.U.RAMAKRISHNAN of India of his treatment of more than 3,000 cases of Cancer with Homoeopathy in the past ten years were presented in a 1996 Seminar in the United States. A minority of Cancer patients have presented to him with early stage Cancer, which is the stage at which the remedies are most curative. He uses Homoeopathy in late stages primarily for palliation. He has found Cancers of the brain, cheek, tongue, oesophagus, head of the Pancreas, breast, rectum, ovary, cervix, bladder, prostate, skin and bone the most responsive to Homoeopathy. Dr.RAMAKRISHNAN typically uses three remedies in the treatment of Cancer, an organ specific remedy, an anti-miasmatic remedy, and a constitutional remedy. He has invented a specific protocol for plussing the remedy in Cancer cases. He prescribes *Carcinosin* and *Scirrhinum* more freely in cases of malignancy than other authors have recommended. " (From a Seminar by Dr.A.U.RAMAKRISHNAN presented by the New England Homeopathic Academy, September, 1996. Abstract in the JAIH, 90, 1/1997).

XVII. Diabetes Mellitus: An Integrated Homeopathic Approach by Steven L. SUBOTNIK, a presentation at the **California Homeopathic Medical Association's 119th Annual Meeting**, Oakland, California, 14 Nov. 1996: "Diabetes mellitus is the seventh leading cause of death. One in twenty persons have it. Type I Diabetes, Insulin dependent juvenile onset, will be helped with Homeopathy and nutritional supplements, but seldom is cured. Type II Diabetes, adult onset, can be helped, if not cured with Homeopathy. Nutritional supplementation replaces missing trace minerals and Vitamins and Minerals often in short supply in the diabetic. Short-term low potency combination complex remedies may be used for one to two months to detoxify and drain these often toxic and compromised patients. A classical remedy is given either initially or as the picture emerges after the initial "clearing of the terrain" with drainage. The author sees and treats many diabetics and has had surprising success with this method within the confines of managed care and insurance company constraints. (Abstract in the JAIH, 90, 1/1997)

XVIII. Dr.David WEMBER presented **The Heart and Soul of Homeopathy** at the Ohio, Pennsylvania, and Southern Homeopathic Medical Societies' Annual Meeting in Akron, Ohio, October 1996. The full text is given in the JAIH, 90, 1/1997. The Abstract: Dr.WEMBER provides examples of the deeply curative effects of homoeopathic medicine, results which both gratify and constitute the "heart and soul of Homoeopathy." Additionally, several smaller homoeopathic medicines and their corresponding clinical indications are discussed.

XIX. Dr.Edward CHAPMAN, MD, President of the American Institute of Homeopathy, in his Editorial in the JAIH, 90, 1/1997, writes on the **Issues of Licensure in Homeopathy**. There is a growing demand from the public for well-trained legitimate homoeopathic practitioners. Because of this many 'teachers' have come up 'training' all comers without sufficient attention for the quality. Although Homoeopathy currently lacks the so-called 'scientific' evidence, the social factors encourage the growth of Homoeopathy. There is another important factor, i.e. if it is practised by non-medical homoeopathic professionals it is really inexpensive. Even in the hands of medical homoeopathy doctors Homoeopathy can be inexpensive because of much lesser tests, less expensive medicines and the possibility of cure of chronic conditions. Because the medicines are safe, accessible, and prescribed using the language of the patient, Homoeopathy is used widely in the home, between friends, etc. More than a few 'lay' persons have become confident

enough about their prescribing to practice, as they define it, “professionally.” Some of our most notable teachers come from these ranks - George VITHOULKAS, Catherine COULTER, Lou KLEIN, Henne Gutten MAST, and Jeremy SHERR. The model for the lay professional practice comes from British Law, under which a medical license is not required for the practice of medicine. Keeping in view the fact that soon the number of non-medical professional homœopaths will be growing rapidly, the need for proper training and licensure must be looked into now. These are very thoroughly discussed in this editorial.

The Editorial in the HT,17,2/1997, also discusses the ‘legalities of homœopathic practice in the US and the NCH Directory of Practitioners’.

XX. The International League for Homœopathic Medicine - LIGA - published a lengthy, two-part interview with Andre SAINE. Such coverage by the leading international homœopathic medical organization is particularly noteworthy because this organization only allows medical doctors to join it as voting members; it is rare for their journal to feature the work of other professions. Dr.SAINE has championed the work of Adolph LIPPE (1812-1888) more than any other modern homœopath. LIPPE is not as well-known as many of the other 19th century homœopaths because none of his books have been very popular, but LIPPE wrote hundreds of journal articles, representing several thousand pages of writing. Dr.SAINE credits much of his own base of knowledge of homœopathic Materia Medica to his careful reading of Provings, especially the Provings conducted in the 19th century. He asserts that Provings that describe the symptoms in the chronological order in which the provers experience them gives the reader special insight into the development of a remedy’s pathology. Dr.SAINE feels that it is necessary for homœopaths to read and re-read the **Organon** throughout their lives. (HT,17,2/1997)

XXI. Report from the Ohio Meeting, October 1996. Presentation by Michael SOMERSON on Finding the Right Remedy in Acute Prescribing: He explained how the symptom picture of a patient is an expression of the various efforts within the body to bring about a return to health and balance. In addition to being an individualized response, it is a very active process which he characterized as homeodynamic instead of homeostasis. Various causes of imbalance were identified, for example, environmental stimuli (pollen, overexposure to the sun or wind, etc.), etiological disease agents (viral or bacterial), lifestyle, etc. The four steps of acute prescribing:

1. taking the case
2. analyzing the information
3. selecting the remedy
4. follow-up (interpreting the response and determining where to go next)

He stressed on observation, definitions of the different types of symptoms, modalities, concomitants and techniques of using the repertory to suggest remedy and the Materia Medica to confirm remedies. He then reviewed the subjects of potency selection, size and repetition of doses. The close observation of the changes in the symptom picture or a return of the same symptoms helps determine whether a remedy change or repetition is required. He also covered remedy relationship in the format that was developed by R. GIBSON.

Jeff STARRE presented **Acute Bleeding - No Need to Panic:** He reminded what HAHNEMANN said in his **Organon:** arterial bleeding needs to be treated with pressure and sutures. Jeff expanded on this, showing that acute bleeding can be arrested almost instantly with the right homœopathic remedy. We have to find the remedy with just some key-note symptoms since there will not be much time to look about in the repertory and wait for the whole picture. The three areas from which haemorrhages can occur are: the uterus, hemorrhoids and nose; the acute remedies suitable for these were presented. (HT,17,2/1997).

Dr.Jacquelyn WILSON presented **Homeopathic Medicines for Patients with AIDS** (HT,17,3/1997): HIV is the most mutating virus, and the fastest to reproduce. This mutation causes drug resistance. Ten billion virus particles are formed each day, and parts of the immune and nervous systems are changed by the virus’ action. However, many co-factors are necessary to progress from HIV-positive to actual AIDS. The literature shows that the majority of AIDS patients in the world are being treated with alternative therapies such as Acupuncture, Herbs and Homœopathy, not protease inhibitors or Antivirals. In Africa, for example, lay persons have had a 77% success rate using herbs to keep AIDS patients healthy. Dr.WILSON cited the double-blind trials conducted by Dr.Barbara BREWITT of Seattle, using Sarcodes made from four different growth factor cytokines found in the human body. These are given in the 200 potency. She also mentioned a few of the homœopathic remedies. She also says not to fear straying from our familiar shores, and detailed the investigations of various approaches to Homœopathy from the classical method to using combinations, to using an EAV machine, to following the homotoxicology viewpoint. She also pointed that studies have shown that trials using combination remedies have success rates as high as those using the classical single remedy. A discussion of recent scientific discoveries which have great implications for understanding Homœopathy followed. Electrical crystals have been found which seem to be the courier for the identifying information of a substance. These crystals are what persist after the molecules of the original substance have been filtered out by the dilution. Potencies above the 24x or 12c contain only these electrical crystals, while lower potencies include both crystals and molecules. She then quoted Albert EINSTEIN who said human beings are 75% electromagnetic energy and 25% gravitational energy. Gravitational energy has molecules, falls to the ground, and can be weighed. Remedies with no molecules remaining have no toxicity, no interactions with other medications, and cause no drug resistance. The electrical crystals have been observed to blow holes in the cell walls of bacteria! This suggests the mechanism by

which homœopathic remedies exert an anti-microbial action. In fact, a company called American Technologies Inc., has actually patented the dilution-and-succussion process long used in making homœopathic medicines. Dr. WILSON has been a consultant to this company which is coming out with a new fuel additive that cleans auto exhaust, based on the homœopathic principle. They have also been able to accelerate the charging rate of batteries, reducing the time by 50%, using the same method! These applications are a new corroboration of homœopathic science from an unlikely source. [Experiments in Würzburg, Germany, on elimination of phosphorus in the waste water, with potentised *Phosphorus*, have been similarly successful - see AHZ, 240, 6/1995, listed in the QHD, XIII, 3&4/1996 =KSS.]

Susan BEAL presented **Homœopathy in Small Animal Practice**: "It doesn't matter how the Vital Force is packaged. You treat it in the same way." She encouraged listeners not to feel inadequate when contemplating how to help an animal friend with Homœopathy." The symptoms displayed are manifestations of the Vital Force.

She exhorted not to accept common conditions as normal just because they are common. As examples ears may have junk in them, eyes may droop and run, and many dogs may have big flea problems with skin so red and itchy that the hair falls out. These conditions that are more and more becoming common are not normal. She said that she used a lot of Polychrests and a lot of keynotes. Potency is of little importance compared to time considerations and the emergency at hand. She presented some acute cases. Regarding vaccinations rabies is the only compulsory one in the USA. She gave *Lyssin* immediately after the rabies vaccination, to minimize the long-term ill effects of the rabies vaccination. In her opinion chronic disease can almost always be traced to vaccination. Repeated vaccinations for different diseases causes chaos to the immune system. One vaccine given to cats causes complications so often that the manufacturer recommends administering the vaccine in an extremity so that the extremity can be amputated if need be! She gave generalized information for food needs for dogs and cats. She also said that because animal generations is shorter than that of human generations veterinarians are able to view the overall change in the state of health much more easily than with humans. She reported seeing an ongoing improvement with the use of homœopathic care over several generations. How encouraging!

XXII. Report from NCH Summer School, June 18-21, 96, **Understanding Chronic Prescribing** (HT, 17, 1/1997): Paul MITTMAN and Amy ROTHENBERG taught with HAHNEMANN's **Organon** in one hand and KENT's **Lectures in Homœopathic Philosophy** in the other. Amy began by stating her belief that the world can be changed by Homœopathy; the world presently is sick, unwholesome. A few generations of good homœopathic care can help turn things around. Each of us needs to contribute in our own way, whether by prescribing, teaching, studying, writing, or talking. You never know how a seed planted by an interesting comment or suggestion may sprout and blossom. Learn *Materia Medica* from as many sources as possible. Learn a lot about some remedies and little about others. Make connections between remedies you understand and remedies new to you, noting similarities and differences. Let your patients help you expand your understanding of their cases and the action of their remedies by asking them to describe how they experience their lives before and after dosing. To assist in discovering the all-important "why" behind each symptom, ask your patient, "What is the worse part of this symptom for you?" The answer may surprise you. Look at a rubric in the repertory and try to figure out why a particular remedy is in that rubric. Take for example the rubric: Conscientious about trifles - *Arsenicum* needs to control the environment, prevent contagion, *Nux vomica* is driven to control time and details, *Ignatia* with its similar chemical origin to *Nux*, has to be in control or will "lose it". We need to understand the "why" behind the action. Let your patient know that what you need most from her is how her experience of the difficulty differentiates her from anyone else - what uniquely distinguishes her. "The physician must clearly perceive that which is to be cured." Consider the physical generals. Sleep is important, said Paul, as we spend a lot of time sleeping. Sleep offers a view of unfiltered symptoms that cannot be rationalized. Elicit responses about falling asleep, sleeping positions, changes in patterns, feet out/in, snoring, teeth grinding, dreams, covered/uncovered, warm, etc. [While the entire stretch of full case-taking was ably covered by the well-known teachers, I have given here only a brief extract=KSS]

XXIII. A contributor reports that whenever she used petroleum jelly for lip balm, the number and severity of the fissures at the tips of her fingers increased. Following Winter, she used only *Calendula* lip balm and the fissures were very minimal and they too went away quickly. Lesson: substances on the body can be absorbed and create physical conditions. (HT, 17, 1/1997)

XXIV. The Homœopathic Community Council (HCC) was formed in 1991, when board members of five homœopathic organizations came together to define and clarify a joint mission to unite the homœopathic community and facilitate the growth of the healing art of Homœopathy. Incorporated in 1994 as a non-profit organization, the Council draws its membership from organizations that demonstrate a commitment to work together to fulfill this mission. The HCC is funded by donations from individuals and sponsor practitioners and uses this money to fund individual grants to members of our community, and for special projects. Three new grant projects were funded and continued support was provided for two others: The projects funded were: Homœopathic Provinces, Wildlife Rehabilitation Manual, Study of Attention Deficit Disorder.

XXV. Report on HERI Seminar, Mumbai, 22-23 February 1997: Dr. N.L. TIWARI presented three cases of *Kali bichromicum*. The leading 'mentals' were: Self-centred; Ambitious with tenacity; Strong will; Perfectionist, in addition to usual features of anxiety and family attachments. Dr. Anwar ANSARI presented a case of Leucoplakia. The patient

was intensely sympathetic, remorseful, engaged in creative activity which led to *Coffea*. Dr.KASAD said that in one-sided diseases like Cancer there were very few mental symptoms and one should therefore use the BOGER-BOENNINGHAUSEN's Repertory. Dr.Manjula VAD said that *Kreosotum* and *Natrum muriaticum* are concordant remedies as far as the state of mind is concerned. Dr.Anil BHATIA presented a case of *Magnesium carbonicum*. Dr.Parinaz HUMRANWALA portrayed a clear-cut picture of *Carcinosin*, via two cases. Dr.B.G.DAPTARDAR presented two cases in which the common symptoms of the patients were converted into 'mental' rubrics and remedy selected. Dr. Aruna CHHEDA presented a case of *Alumina* ('confusion of identity'), for a child who was brought to him for recurrent URTI, Pica, delayed mile-stones, dry skin and constipation. Dr. Zenoba COLABAWALA presented a case of recurrent Malaria in which *Arsenicum album* was the remedy (insecurity). Dr.Jawahar SHAH presented a case of *Gratiola*; he said that *Gratiola* was the female *Nux vomica*. It has the ailments from pride of others, mortification, chagrin and humiliation. Dr.VIJAYKAR pointed out the need for keen observation and careful history-taking. He stressed the need for learning Embryology so that we know that the case is improving according to HERING's Law. (NJH,6,1/1997).

Full names and addresses of the journals covered by this Quarterly Homœopathic Digest are given below for further reference:

1. AH: The American Homœopath, The Journal of the North American Society of Homœopaths, 1550, Huston Road, LAFAYETTE, CA 94549 USA.
2. AHJ: Asian Homœopathy Journal, 40, Tagore Road, Santacruz West. MUMBAI - 400 054. INDIA
3. AHZ: Allgemeine Homœopathische Zeitung, Karl F.Haug Verlag, Huthig GmbH, Im Weiher 10, 69121, HEIDELBERG, Germany.
4. BHJ: British Homœopathic Journal, 2, Powis Place, Great Ormond Street, LONDON, WC1N 3HT, U.K.
5. CCRH: CCRH Quarterly Bulletin, 61-65, Institutional Area, D-Block, Janakpuri, NEW DELHI - 110 058.
6. HH: Homœopathic Heritage, B.Jain Publishers Pvt. Ltd., 1921, 10th Street, Chuna Mandi, Pharganj, Post Box 5775, NEW DELHI - 110 055.
7. HL: Homœopathic Links, Homœopathic Research and Charities, 'Dinar', 20 Station road, Santa Cruz(w), MUMBAI - 400 054.
8. HOM: The Homœopath, Journal of the Society of Homœopaths, 2, Artizan Road, NORTHAMPTON NN1, 4HU, U.K.
9. HT: Homœopathy Today, National Centre for Homœopathy, 801, North Fairfax Street, Suite 306, ALEXANDRIA, VA. 22314, USA.
10. HUD: Homœopathic Up Date, B.Jain Publishers Pvt. Ltd., 1921, 10th Street, Chuna Mandi, Paharganj, Post Box 5775, NEW DELHI - 110 055.
11. JAIH: Journal of the American Institute of Homœopathy, 23200 Edmonds Way, #A, EDMONDS WA, 98026, USA.
12. MFH: Medicina Futura Homœopathy, 1-2-217/7, Gaganmahal Road, Hyderabad - 500 029.
13. NEJH: New England Journal of Homœopathy, 356, Middle Street, AMHERST, MA 01002 USA.
14. NJH: National Journal of Homœopathy, Milan Clinic, Saraswathi Road, Santa Cruz(W), MUMBAI - 400 054.
15. QHQ: Quinquina Homœopathic Quarterly, Sri Sathya Sai Publications, Main Road, TALIPARAMBA - 670141.
16. RBH: Revue Belge Homœopathie, Dr.J.Alaerts, Av., CardinalMicara, 7, B-1160, BRUSSELS Belgium.
17. RH: Revista De Homeopatia, Rua Dr.Diogo de Faria, 839 - CEP 04037-002, SAO PAULO-SP - BRASIL.
18. SIM: Similimum, The Journal of the Homœopathic Academy of Naturopathic Physicians 11231 SE Market Street, PORTLAND, OR, 97216, USA.
19. ZKH: Zeitschrift für Klassische Homœopathie, Karl F.Haug Verlag, 6900 HEIDELBERG 1, GERMANY

"This doctor must make a preliminary diagnosis based on characteristic signs and symptoms that have to be abstracted from the infinite variety of appearances and behaviour of the patient. This diagnosis therefore relies upon an essential division and classification of groups of symptoms and findings. But this division must never be freed rigidly beforehand. Rather, the doctor must constantly check and confirm his opinion, her hypotheses, changing them when they are not confirmed. . . The recognition of a specific therefore depends upon the doctor's ability to recognize a whole picture of symptoms which have been abstracted out of a complex background.

. . . the danger, however, is always present that by converging upon a particular symptoms or area of the body, its connection with the larger whole of the patient's lifestyle and the lifestyle of the whole society maybe neglected. When this happens, the deeper nature of the disorder is observed and specialization gives way to fragmentation, which will lead to inappropriate treatment.'

-Science, Order and Creativity - David BOHM & David I. PEAT.

The Essence of The PERFECT WAY.

"The essence of the 'perfect WAY' is deep and darkly shrouded, the extreme of the 'perfect WAY' is mysterious and hushed in silence. Let there be no seeing, no hearing; enfold the spirit in quietude and the body will right itself. Be still, be pure, do not labour your body; and then you can live a long life.

'When the eye does not see,

the ear does not hear; and

the mind does not know'

then yor spirit will protect the body; and the body will enjoy long life.

'Be cautious of what is within you;

block off what is outside you;

for, much knowledge will do you harm. Then I will lead you above the GREAT BRILLIANCE to the source of the perfect YANG. I will guide through the dark and MYSTERIOUS GATE to the source of the perfect YIN."

CHUANG TZU

PART II

BOOK SHELF

(This section contains review of literature received for such reviews as well as those which I choose on my own for such review = KSS)

1. Der Briefwechsel zwischen Samuel HAHNEMANN und Clemens von BOENNINGHAUSEN, Martin STAHL, S.319. Karl F. Haug Verlag, Heidelberg 1997. DM 98,- (German).: The Correspondance between Samuel HAHNEMANN and Clemens von BOENNINGHAUSEN - The title clearly indicates what this publication is about. The correspondance between HAHNEMANN and BOENNINGHAUSEN is very relevant not only to the history of Homoeopathy, but very much more to the homœopathy Practitioner. There is a general opinion in the minds of not only the Public but even amongst the homœopaths that in acute and serious diseases only Allopathy would save. If we take note of the fact that Typhus, Cholera and such other diseases which were fatal were healed by Homoeopathy, this wrong opinion will be removed. In his letter of 21.8.1834 HAHNEMANN says that in vomiting-diarrhoea, dysentery he prescribes olfaction of a single globule of C30 of *Merc-cor*. A careful study will give richer material for the practitioner. HAHNEMANN had very few friends, however, it will be evident from a careful study of these letters that BOENNINGHAUSEN was the most beloved of HAHNEMANN's students. It is also interesting that although they had never met in person. they held each other in high regard which could be seen through in these letters. The letters cover the period 1830 to 1843 - which include the most important discoveries of HAHNEMANN, viz., the theory of **Chronic diseases** and the development of the **millesimal scale potencies**. **The value is more because for the first time these correspondance is available in original and full.**

The list of contents:

I. Introduction : Samuel HAHNEMANN and Clemens BOENNINGHAUSEN; a brief biographical sketch; On the status of the research; The Problems in this Work; the method; study of 19th century letters.

II. Transcription of the letters: Basics of the transcription; symbols used; the outer form of the letters.

III. Edition: the letters in chronological order

IV. Glossary

V. Evaluation: Chronology; the quarrel between the "half-homœopaths of Leipzig" in the letters of HAHNEMANN and BOENNINGHAUSEN; the union of the homœopathic physicians of Rheinland and Westphalia; the homœopathic language in the letters of HAHNEMANN and BOENNINGHAUSEN; what do the letters say about the daily practice of HAHNEMANN and BOENNINGHAUSEN; therapy-specific questions in the correspondance; the friendliness and its expression; study of HAHNEMANN and the "lay" BOENNINGHAUSEN.

In the Annexe: the cure of the Asiatic Cholera and its prevention; HAHNEMANN "on Cholera"; Acquaintance with the "Ministry of the Religious, Teaching and Medicinal Affairs", from 31.3.1832 (from HAHNEMANN's letter of 28.5.1832); "A word to the half-homœopaths of Leipzig" (appendix to HAHNEMANN's letter of 15.12.1832); Clarification of the "Leipziger Localvereins homœopathischer Aerzte" (on HAHNEMANN's letter dateless, evidently end 1833); "Heilkunde - Dr.Samuel HAHNEMANN in Paris"; Article "Homœopathy" from : "Conversations-Lexikon" of F.A.BROCKHAUS (on HAHNEMANN's letter of 24.3.1843) - all these are photocopies of the original papers. Further, four cases from BOENNINGHAUSEN's Case Registers; two letters of HAHNEMANN and one of BOENNINGHAUSEN.

In p.151 is mentioned: "1865 schrieb BÖNNINGHAUSEN in einem Brief an C.DUNHAM, daß er HAHNEMANN zur Streichung dieses Zusatzes zum § 272 veranlaßt habe." This information is drawn from HAEHL. BÖNNINGHAUSEN expired in 1864 itself and therefore it is not possible that BÖNNINGHAUSEN wrote to DUNHAM in 1865.

Bibliographical list, an Index of Persons, and a general Index, complete this valuable work.

COMING EVENTS

10th AHML WORLD SCIENCE CONGRESS to be held at Kota Bharu, Malaysia from 13-15th Sept.1998. Registration fee of US \$150.00 to be sent before 15 August 1998, in favour of THE FACULTY OF HOMŒOPATHY, MALAYSIA, Dr.Mohd. NASIR, 11, Bangunan Tabung Haji Lama, Jalan Dato Pati, 16150, KOTA BHARU, Malaysia.

2. QHD Vol. No. XV, No. 2,1998

PART I - CURRENT LITERATURE LISTING

(The journal lists the current literature in Homœopathy drawn from the well-known homœopathic journals worldwide - English, American, German, French, Belgian, Brazilian, 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 of this journal and readers are requested to refer to them for full articles.)

I. PHILOSOPHY

1. The homœopath as anthropologist or neutral observer
MORRELL Peter (Resonance, 19,1/1997)

The author quotes from KENT's **Lesser Writings**:

- "The sick are entitled to exact knowledge, not to guesswork.
- "The disease is not to be named but perceived; not to be classified but to be viewed, that the very nature of it may be discovered.
- "Throw aside all theories, and matters of belief and opinion, and dwell in simple facts.
- "The human mind should not be burdened with technicalities. They destroy the description, and close the understanding.
- "You must see and feel the internal nature of patient as the artist sees and feels the picture he is painting. He feels it. Study to feel the economy, the life, the soul.
- "The physician must penetrate into the inner recesses of symptoms; the very life of the patient must be opened and laid bare. Learn the fears, instincts, desires, and aversions of the patient. The remedy often crops out through the affections.
- "So long as man relies upon the senses to settle what is scientific and what is not, and does not use his understanding, so long will he be in confusion, and sciences will oppose each other.
- "Homœopathy is an applied science, not a theory.
- "It is not a matter of theory or belief or opinion; we must have something more substantial. Homœopathy must rest upon facts.
- "We owe no obedience to man, not even to our parents, after we are old enough to think for ourselves, we owe obedience to truth.
- "Truth is the daughter not of authority but of Time."

It would be clear from the above that we should be neutral or detached observers and wrest the truth from direct observation; also about the form of Homœopathy we construct from what we do and see. Homœopathy makes no judgements and offers few explanations about life or patients. It is rooted in a neutral and essentially phenomenological view of man. Homœopathy is not an explanatory science, but more a therapeutic method that sidesteps theories and asserts, "Here are people essences and here are drug pictures - your task is to match them by neutrally viewing the patient and intimately coming to know the drug pictures." In effect homœopaths are archivists of medical types" - matching one set of pictures (patient data) into the files of another set (drug pictures). They sift, sort, and pigeonhole data from one set of containers (people) into another (Materia Medica) and back again. Thus they are "medical archivists" and do not attempt to explain, justify, or judge, or to find mechanisms. They must remain detached and neutral and not lapse into explaining things, devising theories, or seeking out mechanisms. This is "applied science." In contrast science seems totally immersed in mechanism and theory.

We must cultivate direct and accurate observational powers that keep us directly in touch with the concrete world. Every day we must wipe the slate clean, polish the bright mirror of consciousness, and view the world afresh. With every patient, we must throw the materia medica to the side and view the patient as if he were the first person we have met, concentrating upon their innate nature as a direct observer, making no judgements, and offering no theories. Then when turning to the Materia Medica, we shall have no difficulty in seeing the remedy they need. We can then prescribe not on the basis of any arrogant or distorted preconception, but upon a certainty founded in direct neutral viewing. Only through

rooting ourselves in neutral observation can we become great homœopaths. Homœopathy must resist any temptation to become mechanistic. To follow science down that road kills off the love and life of our subject.

2. Keeping Casework Simple

BICKLEY A.J. (Resonance,19,2/1997)

This is a very instructive article. It rightly says that the essential simplicity of the homœopathic therapy has been compromised as generations of “experts” have put their own slant on the basic principles espoused by HAHNEMANN. All these new ideas can be useful in individual cases and circumstances but none of them are more than additions to the armory provided by HAHNEMANN. Every case is individual. It does no service to Homœopathy to try and fit every patient into one mould or to try to solve every case using the same methodology. After the case is taken we have to find the “center of the case”. Too many practitioners and students are searching for what is hidden and ignoring what is overt. Too many are looking even more deeply into the psychology of the patient and making inferences and speculations which reveal as much about the practitioner and their belief system as it ever does about the patient. Recall §6 of the **Organon** in this connection : “. . . The unprejudiced observer only perceives the deviations from the former healthy state of the now sick patient, which are felt by the patient himself, perceived by those around him, and observed by the physician. All these perceptible signs represent the disease in its entire extent - together they form the true and only conceivable gestalt of the disease.” What is required is to be found in the patient’s words and not in thoughts you may have about the patient’s words, or how you think they feel or ought to feel. The point of balance is best seen where there is the greatest deviation from the patient’s normality. It is here that the Vital Force is manifest for us in symptoms with the most serious effect. You do not have to search deep in the sub-conscious of the patient. You do not have to follow coded clues. Whatever the cause of the disturbance of the Vital Force, they are only capable of reacting within certain parameters. Any symptom will still be filtered through their own susceptibility and will still represent their disease. When you have established the starting point for your case analysis you then begin the repertorization.

The author drives home his points by narrating in detail an actual case treated by him.

3. Plain doctoring

MOSKOWITZ Richard (Resonance,19,2/1997)

Dr. MOSKOWITZ’s articles are always inspiring. In this article he explains what ‘doctoring’ actually means - certainly not what we generally believe it to be. He says that “plain doctoring” means simply reaffirming the ordinary language and thought of our patients. A doctor of medicine is thus first of all essentially a teacher or educator, one qualified through training and experience to inform, advise, and instruct about matters of health and illness, both to individuals and the general public. The more familiar conception of the medical doctor in contemporary life, however, is precisely the opposite, as a “doer”, a performer of specialized diagnostic and therapeutic procedures.

Dr. MOSKOWITZ says that he takes as his text three aphorisms of PARACELSUS, the great Renaissance physician and alchemist:

- * The art of healing comes from Nature, not the physician. . .
- * Every illness has its own remedy within itself . . .
- * A man could not be born alive and healthy were there not already a physician hidden in him . . .

Dr.MOSKOWITZ interprets these aphorisms as follows:

- * Healing implies wholeness. Etymologically the verb ‘to heal’ comes from the same root “whole”, meaning simply to make whole (again), and refers to a basic attribute of all living systems, evident in the word healing and in spontaneous recovery from acute and chronic illness, and implied even in effective medical and surgical treatment.
- * All healing is self-healing. As a fundamental property of all living systems, healing is going on continuously.
- * Healing pertains solely to individuals. Always possible but inherently problematic and even risky, healing continues throughout life, and tends to complete itself spontaneously, with or without external assistance, often in spite of it. This means that all healing is ultimately self-healing, and that the role of physicians and other professional or designated healers is essentially to assist and enhance this natural process that is already under way. It applies only to individuals, to flesh-and-blood creatures in unique here

and now situations, rather than to abstract “diseases”, principles, or categories. In other words, whatever else it may be, it is inescapably an art, and can never be and should never be reduced to a mere technique or procedure, however scientific its foundation.

To the above three aphorisms Dr.MOSKOWITZ adds a fourth one of his own: Health, illness, birth and death are inalienable life experiences belonging wholly to the people undergoing them. Nobody has the right to manipulate or control them without their explicit request or that of somebody authorised by them to act on their behalf.

4. Nouvelles Découvertes (New discoveries)

LIPPE, A.D. (CGH, 34,2/1997)

Translated from the English article in the Homœopathic Physician, 3 (1883), 12 -17 by Dr Jean KOPP.

5. Les états sentinelles ou “Chronique d’une mort appréhendée”(The sentinel state or Chronic Thanatophobia)

SALMON, M.(CGH,34,2/1997)

Discusses anxiety and its manifestations (symptoms). Anxiety is defined as ‘Fear without object’ - a sentiment of threat not connected to a true objective dangerous situation. Anguish is a psychic manifestation of anxiety. It is a term characterising the psychic manifestation corresponding to this emotional state.

‘L’état sentinelle’ is defined as the state in which a person finds himself after having gone through a traumatic event all alone, or under submission or under the ignorance of the possible effects of the event. 5 clinical cases which according to the author represent ‘l’état sentinelle’ treated with *Calcarea carb.*, *Lycopodium*, *Causticum*, *Arsenicum album* (two cases) are discussed.

6. Considérations sur le traitement des maladies chroniques (Considerations on the treatment of chronic diseases)

ESTRANGIN, Jean(CGH,34,1/1997)

The author writes on the treatment of inappropriately called chronic diseases - for example those caused by prolonged use of allopathic medicines, intoxications, problems caused by excess of coffee, tea, perfumes, herbal medicines, excess of sugar, salt etc. He says “An organism subdued by the repeated aggression of a substance can be so worn out that it stops manifesting symptoms, giving hence an illusion that the substance has been well tolerated, but this substance has on the contrary impregnated the organism irreversibly. ...the homœopath must always think of the frequent involvement of intoxications to which the patient can be sensitive, and also to worries, contradictions. Often the causes are so old and the cure so long, that it seems impossible, and one must be satisfied with just symptomatic remedies.” He concludes by advising “...read and reread the **Organon**, you will find the answers to your questions.”

7. L’Homœopathie est encore “en herbe”. Desirer la santé n’est donc pas Utopique (Homœopathy is still “with herbs”. To want health is no longer Utopic.)

EYNDEN van Den.(RBH,29,2/1997)

A lecture presented at the Round Table of the Belgian School of Homœopathy at Bruxelles. According to the editor “It is an article on philosophy that I would class in the vein of thoughts of Jean Jacques ROSSEAU. Nature is good, let’s then give in to her laws and we will be happy and in good health. ...a return to nature permits us to remove all the obstacles to cure and helps the remedy to act in a deep and profound manner. I liked his discussion on the ‘art de vivre’ and the voluntary participation of the patient in his cure. It is not easy to make the patient understand that the ‘disease does not mean a failure, but one of the many means to find a way...’ One phrase was very striking: ‘it is the symptom which must be effective.’ The comprehension of the finality of the symptom by the doctor, probably, but especially by the patient, is very important.”

II. MATERIA MEDICA

1. *Calcium sulfuricum* - Ein wichtige Arznei in der Kindertherapie (*Calcium sulphuricum*
- An important medicine in therapeutics of children) TAUER, H.
(AHZ,242,2/1997)

Based on the experience with more than 50 children who were treated with *Calcium sulphuricum* the characteristic features of these children is demonstrated. The main themes of the mind of *Calcium sulphuricum* are antagonism with self, the wish to be appreciated and jealousy. These are discussed in this paper and the Mind symptoms of *Calcium sulphuricum* is illustrated.

2. The Marvel That's ***Magnesium***

KOTHARI Manu & MEHTA Lopa (NJH,6,2/1997)

This is a brief and very informative write-up on the *Magnesium*. It is pointed out that the richest source of Magnesium is Chlorophyll and hence it is good to go green on the dining table. *Magnesium* excess occurs in renal trouble and the treatment is to cut down on its intake. The characteristic deficiency symptoms are: Paresthesias, muscular cramps, irritability, decreased absorption span and mental confusion. The management of acute/chronic Magnesium deficiency is simple replacement.

3. ***Magnesium*** - Common Group Symptoms

RAJPURIA Alka A. (NJH,6,2/1997)

The 'common' symptoms of *Magnesium* group are mentioned (*Magnesium carbonicum*, *Magnesium muriaticum*, *Magnesium phosphoricum*, *Magnesium sulphuricum*). These 'common' ones are: "the main feeling" of tremendous internal anxiety and insecurity but this feeling is usually repressed; they need care of parents to come out of this forsaken feeling; they seem quiet, self-confident, unaffected, composed; their anxieties are repressed; these repressed feelings come out in the dreams; there is the polarity of absence of dreams. Their discharges stain the cloth and are difficult to wash off. Either craving or aversion to vegetables. Weak, chilly, sweaty, sour-smelling. May crave for meat and fruits.

4. The ***Magnesium*** and its Salts

NINGAS Lata M. (NJH,6,2/1997)

The *Magnesium* and its salts are briefly studied with reference to their dreams, delusions particularly and some of the physicals also, with reference to the teachings of Dr.Rajan SANKARAN, Jan SCHOLTEN and the rubrics in the KENT Repertory.

5. Bowel Nosodes in the Clinic - A ***Proteus*** Case

SRINIVASAN K.S. (MFH,8,1/1997)

The great therapeutic value of the Bowel Nosodes is highlighted by the report of a case of intermittent claudication, in a 57 year-old man. He had suffered multiple fracture in a road accident and had undergone many surgical measures; some sequestrum still there. He suffered from severe intermittent claudication and couldn't walk few yards without pain. He could walk some steps only with the aid of a walking stick. After a dose of *Proteus* 30 (Nelson) he improved so much that he threw away his stick, walked an hour non-stop in the mornings and toured Europe and the USA! And he wrote from the US "I was not able to walk even 10 steps; after taking your medicine, I went to the beach, and walked in the sand without slippers feeling no discomfort". In a subsequent letter he wrote "I walk regularly for 30 mts everyday brisk walking. I have no problem".

6. Materia Medica: ***Causticum***.(Materia Medica: ***Causticum***.)

Ch.SCHEPENS (RBH,29,1/1997)

A lecture on *Causticum* given in the Belgium School of Homœopathy, followed by four cases(see No.46 in **Therapeutics** Section that follows this).

7. ***Agaricus***

COSTE Annie(RBH,29,2/1997)

A lecture given on *Agaricus* with a few illustrative cases(see No.47 in **Therapeutics** Section that follows this) in the Belgian School of Homœopathy. The editor comments: ...a masterly work on *Agaricus*. She shows that the symptoms of mental excitation lead to a sort of paralysis with trembling which are the symptoms of the acute intoxication by *Agaricus*. *Agaricus* is very useful in the pains during rest, with restlessness, and a need to uncover the feet.

8. ***Magnesium muriaticum***

DEGROOTE Filip (RBH,29,2/1997)

The materia medica of *Magnesium muriaticum* and comparison with *Magnesium carbonicum*, *Magnesium phosphoricum*, and *Magnesium sulphuricum*, with a few illustrative cases. The editor's comments: "It is without doubt an interesting article but needs to be confirmed."

9. Quand la douleur est insupportable...(When the pain is intolerable)

VILLARD, Jean-Claude (CGH,34,2/1997)

Indications for twelve pain remedies are discussed with a small descriptive case. A short resumé:

Aconite: extreme agitation; panic; pleads for help; loses her head.

Arnica: refuses help; fear of being approached; groans; restless in searching for a comfortable place.

Arsenicum: reproaches others about his incurability; desperate; restless, changes his bed.

Aurum: remains seated, plunged in deep thought; avoids company; kills self.

Belladonna: eyes fixed; pupils dilated, red; incoherent.

Chamomilla: howls; groans; sighs; complains; refuses to be touched, interrogated, looked at.

Coffea: hyperacute sensorium, sees everything, understands everything fast; nothing escapes him.

Hepar sulph: faints; may kill in anger; contradiction.

Hypericum: depressed.

Nux vomica: takes sedatives and wants more.

Phytolacca: clenches teeth; faints.

Piper methysticum: frenetic agitation.

III.THERAPEUTICS

1. Über die homöopathische Behandlung der Mukoviszidose anhand eines Fallberichtes (On the homöopathic treatment of Mucoviscidosis with a case report)
BRAUN, A. (AHZ,242,3/1997)

The homöopathic remedy selection in a case of Mucoviscidosis (cystic fibrosis) of a child during its first three months of life is discussed. According to HAHNEMANN the clinical picture has to be incorporated into the group of chronic as well as fixed diseases. During the course of the treatment of my granddaughter, which lasted 6 years, *Calcium sulphuricum*, *Mercurius solubilis* and *Phosphorus* turned out to be the most effective drugs. Fixed drugs, which also have to be taken into account, are shown. *Eichhornia crassipes* is recommended as a stimulant of the excretory pancreas function during a permanent therapy. It has to be discontinued in the case of pancreatitis.

2. Verwirrtheitspsychose bei Schizophrenia (Confused psychosis in Schizophrenia)
MÜLLER, H.V. (AHZ,242, 3/1997)

A case of Schizophrenia, which is considered incurable, was treated by the author in 1990. The disease began in 1988 with first attack and resulted in several stays in hospital, which did not change the condition. After the administration of the **simillimum**, *Cuprum cyanatum*, no relapse has occurred. The patient is healthy and behaves normally. He has been declared as cured.

3. Einführung in die Methodik Clemens v. BÖNNINGHAUSEN (Introduction to BÖNNINGHAUSEN's method)
MÖLLER Bernhard (ACD,6,2/1997)

In the first part (ACD,6,1/1997), it has already been suggested that the comprehension of "totality of the symptoms" according to Samuel HAHNEMANN and Clemens von BÖNNINGHAUSEN was somewhat different from the KENTian Homöopathy. It covers in the first place, the symptoms of the present, perceptible disease - not like what the modern KENTian Homöopathy, on the whole life, and secondly of the characteristic medicinal symptoms - not "curious" symptoms of the patient. It was also shown that the choice of the curative remedy in the v.BÖNNINGHAUSEN method the characteristic of the medicinal symptoms as well as other factors are intrinsic. Of both these aspects the present part of the article discusses thoroughly including the art of the examination of the patient and the criteria of selection of the remedy.

4. Eine "unähnliche Kunstkrankheit" (A "dissimilar artificial disease")
RECKERS Winfried (ACD,6,2/1997)

A three-year-old child who was suffering from constipation since an year was treated with *Nux vomica* which relieved the complaint but the child developed a cough which too passed off after the same remedy in the next higher potency. However, the child developed much 'wind', and whenever hungry he had stomach pains; and of late the child began to stick his feet out of the covers at night. Now a dose of *Sulphur* cured totally and the child remained well.

The choice at first was in consideration of the fact that the mother had used much narcotic during the pregnancy; however, later the underlying psoric manifestation became clearer and the appropriate anti-psoric cured.

5. Über kleine und grosse Arzneimittel sowie einleitende Bemerkungen zur
Arzneimittelprüfung von *Latrodectus mactans* (On small and big remedies as also
introductory remarks to the proving of *Latrodectus mactans*)
REIS Stefan (ACD,6,2/1997)

As the title suggests this is a very interesting discussion on the 'small' and 'big' remedies in the homœopathic Materia Medica. Since the Black widow spider poison (*Latrodectus mactans*) has been used mostly on the basis of its toxicology, it has remained a 'small' remedy. A full study of the proving of this remedy is proposed and the subsequent number of the journal will bring it out.

6. Clinical Approach to Rare Nosodes
KHAN, L.M. (AHT,5,2/1997)

Though many of the rare Nosodes are not well-proved, they can be used as prophylactics, or more as follow-up to an acute infection. Also on clinical basis, on conditions similar to those normally produced by the aggressive agent.

7. Some Common Foot Problems
KHAN Taufiq (BHJ,86,2/1997)

This article is on homœopathic therapeutics of some 'foot problems'. The author says that over 20 years Podiatric practice in the National Health Service, both in hospitals and in community health clinics, the podiatric treatment with Homœopathy was more effective and lasting when topical application of homœopathic tinctures were used. He established the **Marigold clinic for Homœopathic Podiatry** at The Royal London Homœopathic Hospital (RLHH). Homœopathic podiatry is a method of treatment for conditions of the skin, bones and nails which the author developed by combining Homœopathy with podiatric practice. Marigold therapy is a painless, non-invasive form of topical treatment; this is as a result of the author's research. In this are remedies such as *Symphytum officinalis*, *Thuja occidentalis*, *Ruta graveolens*, *Rosmarinus officinalis*, *Bellis perennis*, *Hypericum perforatum* and *Calendula officinalis* with different species of *Tagetes*. The topical preparations are in the form of paste, tincture, oil, ointment and cream.

Four cases are presented, including a Diabetic ulcer, which describe the technique.

8. A Simple Case of *Phosphorus*
GYPSER Klaus-Henning (CCR,6,2&3/1997)

Dr.GYPSER demonstrates the great usefulness of BËNNINGHAUSEN's **Therapeutic Pocket Book** in selecting the curative remedy quickly. He presents a case in which *Phosphorus* was the remedy when worked out with the **Therapeutic Pocket Book**. Only three rubrics were used. GYPSER points out that the highest two grades in the **Pocket Book** indicate the **genius** of the remedy. Before applying the selected remedy, one has to be sure that the genius of the remedy does not contradict those symptoms not used in the repertorization. In using BËNNINGHAUSEN's Repertory, the recent totality of symptoms are taken into consideration.

9. A Case of Diarrhoea of an Infant
LEWIS Joe A. (CCR,6,2&3/1997)

Three 'herbs' - *Geranium maculatum*, *Urtica urens*, *Plantago major* were used in successive doses of mother tincture, for stopping diarrhoea of an infant 22 months old already under treatment for Cerebral Palsy. The author is a herbalist (How did this article find place in this journal?=KSS).

10. A Case of Viral Encephalitis

MISTRY D.E. (CCR,6,2&3/1997)

Baby boy born 16 May 1995, suffered from Viral Encephalitis, and was treated with *Ferrum phosphoricum*, *Aethusa cyanapium*, *Calcarea phosphorica*, *Tuberculinum* and *Zincum metallicum*, between 8 Oct. 1995 and 16 Oct. 1995.

11. A Case of Bronchitis

SHARMA S.C. (CCR,6,2&3/1997)

Four-year-old boy with recurring colds, developed Bronchitis; rapid breathing and sometimes breathlessness frequently; also cough and fever. While the allopathic treatment 'controlled' the attacks, no lasting relief. The child appeared pale, sickly, irritable, restless. The bronchial attacks were between 12-2 a.m. He had to sit up during the attacks. *Arsenicum album* 30 b.d. for five days put an end to this state. However, the boy became a bully, naughty, stubborn, dictatorial, etc. While his school tolerated it for some time since he had just come out of a chronic illness, when it did not improve, the complaints came up. The parents were advised to bear, and surely some time later he came out of these tantrums and became normal.

12. A Few Cases from my Practice

SHINDE Prakash (CCR,6,2&3/1997)

60 year-old female: severe pain at right knee, drawing, > by motion - since 2 years; painful stiffness of left shoulder < by lying over it - since last 2 years. Heat of feet including soles since an year-and-half, with inclination to uncover the feet. She wore a sweater even during the hot hours of the day; talkative, shifting from one topic to another. *Agaricus muscarius* was given in 200 and later and she went on to improve and she became much less loquacious.

6 year-old male child with complaints of bloody and frequent micturition since morning with mild fever. There was blood tinge in the undergarment. The laboratory urine tests revealed pus cells 250 to 300, RBC 100 to 150 per cc.; protein++; blood. The indications were that infection was severe. Although *Cantharis* came up high on repertorization, because the child was not at all restless, *Pulsatilla* 30 one drop was diluted in half cup of water and from this every 15 minutes one teaspoonful five doses followed by one teaspoonful every 30 minutes three doses. Morning urine sample on examination showed: colour yellow; reaction acidic; Albumin absent; epithelial cells 18- 20. The mother reported that after the third dose the child had fallen asleep and slept quite well through the night and awoke next morning quite fresh. Now *Sulphur* 30 one dose.

25 year-old-male: Pain at root of upper molar, left, < evening and morning; sleepless due to pain; extending to left eye, left ear and to left temple; < on eating, drinking, movement of mouth; even draft of air. This since last four months when he was selected amongst the first 20 for Ranji Trophy Cricket selection team. Could not concentrate on the game. Consulted various Dentists, Physicians and Surgeons including Neurosurgeons. An ENT Surgeon operated upon his ear in vain. Bleeding gums; drawing pain in the affected area; touch < the pain; burning sensation in the affected area. Reference to HERING's **Guiding Symptoms** confirmed *Sepia* which was given in 30, 200 and M potencies, and the cure was complete.

13. Lesser Known Fact of a Greater Known

Remedy

KUMAR Praveen (CCR,6,2&3/1997)

39-year-old lady met with an accident in 1992 and fractured her tibia and fibula at the middle of the shaft. In spite of the then best treatment and 12 weeks of POP application, there was no healing of the fracture. Again POP was applied upto the knee for 6 weeks but still there was no healing. POP was applied again upto the hip and after 6 weeks again no improvement! The fracture had not at all healed. A careful study of the x-rays revealed that in between the fractured bones there was "fibrous tissue" which did not allow the healing. POP was again applied and let for 8 weeks. Homœopathic help was sought for at this stage. The patient was much prostrated, pain in the left leg and she preferred to lie on the abdomen. *Acetic acid* 200 was given, one dose every week for 6 weeks and when the plaster was removed and x-ray was taken, there was complete union of the fracture! As is well-known *Acetic acid* dissolves fibrous tissues; but the medicine was selected because of the extreme prostration and the preference for lying on abdomen.

14. A Few Cases

VATSAYAN P.K. (CCR,6,2&3/1997)

50-year-old lady with middle ear inflammation, discharge of pus, hearing affected, vertigo. Vertigo from least movement of the head. Burning and stinging pain in the ear. *Conium* 30 brought about substantial improvement, 200 cured completely.

35-year-old lady with severe left ear pain. Antibiotics gave temporary relief. Ear swollen as also the face. Pain was severe, fetid and off-white color pus was there; whizzing and throbbing in the ear worse by cold air. *Hepar sulphuris* 30 t.d.s. for a week and then 200 once a week for a month, cured.

15. Case of a Timid Girl

ANSARI Anwar (CCR,6,2&3/1997)

17-year-old girl, with cold, cough, breathlessness since 11 years, daily. Very timid and fearful. Fear of ghosts, cannot see horror movies and serials; of strangers, nervous when talking to them; of high places. Also fear of sea-shore, crowds. Never goes to parties, feels out of place, feels everyone will look at her and talk about her. Fear of being insulted. Emotional. Cannot look at blood. Great sympathy for others. Suffered measles at 5/6 years age after Asthma and so she started speaking slowly. Fear of getting asthmatic attacks even if she laughs loudly. Cannot keep her balance and always falls down while running.

Baryta carbonica M one dose was given and she began to improve. A fortnight later, she had an attack at night and was given a dose of *Arsenicum album* 200. She developed eruptions, and then pain in metacarpals of both hands. Now again *Baryta carbonica* M single dose, and then two months later XM. Remains well.

16. Serious Accident Case Treated with Homœopathic Medicines

JAMES K.J. (CCR,6,2&3/1997)

16-year-old son of the author injured in traffic accident admitted to the Hospital and under immediate allopathic treatment; was treated in addition with such homœopathic remedies as *Arnica*, *Symphytum*, *Calcarea phosphorica* and also the **Bach Flower** remedy Rescue remedy. For a Pneumothorax that followed he was given, although some antibiotics were also given, *Pyrogen*, *Bryonia*, *Antimonium tartaricum*, *Ferrum phosphoricum* and *Calcarea phosphorica*, *Opium*, *Bellis perennis*.

17. Daß die Regel die Regel ist, ist nicht die Regel (That the Menses is regular is not the rule)

FRITSCH H.R. (ZKH,41.3/1997)

The author briefly explains the different menstrual rubrics in the KENT Repertory, e.g. Menses, early; frequent; too late; absent; protracted; menorrhagia, etc.

18. And I Ache All Over

KASAD K.N. (NJH,6,2/1997)

31-year-old female, married, one pregnancy terminated at 15 days, then on treatment for normalisation of menses and to enable to conceive again, but subsequent pregnancy foetus dead at about two months and so a d & c done. Now she has excruciating pains all over, > hot shower and hard pressure; < night. Cannot sit up, muscle fatigue, cramped. Restless with the pains, spasm neck, left head, ear, left shoulder around, left trapezius and nape. Agonizing pains. Chilliness with low grade fever. Fan air, cold climate <. Restless. Limping while walking with a tilt to the left and torticollis, > Acupressure. No response to hosts of pain-killers and anti-inflammatory agents, tranquilizers. Several consultations with several specialists. Tenderness all over. Pathetic look, scars of suffering obvious, she limped into the clinic. Stiffness and spasms all over, especially nape of neck and flexors. Her mother suffered T.B., Diabetes mellitus, Obesity, hypertensive Encephalopathy and 7 abortions 3-4 months. The patient was the only living child, the last survivor. The patient had suffered Jaundice, Rheumatic fever, Chicken pox, liver affection. She had low grade fever; laparotomy scar hypertrophied, was treated with local Hydrocortisone which resulted in Polymenorrhagia for 15 days followed by Amenorrhoea for 3-4 months.

She was a highly sensitive person, enjoys intellectual stimulation in conversation, fond of learning new things. Quick grasping power, but very short spells of intense concentration. Great fear of future. Loves music. Very loving and understanding relationship with husband. She has 2-3 close friends. She hates to sit in one place for too long. Loved to travel and move around, feels that she takes up more than what she could manage and tended to get irritable. Uncomfortable in cold, damp weather. Lack of sleep upsets her very much. She feared her mother much. She has been witness to parental discord, fights, quarrels, and

experienced constant bad, aggressive, violent behavior from both the parents, during her childhood and adolescence, right up to the time of marriage at the age of 28. She felt much hurt, angry, resentment and frustration. She was adopted child.. She was given *Magnesium sulphuricum* M and then *Thuja* M. She accompanied her husband on board the ship (he was in the Merchant Navy) and went on to improve with the above medicines and later delivered a baby girl.

The author feels that this is remarkable palliation; cure remote as the maintaining cause remains in the immediate environment at home.

19. A Case of Repression

MEHTA Kishore (NJH,6,2/1997)

26-year-old housewife: Ulcerative colitis since two years with great frequency of stools and bleeding per rectum. Pain after stool, urge for stool especially after waking up. Bitter vomiting with urge for stool. Weakness after passing stools. Appetite reduced. No desire to eat in between meals. Painful aphthae in mouth on right side, with gum pain; can't even open his mouth. Burning in stomach. Full history revealed repression in the background. The totality indicated *Magnesium carbonicum* which cured.

5-year-old boy with recurrent upper respiratory tract infection from age one. Worse since two years. Almost every month the complaint recurs. Constipated, with hard stool. Perspiration profuse on head and face. Sleep disturbed, talks in sleep, teeth grinding, enuresis lately early morning and sleeps in it. Lost his mother at age 2. (Tubercular meningitis). Not breastfed. The situation at home gives a feeling of being neglected. His father has remarried and has a child through this wife; he has left the boy to the care of maternal grand-mother and does not even visit him. An orphaned child. *Magnesium muriaticum* M.

20. Holding it all in

PARTHASARATHY Vishpala (NJH,6,2/1997)

Seven-month old girl with constipation, stony-hard stools requiring a lot of straining, since she was a month old and had worsened when she was five months. Anus was too sore and red. Hypopigmented spots on and around lips. Lean and tall. Much sweat on head and forehead, even wetting the pillow. Likes salty food. Diarrhoea and dehydration at five months, probably due to castor oil given for constipation; had to be hospitalized. Likes cold bath. Quite obstinate. Has an older sister, 5 yrs. *Magnesia muriatica*.

39-year-old man, married, two children. Acidity since ten years, worse now since 15 days. Burning in the epigastrium, almost daily, with mild pain, but little belching. Brought on by oily food and alcohol. Worse evening, 8 a.m. Aphthae every week; often feverish in the evening. Chronic sun headaches. BP 160/100 mm Hg. Lost his mother at 8 year-age; did not accept his step-mother. While *Magnesia muriatica* was the chronic remedy, *Pulsatilla* was the acute and *Thuja* intercurrent.

21. Lost in her own dream world

TIWARI N.L. (NJH,6,2/1997)

39-year-old woman, married: recurrent Aphthae since childhood; tendency to constipation since childhood. Since last 15 days aphthous ulcers acute with lot of salivation. Chronic constipation; hard stool. Menses offensive and stains fast. She had lot of dreams, various types; like premonition of illness, parties and feast. In the party she drinks, she hates herself for this; also of flying, someone chasing her; failing in examinations; accidents; wars, pursuit, fire, driving car and son falling off. Talks in sleep, grinds teeth. Husband said that in the 20 years of their married life she never told him of these dreams. The patient seemed to be unaware of her husband by her side while she was narrating these symptoms.

Magnesium phosphoricum was given in 200 to XM in 'frequent doses'.

22. The Devil turned Angel

DOSHI Nina (NJH,6,2/1997)

Case 1: A boy of 9 years, mischievous, naughty, headstrong, demanding attention and affection, with pain abdomen, croupy cough, recurrent nose blocks, etc. was given *Magnesium carbonicum* and cured.

Case 2: An obese, short woman with complaint of long-standing cough. Worse morning, on waking up, before going to sleep, walking, open air; urine dribbles during cough; cold < ; she is > closed room; fastidious; anxiety about work; averse to sunlight or heat in any form, keeps curtains drawn. She was given *Magnesium muriaticum*.

23. I Dream of the Dead

TRIPATHI Sunitha S. (NJH,6,2/1997)

Case 1: 22 year-old, married, housewife with hypopigmented patch since childhood, on right thigh, extending to groin and abdomen. Itching and burning. Itching < garlic, sour, spicy. Lean and thin lady. Dreams: death of relatives. *Magnesium sulphuricum* repeated doses.

Case 2: 55 year-old woman, married, housewife complained of pain knee joints, < walking ++, < monsoon +, > rest, > massage +, Coryza < winter++, backache < getting up, walking, > lying down, Stomatitis > cold drinks. Craving sour ++, vegetables ++, Aversion onion ++. History of suppressed emotion. Dreams of dead relatives. *Magnesium sulphuricum* improved.

Case 3: 55 year-old married woman, Diabetes mellitus, since 1980. On 30 units morning and 20 units of Insulin. Still 240 blood sugar. Whenever the blood sugar went up she suffered from back ache, headache, appetite ++, urine yellow and offensive (not much in volume) and tearing pain in left leg. Dominating husband who died 4 years back. Dreams of dead husband and death of relatives. *Magnesium sulphuricum* 30 was prescribed t.d.s. while she continued her Ayurvedic and Allopathic medicines. 15 days later the random blood sugar came down to 156 from 310 before the *Magnesium sulphuricum*.

24. Traumatic Childhood

JHANGHDA Bhadrash (NJH,6,2/1997)

31 year-old female, teacher. Headache associated with nausea, vomiting and eructations which give momentary relief. Left sided headache gradually increasing, remains a few hours to even 2-3 days without relief. Strong smells of perfumes, petrol, kerosene, direct sun on the head, noise, all aggravate. Better by pressure, pain-killer balms, sleep and vomiting. Onions, masala food, when hungry, smell of tomatoes, smell of pesticides, spicy food, before menses, when constipated, loss of sleep, laughing, yawning, moving eyes, after sex, all <. Lumbo-sacral ache precedes the headache. Had a bad childhood; has 5 sisters and so when she was in the womb the parents thought it would be a male and were much disappointed when it was otherwise and so were indifferent and neglected her. She was handed harsh punishment for trivial mistakes. She grew up very timid, nervous, forgetful, introverted and lack of self-esteem and sense of insecurity. She was very depressed, thought of suicide, deep-seated anxiety and to relieve this she often masturbated. *Magnesium carbonicum* 200 and above was given over a period of two years and she improved allround.

25. Mild dose - Vital effect

MAMGAIN S.K. (NJH,6,2/1997)

50 year-old woman with acute Odontalgia; had swelling on the gum of right upper canine, infection on the verge of suppuration; since ten days; severe pain, heat. *Belladonna* 200 at long intervals and the swelling and pain subsided in two days.

6 year-old boy with Urticaria all over the body since about a week; anti-allergic treatments in vain. *Urtica urens* 200 and then *Natrum muriaticum* 30, cured.

31 year-old female, with cracks on the sole of big toe; tendency to deep cracks on the sole and side of toes. Always aggravated during summer. Flatulent distension in the evening. Painless bleeding piles. Amenorrhoea since past 6 years. *Silicea* 200, M and one dose of *Tuberculinum XM*; remains well; follow-up seven years.

65 year-old female, with chronic Rheumatoid Arthritis with Eczema on soles and palms. The Eczema came on after taking medicines for the Rheumatoid Arthritis. Much burning pain and itching, causing her great suffering. Walking very agonising; obese person. *Graphites* 200, *Arsenicum album* 30, *Silica* 200, *Ranunculus bulbosus* 30, all single doses at different times. Eczema cleared in about a month while the Rheumatoid Arthritis pains became better.

45 year-old female with excoriation between toes (Tinea pedis); itching between toes. *Silicea* 30, then 200 cured; follow-up for five years.

26. A Case of Suppression

DASMAHAPATRA A.K. (NJH,6,2/1997)

11 year-old boy with complaint of convulsions since three years. Is on *Gardinal*. Attacks at night during sleep; he suddenly cries out as if in fear and then has tonic and clonic convulsions followed by involuntary urination and stool; Lasts for about 10-15 minutes followed by sleep for 8-10 hours, followed by extreme weakness for 1-2 days thereafter. Very hot patient, does not need to cover even in winter. In the past he had suffered at 3 years of age from extreme susceptibility to cold and covered even in the hot summer. Chronic tonsillitis. Generalised vesiculo-pustular eruptions every winter with much purulent and offensive discharge. Allopathic medicines, topical applications, Ayurvedic medicines, etc. Although the skin was not much improved his thermic response changed and he became a hot patient. At 6 year-age he suffered high fever with neck rigidity, vomiting and unconsciousness, diagnosed as Meningococcal meningitis and treated by Allopathy. Two years later the convulsions came on. He has been on homœopathic medicines for the convulsions - *Lachesis*, *Opium*, *Zincum*, *Oenanthe*, *Absinthium*, *Artemisia vulgaris*.

Psorinum M, one drop in one oz. water to be taken twice a day for 15 days. *Gardinal* was to continue. 15 days later the patient came back with itching eruption in the groin and scrotum. No other change. *Psorinum* was repeated as above for next 15 days. Eight days later the patient came with generalised vesiculo-pustular eruptions with severe itching, and offensive odour from body and mouth, low grade temperature with chilliness and no convulsions for last 6 days. *Gardinal* was reduced to half tablet daily. Again while the skin eruptions were severe he had convulsions twice and *Psorinum* M as above was again prescribed for 15 days with *Gardinal* half tablet. Now had maximum of pustular eruptions with less itching. Very thick and very offensive discharge with marked chilliness. No convulsion since 20 days. *Psorinum* XM two doses, one daily, and omitted *Gardinal*. No convulsions. In the next eight months *Psorinum* was raised to CM and repeated and the hot and cold attacks were relieved.

27. The Long Distance Cure

SANDHU Kultar Singh (NJH,6,2/1997)

The grandmother of a nine-year old boy in the USA complained about her grandson's behavioural problems: he was violent, broke things, liked violent TV shows, quarrelsome, very short-tempered; discontented, thinks something is wrong with this world and nothing is enjoyable. Hates animals and strangers equally. Fights with schoolmates. His mother was mild, calm, fat, fair, timid while his father was domineering, dry and emotionless, prone to wild actions; he only ate, drank and ordered and his orders must be obeyed at all costs. This child was prescribed *Tuberculinum* 200 one dose and a month later *Calcarea phosphorica* 200 one dose. The boy made all-round improvement.

28. As we think, so we become

REICHENBERG-ULLMAN Judyth (Resonance,19,1/1997)

46 year-old woman, with Squamous Cell Carcinoma. The case demonstrates clearly what is given in the title of this case report, i.e. as we think, so we become. In this woman with skin cancer, *Carcinosin* helped improve.

29. A Case of *Latrodectus mactans*

MANGIALAVORI Massimo (Resonance,19,2/1997)

A 24 year-old male, married, suffered an accident while at work. An electric cable came off and burnt his left arm. They had to reanimate him "because my heart stopped beating, but I think that this happened more from the fear than anything else. I saw the cable come right at my face and I thought 'I'm dying now . . . dying . . . I'll never see my daughter and my wife again.'" This young man continued to suffer from great fears, anxiety, etc. He felt his symptoms improve after a hot shower. *Cactus grandiflorus* was given without any benefit. The case was reevaluated and *Latrodectus mactans* (better by hot shower) was given and the patient began to improve rapidly. Very interesting and educative case

30. A Loquacious Case of CFS

THAKKAR Sadhana (Resonance, 19,2/1997)

This case is an eye-opener. A woman in her forties with a complaint of Chronic Fatigue Syndrome, who seemed to fit *Lachesis* was, however, given *Lachnanthes tinctoria*. The **peculiar symptom** that led the author to prescribe was "severe itching in the ears while eating" and "sharp, shooting pains in her breast". When the **Materia Medica** of CLARKE was referred to it showed that *Lachnanthes* was as much

loquacious as *Lachesis*! So, there are many ways by which the correct remedy may be found - keynote, essence, repertory, etc. The author rightly says "the single most common mistake we make is when we try to fit the patient into well-known remedies... The key to successful homœopathic prescribing is fluidity and openness to each case."

31. Reflex Sympathetic Dystrophy Syndrome ELMORE Durr (Resonance, 19, 2/1997)

This case too is an eye-opener. A ten-year-old girl jumped down from a parked pick-up truck and injured her right ankle. Even two months later when she saw the author, she had not recovered. Although her mother had given her *Arnica* soon after the injury she suffered from extreme pain and swelling and these were growing progressively worse. She had been diagnosed as suffering from Reflex Dystrophy Syndrome (RSDS). Allopathic approach to RSDS is palliative, with emphasis on learning to cope with the chronic pain. RSDS is also called Sudeck's Atrophy.

After due consideration of the nature of the injury, and the severity of the symptoms, *Hypericum* which suited well as remedy for nerve injury, was given in the 200 potency. This gave improvement; the remedy was repeated and the relief was so much that she began to play and run. However, she twisted her right wrist and it became painful and swollen, and her foot was better. Again *Hypericum* 30 b.d. was prescribed and right wrist was better as also the ankle with some residual soreness and her right knee had a dull pain. Now it was decided to treat her 'constitutionally' to remove the susceptibility. Basing the prescription on the totality of the 'individual', including her 'generals' and 'mentals', *Calcarea carbonica* 200 was given.

She developed a barking cough, deep, unproductive, with dryness of the air passages; and she had no wrist or ankle pain. Also she has been able to run, jump, and play. *Spongia* 30 one dose, as and when needed, relieved the cough promptly.

[That is the story of the cure of a disease, RSDS, considered incurable. We may recall, in this connection, what that great homœopath Dr. Henry N. GUERNSEY said as early as in 1883: "By those of us who practise the true scientific art of healing, the blind are made to see, the insane to become rational again. We dissipate tumors of all kinds, open occluded passages and remove all morbid and material growths and accretions that result from disordered Vital Force. It remains for us to remove the bounds of incurable diseases and to declare the possibilities to all, because we are following on in that true stream of science which flows from the infinite." -Int. Hahn. Assn., 1883 - p.280.= KSS.]

32. Unaccountable Fears HIWAT Corrie (Resonance, 19, 2/1997)

This is a so-called "small" remedy case. A 40 year-old, male, a refugee from Surinam to the Netherlands. He suffered from many fears. While living in Surinam his brother had connections with the guerillas because he was opposed to the army. One day they came to his house and beat him up, wanted to know his brother's whereabouts which he didn't know. He escaped to Holland with his wife leaving his children to be taken care of by other family members. This was three years ago; he hasn't seen his children. If he returns to his home he will be killed. He has nightmares about that. Afraid to sleep without light on. Afraid of animals, of black dogs when they are barking. The blood in his body feels so cold; the left side of his body feels different from the right.

A few interviews and some remedies later, his final story came out which made the author understand which remedy he really needed. He said that since a plane crash in Amsterdam, he didn't want to go near that town anymore. He was a Hindu and felt that the persons who died were not given proper procedural burial and therefore they will not be at peace. In Amsterdam so many people died without a proper funeral, now how will their spirits get rest? They must still be there and will try to find another body to get into. That was why he didn't want to go there, or near a cemetery. *Mancinella* cured him. *Mancinella* experiences an inner battle to overcome a force which is trying to take control over them. That is the very thing that differentiates *Mancinella* from other remedies.

33. Menopausal hot flashes MEISENER Julek (Resonance, 19, 2/1997)

40 year-old woman complaining of hot flashes (climacteric), worse towards when she gets three or four of them. She has stopped menstruating and since then her hot flashes have become intense. Desires ice-cold drinks during the flashes. Headache with weather change. Also severe sinus pain from time to time.

In line with the current technique of picking lot of mental symptoms, particularly the 'delusions', in this case too these rubrics have been picked up and the remedy selected - *Elaps corallinus*, which gave the expected results.

34. Two Cases? 1993 - 1997

KULAY F.M. (MFH,8,1/1997)

The author makes interesting observations: A woman who was given *Pulsatilla* ejected the next day lump of mucous and blood from the affected (left) tonsil; this was in 1993. The same individual delivered a baby in 1997 and she was now given for her sleeplessness due to caring for the crying child at night, *Cocculus* and next day she coughs up a stony hard black mass and instantly felt completely relieved. The author observes: "In different cases, such results have been witnessed in plenty. What the prescriber did not know, the remedy knew. One passes a clot or a lump or a shreddy mass, sticky or green or black and feels bliss. Another throws out a cheesy ball from the nose and experiences relief of a general nature... The essential point is that a good prescription pre-diagnoses a condition which is yet not there and therefore cannot be detected through x-ray, or any other technique or test." The import of this essay was to invite attention to watch post-prescription phenomena carefully for these phenomena reveal much that cannot be known pre-diagnostically by modern tools. Whereas the homœopathic remedy is more trustworthy.

35. Paralysis - Hemiplegia - 3 Cases

LAKSHMINARAYANAN. D. (MFH,8,1/1997)

The author rightly bemoans the attitude of the governments and the homœopaths themselves towards Homœopathy which is capable of treating diseases not treatable by every other system of medicine; he recalls the case of a VVIP who suffered a paralysis for which there was a medicine in Homœopathy (*Bothrops*) and this was intimated to all high-ups but no one cared to take any note of it including our newspapers; ultimately this VVIP went to the USA and returned with a speech therapist, and his voice never recovered fully. After this introduction he cites three cases to demonstrate the efficacy of Homœopathy in paralysis.

36. Crying Baby (Capsule Case)

MISHRA S.C. (MFH,8,1/1997)

A one-year-old baby girl cried whole night since 3-4 days. It was observed that the child showed anger. *Nux vomica* 200, two doses stopped her crying and slept well

37. Three Cases of Memorable Cure by *Opium*

SHARMA J.L. (MFH,8,1/1997)

Dr.K.L.SHARMA from Dibrugarh in Assam passed away in April 1997. He was only 47. The three cases in this article were sent by him in January 1997.

Three different cases of uraemic coma, obstinate constipation and nightmare were cured by *Opium* alone. The first is the case of a lady 85 year-old in uraemic coma. High blood urea. *Opium* 30 in distilled water q.i.d. and she began to improve and after a week she herself called on the doctor. The blood urea also had come to normal.

The second case is obstinate constipation in a 14 year-old girl. At 16 months age she fell from the first floor on a heap of sand. While she had not even a scratch, she sat up and remained motionless and silent as if from a shock. The constipation developed after this. *Opium* M two doses one daily and the constipation was relieved.

23 year-old girl complained that she felt that at night when she slept she felt that someone was sitting on her chest and pressing her throat and she felt choked, and could not move her limbs nor cry out. She will have profuse perspiration from the fear. *Opium* M two doses, one dose daily. She had only one nightmare after the medicine.

38. Considering Miasmatic Traits - Four Cases

HEUDENS-MAST Henny (Simillimum,10,2/1997)

The four cases are from a Seminar presented in Leuven, Belgium, October, 1996. The first case is about a boy four and half year old. The child's father committed suicide six months ago, shot himself in the head, and the child discovered his body. The boy's behavior has completely changed since his father's suicide - changed overnight. Has become very aggressive, doesn't do well with friends. When he plays with his friends he says, "You must behave or my father will come and kill you." When aggressive, he kicks other children and is unmanageable. Then he comes to reality and apologizes to his mother. Still drinks from a bottle at night. Has an eruption behind his ears, which has an unpleasant smell. During teething, pus developed in the child's mouth, with every tooth. During his mother's pregnancy his parents had marital problems. Never had animal toys like a teddy bear. Dislikes animals. Brushes his teeth 10 times a day. He had seen a lot of quarrels between his parents. His father once spat on his mother's face. He has a very strong will.

The child is mostly syphilitic. *Mercurius* 200 put him on the road to recovery.

The second case is that of an American woman who lives in Sweden, 43 year-old. She does creative work with films. A great deal of fear. She has been manic/depressive. Depression for 20 years. Raped by two men at the age of 13. She didn't tell anyone about the rape until 6 years later. "I kept the body of a 13 year-old child until years later when I became pregnant. At age 20 a man tried to strangle me. I had a near-death experience." Migraines since age 4, worse from red wine. From age 18 to 22 she took lot of drugs, LSD, Peyote, Heroin, Cocaine. It was fun." *Mercurius* M, which was repeated for a relapse.

Third case is of a 7-year-old girl. Chief complaint: enuresis. She has fear of injections, thermometers. She was given *Silica* and a week later she stopped wetting her bed. The case now is for a relapse, after an year. During the holiday, she was sleeping on the top of the bunk, and fell out of the bed. Her mother gave her *Arnica*. She wasn't unconscious, and didn't really hurt herself. She was still sleeping and her mother woke her and gave her *Arnica*. Then the enuresis started. *Silica* was repeated.

The fourth case is of a 47-year-old man whose chief complaint is weakness; has skin problems, stomach problems. Has taken several homœopathic remedies. He works in an Industry, makes molds to produce articles. Very good worker, the best in his Industry. Does work by hand. Has to cool the molds in strong chemical bath. Has skin eruptions which he thinks is due to his job. He looks to his wife for help; he looks much younger than 47. He looks very sweet, childish, very nice. No energy at all for 9 weeks. At home lies on couch, can't move. Very timid in his presentation. At age 30 started getting headaches. "It feels much better when I get my migraine; I have more energy." Headaches began in childhood after a fall. Blind 2 hours before the migraine starts. His liver swells, as if a stone is there. Loquacious, which is remarkable for a tired man. Hates his work. Very sensitive. One of his daughters 17 years left the family and lives with a married (separated) man who is 15 years older. He has a son who is a criminal; he steals, is part of a gang; has beaten several people, to steal their possessions. The patient weeps. He has to pay all the debts to repay the people. *Silica* 200.

In the course of presenting the above four cases HEUDENS-MAST has made some interesting points: Ask about a patient's memories as a child. She remembers the destructive things: the trauma of her mother's arm getting caught in the washing machine. People remember what they are sensitive to. Some people will remember nice childhood things. Some will remember only parties and celebrations (sycotic). Another will remember shame in school, guilt (psora). Remembering fears would be a psoric reaction. Sycotic memories would be over-reactive, "I screamed"; "I ran to the neighbors," etc.

Experiencing the rape is a trauma, but the person's reaction to the rape is most important.

Comparing traits of *Mercurius* and *Silica*

Mercurius and *Silica* both have offensive perspiration.

Mercurius has a dullness, can't think. This is a syphilitic trait.

Silica has a poor memory; this is psoric.

Both have problems with bones; teeth, hair, caries

Both have imbalance between cold and warm

Silica is cold and can't stand the heat.

Mercurius can't stand extremes; it is difficult to find the correct temperature

Emotionally, *Mercurius* is disconnected, feels no connection.

Silica is yielding; dependent in presentation.

Mercurius may present as independent: strong, fighting.

Silica says, "Yes," but won't do it.
Mercurius may be suicidal, despairing, impulsive.
Silica may feel too weak to go on, but is not suicidal.
Mercurius seems to be destroying himself.
Silica has weakness on all levels.
Mercurius is not refined.
Silica is refined. Conscientious about trifles.
Mercurius has ear infections, with offensive discharge; painful, with quicker development.
Silica has milder infections; slower, with more gradual pace.
Mercurius has problems at night.
Silica has problems after being exposed to cold wind; must cover head; puts cotton in ears to close them off from drafts.
Mercurius desires bread and butter, fat.
Silica likes cold food and drinks.
Mercurius has a normal appetite, and can eat heavy food.
Silica has a small appetite.
 Pressure aggravates *Mercurius*; can have a violent response to constant pressure.
 Pressure ameliorates *Silica*, in soul, mind, and body.
 If *Mercurius* is loquacious, it is to make sure he's understood.
 When *Silica* is loquacious, it is because he is conscientious about trifles.
Mercurius has destruction of bone, which leads to bad teeth.
Silica also has bad teeth, more from lack of strength.

Remarks on Miasms

In KENT there are 48 remedies listed as syphilitic. Modern repertories list 200 remedies. This can be both good and bad. By enlarging rubrics, we lose some refinement and the ability to differentiate between remedies. If rubrics are too large it seems that all the remedies are there, and are less useful in repertorization.

Anacardium is mostly syphilitic. *Anacardium* has lack of confidence (psoric), compensated by cruelty (syphilitic). *Anacardium* is a psoric remedy with syphilitic reactions. Syphilitic traits include dysfunction and decay.

The psoric miasm has muscle pain, worse from cold, worse from overexertion. Psora has weakness after exertion. Lack of muscle tone. Rest ameliorates.

Sycosis is expressed through overactivity. Running a marathon is sycotic. Sycosis has aggravation during the day. Inflammation is overreaction, so is sycotic. Other sycotic symptoms include better from motion, thickening of muscles, hypertrophy of the heart, and swelling.

The syphilitic miasm has pains worse at night, wasting, dystrophy, degeneration. Contraction of tendons, muscles, cramps. Cramps during night in bed. Everything is related to cramps: cramps in muscles, tendons, abdomen, menstrual cramps. The syphilitic goes to dysfunction, functioning in the wrong way.

Women who take steroids to get big muscles, to look masculine, would be expressing the syphilitic trait (dysfunction). Violent crime is syphilitic. An adult having sex with a child is syphilitic (sexual abuse is beyond sycotic: dysfunctional, disconnected, and destructive behavior). Infertility is syphilitic.

Think of what allopathic medicine is doing to people taking tissues from fetuses to synthesize drugs. Taking an organ from the body of a healthy person to put in a person who is almost dying. We laugh about people who, thousands of years ago, sacrificed their children for some good - but we're doing the same today.

Psora has brittle bones, osteoporosis (deficiency). Rickets

Sycosis has Sarcoma, Exostosis of bones, extra growth of bones, extra bones.

Syphilis has caries of bones, missing bone, cancer in bones, malformations of bones.

High bloodpressure is sycotic. Eventually the heart hypertrophies. Some people can have hypertension for 20 years without heart hypertrophy, others can get it in 3 months. The reason must be miasmatic.

Psora can compensate. For example, people with fear of heights may take up climbing. If someone takes up parachuting for excitement, it's sycotic. If they do it for escape, it's syphilitic. If they do it because they want to see their garden from the air, it's psoric.

39. A Case of Apathy, Resentment, and Sciatica

KREISBERG Joel (Simillimum, X, 2/1997)

33-year-old, darkhaired, attractive woman, a real estate administrator. A child of alcoholic parents. She was on Penicillin for the first 10 years of her life. Still gets sick easily. Has Sciatica. Easily bruises. Low energy. Doesn't have lot of faith. Strained family life. Says that her Sciatica is from all the grief in her life, a 'response to death'. Lots of deception in her family, lots of buried feelings. She has lot of resentment towards her mother. She wanted to build a wall between herself and her mother; to live apart. She has had lots of disappointments. Her family history is of Cancer, Alcoholism, Diabetes, Heart disease and Phlebitis. Chilly, no perspiration, low energy at 4 p.m., sensitive to sun, likes the ocean, averse to cold, insomnia for a long time, restless sleeper, constipated for 3 days at a time, desires grains, fruits, fish, chocolate, olives, vinegar, aversion to dairy, it aggravates, thirst normal, fibroids in the breast, menses normal, warts on toes, allergies to cigarettes, dogs, cats and horses.

Ammonium muriaticum 200.

40. Cancer & Aids

GHEGAS Vassilis (Simillimum, X, 2/1997)

(From a Seminar presented in August 1996, Cape Cod, Massachusetts.)

Case: 40-year-old woman with Hodgkin's Disease. Swelling of glands on her neck without pain. She is very weak and cannot walk. Radiation treatment with some improvement of her glands, but now she's more weak. Extremely cold, very chilly, feet are very cold. Least exposure to cold air, she gets cold and has inflammation in her throat and needs antibiotics often. Fear of cancer and weeps. Fear of dark and vertigo in high places. Leucorrhoea (offensive) often. Nails break easily. *Cistus canadensis*.

***Cistus canadensis*:** This remedy will almost always be confused with *Calcarea carbonica*. When you have a *Calcarea* case not going well and the condition is Cancer or metastasis - Cancer of lips, mouth, face, head and thyroid gland, leukaemia of glands, mononucleosis, AIDS, Hodgkin's - think of *Cistus canadensis*. A small remedy, but very useful. A characteristic is the extreme sensitivity to cold - either locally or generally. Coldness everywhere in the body. "I am suffering tremendously from cold. Even perspiration makes me sick. When I breathe cold air, I get sick. Almost every two days I'm catching cold. I cannot go out because I breathe cold air, and immediately get sick." They like warm drinks because their mouth and throat are very cold. "I cannot sleep unless I drink some warm tea because the coldness of my throat." Think of this remedy for a person with AIDS, with frequent inflammations in upper respiratory system, always having colds with pain in the throat. Pain in throat with least perspiration or cold air. (If a cold goes deeper into the lungs, then it changes to another remedy). We can raise the energy with *Cistus* first, instead of using antibiotics.

Also think of it with a diagnosis of metastasis of Cancer of the lips and mouth to the glands of the neck. In Leukæmia, because of problems with glands.

Dr. GHEGAS further gives brief and very useful instructions in treating AIDS.

41. A Case of Scleroderma - curing Autoimmune Disease

TESSLER Neil (Simillimum, X, 2/1997)

A mastery of fundamentals espoused by HAHNEMANN himself still offers the best foundation for homœopathic success. Recall § 153 of the **Organon**. It should be noted that HAHNEMANN says that the more striking and characteristic symptoms are to be considered almost exclusively. This clearly indicates what it is we are seeking in the case-taking process. KENT in his Lecture 32 says "Now after you have mastered this Paragraph you will know you have taken your case properly. . ." Pages of data do not make a case. Without striking, characteristic symptoms there is no real homœopathic case. In defining what is characteristic, KENT further adds, "The thing that characterize are the things to make you hesitate, to make you meditate." One has to be careful at selecting the symptoms that are striking, peculiar, etc. If the characteristic symptoms are well-selected it will be lot easier to feel when we have the **simillimum**, or something close to the **simillimum**. Principles, like those espoused by HAHNEMANN in § 153, can under various circumstances be easily forgotten. When a patient dramatizes his or her physical symptoms,

it is easy to forget that - when the time comes for homœopathic analysis - these may be useless by and large. Again, try to find a satisfying remedy first from the symptoms that characterize the person as a whole, whether mental, emotional, or general physical. If that which is peculiar and striking is pertaining to the physical pathology, then that is where your case is centering.

As you know, case management is a complicated process that is an art and a discipline in itself. Everyone's way of taking a case is different.

Case of a man diagnosed as suffering with Scleroderma. He had all the symptoms of this disease. He was also diagnosed with orthostatic hypotension due to heart involvement or pulmonary hypertension. He is a fair consumer of hard liquor. He is about 6' 3" an enormous person; wearing leather from head to foot, and drove up in a latest-model Mercedes. A dramatic kind of personality. Face swollen, hands swollen; skin of hands hard. Signs of ulceration on the ends of his fingers. Redness of hands. Extreme coldness of his hands and pain from cold. Even in mild weather, has to wear gloves. Extremely sensitive to cold. Will turn blue in a swimming pool. Muscles tear, with extreme pain, on lifting even small weights. Muscles wasting away. Generally worse before and during rainy weather and cold. He makes a great big deal about his impotence, and a great big deal about his sexual life. In the six years before his present relationship, he had sexual relations with almost 100 women. He never had VD.

He came to Canada at age 19. Worked his way up to manager for Western Canada for a large mining firm. For 10 years he was happily married, with two kids - until he attained a high position. His present disease symptoms began three year ago, which was eight months after business got very big, with huge stress. An ambitious person. He loves his work. Easy going. He used to fight with people in his younger days. Bull-headed, driving. Likes travel, houses, clothes, women. Used to work 20 hours a day. Very tough in business, but honest. Sensitive, says he would cry at the movies. Sweats heavily in bed at night. Feet extremely cold. His fingers cannot bend back at all. Ends of fingers ulcerated in summer, literally oozing pus. Toes falling asleep. His hands turn purple in cold water. If he doesn't drink, he has stress in his stomach, and becomes very aggressive. He loves fruit, is averse to cheese and milk. Very thirsty. Lost 36 pounds when his girlfriend left last year. Energy is very low. Has hard time getting up in the morning.

The remedy in this case was *Medorrhinum*. He is an 'extremist' in both his work/business, and sexual life. Aggressive. Yet he is a very sensitive man. The three rubrics used were Egotism, Libertinism and Industrious, Drafts of air agg., Cold agg., Desires alcohol, Cold, wet agg. The remedy was repeated after five months and after another four months, the case was retaken and *Tuberclinum* M was given. He went through three very serious episodes of suddenly passing out, crisis and hospitalised and came out. He stopped drinking alcohol. His liver had been damaged due to alcohol, but not badly and all the doctors in the hospital opined that his Scleroderma had improved. He was given again *Medorrhinum* M and three months later *Rhododendron* 200, six months later *Nux vomica* 200, later M. Further *Medorrhinum* XM, *Sulphur* 30. Although it cannot be said that he has been 'cured' he is very much better. He said "Life at this moment is happier than it has every been. I laugh all day every day." The treatment began in January 1985 and the last report is September 1989.

The discussion for each prescription is clear and justified. [The whole case report must be studied and discussed to appreciate the deep effects the homœopathic medicine produces in single doses in such serious diseases = KSS]

42. A Case of threatened premature birth

KIPNIS Sheryl (Simillimum, 10,2/1997)

35-year-old woman, pregnant with her fifth child. In her 26th week. Was suffering with 'flu' and was having uterine contractions along with her flu symptoms. For the past several weeks she has been waking at 3-4 a.m. She and her husband were looking for a house to buy and she wakes in the night with her brain "processing the latest house" that they have looked at. The uterine contractions began the previous day after the afternoon nap. Her haemorrhoids are aggravated by the diarrhoea. She feels the contraction, then has a stool. She wants her husband's company but does not want him to touch her. In her dreams she feels uneasy and concerned, but she can't recall any details. She felt that her "homeostasis" has been upset. She was prescribed *Kali carbonicm* 30 upto three doses a day. With the second dose she improved - the contractions stopped, and by the second day her flu symptoms were completely resolved.

43. Intimate Family: Milk and Narcotic Remedies

NERMAN Maude (Simillimum, 10,2/1997)

Narcotic and milk products share many biochemical physiological characteristics, therefore it is not surprising that narcotic and milk remedy pictures share similar dreams, delusions, hopes, fears and sensibilities. Two cases are narrated. In the first case of a woman 34 year-old, who suffered from repeated attacks of herpes, the remedy *Lac humanum* was prescribed and in the second case which too is of a woman *Opium* was prescribed. The 'delusions' and 'dreams' have been the main symptoms in both the cases for the prescription.

44. Un cas de migraine (A case of Migraine)

Dr.JANSEN (RBH,29,1/1997)

A woman aged 47 yrs, thin and emaciated, face wrinkled, upper eyelids swollen, rough hair and cut short, but dressed with very delicate taste, suffering from migraines at least once a month since 15 years.

Kali carbonicum M was prescribed with improvement based on the symptoms: sensation of obligation, wakening at 2 - 3 hrs, crying while telling her symptoms, swelling of the upper eyelids, chilly, oppression of the chest on lying on the right side and variable temperament. There was a little improvement.

Two years later *Thuja* M was prescribed with aggravation. And then *Chocolate* 200 was prescribed with a magnificent reaction. Her migraines stopped immediately, and so also her frustration and anguish.

Chocolate was chosen based on the patient's short hair and the fact that her main problems were:

- i. romanticism (she is absorbed by nature and very sensitive to the atmosphere; when she was young, she was influenced a lot by the ambiance and if it wasn't OK she would for example refuse to wish guests; she feels anxious and she trembles when she occasionally meets her ex-boyfriend) and
- ii. inability to cope with her daughter(who was slightly mentally retarded).

This selection was confirmed with the following rubrics taken from the **Complete Repertory**: Desire to go to the countryside; Delusion of being a hedgehog; Delusion of being persecuted; Dreams of falling; Dreams of flying; Excitability; Short and rough hair; Excited walking in open air; Fear that her condition will be observed; Fear of being hurt; Fear of men; Indifference to her children; Irritability towards her children; Irritability before periods; Sensitive to colours; Lack of sensitivity(unfeeling); Head, desire to cut hair short; Head, pain amelioration by pressure; Nose obstruction; Face, wrinkled around the eyes; Sensation of ball in throat; Rectum, constipation alternating with diarrhoea; Rectum, stool remains long in rectum without urge; Stool hard; Sleep, position on the back; Sleep, awakens at midnight, 2-3 a.m.; Generalities, ameliorated by sitting.

45. *Fluoricum acidum* - cas cliniques(*Fluoric acid* - clinical cases)

GAMBY François(CGH,32,2/1997)

Case I Tendinitis - Pain of Achilles Tendons - bilateral in a woman of 52 years, 85 kgs, energetic. *Fluoric acid* 5CH two times a day for 20 days was selected on the basis of the following symptoms: hyperlaxity of joints, puts feet out bed at night, burning pain, pain aggravated by first movement, mannish woman, history of anal fistula. She was well in three weeks

Case II Ugly Cicatrices - Cicatrice following a burn sustained on the forearm 3 months back. The cicatrice was hypertrophied, granular, yellowish white, skin around red. *Fluoric acid* 9CH, two times a week for six weeks. Three months later the cicatrice was not visible. Skin, cicatrice, border red - *Fluoric acid* is the only remedy. Pruritis around cicatrice - *Fluoric acid* is the only remedy.

Case III Urticaria - Urticaria "as if I have been pricked by nettle", Brought on by heat, effort, stress, anguish, nervous tension, strawberry, apples. Occurs around the eyes. With excoriating perspiration around the feet, excoriation between toes. Desires coffee, 10 cups per day. *Fluoric acid* 9CH on awakening, 15CH on going to bed - once a month for 3 months. He got over the problem in a year and half.

Case IV Facial Pain - Right face pain behind the right eye extending to the upper right teeth and right malar bone in a 34 year old woman. Onset is gradual, generally afternoon or evenings, persist till the next day morning, > calm of the night. Aggr. by a draft of air. Desires a very airy room. *Fluoric acid* 9CH three times a day for three days. No more pain.

Case V Facial pain - Right facial pain in a 27 year old woman. Pain especially below and behind the right eye. Sharp stinging pain on pressing over a single spot, aggr. stooping forward, amel. eating something very cold and cold application on the face. *Fluoric acid* 9CH three times a day for three days cured her of the headache.

Case VI Facial neuralgia - 28 year old lady with facial neuralgia from the time she had a cold. Pain Right cheek bone and above and behind the right ear. Then it localises in a sharp point just above the right eyebrow. Pain in the right upper teeth extending to the right eye. During pain she is very hot, like a gust of heat. Very dynamic, talks like a business man. *Fluoric acid* 9CH ameliorated the pain.

The cases are followed by a discussion of the Materia Medica of *Fluoric acid*. Some of the words which describe it are: Aggressor, reactive, toxic, corrosive, flammable, burning, vivacious, powerful, speed.

46. Materia Medica: **Causticum**. (Materia Medica: **Causticum**.)
Ch. SCHEPENS (RBH, 29, 1, 1997)

A lecture on *Causticum* given in the Belgium School of Homœopathy, followed by four case histories.

Case 1. A young boy of 10 with fear of strangers, tendency to contradict, fear of dogs, fear of going to sleep, sensitivity to misfortunes of others which he relates to himself. *Causticum* produced a great improvement. *Causticum* also produced a big inflammation around the big toe and with great difficulty the parents of the boy were assured that this was a necessary reaction

Case 2. A man of 52, had a papilloma of the right cornea with a receding lid. Surgically removed with three relapses. Cryosurgery was attempted which also did not help and there appeared warts of the fingers which was also surgically removed following which he developed a right facial paralysis after an exposure in the rain. *Causticum* was prescribed based on the very clear local symptoms. Within a few days he presented with an old symptom (of his infancy): a very disagreeable sensation of anxiety and fear on closing his eyes on going to sleep in the evenings. This lasted for three days and disappeared. At the end of three months he was completely well.

Case 3. *Causticum* cured a woman of her Polyarticular rheumatism. The interesting point in this case is: Along with a complete disappearance of all her pains, all the clinical tests done after a month of treatment were negative.

Case 4. A 40 year old woman, exhausted, uterine fibroid, lymphoedema of the legs, and hypertension (18/12). *Causticum* was prescribed based on the following symptoms: Grief, ailments from; defiant, irritability, menses before, fear strangers, wind aggr., forenoon aggr. 4 p.m. aggr. and swelling leg. After a mild aggravation she improved.

47. **Agaricus**
COSTE Annie (RBH, 29, 2, 1997)

A lecture given on *Agaricus* with a few illustrative cases in the Belgian School of Homœopathy. The editor comments: ... a masterly work on *Agaricus*. She shows that the symptoms of mental excitation lead to a sort of paralysis with trembling which are the symptoms of the acute intoxication by *Agaricus*. *Agaricus* is very useful in the pains during rest, with restlessness, and a need to uncover the feet.

Case 1. A girl aged 9 years. At the age of 7, had a mild scarlatina followed soon by an attack of acute articular rheumatism. After discharge from the hospital she had a generalised chorea. After unsuccessful treatment, she was brought to homœopathy. She had to be supported by two people. She looked idiotic with an open mouth; tongue rapidly moving; arms in constant movement; inarticulate, incomprehensible speech; all movements worse on the right. Right leg slightly (0.5cm) shorter than the left. No movements during sleep. Profuse perspiration. *Agaricus* 200, 3 doses at eight hours interval was given. 2 months later she had improved. A curious thing was noted: both her legs were approximately equal.

Case 2. A lady aged 40 yrs. She came for Urticaria of 20 yrs duration. Urticaria was symmetrical, shining on the shoulder and back; causation: after coition. In the **Repertory** *Agaricus* is the only remedy in Skin, itching, coition, after. *Agaricus* 200K was given.

First week she was aggravated. Second week, the urticaria reappeared in forehead and eyelids. This was where it had appeared 20 years ago. At the end of the 3rd month she had suffered from only 3 episodes. 5 months later she was almost well.

Case 3: 50 year old man. Stiffness and pain thorax since 1-2years with weakness and insomnia. The following symptoms were repertorised: industrious, heat of the feet and he uncovers them, sleeplessness with restless legs, weakness of the feet while walking. *Agaricus* 30K was given. After a month the patient rang up saying that he was totally cured and he did not want further consultations.

48. *Lac caninum* - 2 aufschlußreiche Kasuistiken (*Lac caninum* - 2 illuminating cases)
A.BAHEMANN (ZKH,41,3/1997)

If key-note of *Lac caninum* is asked the answer will generally be the constant alternating sides with regard to the joint pains or head or throat pains, etc. In some cases a disturbed mother-child relationship could have been the cause of the ailment, for example an unwanted pregnancy or the child was separated from the mother too early and unwillingly, etc.

Case 1: Six-year-old girl: born in Rumania in 1987 and soon in 1990 was adopted by German parents. The child had much anxiety of being abandoned and constantly needed to be reassured that she was loved and wanted. She had greenish leucorrhoea. She loved cheese, fruit, noodles, mustard and had much thirst. *Ignatia* did not help. In September 1994 the mother said that the girl had too much fear of snakes. Before she opened a book she asked whether there was picture of a snake. She was also averse to frogs and spiders. *Lac caninum* 200 was given on 23.6.1994 and in end July 1994 the mother reported that the girl was very well. Later in September 1994 she received another dose of *Lac caninum* because she became restless. In June 1995 she could look at the picture of the snake *Naja* without fear. She also had no fear of insects.

Case 2: 29-year-old man: anxiety since five months after he saw a film about murder in prison. He also spoke of being superstitious. Fear of infection. He was adopted as a 5 day-old baby, his actual mother was only 17 year-old then. At 11 months age he was separated for 4 months; he became very aggressive after that. In 1975 his adopted parents separated. He began to drink alcohol from 13 years; often negative thoughts, of being killed or poisoned. *Syphilinum* 200 was given first and month later M. No worthwhile improvement. Then *Lac caninum* 200. Upto end 1995 he was given some doses of *Lac caninum* M. His many phobias also went away.

These two cases demonstrate the deep mother-child conflict.

IV. REPERTORY

1. Kritik der Repertorien (Criticism of Repertories)

BLEUL, G. (AHZ,242,2/1997)

The usual repertories are founded on the system of KENT. Actualizing, i.e. supplementing and removing mistakes, is going slowly and accidentally. The lack of registrations of less current remedies, the often unprecise keywords and oversized rubrics make it difficult to work with the repertories. The author suggests to revise them according to definite criteria by an institution of all homœopathic physicians, which is to be built.

2. Die Wahnideen (The Delusions)

SRINIVASAN K.S. (ZKH,41,3/1997)

The additions in the **Mind** section of the modern repertories especially in the section 'Delusion' are not wholly trustworthy. The entire 'Sensations As If' appear to have been converted as 'delusion' rubrics. As examples the entries: 'Delusion of having climbed a Mountain', 'Delusion that he is ugly', 'Delusion that he cannot sufficiently crouch into himself', are pointed out. These are referred to the original source. Symptoms have to be understood rightly and not interpreted according to one's own fancy.

3. A Propos de *Mez* (*Mezereum*)

COQUILLART Guy (RBH, 29,1,1997)

Application of the Repertorization method of BÖENNINGHAUSEN to a case of M.ZALA in the RBH,28,2/1996.

V. RESEARCH

1. Wirkung homöopathischer Zubereitungen von *Radium bromid* auf strahlengeschädigte Bakterien. (The action of homöopathic preparations of *Radium bromide* on bacteria damaged by radiation)
FRITSCH, E. (AHZ,242,2/1997)

An assay to how an affect on bacteria damaged by gamma-rays by treating them with homöopathic preparations of *Radium bromide* is described. No statistically significant change in decay-rates could be found.

The author makes an interesting observation at the end as to why significant change did not occur. He says that a bacteria is no human and in his knowledge, it is not sick. Either they live and propagate themselves more or less rapidly or they are dead and not any more capable of propagation; they are required as indicator, whether a substance which is used as a medicine either in humans or animals, work on their chemical affinity. As model for a procedure so difficult as homöopathic working, it is not suited evidently.

2. Qualitätssicherung in der Homöopathie am Beispiel der adenoiden Vegetationen (Quality assurance in Homöopathy with example of adenoidal vegetations)
FRIESE, H.H. (AHZ,242,2/1997)

The double-blind trial is an appropriate method for quality assurance. The following conditions must be fulfilled prior to the onset of a double-blind trial; an extent theoretical investigation, submission for approval to the ethical advisory board, evaluation of statistical methods, preparation of the case record forms, etc. In a double-blind trial that you have to dedicate more time to the patients, i.e. patients are observed and treated very carefully and therefore you can see more precisely the positive results as well as the failures of the treatment.

In the double-blind trial described here the homöopathic treatment of adenoid vegetations was investigated. The results show that improvement is achieved even by giving placebo and a close patient-physician interaction. To what extent homöopathic treatment influences the improvement of the complaints is explained in this article.

3. Effects of high potencies of tumour necrosis factor alpha on H_2O_2 production in cultured neuroblastoma cells by enhanced lumino-dependent chemiluminescence (ECL) - A possible system for investigating the biological significance of homöopathic high potencies
CARMINE, T.C. (BHJ,86,2/1997)

The effects of homöopathic high dilutions of cytokine TNF on H_2O_2 production of SK-N-SH neuroblastoma cells were studied. H_2O_2 was measured using a highly sensitive chemiluminescence method (ECL) based on chemical enhancement of luminol oxidation in the presence of peroxidase and H_2O_2 . The dose-effect relationship between TNF and H_2O_2 production of SK-N-SH cells was established over the whole range from 200 ng/ml of TNF to 100%. Interpolation yielded a wave-shaped curve (phase-length 5-8) which appeared to 'ride' on a wave-shaped 10th order regression curve (phase length - 35). The effects of TNF 100% on H_2O_2 production compared to controls was repeatedly seen following incubation of SK-N-SH cells in the presence of TNF 100%.

These results suggest that the chemiluminescence method used is suitable to demonstrate and investigate further the influence of homöopathic high potencies on biological systems.

4. The Similia Principle - From Cellular models to regulation of Homeostasis
BELLAVITE Paulo, LUSSIGNOLI Sabrina, SEMIZZI Maria Lucia, ORTOLANI Riccardo, SIGNORINI Andra (BHJ,86,2/1997)

We have developed two models of the similarity principle, essentially based on the regulatory mechanisms of biological homeostasis.

A first model (gating theory) is designed to explain a series of experimental findings obtained in our laboratory, pointing to the occurrence of inverse effects of various agents on human neutrophils *in vitro*.

A second, more general, model (regulation of stressed homeostatic networks) is designed to integrate modern concepts of riming, desensitization of signal transduction into the classical homœopathic theory of inversion of effect of the clinical level, i.e. the symptom-based similia principle.

5. Effect of high dilutions of *Arsenicum album* on wheat seedlings from seed poisoned with the same substances

BETTI, L., BRIZZI, M., NANI, D., OERUZZI, M. (BHJ,86,2/1997)

A blind laboratory experiment was carried out to show the effect of a 45% potency of *Arsenicum album* (As_2O_3) on wheat seedlings whose seeds had been previously poisoned with a material dose of the same substance. The effect of the homœopathic treatment on stem growth was statistically significant. The experimental results were matched with a previous study concerning homœopathic treatment in the same species.

6. Antineoplastic effects of 4 homœopathic medicines - Experimental assessment
MALIEKAL Thobias P. (BHJ,86,2/1997)

The present work is concerned with the study of the antitumour activities of the 4 homœopathic medicines *Kali muriaticum*, *Phytolacca decandra*, *Hyrastis canadensis* and *Zincum metallicum* in murine models. The experiments showed that the administration of *Zincum met.* 200% considerably increased the life span of the tumour-bearing mice.

7. Research on Malaria and Homœopathic Treatment
MUKHERJEE Bidyut (CCR,6,2&3/1997)

This research was taken up under the Ministry of Health and Family Welfare, Government of India. The research was done in Gorubandha Village of Sonitpur District of West Bengal.

The prophylaxis was *Malaria officinalis* 200 and *Atista indica*; these were effective 64% and 85% respectively. The **genus epidemicus** was *Natrum muriaticum* 200 which was effective 93%.

8. A Study Report on the Healing and Management of Wounds by *Calendula* ointment
MANJARAMKAR D.P. (CCR,6,2&3/1997)

Calendula ointment was applied to all kinds of open wounds, the average surface of the wounds was 60 cm. and the range was from 9 cm. to 118 cm. No homœopathic remedies were given. Healing took place after 3 weeks and cure took place after an average 6 weeks. Healing of burn wounds was faster than the infected wounds. Burns healed in 20 days and infected wounds healed in 50 days on an average. The general conclusion was that *Calendula* application healed all varieties of wounds reliably.

VII. HISTORY

1. A Walking Tour of HAHNEMANN's Paris
GRIMES Melanie (Resonance, 19,1/1997)

This is a short narration of the author's tour of Rue de Milan in Paris and a look at the house where HAHNEMANN lived; also the Père la Chaise Cemetery where the HAHNEMANNs are buried.

VI. VETERINARY

1. A Day in the Life of a Wildlife Rehabilitator
LEDERMAN Jeff (Resonance, 19,2/1997)

In all humility the author, a wonderful healer of the sufferings of the animals, says: "As a wildlife rehabilitator, the constant flow of critical animals keeps me painfully aware of just how much I need to learn, while the pressure of keeping these helpless creatures can at times be overwhelming. Alternative therapies have proven invaluable in my work. Homœopathy has become my first line of defense in all situations and has proven to be an ideal therapy for my wild patients."

It is difficult to obtain symptoms from animals since they instinctively hide any outward sign of weakness. The author says that combining complementary therapies have saved lives of many animals that stood even greater chance of recovery. One such very successful combination is Homœopathy and Rolfing. He reports some cases. An opossum had been struck by an automobile. On arrival at the rehabilitation centre, she received repeated doses of *Arnica* beginning with 200 for the first few doses, then 30 four times a day. *Hypericum* 200 was given for nerve and spinal injury and one dose of *Nux vomica* M, for “possible disc involvement”. Since the opossum not only could move her legs, but also was carrying six tiny nursing babies in its pouch, to help her secrete enough, *Urtica urens* 30 was given.

A 14-pound bald eagle with a really nasty attitude waiting in the woods to be treated. LEDERMAN enters the enclosure where the eagle is and with great caution and alertness captures it and and one dose of *Aconite* was given for the shock and intense fear of death. Each foot was held in place with surgical tape. Dr.GONYA who does Rolfing, did some exercise of the wings of the eagle and then it was returned to its enclosure.

In the afternoon two seal pups which were in the rehabilitation centre for 75 and 82 days were being released into the ocean. The recovery of these two seal pups is remarkable considering their state when they were brought to the centre. Most seal pups brought to the centre are given *China* for dehydration, *Chelidonium* for jaundice and sluggish livers, *Pyrogenium* for systemic infections, and *Chamomilla* just because it is a great infant’s remedy. Also a remedy named *Roopus*, a nosode made from the discharge of an umbilical infection from a seal named Roo. *Antimonium tartaricum*, *Euphrasia*, *Symphytum*, *Echinacea*, *Ginseng* 18, *Alfalfa*, *Sulphur*, were all used according to need. Much help was from the physical therapy provided by Dr.GONYA, to stimulate their livers, intestines, stomachs. When they had recovered fully they were released into the ocean.

All these and more in a day’s work of a ‘Wild life Rehabilitator’! Great work indeed.

VIII. GENERAL

1. Die Wiener Schule der Homöopathie (The Viennese School of Homœopathy)
DREXLER, L. (AHZ,242,3/1997)

The origin and contents of the **Viennese School of Homœopathy**, founded in 1975 by Dr.Mathias DORCSI, are discussed. The Viennese School teaches Homœopathy as a Medicine of the Person. To understand man and drugs in the constitution is the central theme of concern of the Viennese School.

2. Face to Face with Dr.Harris COULTER
AGARWAL Pankaj (AHT,5,2/1997)

This is an extract from the Interview with Harris COULTER when he had visited New Delhi for the LIGA Congress 1996. To a question as to how he came to Homœopathy, he replies: “I was a student of history without any particular interest in medicine. I was 30 years old and a student of European history. I became interested in Homœopathy because my wife had a lot of allergies and we went to a homœopathic doctor and the results were very good. I asked other doctors (allopaths), “What about this?” and they said it was just mental, just your imagination, suggestion, etc. I knew that was not the case. So, I went to the library and I could not find any book on history of Homœopathy that was written in the 20th century. So, at that point, I said O.K., I will write one myself. That is how I got started.” To another question whether it is important to study the **Organon of the Art of Medicine** by Samuel HAHNEMANN, COULTER answers: “Of course. It is absolutely vital. It is one of the best two or three books written on medicine ever in the whole history of the western world. I think some of the hippocratic works are equally important. It is a very, very important book.”

3. Use and abuse of the concept of ‘paradigm’ in Homœopathy
BERNAL German Guajardo (BHJ,86,2/1997)

The concept of ‘paradigm’ is abused in the homœopathic community. Progress in medical science, does not come when one ‘scientific paradigm’ is replaced by another. The paradigm shift implies a major subversion of previous knowledge based on numerous deductions from mathematical and experimental findings conforming to a radically new perspective of reality. Such profound changes are only occasional as in the Galilean confrontation with medieval metaphysics and in Darwin’s theory of evolution against

creation. Any seemingly original idea or notion is not a 'new paradigm'. If homœopaths were to use terms familiar to conventional science such as the physical chemistry of polar solvents, clathrates, clusters, electrodynamics, nonlinear thermodynamics, biophysics, biocybernetics, bioelectronic and biophoton transmission of information, it would not be a new paradigm. Such concepts also reaffirm Homœopathy where it has really always been, not in a new paradigm, but in science. Homœopathy does not present a new paradigm but an enriched view of nature; it is not unconventional, alternative or complementary medicine but an original medical speciality, not a new paradigm of 'signifiers', but a frontier in medical biophysics. Homœopathy does not rely on empiricism only, but on empirical (descriptive) observations and rational (theoretical) deductions. It is not in the metaphysical and vitalist tradition, but is part of the natural philosophy of science.

4. Classical Homœopathy - What is it?

LAKSHMINARAYANAN D. (MFH,8,1/1997)

In this article (to be continued in the next issue), the author has flayed many things that are currently in 'vogue' in Homœopathy. He criticises (rightly, I feel = KSS) the qualification of Homœopathy as 'classical'. There is only one Homœopathy, and that is the one founded by Samuel HAHNEMANN. Another criticism is about 'computerised' Homœopathy. Further, the 'proving' of Hydrogen is doubtful since Hydrogen, a gas, is a stable element which is only slightly soluble in water but not in alcohol and can neither be triturated nor potentised in the prescribed alcohol - water medium. Regarding 'provings' he wonders why a thorough 'proving' of many old but not well-proved ones are not taken up. He questions Ananda ZAREN's calling *Kali ferrocyanatum* as a great polychrest remedy; where are this drug's 'Provings'? he rightly asks. He then goes on to raising many questions about VITHOULKAS' *Materia Medica*, particularly *Anhalonium*.

5. Reflection on Reading a Homœopathic Book

KOTHARI M..L.V., MEHTA Lopa A. (MFH,8,1/1997)

This article is an appreciation of George VITHOULKAS' book **The Science of Homœopathy** by the well-known, learned authors. This brief article ends "This book recently fell into our hands. This is an appreciation of Homœopathy tinged with a sense of admiration, wonder and a host of unsolved puzzles."

6. The Art and Heart of Homœopathy

CASTRO Miranda (Simillimum,10,2/1997)

[This is from the HANP Case Conference 1995.] The Introduction to this presentation says "I am going to attempt something adventurous to explore the creative process, the art of Homœopathy - our craft, and therefore the heart of work - in a way that, I hope, will be useful to you. So that you will be curious about your own creative process, and inspired to work with it in an ongoing conscious way..." An interesting article.

IX. BOOKS

1. **Schlangen, Evolution, Anatomie, Physiologie, Ökologie, (Snakes, Evolution, Anatomy, Physiology, Ecology).** BAUCHOT, R., 240 S., geb., Naturbuch-Verlag, Augsburg 1994, DM 98,- (German) review by APPELL (AHZ,242,2/1997): "In almost all cultures snakes have a peculiar ambivalent significance. It represents the contrasts between good and evil, knowledge and untruth, health and sickness, immortality and death or man and woman. . . More than 100 years after Homœopathy the Scientific Medicine has discovered the snake venom's healing power, which is known to the Folk Medicine since ages. . . In the present book the origin and evolution of snakes, their nervous system and the sense organs, etc. have been well discussed with excellent colour pictures. For all those to whom *Bothrops* and *Lachesis*, *Elaps* and *Vipera* are more than a collection of Proving symptoms, this book is an enjoyable and much readable work."

2. **Homöopathie - eine Einführung in Bildern, (Homœopathy, A Pictorial Introduction)** ENDERS, N., STEINBECK, M., GOTTMANN, E. Karl F. Haug Verlag, Heidelberg 1996, DM 24,80. (German) review by GEBHARDT (AHZ,242,2/1997): "This is a very amusing and readable book, which is also interesting for those doctors who have no knowledge of Homœopathy..."

3. Wirkt eine homöopathische Hochpotenz anders als ein Placebo? (Does a homœopathic high potency work anything other than as placebo?) ERNST-HIEBER, S., 300 S., 89 Abb. 236 Tab., Hippokrates Verlag, Stuttgart 1995, DM 88, (German). review by BLEUL (AHZ,242,2/1997): "This diploma work in Psychology is the third double-blind study in the homœopathic medicine in the University Freiburg, psychological Institute (Gunther Haag, Harald Walach). New in this is the method "multiple single case study"... All in all the present study is well-intentioned, but less useful research to establish the efficacy of a homœopathic high potency. . ."

4. Krankenjournal D3 (1802), S.HAHNEMANN. Nach einer Ed. v.H.HENNE. Bearb. v.A.MICHALOWSKI, 242 S., geb., Karl F. Haug Verlag, Heidelberg 1996, DM 120,- (German) review by APPELL (AHZ,242,2/1997): This is the transcription of HAHNEMANN's Case record for the year 1802 when HAHNEMANN was in Eilenburg. ". . . Representative of HAHNEMANN's procedure, some of his markings are cited: 'from *Cham* ulcerated nostril/by *Puls* crackling in ears relieved/by *Cham* again renewed/by *Puls* whistling in right ear relieved/by *Cham* again here and there/and next *puls*. . ."

5. Der Akt der Ähnlichkeit - Wissenschaft, Therapie, Kunst.(The Action of Similarity - Science, Therapy, Art.) C.JUST. 122 S., brosch., Karl F.Haug Verlag, Heidelberg 1994, DM 24,80 (German) review by APPELL (AHZ,252,2.1997).

6. Die Farbe als Mittel zur Simillimumfindung in der Homöopathie,(Color as a means to find the Simillimum in Homœopathy) by H.MULLER. Bd.3., 329 S.,geb., Karl F.HaugVerlag, Heidelberg 1995, D.98,- (German) review by GEBHARDT (AHZ,242,2/1997): "In this book the author depicts 26 cases in total in which he could find rapidly the simillimum with the help of the color and hand-writing. Amongst these cases could be found a number of Mentals (Schizophrenics and Depressives) as also phobias besides other difficult diseases like Crohn's disease, Migraine, Breast Carcinoma and as also allergies. Interesting is the finding of the author that almost all psychotics choose a bluish color. Many of the diseases depicted by MULLER are considered by the clinical medicine as incurable. . ."

7. Lotus Materia Medica, by Robin MURPHY, 1200 Homœopathic and Spagyric Medicines, 1876 S., geb., Lotus Star Academy, Pagosa Springs 1995, DM 159,- review by APPELL (AHZ,242,3/1997): "...MURPHY does not merely build up his book from BERICKE, CLARKE and PHATAK whereby he follows the alphabetical orders of his Repertory, but also gives an idea of the historical usages of the remedies and their significance... The handiness of this comprehensive Materia Medica with over 1800 pages on thin printing paper is an additional advantage which makes the work easy and finds not only a place in the pocket of the course-students and those attending lectures but also on the worktable during the clinic hours."

8. Migräne und Kopfschmerz homöopathisch therapiert mit Spezialrepertorium und 32 Kasuistiken.Migraine and Headache treated homœopathically - with special repertory and 32 cases.) RADKE, D., EICHLER, R., EICHLER, K., BARTHEL, M., 275 S., Leinen, Barthel & Barthel verlag, Berg 1992, DM 48,-. (German) review by GEBHARDT. (AHZ,242,3/1997): "At first M.BARTHEL writes on the foundation of Homœopathy. At the end D.RADKE writes on Migraine in the view of the allopathic medicine and the treatment of Migraine and Headaches in Homœopathy. After this cases from RADKE, BARTHEL and EICHLER, follow. At the end is the special repertory on Migraine and Headache. The booklet reads smoothly, and in parts quite enjoyable. It contains many practical hints, particularly for the beginners. . ."

9. Symptomen Verzeichnis nebst vergleichenden Zusätzem zur Homöopathischen Arzneimittellehre.(Repertory with comparative von Karl STAUFFER, 11. unveränderte Auflage, VII, 574 Seiten. Leinen, Sonntag Verlag, Stuttgart 1997, DM 109,-.(German), review by Stefan REIS (ACD,6,2/1997): "The Symptom-Index (Repertory.=KSS) is the third important book besides the Clinical Materia Medica and Homœotherapy of Karl STAUFFER. . . It is gratifying to note STAUFFER's repeated advice that the Repertory is not the sole basis for prescribing the appropriate medicine. He warns the neophytes of this. . . STAUFFER's **Symptomen-Verzeichnis** which the publishers have brought out is first class, may be recommended to all Practitioners without any hesitation."

10.Mind Matters by J.R.MILLENSON. Churchill Livingston, Edinburgh 1996. ISBN 0 939 61621 1. £ 23.95 review by Philip BAILEY (BHJ,86,2/1997): "Dr.MILLENSON has a PhD in Psychology and has

already written a textbook on behavioural psychology. He is also an experienced teacher and practitioner of herbalism. It is this unusual combination of skills which makes him equally at home in the treatment of physical and psychological illness, hence **Mind Matters**, a book about psychological medicine in holistic practice. . . **Mind Matters** is really two books in one. Half of its 14 chapters would constitute a decent introduction to psychosomatic medicine for the lay person. These deal with such topics as the meaning of the word 'psychosomatic', the meaning of 'mind', the physiological basis of the mind-body connection, and some basic examples... Reading this book I often found myself alternating between boredom and keen interest. In his search for thoroughness, the author devotes a couple of chapters to the connection between personality and disease, listing every known hypothesis and numerous studies to test them... What did impress me was the author's overview of the majority of psychotherapies. MILLENSON displays a sympathetic and deep understanding of such widely differing schools as cognitive psychology, Jungian analysis and Freud. Another chapter which was helpful and interesting to me was the one about the meaning of disease... **Mind Matters** is a very different kind of book from the New Age versions of psychosomatic medicine of Louise Hay et al. It is also very different from the inspirational books by Deepak Chopra or Bernie Siegel. . . **Mind Matters** is aimed at the holistic practitioner. . ."

11.Documenta Homöopathica, Band 15, Mathias Dorcsi, Franz Swoboda eds. Vienna Wilhelm Maudrich 1995. Pp. 7 + 306. review by A.R.MEUSS (BHJ,86,2/1997): "A critical review of a book, which most of our readers will be unable to read because it is in German, seems unhelpful. I shall therefore limit myself to brief outlines of 21 papers in this volume. . . As always, **Documenta Homöopathica** offers a rich range of subjects, many showing the special ability to combine clear, objective thinking with an artistic approach that to my mind is characteristically Austrian. ...is a collection of papers written by physicians who are deeply connected with their work. While they are individual and personal, the similia principle lives in each of them, similarity between medicine and patient, author and subject, the homöopathic medicine under discussion and the style of presentation, etc.

R.G.APPELL paints a picture of **GOETHE's encounters with the Arnica plant**, showing how well the poet and scientist's descriptions match the drug picture. He also presents GOETHE's final illness and the medical treatment he received.

H.ZILLER has contributed a reflective, meditative boat trip on an Austrian lake. Theme: the **heart**. Attunement is followed by the first stop: anatomy, the architecture of the muscle fibres and the topographical anatomy of the heart. Then we come to Physiology, William HARVEY, the language for and of the heart, and embryology. The author concludes with a meditation on the heart given by Martin STÜBLER and a brief remembrance of Albert SCHWEITZER.

R. BRUNNTHALER-TSCHERTEU, homöopath and psychotherapist, discusses taking a patient's **psychological history**. She has come to appreciate the value of combining Homöopathy and Psychotherapy. On the other hand, homöopathic treatment alone will often change behavioural disorders or psychosomatic problems, especially in children. Discussion of the method starts with reference to paragraphs 210, 211 and 153 of the **Organon**. Physicians must beware of counter transference, which may lead to blind spots developing. PASCHERO spoke of the fact that mentals include not only conscious but also unconscious attitudes, and distinction must be made between symptoms relating to the will, the intellect, affects, and memory. In his view, the focus of the pathological process is always in the sphere of the instincts. Mentals are often part of the reactive defence mechanism, an attempt to resolve conflict. The work of PASCHERO and KENT in giving symptoms a ranking value is discussed, as is KÜNZLI's advice to look for striking and peculiar symptoms in the organic sphere of mental patients. Conversely, mentals are particularly helpful in finding the homöopathic medicine for physical illnesses. Detailed consideration of practical aspects is followed by reference to the work of other authors, especially SANKARAN, on the subject. Biography is an important element, and so is the family situation. WHITMONT has shown that dream analysis can be helpful in finding the indicated medicine. The paper concludes with a full case history.

V.V.VAIDYA and U.VAIDYA discuss the use of **dreams and drawings of dreams** in making the diagnosis. It is not often possible to find the simillimum, but dreams and drawings can be a great help.

J.GNAIGER gives the case records of 6 children helped by *Lachesis*. Today's children are more heated, self-willed, developed. The conditions they suffer from are modern ones, not due to suppression in the narrower sense, generally speaking. Key symptoms were great cheerfulness and sociability, with modalities such as sensitivity to touch on neck or body and fear of suffocation. Intrigue, jealousy and provocative behaviour are common, the shadow side of sociability. On the other hand *Lachesis* is also a

medicine for the perceptive and sensitive child. Many of the girls were vain, or indeed the opposite. Early interest in boys. Favorite subject of their drawings: princess with her prince. Facial expressions show trickiness, with a kind of oblique look, a frozen, almost spastic smile, but also great vital energy and interest in life.

J.LAMOTHE, from Toulouse, presents a detailed study of *Acidum phosphoricum* in children. He sums up the *Acidum phosphoricum* child as sweet and gentle, hypersensitive, reticent, not very courageous, low energy, tendency to reflect psychological problems on somatic level, often tall and delicate, tending to scoliosis, liking juicy fruit and anything refreshing, sleeping with eyes half open, frequent nosebleeds, bleeding gums, warts on hands, taut facial skin. Most striking features are the lack of energy and tendency to psychosomatic illness.

H.LESIGANG's paper on **characteristic *Tuberculinum*** symptoms is a revised and extended version of the paper she read at the New Delhi Congress in 1995.

P.ANDERSCH-HARTNER seeks to get a clearer picture of *Tuberculinum* symptoms by creating a map related to the lobes of the lung.

J.HANSEL looks at a patient's **biography** in relation to her illness.

R.FLICK considers **the dreams** of 3 patients who needed *Mercurius solubilis*. In the light of his experience *Mercurius* needs to be added to the following rubrics: Dreams of crime, accidents, fights, being pursued, fleeing.

A.SCHIESBUHL describes a situation where *Hura brasiliensis* helped a young woman to resolve her difficult life situation.

H.V.MÜLLER, from Cologne, presented a *Mandragora* case and one of depression and persecution complex treated with *Nux vomica*.

K.STRAUCH, who trained under Dr.PASCHERO, has written a study of *Veratrum album*, B.SCHMID one of *Bufo*.

There follow **provings, studies and reprovings of *Crataegus oxyacantha*** reported by M.STOCFHITZKY, and of *Taraxacum* by R.KORNER, R.KORNER and H.M.RAUCH. **Pharmaceutics** is represented in 2 papers by H.BRUNNER, one on the **manufacture of *Taraxacum* 30c**, the other **on HAHNEMANN's LM potencies and methods of producing them**.

A.ROHRER **compares Tibetan medicine with Homœopathy**, showing similarities and differences between them, with special reference to the law of similars.

The final paper, by F.DELLMOUR, seeks to establish the **scientific status of Homœopathy**. Major aspects covered are clinical efficacy, statistics and methodology, efforts to explain Homœopathy in terms of Physics and energetics, aspects of medical theory and scientific critique. Homœopathy with its specific pharmaceutics and the placebo question, is then considered in its own right, followed by philosophical aspects. The final summing up is that one major contribution Homœopathy may be said to make to medicine as a whole is the rediscovery of quality aspects and the similia principle. Questions as to how the qualitative aspects of symptoms, their evolution and comparative symptoms can be scientifically investigated cannot be answered because they have not so far been asked!

12.Weltgeschichte der Homöopathie--Länder, Schulen, Heilkundige (World History of Homœopathy), München, C.H.BECK 1996. ISBN 3406407005. DM,58. review by Peter MORRELL (BHJ,86,2/1997): "This 450 page book was published on 15 May 1996 to coincide with the launch of the Bicentenary of Homœopathy World Touring Exhibition. The date is estimated from HAHNEMANN's publication of his 'Essay on a New Principle' in the Summer of 1796.

1996 was a big year in medical history. Not only was it the 200th anniversary of Homœopathy, but by a strange coincidence it was the 200th anniversary of JENNER's experiments on vaccination carried out in Dorset, also in the Summer of 1796. Both ideas are underpinned by the Similia Principle, and both also point to the 500th anniversary in 1993 of the birth of PARACELUS, who is regarded as the founder of modern medicine (conventional and homœopathic) and of modern Chemistry and Pharmacology - quite a feat for a man who died before his 47th birthday and was reviled and persecuted in his own lifetime! His name still evokes revulsion and ridicule in academic, medical and scientific circles.

The book is of course in German and is based on a collection of essays from around the world, delivered at the 1st World Conference on the History of Homœopathy at the **Robert Bosch Institute for the History of Medicine** in Stuttgart, Germany, in April 1995. My own slim contribution is part of a chapter about Great Britain, co-written with Phil NICHOLLS of Staffordshire University.

The book includes historical essays on Homœopathy from the following countries: France, Germany, Austria, Switzerland, Poland, Rumania, Great Britain, Belgium, Netherlands, Denmark, Spain, Italy, Brazil, India, Canada and USA. It is an excellent collection complete with illustrations. They are social histories and include some good detail about the progress of Homœopathy in each country and the main figures, as well as a few details about chemists and publishers.

My main criticism is that it is sadly lacking in information about Homœopathy in Russia, Portugal, Chile, Malaya, Australia, New Zealand, South Africa and the rest of Africa, a major omission for a work that claims to be a world history. However, it seems only fair to say that this is largely because there are no historians of Homœopathy in these countries, not that they were ignored and no histories asked for. It is to be hoped that this deficiency can be corrected in the future.

I also regret the lack of a more numerical approach generally. . . However, it is a delight to look through, even for someone like me with a minimal knowledge of German. It is surprising how much you can pick up, German much more predictable, regular and uniform than English.

The book contains a good range of excellent scholarly articles, profiling all the main figures and the development of Homœopathy in each country covered. Each chapter is in fact a potted history of Homœopathy in that country. It also contains 2 chapters by the Editor, Martin DINGES of the **Robert Bosch Institute** in Stuttgart, who organized the original Conference. The opening chapter is an introduction and the long closing section is a survey of the current post-modern popularity of Homœopathy worldwide. The book also includes notes on the contributors and extensive indexes.

To me, the most interesting section in the whole book and in the original Conference is by Dr. Michael NEAGU in his history of Homœopathy in Rumania and a possible link between HAHNEMANN and esoteric Paracelsean medicine. The question has often been asked did HAHNEMANN copy PARACELUSUS? The answer is 'yes' in the sense that he used the law of similars and knew that others in medicine before him had also used it. The answer is 'no' in the sense that what PARACELUSUS used was not Homœopathy in the Hahnemannian sense, since he did not conduct provings nor did he, as far as we know, attenuate the dose. These latter two techniques were developed exclusively by HAHNEMANN and are unique components of the homœopathic system he created.

However, PARACELUSUS is still widely regarded as HAHNEMANN's most 'homœopathic' predecessor. He was very interested in the poisonous effects of drugs and he seemed to perceive the same crucial link which HAHNEMANN made, between the toxicity and the therapeutic action of a drug. PARACELUSUS did, however, do something unusual with medicine preparation and he did use small doses compared with his medical peers. Perhaps he glimpsed but dimly the underlying principle that HAHNEMANN was later to clarify in much greater detail. Yet PARACELUSUS, in spite of his critique of Galenic methods, probably still used contraries and was neither reliable nor consistent in his approach.

HAHNEMANN undoubtedly knew of and built on the work of PARACELUSUS. This is not generally disputed, but it is the size and extent of his debt that is in question. Some (e.g. DANCIGER and GUTMAN) have suggested that HAHNEMANN's debt to PARACELUSUS was much greater, that he was a member of Western esoteric traditions (or drew heavily upon them), that he was very familiar with the metaphysical ideas of his near contemporary GÖTTE (1749 - 1832), traditions like the Freemasons, Knight's Templar and Rosicrucians. All this requires much further research, and may be stretching the point somewhat at this stage. HAHNEMANN himself went no further than mentioning HIPPOCRATES as using the law of similars, though it is peculiar that he never mentioned the doyen of similars, PARACELUSUS. He repeatedly and vehemently denied any link with PARACELUSUS.

It is well-known that HAHNEMANN was a life-long Freemason, what is perhaps less well known is that he was inducted into the Masons while in Transylvania in 1777. Perhaps he was under a vow of silence about the influence of PARACELUSUS and other esoterics on his new system of therapy. HAHNEMANN possibly discovered similar ideas in PARACELUSUS but from a different route - through his own experimentation and research. According to his biographer HAEHL he specifically rejected any link with PARACELUSUS yet this now seems rather unconvincing.

Dr. Michael NEAGU takes up this fascinating problem in his history of Homœopathy in Rumania and discusses the significance of the position HAHNEMANN took in Transylvania at the beginning of his career (1777 - 79), as a cataloguer in the medical library of a patron, Baron Samuel von BRUKENTHAL at Sibiu (North-west of Bucharest). Apparently the library, which he spent 2 years classifying, contained a large collection of original works by PARACELUSUS. It also contained **Medicina Spagyrica Triparita** (1648) of Jean Pharamond RHUMELIUS (c.1600- c.1660), which NEAGU describes as 'fundamental esoteric work, relying on the principle of *similia similibus curentur*'.

NEAGU's main point is that HAHNEMANN could not fail to have been inspired by the contents of that collection and probably picked up some therapeutic ideas while there, if only unconsciously. NEAGU goes on to add that one of HAHNEMANN's direct disciples, HONIGBERGER, 'was a speaker of the Rumanian language and had practised Homœopathy in all three Romanian principates'. Nevertheless, we might say this still does not prove that HAHNEMANN read these works, had anything more than a passing interest in them or obtained any ideas from them. But it is a very interesting story.

13. Homœopathic Pharmacy: An Introduction and Handbook. Steven B.KAYNE. London: Churchill Livingstone, December 1886. pp.232. £.27.50. ISBN 0 443 05018 X. review by

Sinead O'HARA (BHJ,86,2/1997): "This is a long awaited and much anticipated review of homœopathic pharmacy, as until now there has been no standard text which covers this subject adequately. Over recent years pharmacists have become increasingly aware of the public demand for medicines which are effective, economical and above all safe, and even the large retail companies now provide basic Homœopathy training in response to this demand. . . The author, Steven KEYNE, is a community pharmacist from Glasgow who lectures and writes extensively on a wide range of Pharmacy topics. He has a special interest in Homœopathy as a member of the Academic Department of Homœopathic Medicine in Glasgow and London and has been involved with education and research for many years. His wide experience enables him to understand the arguments used both for and against Homœopathy, and he presents extensive information in an open and interesting way, allowing readers to draw their own conclusions... Supply of homœopathic medicines on a prescription or following a request for a named preparation is often the first experience most pharmacists have of Homœopathy. The information provided will allow this to be carried out with confidence... As is essential for anyone beginning to prescribe homœopathic medicines, the theory of disease and healing is looked at in a new light. The concept of the Vital Force and vibrational medicine is discussed, followed by ideas on the Law of Cure, Constitution, Miasms and Holistic Health... I was particularly impressed and delighted to see a section on preparations allied to Homœopathy... The concluding section of the book discusses education and research in Homœopathy. For the average health care professional who has experienced conventional medical training, cynicism runs high, and the words, 'scientific proof' and 'research' are frequently used when discussing Homœopathy. This section gives extensive information on research, with a long list of references for those who wish to read further... This book is aimed mainly at community pharmacists who would like to know something about the principles of Homœopathy, how to dispense homœopathic prescriptions, and how to counter-prescribe homœopathic medicines for minor ailments. For this readership it serves its purpose well. It is very well presented, extremely well written and Steven KAYNE's humour and enthusiasm for Homœopathy shine through at all times. The author has obviously researched the subject thoroughly, with numerous references listed at the end of each chapter and I think the section on preparation of remedies would be worth reading by anyone with an interest in Homœopathy."

14.A Guide to Important Medicinal Plants Used in Homœopathy Vol.I, Vikramaditya and Prakash Joshi ed. Ghaziabad, India, Government of India, Ministry of Health and Family Welfare, Homœopathic Laboratory. review by Elizabeth M.WILLIAMSON (BHJ,86,2/1997): "This

volume contains monographs of 40 plants used in contemporary Homœopathy, some of which are less frequently used in Western practice. Each includes a photograph of the plant in fruit or flower, these are generally good but marred by the poor quality of reproduction... The microscopic descriptions are adequate but not of sufficient detail to use for quality control purposes, and no attempt has been made to differentiate between related species or other plants known to be possible adulterants. However, there are a number of microscopic descriptions of plants which are not widely published elsewhere (if at all), such as *Lilium tigrinum*, *Daphne mezereum* and *Conium maculatum*, which are a useful addition to any homœopathic and herbal pharmacopoeia..."

15.Healing with Homœopathy. Wayne B.JONAS & Jennifer JACOBS, New York. Warner Books 1996. review by Steven KAYNE (BHJ,86,2/1997): "The homœopathic market has increased by

nearly 50% over the last 5 years, reflecting the growing public interest in all complementary treatments... The book has two goals. The first is to give the reader an overview of Homœopathy, its history, development and how it is experienced and understood by patients, physicians and scientists... The first 9 chapters, written by Dr.JONAS are excellent. . . It is explained in the book that understanding the mechanism of action of Homœopathy continues to be an obstacle, although several theories exist. A critical research overview covers both laboratory and clinical studies and postulates what might happen in the

future. A total of 86 international scientific studies from the period from 1943 to 1995 are summarized in an appendix... The second half of the book, written principally by Dr.JACOBS, is designed to help patients to use Homœopathy at home for minor acute problems that do not require professional advice..."

16.Carcinosin: A Compendium of References, Compiled by R.D. MICKLEM. review by D.S.SPENCE (BHJ,86,2/1997): "This the updated version of this booklet, and commences in the preface with an outline of the way in which the compendium is compiled. . . . The writer has chosen MURPHY's **Homœopathic Medical Repertory** as his principal source, as this is said to include 'reliable additions to fill in the areas where KENT's Repertory is weak'. As a printed version of some of the available references to *Carcinosin* it is an interesting publication. There are considerably more references in some of the computerized repertories and referece works. In either event prescribers should be cautious about the reliability of the sources and will be mindful that any valid references must be based on the foundation of extensive clinical experience in the use of *Carcinosin* over many years."

17.Synoptic Materia Medica II. Frans VERMEULEN, Haarlem, The Netherlands: Merlijn Publishers 1996, Hardback £. 36. pp.909, ISBN 90800845 - 9 - X. Access code: Homœopathy. review by John ENGLISH (BHJ,86,2/1997): "Perhaps Frans VERMEULEN never sleeps: it seems so short a time since his last 2 books appeared. Is there room for another? Doesn't his **Concordant Materia Medica** do enough for the minor homœopathic medicines? What can be different from that and still be useful?. . . Its headings are Signs, which identify the medicine officially then give nearly a page on its origin - most enjoyable reading. More than that, the source of the medicine, who proved it, how many provers there were (if known), its historical uses and mythological connections; its chemical constituents, etc. are given to us in more detail than any other standard homœopathic textbook, and with humour to leaven the lump. Signatures? - heaven forfend! Yet you might wonder as you read some of these descriptions, as the author, with a light touch, invites you to do. The next heading is Compare: a short list of medicines on which VOISIN has advised. . . In summary, this is a new text, based on provings and repertory, well laid out for easy reading and reference, and containing more source data than elsewhere. As such, it is a first-rank addition to the library of any keen homœopath, where it will find frequent use. I thoroughly recommend it."

18.The Elements of Homœoeopathy, Vols. I & II by Dr. P.SANKARAN, edited by Dr.Rajan SANKARAN, Publishers: Homœopathic Medical Publishers, Mumbai, 1996. review by Dr.D.E.MISTRY (CCR,6, 2 & 3/1997):

"The late Dr.P.SANKARAN was an illustrious homœopath to whom I owe a great debt because he gave me all the encouragement in my early years of Homœopathy. He was a prolific author and brought out many booklets on various facets of Homœopathy all marked by his inimitable style, a sense of humor and loaded with profound practical applications. He kept his mind and his views open to all the winds of change in the homœopathic world of his days, yet he never seemed to antagonize anybody be it an allopath or a homœopath. His was a clinical, objective and methodical scientific approach, writing on all aspects of Homœopathy from provings to drug pictures to dietary restrictions to case-taking, difficulties in practice, scope of Homœopathy, Nosodes etc. . . Dr.RAJAN who is no less illustrious today has done a great service to all of us in the homœopathic fraternity to have brought out in two compact volumes, all the literature that his father wrote. I have gone through each and every line and word from both the books. Whatever Dr.SANKARAN has written goes straight to the heart, . . ."

19.Homöopathie 1796 - 1996. Eine Heilkunde und ihre Geschichte.(Homœopathy 1796 - 1996. A Therapeutic and its History) HEINZ, S. (Hrsg.). 199 S. Edition Lit, Europe, Berlin 1996. DM

48,- review by Dr.GENNEPER (ZKH,41,3/1997): "This apparently highly valuable book with tasty content with a number of pictures and very interesting contributions will fill its purpose as catalogue of Homœopathy Jubilee celebrations in the German Hygiene Museum in Dresden. . . It contains for example, M.STAHL's on the correspondence between HAHNEMANN and von BÖNNINGHAUSEN, Homœopathy in the Third Reich by D.BOTHE, or C.-M. ALLMENDIGER on Robert BOSCH, etc. . ."

20.The Vaccine Guide: Making an Informed Choice, Randall NEUSTAEDTER, review by Harry SWOPE. (Resonance,19,1/1997): "...is one of the few books that presents a full and accurate discussion of the risks and benefits of immnisations... This book should become the standard reference for all physicians and one that they frequently recommend to their patients. . . The book costs \$ 14.95 and is available on-line at the Web-site (<http://www/healthy.net/vaccine>) and at homœopathic booksellers."

21. Trees and Plants that Heal, The Proving and Application of Five New Homœopathic Medicines, Steve OLSON, 177 pages softbound ISBN 1-8996992 - 00 - 5, 1997. \$30. Legacy Publications, Inc. Available from the author at 21297-221 Avenue, Maple Ridge, BC V2C 3W4

Canada. (Simillim, 10,2/1997): "Dr. Steve OLSON presents the homœopathic profession with a valuable contribution: five new homœopathic remedies with provings, materia medica, and cured cases to add to our storehouse of healing medicines. This book is the fruit of over three years of labor and sacrifice. On reading the book it is apparent that this work has been performed with forethought, diligence, and integrity. With the plethora of new provings being undertaken today, I feel we are justified to question the validity of some of the new works that have been hastily done. In contrast, Dr. OLSON's provings are solid, reliable, and easy to understand and accept. Three of the new remedies are from trees, two are from other plants: *Pseudotsuga menziesii* (Douglas Fir), *Arbutus menziessi* (Madrone Tree), *Taxus brevifolia* (Pacific Yew Tree), *Angelica sinensis* (Dong Quai), *Borago officinalis* (Borage)... **Trees and Plants That Heal** is a fascinating book. In a proving book I expected a dryer text, a "laundry list" of symptoms, but instead each of Dr. OLSON's provings has produced clear, characteristic and memorable symptoms. The author presents cured cases, as well as describing some adverse proving symptoms in detail for each remedy. (Some of the cures came from the provers) Dr. Olson has carefully documented long-term follow-up, the creative responses are reliable. These cured cases bring each remedy to life... Following are brief synopses of the central characteristics of these new remedies.

1. *Pseudotsuga menziesii* (Douglas Fir) will be a remedy needed in our times. It is close to *Natrum muriaticum*, *Aurum*, *Ignatia*, and *Pulsatilla*, with isolation, sense of separation, and anger about one's situation. Oversensitive, easily wounded, these people can retaliate and be difficult to get along with.

2. *Arbutus menziesii* (Madrone) also fits our times, with spaciness, feeling, separated from the body, disassociation from reality, low confidence. It can also be an antidote to the bad effects of marijuana and LSD use.

3. *Taxus brevifolia* (Yew Tree) will fit a state of dullness, mental disorganization, poor memory, sleepiness during the day or when sitting. Panic attacks, waking with anxiety, frightful dreams, feeling self-conscious and inferior are other symptoms.

4. *Angelica sinensis* (Dong Quai) This will be an important remedy for menopause. It produces, and cures, alternation of body temperature.

5. *Borago officinalis* (Borage). Symptoms (and cured cases) indicate a history of a child that had to take on the role of a parent. *Borago* can look like *Ferrum*, *Dulcamara*, *Apis*, *Belladonna* and *Calcarea iodatum*.

We can trust the information he has given us..."

X. NEWS & NOTES

I. 1996 was the year of Amalgam, says the AHZ, 242, 3/1997.

1. Amalgam is forbidden for children from January 1996.
2. In the 1st International Amalgam Seminar in Austria the University of Stockholm presented in February 1996 through Prof. SEJSKAL, a new blood test for Amalgam allergy. The insensible skin test can be done away with. (LTT or Melissa test)
3. Toxicologists of the University of Kiel evaluated the Kieler Amalgam. The enormous hazard potential of Quicksilver in dental fillings were corroborated by a number of international studies.
4. Scientists of the University of Tübingen could corroborate the fact that in many persons with Amalgam fillings mercury in their saliva obtained through normal chewing increased much beyond the limits decided by the WHO.
5. The largest manufacturer of Amalgam, Degussa who had already in 1993 produced the "harmless" product, paid DM 1,5 mill. for benefactory work.
6. Scientists of the University of Munich will pursue intensively, with this money, a three-year study on the consequences of treatment of removal of the Amalgam and detoxification therapy.

7. The Pilot study in Marburg indicated in 420 persons there was enormous possibility for detoxification therapy for chronic infection, allergies and nervous system affections like tiredness, backaches, disturbances of concentration and further symptoms.
8. More and more persons seek the removal of Amalgam by themselves.
9. More dentists are open to criticism of Amalgam or give it up.
10. That there are over 100 self-help groups, indicate the significance of the problem.
11. In Sweden Amalgam for youths is forbidden from 1997.

II. A workshop on AIDS was held on 21 March 1997 at Nehru Homœopathic Medical College, Delhi.

It was organised jointly by the Directorate of Health Services, Delhi, and National AIDS Control Cell, Delhi. The purpose of this workshop was to acquaint homœopathic doctors with what AIDS is. As AIDS is increasing day by day, every patient coming to the clinic should be made aware of AIDS, its mode of spread, and its prevention. Every patient coming with 2 major and 1 minor sign should be sent for HIV test. Doctors should also protect themselves and patients from contacting AIDS.

III. "Reporter bias is regrettably often present in the way that reviews of the literature concerning the efficacy of Homœopathy are presented. In his **Blackie Memorial Lecture**, Dr.LINDE is realistic about how such bias can arise and additionally asks whether ten more positive trials would 'prove' the efficacy of Homœopathy. He doubts whether more and better empirical evidence would resolve the controversy and recommends a different approach to research that would 'describe, understand and improve actual performance'. (From the **British Homœopathy Research Group Communications 1996 Number 24**, in the BHJ,86,2/1997)

IV. **Haematuria and Hyperuricaemia of effort** by M.GARDENAL: The author describes Haematuria of effort seen after some sports such as basketball, running, karate, tennis. She quotes an isolated effort (*Arnica, China, Hamamelis, Mangifera, Achillea Millefolium*) as following an effort with other causes, with Hyperuricaemia (*Benzoicum acidum, Berberis, Oxalicum acidum*) or capillary fragility (*Bellis perennis, Lachesis, Calcarea fluorica, Phosphorus*, etc.) GARDENAL then describes Hyperuricaemia of effort and its homœopathic medicines (*Benzoicum acidum, Berberis, Colchicum, Jalapa, Oxalicum acidum, Sarcocollum acidum*). She stresses the need for additional measures (good hydration, progressive training) and concludes that homœopathic treatment is very effective in both problems. (From **Le Journal d l'Homœopathie** 1996, 7: 14-17, in the BHJ,86,2/1997)

V. **Autism** by PONCET: After a short description of Autism, the author reports the case of a young autistic child he has followed from November 1991 to January 1995. The first medicines given were *Natrum muriaticum, Nux vomica* and *Cina* because this child was very awkward and quick-tempered. *Natrum muriaticum* was replaced by *Opium* as the mother gave some details about psychological problems in infancy. Later *Arsenicum album* followed *Opium* owing to appearance of Eczema and alternation between restlessness and quietness. Finally *Staphysagria* was added. The author reports a slow and regular improvement although the child remained far from a normal psychological state. PONCET quotes two other homœopathic medicines: *Helleborus* (mutism, prostration, apathy - taciturn; the child does not seem to hear what he's asked), and *Rana bufo* (apathy, anger or stupid laughter - tears - the child is psychologically and verbally retarded.)

No homœopathic medicine can cure Autism but homœopathic treatment might bring an effective help to these children and their family. (From **Autisme: quelques pas sur le chemin.** - in the **Le Journal de l'Homœopathie** 1996: 7: 12-13 - BHJ,86,2/1997)

VI. **French Homœopathic Congress** by F.COUSSES The Congress was held in Annecy (Alps) on 5-8 May 1996. The bicentenary of the 'Essay on a New Curative Principle' by HAHNEMANN was celebrated by the different schools of French Homœopathy. The history of Homœopathy was illustrated with several communications about HAHNEMANN, JAHR, BËNNINGHAUSEN, and the great French-speaking homœopaths, Pierre SCHMIDT, Leon VANNIER, Henri VOISIN and George DEMANGEAT, Numerous clinical works were reported, showing the progress of Materia Medica knowledge. Research was not forgotten, with talks from Professor M.BASTIDA and B.POITEVIN.

At the end of the Congress, A.SAREMBAND, J.ECHARD, J.GREGOIRE and J.J.VEILLARD stressed the risks of fratricidal struggles. 'To understand the other... Some pluralists were bothered by the unicist

organizing team, the Dauphine Savoie Hahnemann Society, but every school was allowed to express itself, in a spirit of friendly conviviality. (Editorial in **L'Homéopathie Européenne** 1996:2:3 in the BHJ,96,2/1997)

VII. *Hura brasiliensis*, by D.GRANDGEORGE: The author briefly describes this Amazonian plant and reports some clinical cases cured by *Hura brasiliensis*. Three patients had rheumatoid Arthritis since the death of a child or fear of a child's death. The fourth patient was a desperate mother nursing her dying child. Her mental state was transformed after a dose of *Hura brasiliensis* 30. After reviewing *Hura brasiliensis* in the homœopathic literature (CLARKE, GUERMONPREZ, LOUTAN) and in KENT's **Repertory**, Dr.GRANDGEORGE studies the spirit of the medicament, from cases of leprosy (described by CLARKE) and rheumatoid arthritis and suggests that it may help in bereavement, particularly over the death of a child. (From ***Hura brasiliensis et la mort du fils***, in the **Les Echosde Centre Liegots d'Homéopathie** 1996: 53:4-11 - in the BHJ,86,2/1997).

VIII. Improving the success of Homœopathy - Setting a new research agenda for Homœopathy, London 23-24 January 1997: An International Homœopathic Research Conference took place in London on the 23-24 January 1997. It was organized by the Academic Unit of the Royal London Homœopathic Hospital NHS Trust and centred around the theme 'Improving the Success of Homœopathy: Taking the Homœopathic Knowledge Base into the 21st century'. The Conference was attended by about 145 people from 25 countries, which made it one of the largest dedicated international homœopathic research conferences ever. The theme was explicitly 'improving' rather than 'proving' Homœopathy. A considerable weight of clinical trial evidence now supports the view that Homœopathy is indeed efficacious, this has been summarized in the well-known systematic review of KLEIJNEN et al and in an as yet unpublished overview and meta-analysis of clinical research in Homœopathy by an European commission supported expert group. Many of the trials, however, have shown quite modest effect sizes for Homœopathy (averaging around 15%). We therefore felt that the time was ripe for a shift in the homœopathic research agenda, away from research investigating efficacy and towards research to improve effectiveness. . . The main aims of the Conference were:

The vision

- to improve the homœopathic knowledge base and thereby improve the success of Homœopathy through open, critical dialogue at an international level.
- to facilitate the process towards improvement and consensus on research standards in Homœopathy.
- to adopt scientific method: previously some homœopaths have viewed science as a hostile external force. This view is not historically accurate, for homœopathic pathogenetic trials (provings) are one of the earliest examples of systematic use of a clinical trial type design in the history of medicine. It was one of the aims of this conference to demonstrate that scientific methods can be used to address the practical problems of Homœopathy.

The process

Because quality and dialogue were key parts of the underlying vision, we selected the topics and the speakers through dialogue, including initial consultation and subsequent peer review, with the homœopathic community. A database of the names of homœopathic organizations, schools, practitioners and researchers from throughout the world was built up.

The number of responses far exceeded the capacity of a two-day conference and a selection had to be made. The guiding principles in the selection of speakers were the amount of practical experience, . . . After the speakers had been selected, the topics were refined in discussion with them. The preliminary version of their papers were sent to at least two experts in the field for peer review. After peer review the author was asked to prepare a final, revised version.

The Conference

The choice of topic and the emphasis on consultation and quality evidently struck a chord with the homœopathic community and the number of attendees considerably exceeded our expectations. A session on over-the-counter (OTC) Homœopathy was also included in the programme because of its growing importance and the need to further investigate and discuss public satisfaction, safety and regulatory issues. . . The significance of the conference for Homœopathy at large was further underlined by the fact that almost all major international homœopathic pharmaceutical companies sponsored the conference.

Mapping the area

Main questions

What are the most influential sources of information for homœopathic prescribing?

What can be or has been done to get prescribing indications?

What methods are currently used in clinical research?

What are their possibilities and limitations?

What is their usefulness for the clinical verification of homœopathic medicine?

Validating symptoms from provings or toxicological reports**Main questions**

What designs can be used to get reliable information in provings?

What should be the minimum criteria for accepting new symptoms obtained from provings into the homœopathic Materia Medica?

How to validate toxicological findings?

Verification of prescribing indications from clinical practice**Main question**

What are the respective rules of experimental and observational studies in validating homœopathic prescribing indications?

Importance of homœopathic OTC and regulatory issues**Main questions**

Why is homœopathic OTC important for consumers, governments and the industry?

How can legislation be practically applied? Examples.

Does Homœopathy require a special regulatory position?

Inclusion of prescribing indications in the homœopathic Materia Medica**Main questions**

How can we incorporate prescribing indications from existing sources into the Materia Medica?

How can we apply information from toxicological sources into clinical practice?

What methods can be used to confirm proving symptoms in clinical practice?

Improving collection and classification of data**Main questions**

How are constitutional types created from clinical observations?

How can constitutional types be further validated?

What are possibilities and limitations of the use of a common nomenclature in homœopathic data collection?

The future

In general the verbal feedback was overwhelmingly positive. It was generally felt that it was a high-level, practically orientated conference, which also offered an excellent opportunity for the sharing of ideas and for networking. As improving the homœopathic knowledge base is a continuous process, it was felt by most that a follow-up conference would be desirable. The RLHH Academic Unit is provisionally planning to organize such an event in about two years' time.

In conclusion, the Conference presented a new agenda for research, focussed on improving the reliability and validity of the homœopathic knowledge base. It is hoped that this agenda will be embraced by the international homœopathic community in the light of a continuous process of quality improvement.

IX. Simile, 7,2/1997 issued with the **BHJ**, 96,2/1997 congratulates **George VITHOULKAS**, who has been presented with one of the **Right Livelihood Awards** for his 'outstanding contribution to the revival of homœopathic knowledge and for his tireless efforts in training homœopaths to the highest standards, so that Homœopathy can claim a place in science as an effective alternative to other medical schools and traditions'. The **Right Livelihood Foundation** was established in 1980 by Jakob von UEXKULL, a Swedish-German writer, philatelic expert and former Member of the European Parliament. The foundation's awards are the only ones to be presented in the Swedish Parliament in Stockholm, in a ceremony that takes place annually on the day before the Nobel Prizes are given. From the prize money of US\$250,000, George VITHOULKAS has generously presented US\$10,000 to the Academic Department of the Royal London Homœopathic Hospital. It will be used to support a research fellow.

When he accepted the **Right Livelihood Award**, George VITHOULKAS said that in 1960, when he started to practise Homœopathy it had developed little in the previous 150 years. His aim had been to revive 'Classical Homœopathy as it was taught by HAHNEMANN, upgrading it to the level of a science'.

The following is a summary of George VITHOULKAS's acceptance speech: "This research led to the structuring of a new theoretical model that gives an altogether new direction and dimension to medical thinking. For the first time the rules have been determined for an 'energy' medicine, the subtle force that is behind all medical phenomena in living organisms. I have stipulated the laws and principles that govern health and disease, that govern any therapeutic system, so that the therapist may know whether under a specific treatment the patient is improving or actually degenerating.

According to this model, the world, and conventional medicine in particular, has been moving in the wrong direction in therapeutics. Diseases of the human race have never been tackled properly by conventional medicine; on the contrary, they have been treated wrongly - suppressively - and therefore while the symptoms were masked, the real disorder underneath progressed and finally was pushed to the interior of the organism, which is the central and peripheral nervous system.

The model suggests that serious chronic diseases of the nervous system, such as Multiple Sclerosis and Amyotrophic lateral sclerosis, as well as other diseases, including Hay Fever, Asthma, Cancer and AIDS, are the result of wrong intervention upon the organisms by conventional medicine. It claims that the immune systems of the western population, through strong chemical drugs and repeated vaccinations, have broken down and finally admitted the diseases deeper and deeper into the human organism, to the central and peripheral nervous system.

If conventional medicine does not drastically change its practices and its logic in treating with chemical drugs, if it does not also change the direction of its research, soon diseases will go to the very centre of the organism, the nervous system, and most of the world's population will be mentally ill individuals. While I do not expect the theoretical model will be understood or appreciated soon by the medical authorities, I think that from now on there is no excuse for ignoring the so-called side-effects that conventional therapies have inflicted and are still inflicting on the human race.

At the moment, I am compiling a homœopathic Pharmacology, a **Materia Medica**, of which I have completed eight volumes, with another eight volumes in preparation. For the past 30 years, I have taught Classical Homœopathy to medical doctors and health-care practitioners and encouraged my students to establish several teaching centres for Classical Homœopathy all over the world. In 1995 I established the International Academy for Classical Homœopathy on the island of Alonissos in the Aegean Sea, so that 2,500 years after HIPPOCRATES, medical doctors are coming back to a Greek island to be taught what I am convinced to be today the most advanced form of therapy.

Conventional medicine strongly resists the information that comes from us. The greatest resistance to Homœopathy - which is the cheapest way of curing diseases - comes from the pharmaceutical industry. I would propose that pharmaceutical companies by international law should not be allowed to earn profits from their sales. Only then may there be hope for change.

If the world's medical authorities still choose to ignore HAHNEMANN's beneficial discoveries, not only will they miss a tremendous opportunity to introduce a system for promoting better health, and therefore a more harmonious and peaceful life on the planet, but they will also be accused by succeeding generations of criminal negligence and shortsightedness."

X. IIHP Seminar, Mumbai, April 1997: (NJH.6,2/1997). The IIHP held a Seminar on 5-6 April at Mumbai. Some cases presented by Dr.Praful VIJAYAKAR: **A Case of Quadriplegia** in a 30 year-old lady in hospital; only movement of neck and above was possible since 9 months. *Natrum carbonicum* was selected on the basis of the 'mentals' and 'generals' and improvement set in. **A Case of a 25 year-old female with Giant Cell Carcinoma** showed remarkable improvement with a single dose of *Sulphur* 30. Amazingly x-ray showed formation of bridge between 2 vertebrae. **Case of Multisystem disorder:** the patient proudly said that she was a high level thinker, interested in science and karma. Once while meditating she saw herself come out of her body. She felt she was burning and could see energy - not blood - in form of currents traversing her body. Lack of adaptability made her fastidious. On these grounds *Anhalonium* was prescribed with success. **Sturge Webster's Syndrome:** Baby suffering from Haemangioma above lip and right side of cheek and palate; ten loose motions 4 days back then no stool for 2 days; projectile vomiting at 2 month age; intolerance of milk; craves lemon juice; salivation ++; perspiration ++ all over the body with cold clammy hands; at 10 days to 30 days age, vomiting and diarrhoea < milk; at one month lachrymation treated with drops after which she developed small spots on

the face, the size of a pea; moles rapidly increased in size after 2-3 month. Epileptic seizures with shuddering; accumulates money, plays with and wants money; aversion to crowds; starts easily - leads to shuddering; < noise, on scolding; very possessive; unconscious bouts after anger. As she grew up she became destructive with rage, would even talk back and hit her teachers; intolerance to sight and smell of water; crying and shuddering on urination; pampered child because of deformity; because of her condition she started bargaining and emotionally blackmailing her parents. After *Moschus* the patient started opening her eyes and swelling subsided considerably. **Case of Cervical Spondylosis and Sinusitis:** *Nux vomica* made the neck pain disappear but immediately the patient developed haziness in the vision. On re-taking the case, it was observed that the patient had lot of hand gestures and violent jerking. *Strychnine* gave startling results. **Case of Collagen disorder, acute myeloid leukaemia and Psoriasis** all responded well to *Methylene blue*. *Methylene blue* has all the characteristics of *Natrum muriaticum*, but with marked casualness.

XI. The Editorial by Melanie GRIMES in the **Resonance**, 19,1/1997, speaks of 'orphaned provings', that is, proving that has lost its way before it is fully developed. Those who create it have abandoned it, and it is not yet mature enough to be a contributing member of homœopathic society. Many provings are lost when the data is first collected from the prover. Provers must be carefully supervised, and the symptoms clearly recorded. We must ensure that the data collected is specific to the proving and not to be individual prover's ongoing pathology. Or worse still, the coordinators' preconception. It is preferable for the proving to be double blinded. It is easy to get an idea for a new remedy. And not hard to gather a group of individuals to participate. When the detailed and time-consuming work of extracting and collating data begins, very few of the proving originators are interested or capable of completion. So, we have an epidemic of incomplete, not thorough, poorly conducted, poorly extracted, not edited, not published research. In our excitement to hear of a new remedy, we do not question the quality of the process and accept what we hear. A standard of accuracy has to be maintained, especially when it comes to repertory additions, or proving standards.

XII. The **Resonance**, 1/1997 says: The **Homœopathic Community Council** was formed in 1991 when board members of five homœopathic organizations came together to define and clarify a joint mission to unite the homœopathy community and facilitate the growth of the healing art of Homœopathy. Incorporated in 1994 as a nonprofit organization, the Council draws its membership from organizations that demonstrate a commitment to work together to fulfill this mission. The HCC is funded by donations from individuals and sponsor practitioners and uses this money to fund individual grants to members of community and for special projects. The activities are described in brief.

The **Council on Homœopathy Education** was founded in 1982 as an independent and autonomous agency. Its goals are:

- *To establish, maintain, ensure, and improve the quality of education in the science and discipline of Homœopathy in the United States and Canada.
- *To improve the content and presentation of lectures, seminars, academic programmes, and institutions dealing with the art and science of Homœopathy.
- *To set up standards for the above presentations and to evaluate for approval, endorsement, or otherwise certify such presentations or institutions.

For fourteen years the Council has been active in evaluating educational training in the USA.

XIII. Dr.LAKSHMINARAYANAN, Editor of the journal **Medicina futura Homœopathy**, writes in his sharp manner, about the state of Homœopathy in the Europe, USA, and India. "Homœopathy was nearly extinct in Germany and even today has no resemblance to the Homœopathy of HAHNEMANN's time. The disappearance into the bowels of the allopathic system of the numerous homœopathic colleges in USA, the hybridisation of Homœopathy in UK, after the discovery of antibiotics, the survival of just one or two dedicated homœopaths in a few pockets of Europe and the shame of Homœopathy being outlawed (as quackery) in one of the states of USA in the 80's, the disgrace of homœopaths in USA of the past few decades having to learn or practice Homœopathy tied to the apron strings of Naturopathy, a recognised legal system in that country - these broadly sum up the fate of Homœopathy and its status in the land of its birth and later its nurture. India emerged as the only country in the world where Homœopathy had received legal status, state support on the same lines as Allopathy but with one quantitative difference in the allocation of funds. . ." He goes on to take to task the low standards in teaching, practice, etc.

XIV. Some excerpts from Durr ELMORE's Editorial **Growing Dynamically** in the **Simillimum**, No.X, 2/1997: ". . . I want to encourage all of us to continue growing with Homœopathy. How? We must actively study the remedies, keep ourselves mentally flexible, remain open to new ideas and insights. In order to grow dynamically, we need to continue deepening our understanding of our patients, and pursue a stronger understanding of homœopathic philosophy, materia medica, and case analysis. . . Since each practitioner is unique and individual, we will differ about which ideas and approaches we can accept, feels right for us, and which ideas don't sit well with us. Seeds are planted when we come together, through sharing ideas at seminars, courses, through journals, study groups, and discussions among our colleagues. . . In a time of such growth, many ideas are brought forth by teachers and authors. Some new ideas will prove useful and accurate, increasing our knowledge and understanding. Other ideas may be readily accepted but may not stand the test of time and eventually fade away. Homœopathy is practiced by people, and is thus susceptible to fads. Only through clinical experience can we sort out the wheat from the chaff. . . In our learning we may take a detour from time to time, but we can benefit from all experiences and move ahead. . . Let's meet the challenge. Let us stay dynamic. Let our studies continue, or learning grow. How? By study. By reading books old and new, attending seminars, and attending courses. By working and persevering on each case until we feel satisfied with our prescription.

Yes, Homœopathy is big. It is a lifelong pursuit. . . In closing, here is a quotation from GËTHER. . . : "Until one is committed, there is always hesitancy, the chance to draw back, always ineffectiveness concerning all acts of initiation (and creation). There is one elementary truth the ignorance of which kills countless ideas and splendid plans: that the moment one definitely commits oneself, then providence moves too. All sort of things occur to help one that would never otherwise have occurred. A whole stream of events issues from the decision, raising in one's favor all manner of unforeseen incidents and meetings and material assistance which no man could have dreamed would have come his way. Whatever you can do or dream you can; begin it.

"Boldness has genius, power and magic in it."

Accept this challenge. Make a real commitment to Homœopathy, no matter what your present situation or experience. Buy that new repertory, book, or that homœopathic software program! Register for that homœopathic course or seminar. Make a commitment to study materia medica at least an hour a day. To read and reread the **Organon** and KENT's **Lectures on Homœopathic Philosophy**. To carefully, thoughtfully, thoroughly read homœopathic journals (including this **Simillimum**!)

Commit to spend more time thinking and working on tough cases. Don't prescribe until you feel ready, on both new and returning patients. Be bold in committing to Homœopathy. Homœopathy demands a lot, yet gives more than we realize, to patients and ourselves.

XV. The I.B.E.T. Symposium: 5th and 6th October 1996 at the Abbey of Brogne at Saint-Gérard (NAMUR). This symposium contributed to the advancement of the Unicist Homœopathic School. P^r Jean DIERKENS spoke on '**The dream and its level of information**'. Dr. Christian SCHEPENS spoke on '**How local symptoms lead us to the mental symptoms**'. P^r Jean FICHEFET talked on **the quality of the homœopathic information, its formalisation, and its use towards the diagnosis of the remedy**. A botanic walk was also arranged in order to see the plants in their natural environment. The method of BËNNINGHAUSEN was elaborated upon. Many clinical cases repertorised using this method were presented. The essentials to use this method is the generalisation of the modalities and the concomitant symptoms. Dr.Yves FAINGNAERT pleaded for the necessity for a serious scientific research in Homœopathy. Robert VERHELST spoke on the **Philosophy of the sciences apropos the action and effect of homœopathic remedies**. Yollete JURRISEN spoke on the works of Dr. Jan SCHOLTEN. Drs. Liën NGUYEN and Alain SARTENAER spoke on **Ethological Structure and Homœopathy** - means to understand the patient. Veterinary Dr. André DONNEUX presented 10 cases from his daily practice. One of his cases: A spaniel, 12 years, male suddenly presented a bizarre behaviour. Every night it would either play with the ball, or insist to be taken out for a walk in the night. A dose of *Cypripedium pubescens* (selected based on the rubric in Kent: 'Ecstasy, on waking at night) put an end to this problem. Dr. Simone FAYETON spoke on *Aconite* - on its defensive dynamic against the psoric suffering according to the conceptions of Dr.Masi. Dr. Jean-François VERMEIRE presented four cases and the knowledge he gained from his 20 years of practice. Dr. Benoît LAPY spoke on his ideas about the modalities, "I think that in some situations (insufficiency of materia medicas, criteria not sufficient to determine whether the modality is valuable or not, a lack of comparative study), it is not opportune to take into account the modalities for the selection of the remedy." All the above reports are found in the **Proceeding "L'Homœopathie à l'aube**

du III^{ème} millénaire” which can be obtained from the secrétariat of IBET, Dr.Jacques Boevé, 259, rue de la libération à 6927 TELLIN (Belgique). IBET also published **syllabus d’Homéopathie** on the occasion of its 10th anniversary. This contains all the materia medica studies(*Kali iodatum, Cenchris contortrix, Natrum arsenicosum, Mercurius iodatus flavus and ruber, Symphytum officinale, Cocculus indicus, Hypericum perforatum, Daphne mezereum, Chelidonium majus*), 25 cases repertorised using the method of BÖENNINGHAUSEN. This can also be obtained from the above address.(RBH,29,1,1997)

XVI. The CGH,29,1,1997, is dedicated to paying homage to Paul NOGIER(1908-1996). NOGIER was a member of the **Groupeement Hahnemannien du Docteur Pierre Schmidt**. Drs. BAUR, BOURGARIT, CASEZ, CURÉ, HORVILLEUR, JONOD, KLUNKER, MONNOT, PELLETIER, PIARRAT pay their homage. There is an article of Dr.Paul NOGIER “Comment je suis devenu homéopathe”(How I became a homœopath) and the Inaugural speech of Dr. NOGIER, on the 23 october 1971, at Lyon.

XVII. The financial position of the **Cahier du Groupeement Hahnemannien** (CGH) is now very disturbed. The editor calls for more subscribers. He requests the regular subscribers to send in a second subscription in favour of their colleagues.

LIST OF JOURNALS

Full names and addresses of the journals covered by this Quarterly Homœopathic Digest are given below for further reference:

1. ACD: Archiv für Homöopathik, Dynamis-Verlag, AM Vogelherd 18, 46147 OBERHAUSEN, Germany.
2. AHT: Asian Homœopathic Times, 37, South Anarkali Extension, DELHI - 110 051.
3. AHZ: Allgemeine Homöopathische Zeitung, Karl F.Haug Verlag, Huthig GmbH, im Weiher 10, 69121, HEIDELBERG, Germany.
4. BHJ: British Homœopathic Journal, 2, Powis Place, Great Ormond Street, LONDON, WC1N 3HT, U.K.
5. CCR: Homœopathic Clinical Case Recorder, Phule Road, Maliwada, AHMEDNAGAR - 414 001, INDIA.
6. CGH: Cahiers du Groupeement Hahnemannien du Docteur P.Schmidt, Médecin et Hygiène, 78, avenue de la Roseraie, Case 456, CH - 1211, GENEVA 4.
7. MFH: Medicina Futura Homœopathy, 1-2-217/7, Gaganmahal road, Hyderabad - 500 029.
8. NJH: National Journal of Homœopathy, Milan Clinic, Saraswathi Road, Santa Cruz(W), MUMBAI - 400 054.
9. RBH: Revue Belge Homéopathie, Dr.J Alaerts, Av., Cardinal Micara, 7, B-1160, BRUSSELS Belgium.
10. RES: Resonance, International Foundation for Homœopathy, P.O.Box 7, Edmonds, WA 98020, USA.
11. SIM: Simillimum, The Journal of the Homœopathic Academy of Naturopathic Physicians 11231 SE Market Street, PORTLAND, OR, 97216, USA.
12. ZKH: Zeitschrift für Klassische Homöopathie, Karl F.Haug Verlag, 6900 HEIDELBERG 1, Germany.

Part II

BOOK-SHELF

1. The Art of Casetaking and Practical Repertorisation in Homœopathy, by Dr.Ramanlal PATEL, 6th edition, 1998. 148 pages, hardbound. Rs.200/-. Sai Homœopathic Book corporation, Hahnemann House, College Road, Kottayam 686001 (India).

Once the case is thoroughly recorded "the most difficult work is done" says HAHNEMANN (§ 104 **Organon**). Every experienced homœopath would vouch for this. Finding the curative remedy is easy if the case is recorded well. The knowledge of Homœopathy of the Practitioner can be judged by his/her case-taking. Rightly it is called an Art. The fundamentals, the technique, may be taught but unless it is repeatedly and diligently applied, it cannot be mastered, and to that extent sustained success in practice will be achieved.

"The patient complains of the process of his ailments. The patient's relations tell what he has complained of, his behaviour and what they have perceived about him. The physician sees, hears and notices through the remaining senses what is altered or unusual about the patient. He writes everything down with the very same expressions used by the patient and his relations. The physician keeps silent, allowing them to say all they have to say without interrupting, unless they stray off to side issues. . ." (§ 84 **Organon**)

The homœopathic physician must develop the faculties; the art of listening, the art of hearing, the art of observation, the art of smelling, the art of touch (feel). One should therefore keep honing the art of case-taking every day and it is worthwhile to read as many expositions of it as available. Besides HAHNEMANN, other 'greats' like BÖNNINGHAUSEN, KENT, Pierre SCHMIDT, BOGER, P.SANKARAN (all now resting peacefully and perhaps watching us) and Dr.PATEL now have given excellent expositions. And yet it is worth being repeated many times.

Dr.PATEL has drawn from a large treasury - he has quoted 50 sources: great indeed.

The book is in 4 parts. A fairly good number of pages have been devoted to repertorisation.

The repertorisation techniques of von BÖNNINGHAUSEN and KENT have been explained lucidly and also actual work-out of cases.

Brief and interesting chapters on the history of Repertories, rubrics in the BÖNNINGHAUSEN **not** in the KENT (by Elizabeth WRIGHT-HUBBARD) and 300 rubrics chosen for "swift repertorisation" (William BOYSON, and Elizabeth WRIGHT-HUBBARD) - all enhance the value of this book.

This is a book to be kept on the table of every Practitioner, however he/she may be experienced. It is a **practical guide and worth much more than its cost.**

Good paper, clear and readable print, well-bound.

II. The Amazing Power of Homœopathy - Record of 201 difficult cases, by Dr.S.M.GUNWANTE and Dr.Mrs.Shraddha BHAT, 225 pages, 1998. B. Jain Publishers (P) Ltd., New Delhi. Paperback. Rs.80/-

The tireless and devoted Dr.GUNAWANTE who has earlier given such useful books like 'The Genius of Homœopathic Remedies', 'Perceiving Crucial Symptoms', etc., has now come up with a collection of over 200 'cases' treated by 'masters' which have appeared in homœopathic journals, (mostly reprints in the **Homœopathic Heritage**) so that the younger generation of homœopaths full of fear and scepticism will realise the extraordinary potentialities in the correct homœopathic therapeutics and will be inspired to go onward and forward and "remove the bonds of incurable diseases and to declare the possibilities to all" (H.N.GUERNSEY).

Why have the authors chosen cases reported in the journals? In this Dr.S.P.KOPPIKAR is quoted "A cured symptom along with the drama surrounding it at the time of the prescription, gets pictured in our memory so nicely that the mere mention of it brings back the remedy to our mind. This is the best way to learn the Materia Medica and store up the vast array of its wonderful symptomatology in our minds. And if we study the cures, especially by doctors like LIPPE, DUNHAM, SKINNER, KENT, BURNETT, BERRIDGE, TYLER, HUBBARD, to mention only a few masters, we cannot but get the confidence, enthusiasm and zeal which are absolutely the first essentials to best Homœopathy."

With this worthy end in view the cases presented in this book have been culled from the journals. While most are from great masters who are past, there are some from contemporaries also.

The book is in two parts - Part I contains 201 cases in brief, but the curative remedy left out, blank, leaving it to the diligent reader to work it out. Part II contains the 'key', viz., the name of the remedy that cured as also the justification for choosing it.

The book is of great value to the students particularly and must be read by them; they must make it an exercise to read the cases and 'work it out' and compare with the 'key' at the end. Well worth the buy and study by all homœopaths.

Coming Events

I. HOMOEOPATHIC RESEARCH & CHARITIES presents One day Case Conference on 6th September '98 at Patkar Hall, Sur Vithaldas Thakersey Marg, Near Income Tax Office, New Marine Lines, Mumbai - 400 020.

Fees: Doctors: Rs.150/- After 5th August '98 Rs.200/-. Interns/Students: Rs.100/- After 5th August '98 Rs.150/-

Contact: Homœopathic Research & Charities, Dinar, 2nd floor, 20 Station Road, Santacruz(W), Mumbai - 400 054. Tel.No.: 6045637

II. Residential Clinical Training Course for Graduates of Homœopathy: Duration: One Week(22.11.98 to 28.11.98) (both days inclusive);

Venue: Tulsi Sadhana Kutir, Old Khandala Road, Lonavala, Maharashtra; Eligibility: Gradates of Homœopathy. Preferably Practitioners. Faculty: Dr. Rajan Sankaran and others. Fees: no fees. Contact: Homœopathic Research & Charities, Dinar, 20 Station road, Santacruz (W), Mumbai - 400 054.

III. A Two Day International Conference on 15-16 April 1999 LONDON. 1. Improving the Success of Homœopathy 2: Developing & Demonstrating Effectiveness. Contact: Academic Unit, The Royal London Homœopathic Hospital NHS Trust, Great Ormond Street, London WC 1N 3HR, United Kingdom

Tao-te Ching

The Way Is Always Uncontrived

The Way is always uncontrived,
 yet there's nothing it doesn't do.
 If lords and monarchs could keep it,
 all beings would evolve spontaneously.
 When they have evolved and want to act,
 I would stabilize them with nameless simplicity.
 Even nameless simplicity would not be wanted.
 By not wanting, there is calm,
 and the world will straighten itself.

Return Is the Movement of the Way

Return is the movement of the Way;
 yielding is the function of the Way.
 All things in the world are born of being;
 being is born of nonbeing.

When the World Has the Way

When the world has the Way,
 running horses are retired to manure the fields.
 When the world lacks the Way,
 warhorses are bred in the countryside.
 No crime is greater than approving of greed,
 no calamity is greater than discontent,
 no fault is greater than possessiveness.
 So the satisfaction of contentment is always enough.

The World Has a Beginning

The world has a beginning
 that is the mother of the world.
 Once you've found the mother,
 thereby you know the child.
 Once you know the child,
 you return to keep the mother,
 not perishing though the body die.
 Close your eyes, shut your doors,
 and you do not toil all your life.
 Open your eyes, carry out your affairs,
 and you are not saved all your life.
 Seeing the small is called clarity,
 keeping flexible is called strength.
 Using the shining radiance,
 you return again to the light,
 not leaving anything to harm yourself.
 This is called entering the eternal.

The Richness of Subliminal Virtue

The richness of subliminal virtue
 is comparable to an infant:
 poisonous creatures do not sting it,

wild beasts do not claw it,
predatory birds do not grab it.
Its tendons are flexible,
yet its grip is firm.
Even while it knows not
of the mating of male and female,
its genitals get aroused;
this is the epitome of vitality.
It can cry all day without choking or getting hoarse;
this is the epitome of harmony.
Knowing harmony is called constancy,
knowing constancy is called clarity;
enhancing life is called propitious,
the mind mastering energy is called strong.
When beings climax in power, they wane;
this is called being unguided.
The unguided die early.

When People Are Born

When people are born they are supple,
and when they die they are stiff.
When trees are born they are tender,
and when they die they are brittle.
Stiffness is thus a cohort of death,
flexibility a cohort of life.
So when an army is strong,
it does not prevail.
When a tree is strong,
it is cut for use.
So the stiff and strong are below,
the supple and yielding on top.

{ **Vitality, Energy, Spirit** by Thomas Cleary,
Shambhala Publications, 1991 }

3. QHD, Vol No.XV, Nos. 3 & 4, 1998.

PART I - CURRENT LITERATURE LISTING

(The journal lists the current literature in Homœopathy drawn from the well-known homœopathic journals world-over - English, German, French, Belgian, Brazilian, 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 of this journal and readers are requested to refer to them for full articles.)

I. PHILOSOPHY

1. Primary and Secondary action
DE-VASH Aya (HL,10,2/1997)

This is a very interesting discussion of the Primary and Secondary actions dealt with in the §§ 63-68, **Organon**. The author raises the question 'Why should HAHNEMANN pay so much attention to the distinction between these two types of action? - those which result from the first encounter between the Vital Force and the external agent, and the ones which are a result of the Vital Force's reaction to the symptoms of that primary encounter, namely the primary action and the secondary action which is a 'counter action'. In both cases the symptoms are produced by the Vital Force. Why is it necessary for us to make the distinction between these two stages if it is stated that in the proving process as well as in the process of healing we only witness the secondary action? The article goes on to analyse and present interesting hypotheses.

2. Finding a way to define Homœopathy
DEBATS Fernand (HL,10,2/1997)

This is 'an analysis of the constituent parts of the homœopathic method'. In several countries, there is a political process going on to define Homœopathy. This definition will have consequences for the legislation and the regulation of homœopathic practices in those countries. The discussion takes place in the various Homœopathic Associations and political bodies. This article gives a methodological support to this process.

DEBATS also suggests a definition of 'Classical Homœopathy' as follows: "Classical Homœopathy is a method of inducing changes in the level of health of living organisms according to Hering's Law, by administering potencies that are chosen from a specific Materia Medica, according to the Law of Similars."

"An accurate Classical homœopathic diagnosis consists of a methodical screening of all hierarchical levels of the patient as an acting, feeling, willing and spiritual organism and detecting the disturbance that is situated at the highest level of hierarchy."

"An accurate homœopathic therapy consists of finding the remedy that best matches this highest disorder."

"An accurate constitutional homœopathic treatment consists of successively curing the disorders in the organism, starting from the hierarchically highest disturbed level, by prescribing potencies which are chosen one by one on the basis of their successive effects on the organism."

3. The unlimited shelf-life of high potencies - Observations with Dunham potencies
DELLMOUR Friedrich (HL,10,3/1997)

DELLMOUR begins his article with his personal experience of the curative work of a dose of *Nux vomica* 200D a 'Dunham potency', and that too 140 years old! This medicine was obtained from 'grafting' from a 'graft' by A.SAINE from an original sample. Thus the medicines as old as 140 years have lost nothing of their original effectiveness. SAINE even claimed that the 200D he made from the original sample of Dunham potency was stronger than the usual MK extracts. A sniff of Dunham *Mercurius solubilis* also produced a powerful reaction. The 'expiry date' on the *Mercurius solubilis* was several years ago but they are still extremely effective. This observation has been confirmed by all fellow homœopaths. The shelf-life of homœopathic remedies is practically unlimited. Apart from the matter of high potentisation, these observations are very exciting because homœopathic medicines produced in 1870 and the 'medicinal information' which was 'multiplied' twice from a few globules into a larger quantity,

have remained reliable and powerful to this day. A.SAINE who regularly uses Dunham potencies for the treatment of chronic illnesses, advises his sensitive patients to further dilute these potencies in water, as the effects would otherwise be too powerful. OZANAM wrote (1881) that the JENICHEN potencies “are as powerful today as they were 40 years ago when I impregnated them with the liquid preparation of the excellent medicines by Dr.TESSIER senior.”

The author goes on further very interestingly to discuss ‘bio-information versus biochemistry’, ‘ingredients of homœopathic remedies’ ‘shelf-life of homœopathic remedies, ‘limits of potentisation’.

4. Homœopathy, Alchemy and the Process of Transformation
MERIZALDE Bernardo A. (JAIH,90,3/1997)

Homœopathy is a method of treatment of disease which can help people reach their highest potential. The higher purposes for our existence could be limited to the humanistic ideals or include religious/spiritual goals. The process of transformation and healing is central to diverse spiritual traditions. Alchemy was a practice that boasted the ability to transmute base metals into gold by the use of the “philosopher’s stone”, which could also be used as an universal medicine. Samuel HAHNEMANN shared many of this school’s philosophical views and practical laboratory techniques. In the process of preparing the remedies, HAHNEMANN was, in essence, following what PARACELUSUS considered to be the true Alchemy. C.G.JUNG found Alchemy’s symbolism applicable to describe the process he observed in the development of the personality. The images of the alchemical process concretize the experience of transformation that one undergoes in psychotherapy. Homœopathic remedies can correspond to these stages of the process and help in the course of healing. Although case reports are still empirical and anecdotal, it seems that this method of treatment is suitable not only in the process of restoration of health but also in the pursuit of the highest human virtues.

5. Strömungen der gegenwärtigen Homöopathie (Trends in the present-day Homœopathy)
HOLZAPFEL K.(ZKH,41,5/1997)

This is a critical review of the current trends in Homœopathy teaching by different ‘teachers’. The teachings of VITHOULKAS, Masi ELIZALDE, Rajan SANKARAN are discussed. He shows that these are all systems of prejudices of the individual teachers and are not in accordance with the **Organon** although all of them quote HAHNEMANN to suit their individual prejudiced views. He also shows that most of these teachings are similar to the ‘old school’. These are opposed to HAHNEMANN’S ‘unprejudiced observer’. The role of KENT in these ‘self-caricatures’ of the modern teachings are also discussed.

6. L’Observateur et l’Objet (The Observer and the Observed)
DEMANGEAT G. (RBH, 29,3/1997)

This is the last communication of Dr.DEMANGEAT before his accidental death. The article throws a different view on the doctor-patient relationship in the context of the homœopathic observation. Simplifying the question posed in the article - “What do we really see in a patient?”

This essay answers the following questions

1. HAHNEMANN’S teaching is essential, but can the doctors today, hold on strictly to the Hahnemannian teaching?
2. What is the relationship between the writings of Hahnemann and reality?
3. Is the observer exterior to the reality that he perceives or is he one of the components?
4. What is finally the reality that the observer perceives?

7. La Théorie du Chaos: Implications pour l’Homéopathie (The Chaos Theory: Homœopathic Implications)
SHEPPERD Joel (CGH,34,8/1997)

Translation of the article which appeared in JAIH, 87,1/1994.

8. Les Maladies Chroniques: HAHNEMANN et ses trois Miasmes (The Chronic Diseases: HAHNEMANN and his three Miasms.)
BOURGARIT (CGH, 34,9/1997)

After HAHNEMANN the various interpretations and understanding of the Miasms by various people: Von GRAVOLG (Constitutions), NEBEL (Morphological Types), Leon VANNIER, Henry BERNARD, Roland ZISSU, KENT, Masi ELIZALDE, PASCHERO, ORTEGA and Rudolf STEINER are discussed.

9. Les Rapports de l'Homéopathie et du Vin à Liège en 1835... (The Relation of Homœopathy and Wine at Liege in 1835...)
VIELLARD J.J. (CGH, 34, 10/1997)

He deals with the current controversies in Homœopathy:

1. The legitimate Hahnemannien, Orthodox homœopathy, Who are the true inheritors of the Founder?
2. What is the role of each group of homœopaths in discovering THE Truth.
3. The success of each group in deciding the knowledge for the better finding of the remedy for the patient.

II. MATERIA MEDICA

1. **Reserpinum** - Ergebnisse einer Arzneimittelprüfung (**Reserpinum** - Results of a medicinal proving)
SCHMIDRAMEL, H., OSTERMAYR, B., ARNIM, J.v. (AHZ,242,5/1997)

Reserpinum D3 was proved by 22 persons over a period of 3 weeks. A hypertension effect upon healthy persons may be concluded from symptoms like headache, sleeping disorder, efficiency in spite of lack of sleep, restlessness, increase of perspiration and of blood circulation, flashes of heat. There is also a similarity to mind symptoms of *Rauwolfia*.

2. Toxicology of **Atrax robustus**, the Sydney Funnel-web Spider
BONNET, M.S. (BHJ,86,4/1997)

Atrax robustus was first proved as homœopathic remedy by Dr.P.SANKARAN in 1970. The present paper is a summary of the studies of this Australian spider and its toxicology. A Materia Medica based on human envenomation by *Atrax robustus* is also provided.

3. **Moschus moschiferus** - umestudo dinâmico de matéria médica (**Moschus moschiferus** - A dynamic study of the Materia Medica)
PEIXEIRO Afra Humber (RH,62, 3-4/1997)

Following the works of Masi ELIZALDE, the author develops a methodology of the study of the medicine *Moschus moschiferus*. The pure Materia Medicas - HAHNEMANN, T.F.ALLEN, - as also the clinical Materia Medicas - HERING, VANNIER, LATHOUD, HUGHES, ORTEGA - are studied and the author presents the themes related to the; more striking symptoms and concludes by working out a poetic text where the toxicity of the drug expresses itself in a dynamic way. The psoric, sycotic and syphilitic symptoms are identified.

4. Toxicology of **Androctonus** - Scorpion
BONNET M.S. (BHJ,86,3/1997)

This paper is a summary of studies of the biology of the *Androctonus* scorpion and its toxicology. A Materia Medica based on human envenomation by *Androctonus* is also provided.

5. **Chicory**
SHAH Rupa A. (NJH,6,5/1997)

This is a brief Materia Medica of *Chicory*. The author does not refer to any source of **proving** of this remedy, but depicts an interesting personality of *Chicory*. The sum of it is: There are three stages of *Chicory*: the first one is that of not perceiving enough love. The second stage is of giving love unconditionally. However in the third stage, the heart is hardened, one is devoid of most emotions, at times displaying even opposite emotions in the situation. This is the extreme stage; it can result in insanity. She concludes: "Many healers also need *Chicory*. They have to learn to heal others unconditionally through love. TO HEAL IS TO LOVE".

6. ***Abroma Augusta folia***
(CCRH,19,3&4/1997)

Fragmentary provings were conducted by Dr.D.N.RAY of Calcutta in 1919 and Dr.Jugal KISHORE of New Delhi in 1972. It has been subsequently proved by CCRH and has shown its affinity for female reproductive organs producing symptoms of dysmenorrhoea and leucorrhoea, which have been confirmed during verification trials too. The proving by CCRH was done in the mother tincture, 6c, 30c, 200c.

The clinically verified symptoms have been listed. The modalities simulate that of *Bryonia alba* and therefore it may be called Indian Bryonia. Headache, sneezing, watery coryza, dryness of mouth with thirst, redness of the eyes, fever, body ache, indicate its usefulness in the early stages of influenza. Increased thirst, profuse urination, debility, etc. suggest its use in Diabetes mellitus. In dysmenorrhoea, menorrhagia, metrorrhagia, leucorrhoea especially in women who are also diabetics will find its use. The joint pains with modalities similar to that of *Bryonia* suggest its usefulness in Arthritis.

7. ***Cassia sophera***
(CCRH,19,3&4/1997)

Cassia sophera has been frequently used by ancient Indian physicians for its efficiency in respiratory disorders. Homœopathic physicians have also been using *Casia sophera*, mostly in physiological doses, in the treatment of Bronchial Asthma, Bronchitis, etc., inspite of unavailability of its detailed pathogenesis. Therefore two provings were done to evolve a comprehensive and complete pathogenesis. These confirm the sphere of action not only in respect to respiratory organs, but to other parts of the body as well, especially Mind, Skin, Joints, Genitalia, etc. Amelioration by pressure and aggravation by movement especially in joint pains. Urticaria, aggravation both from warmth and bathing.

The provings were done in the Mother tincture, 6c, and 30c.

8. ***Glycosmis pentaphylla (Atista indica)***
(CCRH,19,3&4/1997)

This is an indigenous drug and belongs to the Rutaceae. In Homœopathy this remedy is used under the name of *Atista indica*. Fragmentary provings conducted earlier have demonstrated its action in Amœbiasis. In spite of its reported therapeutic efficacy in a number of diseases it is not frequently used in Homœopathy, may be because authentic clinically verified data is not available. It is for this reason that the CCRH proved the drug through double-blind technique and also verified the symptoms. This remedy has been found clinically useful in Amœbiasis, Dyspepsia, Migraine and Irritable Bowel syndrome. During the proving worms were expelled in the provers who developed pinching pain in umbilical region. Agg. while eating and during stool, and amel. by drinking water associated with constipated hard stool. These have been verified. Colicky pain around navel is the key note of this remedy, verified repeatedly. Migraine with throbbing pain in temples with vomiting followed by weakness, has also been repeatedly verified.

Proving was done in the Mother tincture, 6c, and 30c.

9. ***Justicia adhatoda (Vasaka)***
(CCRH,19,3&4/1997)

On the basis of the symptoms mentioned in the book **Drugs of Hindoosthan** by Dr.S.C.GHOSH, this remedy was clinically verified. It has been found to be cooling, destroyer of hoarseness and a strong arrester of blood. It is highly efficacious in cold, coryza, cough, bronchitis, pneumonia, phthisis, spitting of blood, fever, jaundice, vomiting, thirst, loss of appetite and constipation. During clinical verification trials it has been found efficacious in the upper respiratory tract infections.

The remedy was verified in Mother tincture, 6c, 30c, and 200c.

10. ***Berberis vulgaris***
(CCRH,19,3&4/1997)

Clinical verification was done in Mother tincture, 6c, 30c, and 200c. The efficacy of this medicine in renal and gall stones complaints have been reconfirmed in this verification trials. In biliary colic out of 29 patients out of 47 were relieved and in renal colic 756 patients were relieved out of 798. The chief modality that was verified was agg. from movement. Although it is predominantly indicated for left-sided

renal complaints yet in this clinical verification it relieved right-sided renal complaints too. It has also relieved several cases of flat warts.

11. **Androctonus:** Matière Médicale (**Androctonus:** Materia Medica)
COLIN Philippe (RBH, 23, 4/1997)

A study of the *Scorpion* from different authors: ALLEN, CLARKE, BONNET, AZAM, SCHROYENS and Jeremy SHERR.

12. Chronique de la haine ordinaire
ZALA Michel (CGH, 34, 3/1997)

Verbascum thapsus, a remedy not so frequently used is discussed. The author begins by quoting Jean-Marie PELT (*Paroles de Nature*): "A bad herb is one whose virtues haven't yet been discovered."

The remedy is discussed using 4 cases:

Case 1 *Verbascum* was **the** similimum. In the beginning a lot of remedies were given without much improvement. During the course of treatment the patient had an acute Otitis for which *Verbascum* was indicated and hence given. *Verbascum* produced a remarkable improvement both in her acute and chronic state. There was a profound transformation in the patient.

Case 2 was a failure. *Verbascum* appeared to be the similimum but was not so.

Case 3: *Verbascum* helped the patient to a large extent, but was not sufficient to completely cure the patient. It was not **the** similimum.

Case 4: *Verbascum* and a change in the family environment together cured the patient.

The author concludes from these cases the 'essence' of *Verbascum*:

1. Sensitive: words and sounds wound; releases hidden fears.
2. a feeling as if dignity is ridiculed, (like *Staphysagria*), the hatred is mild or absent, no desire for vengeance.
3. difficulty in expressing his disagreement, ambivalent feelings.

A collection of the rare, strange, curious symptoms from the **Materia Medica Pura, The Encyclopaedia, Guiding Symptoms, Clarke's dictionary**, and **Ward's Sensation as if** and **Vermeulens Concordant Materia Medica** are also given.

13. <<Du rêve à réalité>>... ("From dreams to reality"...) reality"...
ALEXIS Jean-Michel (CGH,34, 4/1997)

An attempt to present the genius of *Carbolic acid* through an acute case - case of a boy with high fever and putrid, gray membrane and ulceration of the right tonsil.

14. Evolution of homœopathic Materia Medica based on rigorous provings
BRILLANT Patrick (HL,10,4/1997)

Inspired by the new methodologies developed in the recent times by homœopaths like Rajan SANKARAN, Jan SCHOLTEN, JEREMY Sherr, Masi ELIZALDE, the author calls for a 'dynamic' understanding of our Materia Medica.

15. **Cocculus**, a way to study a remedy
Masi Study Group Holland (HL,10,1/1997)

This article explains the way to study a homœopathic remedy according to Dr.Alfons Masi ELIZALDE. *Cocculus indicus* is studied in this manner. From the 'Mind' section of the Repertories extracts were drawn and also from the Materia Medica of ALLEN, HAHNEMANN and arranged under 'themes' - Anxiety of Conscience, Anxiety about the health of himself and others, Anxiety for others, Sensitive to impressions, Deformation of the senses, Easily out of balance, Does not want to change, Empty feeling, Head and Body are separated, Slowness, Trifles. The miasmatic aspects of the remedy is also studied.

Five *Cocculus* cases are reported.

16. People devour me - **Ambra grisea**
GRANDGEORGE Didier (HL,10,1/1997)

The key of this remedy lies in an anxiety in connection to the transition from the oral phase to the anal phase, as described by Sigmund FREUD. The newborn child is in a symbiotic mother-child state until 18 months, during which the main focus of pleasure is sucking. During the second stage of this so-called oral phase, during which the teeth appear, the child can bite, but in return understands that he can be devoured as well. Therefore an anxiety called "oral sadism" which translates itself in fear of wolves, the ogre (man-eater), reminding him of the teeth of the mother. Then the child enters the anal phase, where the focus of pleasure is control; first control of the sphincters. *Ambra grisea* is an infant who enters the anal phase with a strong anxiety of being devoured and refuses to defecate in the pot, because he is afraid that one takes a part of himself with the stools. As a consequence, *Ambra grisea* refuses to give from fear of making himself poor. He says "People devour me".

Four cases are briefly presented to explain the above ideas.

17. A caring capricious creature - *Lac felinum*
WIRTZ Anne (HL,10,1/1997)

The author writes "We were studying the different Lac remedies and considering the fact that *Lac caninum* fits people that feel treated as a dog, I was wondering what kind of people would need cat's milk. So I started with writing down the characteristics of a cat"; and noted down 18 behavioural characteristics and presents three interesting cases.

[Drawing a picture of 'homœopathic' remedy on the basis of the 'signature' of the remedy source, i.e. if it is *Lac caninum*, the signature of the dog, if it is *Lac equinum*, the signature of the horse, and so on seems to be the 'in' trend now, forgetting HAHNEMANN who spoke so clearly and **finally** after examining all methods: "**Nothing then remains but to test the medicines we wish to investigate on the human body itself.**" ('Essay on a New Principle for ascertaining the Curative Powers of Drugs' - 1796). Although one may present 'successfully treated cases' to validate the 'symptoms' constructed on the basis of one's understanding of the remedy subject, it cannot be Homœopathy founded by HAHNEMANN = KSS.]

18. Hahnemann et *Thuja* (Hahnemann and *Thuja*)
J. BAUR (CGH,34, 4/1997)

A short history of *Thuja*.

19. A Proving of *Lac caprinum*
LASSAUW Yvonne and DAM Kees (HL,10,1/1997)

The remedy was prepared from goat milk from a biological farm in the Amsterdam Forest. Potencies 30, 200, and M were prepared. 20 homœopaths made a 'dream proving' which meant that most of the provers slept on the remedy for one night. A proving was made by Dr.Rajan SANKARAN at Mumbai. The picture of this remedy is compiled and presented. The theme in common with the SANKARAN proving is the **shameless sexuality** as if it was the most common ordinary thing on earth. Uncontrollable sexuality that can devastate one was quite symbolically dreamt by a woman prover.

20. I can't take any more - two different aspects of *Ambra grisea*
JOHNSTON Linda (HL,10,1/1997 & 11,1/1998)

The author presents two cases of *Ambra grisea* in detail, "to demonstrate the versatility of this fascinating remedy. Chronic conditions as well as situational problems can be addressed with *Ambra grisea*. We should think of this remedy when there are conditions of overwork, worries about business failure or money problems. Most characteristic is the aetiology of the death of a relative or several relatives in a short period of time. *Ambra grisea* has a special relationship with the family. They are very attached to their family to the exclusion of outsiders. Their attention is focused inside their clan, not on the world at large. This is the reason that the death of a family member is such a devastating event for *Ambra grisea*. They do not like strangers, which means anyone not in their immediate family. They do not want interaction outside their family circle. KENT has many rubrics detailing the aggravation *Ambra grisea* has from conversation. They just do not like social life. KENT lists *Ambra grisea* as the only remedy that has an aversion to smiling faces... There are so many conditions of modern living that fall into the category of *Ambra grisea*'s aetiologies that we should all have several interesting cases of this remedy."

21. *Carcinosinum*

ZALA Michel (CGH, 34, 5/1997)

This article is a detailed study of *Carcinosin* along with a few cases.

Case 1. A boy of 10 years consulted for recurrent bronchial infection and lack of attention at school. History of Cancer in the paternal grandfather. The child was separated from its nurse at the age of 5 years. Anger +++. Anticipatory anxiety. When he is angry, he does not cry. He does not show his sentiments, and tells nothing of what goes on in school. Sleeps on his abdomen, very meticulous in his work. Likes to keep his room well-arranged - everything in its place. *Carcinosin* 200, M XM was prescribed on three consecutive days.

Case 2. A girl 11 years old. Always dreaming and with very poor results in the school. History of cancer in both the grand parents. Likes storms, watches the lightning. Does not like heat especially of the Sun. Agitated when near the sea. Craves salt, chocolate. Hypersensitive to worries, misfortunes of others and news on the TV. Fear before examinations. Cries on being reprimanded. Blue sclera, café au lait tint. Cannot rest in one place. *Carcinosin* was prescribed on three consecutive days 200, M, XM.

Case 3. A 31 year old woman suffering from manic depression. History of cancer in two grand parents. History of whooping cough, measles and rubella and three pregnancies without any problem. A desire for salt, aversion to milk. Marked anticipatory anxiety. Weeps on being reproached. Needs to be loved a lot. During childhood preoccupied and serious. Does not like to be touched. *Carcinosin* 200, M, XM was prescribed on three consecutive days.

Essential characteristics of *Carcinosin*

Type

- Brown tint, café au lait spots, naevi.
- Blue sclera
- "Very serious" child, who has rapidly matured
- Extraordinarily brilliant... or retarded.

History

Familial: Cancer/ lukaemia, diabetes, tuberculosis, syphilis, gastro-duodenal ulcers, insomnia, psychoses, suicides, serious rheumatic troubles.

Personal: Physical: Serious Pulmonary affection before 3 months. No diseases during infancy... or after puberty. Viruses, allergies, "never been well since"

Mental : Rigid education, or suppression of emotions, insomnia, rebellious since childhood.

Mind

Anticipatory anxiety

- if some family member is some minutes late +++
- fear of failing in examinations
- fear of Cancer

Obsessive... washes hands frequently, ...dust

Susceptible

Hypersensitivity to others, to images... Clairvoyance, premonition.

Specific sensitivity

- Loves rhythmic dancing
- Feels well before storms
- Loves animals, nature

Particular depression

- sad but cannot cry
- very few memories of childhood (++)
- < consolation, < gentle words.
- manic depression, suicide

Loves to travel... "in the moon"

Multiple fears (appears very controlled!), or "fundamental anxiety"

Sleep

- insomnia
- Position abdomen, or genu-pectoral after the third year.

Generals, Modalities

- changing, moving, contradictory, alternating symptoms.
- sensitive to the sea (at times agg. or amel. at the coast)
- Food desires and aversions variable during the day... or over years: fat, milk, sweets, eggs, fruits, icecream, chocolate
- Agg. hot room, amel. open air.
- Feels well before the crisis or the paroxysms

Other

- Absence of reaction to well indicated remedies
 - Two remedies or more, seem indicated "to cover the whole case."
 - Hesitation between choosing two 'opposite' remedies, like *Phosphorous* and *Baryta carbonica*.
- Major Local Signs:** tics (face ++), asthma sensitive to sea, dry cough < laughter, oppression of the thorax with necessity to breathe deeply, allergies (++), keloids, rectal prolapse, precocious sexuality...

22. The Gold Salts

WITTWER Heinz (HL,10,2/1997)

A 'comprehensive Materia Medica of *Arum sulphuricum*, *Aurum muriaticum*, *Aurum muriaticum natronatum* and *Aurum muriaticum kalinatum* as presented by Wolfgang SPRINGER, Munich, at the Seminar held in Lindau on 13-16 June 1996. The 'combination remedies' are prescribed by combining the characteristics of both the remedies in the combination. Three cases were presented. The author gives 'guidelines' how this can be done without protruding too much into the field of speculation. [What happened to HAHNEMANN's firm law that the curative action of remedies can be known **only** by testing them on healthy persons? Can one keep extending the Materia Medica limitlessly by 'creating' many new remedies by this combination method?=KSS]

23. The Snake Remedies: An Overview and

Differential Diagnosis

ROBERTS Ernest (HOM,65/1997)

This is a lengthy study on the basis of the 'signatures' and cured cases reported by Sudhir BALDOTA, Rajan SANKARAN, David MUNDY, Annette BOND.

24. Meditative Provings and *Bayleaf*

EVANS Madeline (HOM,66/1997)

The author describes 'meditative provings'. It appears that the remedies *Oak*, *Ayausca* (a West African hallucinogen), *Thymus gland*, *Chalcancyte* (a comparatively recently discovered crystal), *Berlin wall*, *Clay*, a new sample of *Medorrhinum* and *Bay leaf* have all so far been 'proved' in this manner. It seems that there is 'intuition' in these provings and the symptoms obtained are through intuition.

What is 'meditative' Proving? The author explains: The Provers in the meditations are not a random group of interested and willing homœopaths. Most of the Provings involve between 20 and 24 Provers, each remedy being proved by two groups, which increases the depth and breadth of the proving and confirmation of the symptoms. Before they start any proving, each group has been meditating together for three to four hours every month for two years. This is an important preparatory process before the meditative provings are conducted. It is necessary to ensure that each member of the group is as finely tuned as possible so that useful, accurate and reliable information can be received. This two-year preparation before the provings begin ensures that the group can function in a more powerful way where the whole is greater than the sum of its parts and each individual within the group is enhanced by the other members.

[It is all rather mystical but HAHNEMANN himself was perhaps a 'mystic' for intuitively discovering the 'potentisation' technique; how the homœopathic remedy works is also a mystery still. Hence one cannot dismiss straightway 'meditative' Provings. When 'Dream Provings' has been accepted why not 'Meditative Provings'? = KSS].

25. *Mercurius*, the Syphilitic Miasm and Spiritual Awakening

COOK Sally (HOM,66/1997)

Syphilitic miasm is about declines, endings, decay, death, destruction. The degeneration and decay has gone so far in *Mercurius* that, as VITHOULKAS says, they are sensitive to everything, there is no power of accommodation left. If the syphilitic miasm is life's method of making us go inwards and turn away from the manifest in order to grow spiritually, it would seem that there is a point beyond which the

learning potential of the miasm is lost and the *Mercurius* patient could be redeemed only by an act of grace, which of course the remedy is!

26. The remedy relationships of *Arsenicum*, *Antimony* and *Bismuth*
BATTY Jan (HOM,66/1997)

The comparison is in accordance with the current trend of remedy study - 'themes' and 'periodic table'.

27. *Iridium*
SCOTT Gill, GRIFFIN Tricia and LUTHER Carola (HOM,66/1997)

Remedies are studied in many different ways. One way, as exemplified by GUTMAN, is to look first at the substance and then to look at the symptoms to find correlation. Provings done through meditation take this approach. In this case of *Iridium* what this group did was the other way round. The individual experiences of the 17 provers were all put together to read as one, and it was treated as an individual case, the case of *Iridium*. The symptoms thus listed are analysed and the 'themes' are defined.

28. Ein unbekanntes, charakteristisches *Sepia* symptom (An unknown characteristic symptom of *Sepia*)
FRIEDRICH U. (ZKH,41,5/1997)

"Constipation while traveling" is a characteristic and frequent, so far unknown symptom of *Sepia*.

29. *Phosphorous*
COQUILLART Guy (RBH,29,3/1997)

A lecture on *Phosphorous* given at the Belgium School of Homœopathy.

30. La Longue Histoire du Laurier Rose(The Long Story of Oleander)
BAUR Jacques (CGH,34,8/1997)

This article is about Oleander - *Nerium Oleander*. It has been uniformly called all around the world as the 'killer of donkeys'. It is first mentioned in Apotherlexicon in the Vol. I (1793). HAHNEMANN names it "Unholdoleander" or "Unholdkraut". Again in the 1st Edition of *Materia Medica Pura* (1811), 10 symptoms and 18 observation of Petrus de Abano and de Morgagni are given. In the second Edition of *Materia Medica Pura*, 352 symptoms, proved by HAHNEMANN and 6 other provers are given.

31. *Aurum metallicum* ou Louis d'Or (*Aurum metallicum* or Golden Louis)
LONG B. (CGH, 34,8/1997)

Gold is the metal of the sun. Since time immemorial it has fascinated humanity. Gold has always been the 'royal' metal. It is universally the symbol of imperishable value.

Traditionally it has been considered as the part of the triad composed of the Sun, the Heart and Gold. In Alchemy - gold represents the Solar Principle and has as its highest aim, Spiritual Transformation.

Along with a few cases *Aurum metallicum* has been presented in a new manner.

32. Les Myrobalans et la Nomenclature Botanique (The Myrobalan and their Botanical Nomenclature)
BAUR J. (CGH, 34,9/1997)

This article is about the Myrobalans, their names in the different parts of the world, their taxonomy, a short history, and their medical uses outside Homœopathy.

33. Plantes et Médecine (Plants and Medcines)
BAUR J. (CGH, 34,9/1997)

This essay is about the importance of plants and trees.

"The importance of trees and plants rest on the primitive conception of the unity of life in Nature, in communion with the divine. In this perspective each natural element is a manifestation of the divine which animate the earth or water like the plants and human beings."

34. Le Santal et les Arbres du Paradis (The Sandalwood Tree and the Trees of Paradise)
BAUR J. (CGH,34,10/1997)

A short history of the Five trees of paradise (*Calotropis gigantea*- Mandâra, *Erythrina indica* - Pârîjatâka, *Kalpavriksha* - not yet named by the modern botanists, *Ficus religiosa* - Samtâna, *Santalum album* - Hari-chandana), the mythology of the trees, their use in occidental medicine and their corresponding Homœopathic importance.

III. THERAPEUTICS

1. The Pregnant Woman: To Treat or Not to Treat
HERSCU Paul (NEJH,6, 2 & 3/1997)

Should we treat every pregnant woman? To say 'yes' or 'no' are extremes and mechanistic ways of thinking. Unless there are indications/symptoms there is no need to routinely give every pregnant woman a homœopathic medicine. To a woman who is well only nutritional advice - as may be necessary for nausea, heartburn, etc. Unless she is sick, no need to prescribe. If there are physical problems such as a mild rash, excessive heat, vaginitis, a mild bladder infection or back pain - the correct course is not to give a remedy but to treat with exercise, nutrition, herbs, Kegelexercises etc. If a symptom recurs or persists after appropriate natural treatment, or if it is moderate-to-severe intensity, then you might consider treating with Homœopathy. Also, even if the symptoms are mild but have proved to be more severe in previous pregnancies, it would be best to head them off with a remedy while they are still mild. When taking the symptoms of a pregnant woman, the symptoms she had before she became pregnant should also be taken.

Brief discussions on miscarriage, labor, and family dynamics make this article very useful.

2. Working with Babies and Children
CASTRO Miranda (NEJH,6,2&3/1997)

The author discusses 'some of the ways in which she works with children, especially about how she sets and maintains boundaries'. The aim is to create a respectful, cooperative relationship, with each child that comes to see. The ambience of the consulting room, the toys that must be made available there, to greet the child, taking time to know the child, setting boundaries of behavior, interacting with the child, touching the child, etc. are all discussed. If the physician feels that some questions that may be put to the parent may be disliked by the child, both the question and answer may be exchanged in writing. "At the end of every consultation I express a genuine appreciation to the child who came to visit me. I thank him/her for being so patient, or for drawing such a beautiful picture, or for talking so openly".

3. Children with Pervasive Developmental Delay or Attention Deficit Disorder/Hyperactivity: Working with Their Parents
GOODMAN-DERRICK Pearlyn (NEJH,6,2&3/1997)

In working with children with Pervasive Developmental Delay (PDD) or Attention Deficit Disorder (ADD)/Hyperactivity we are, as is always true in pædiatric cases, working with their parents as well. We must understand the child as well as the parents. In all cases involving children particularly with PDD or ADD/Hyperactivity it is easier to work if we understand the parents, their beliefs and emotional needs as well. PDD or ADD may occur with or without hyperactivity. The diagnosis of ADD is more difficult.

A scenario which is seen by us in daily practice is well described by the author: a child who is scheduled from morning to night, with before-school activities, school, then after-school programs and homework. The child is expected by his parents and himself to perform at the highest levels in all areas and will stay up late in order to do so. He may be performing exceptionally well in athletics, music and most of his academic subjects, but the fact that he is not excelling in all subjects leads the parents to consider ADD. The child will himself say, "I find it hard to focus in math and science" (Who can focus in all areas all day long, especially when sleep-deprived?) The fact that the child does not honour in classes in these subjects becomes cause for grave concern to some parents. "How will he get into the best colleges?"

ADD/Hyperactivity may be the child's response to too little or too much parental control, chaos in the family and severe disturbances between the parents. The child's behavior will come as a response to the stress - through restless anxiety, spaciness, or perhaps as an attempt to solve the family situations. By

acting out and drawing attention to himself he will bring together parents who can now focus on their 'problem child' rather than on their own personal and interpersonal difficulties.

4. Homöopathische Therapie bei fortgeschrittenem dystopem Mammakarzinom - Eine Kasuistik als Diskussionsbeitrag zur Malignom-Therapie (Homœopathic Therapy of an advanced dystope Mamma Carcinoma - A Case for discussion of therapy of malignancy)
FUCHS, F. (AHZ,242,4/1997)

A 67-year-old woman, suffering from a dystope Breast Carcinoma since 1990 and having been operated with a relapse expected in 1993 came to the author in late state of her disease in February 1995 for homœopathic anamnesis. During the next one and half years she was radiated and treated with infusions (Ostac) and hormone on the one hand, and got *Phosphorus* LM6, *Conium* LM6, *Carbo animalis* D4, *Lac delphinium* C30, LM 1, *Carbo vegetabilis* LM6 on the other.

The study following should initiate a discussion about the possibilities and limits of a homœopathic Cancer treatment.

5. Über die Integration verschiedener homöopathischer Konzepte in die praktische Arbeit
(Integration of different homœopathic concepts in practical work)
MICHELS, H.-L. (AHZ,242,4/1997)

In an article in the AHZ,241,6/1997, Dr.J.GNAIGER pointed out that a clear comprehensive concept of basic education of Homœopathy has to be offered to the beginner. However, a study of the history of Homœopathy points out that there are two different positions in the interpretation - one, the German and English tradition, the sum of individual symptoms against the sick patient picture and the remedy; the other, the search for knowledge versus the understanding. Which way could the beginner follow?

In this article MICHELS refers to the above article of Dr.GNAIGER, and demonstrates by two small cases that there are different accesses to the patient and to the medicine. In one case the remedy was repertorized in the von BËNNINGHAUSEN method using only the physical symptoms, while in the other the symptoms indicated that there was the need to understand the existential problems and the remedy selected on that understanding.

The difference in the methods are only apparent and a particular concept is applied depending upon the understanding of the individual case.

6. A Homeopatia e a AIDS - 12 anos de experiência reflexões e dúvidas (Homœopathy and AIDS - 12 years of experience, considerations and questions)
BAROLLO Célia Regina (RH,62,3-4/1997)

This is a lengthy and detailed essay. The author helped by her collaborators makes firstly a summary about the main aspects of AIDS, aiming to guide the homœopaths in the evaluation and clinical conduct of their patients. She presents a 12 year experience with Homœopathy in AIDS, using it for a doctrinary revision of Homœopathy in its philosophical and therapeutic clinical expressions. Through her case reports and her casuistics, a critical analysis brings out many questions that deserve a deep consideration by the homœopathic physician.

7. Warts
GUNE Mohan (Simile,7,3/1997 with the BHJ,86,3/1997)

Recurrent warts for 10-12 years in a 63-year-old man was successfully treated with *Arsenicum album* in LM3 and then LM6, 8. The treatment lasted for 8 months.

8. PMS: Probably Mental Syndrome
PMT: Possibly Milieu Turbulence
KOTHARI Manu & MEHTA Lopa (NJH,6,4/1997)

This issue of the NJH is devoted to PMS (Pre Menstrual Syndrome). The authors quote from the latest Current Medical Diagnosis and Treatment: "The premenstrual syndrome is a recurrent, variable cluster of troublesome physical and emotional symptoms that develop during the 7-14 days before the onset of menses and subside when menstruation occurs. The syndrome intermittently affects about one-third of all

pre-menopausal women, primarily those between 25-40 years of age.” The pathogenesis of PMS is still uncertain. Psychosocial factors may play a role; probably more a psychological issue than a pathological one.

9. The Angry Lady

TRIPATHI Suneeth S. (NJH,6,4/1997)

Case 1: 37-year-old lady, with PMS was given lasting relief with *Calcarea carbonica* in potencies 200 to 50M. The remedy was selected on the totality.

Case 2: 36-year-old woman with bodyache, headache, backache, tender breasts all 4-5 days before menses. Her story revealed her silent suffering in her married life all through, at the same time she remaining caring and concerned to those who ill-treated her, her lachrymose mood, easily consoled when in tears, etc. and she was helped with *Pulsatilla*.

10. Pre-menstrual tension and Homœopathic Therapeutics

BALAKRISHNAN E. (NJH,6,4/1997)

Case 1: 28-year-old unmarried working woman with colicky pain in the abdomen, with vomiting and diarrhoea during menstruation which lasts 3-4 days; bouts of depression almost a week prior to menses; sad and peevish; weepy, unreasonable, with no mind to work. Gynaecologist opined that these were due to high levels of Prolactin, and the treatment did not help. *Ammonium carbonicum* M (“Cholera-like symptoms at the beginning of the menstruation”: H.C.ALLEN **Key Notes**) helped her.

Case 2: 34-year-old working woman, with one child; severe pain on first day of menses, better when menses starts. Migraine, severe depression, suicidal thoughts - all a week before the menses. Estranged relation with husband who is an alcoholic and having an affair with a girl in his office. *Lachesis* M helped her.

Case 3: 37-year-old widow with a 7 year daughter; severely painful menses; severe bouts of gloom and depression 7 to 10 days before menstrual period; weeping all through. *Sepia* XM.

11. Her Periods relieve me

HUMRANWALA Parinaz (NJH,6,4/1997)

12. Dependent yet Irritable

HADA Shrilekha (NJH,6,4/1997)

13. Husteria Woes

DESA Sucheta H. (NJH,6,4/1997)

14. Premenstrual Syndrome - Clinical Cases

RABA Satish (NJH,6,4/1997)

15. Nutmeg Nuances

MANKANI Meena T. (NJH,6,4/1997)

16. The Beauty and the Beast

PARTHASARATHY V. (NJH,6,4/1997)

More cases of pre-menstrual syndrome treated.

17. Ovarian Cyst mimics as Premenstrual Tension

BANSAL V.P. (NJH,6,4/1997)

Pains etc. like pre-menstrual tension in a 35-year-old woman; ultrasonograph revealed ovarian cyst right side. *Apis* and later *Medorrhinum* made her free from the complaints.

18. Whose sin is it?

KUMAR Praveen S.(NJH,6,4/1997)

38-year-old woman with Stevens Johns Syndrome as a result of Sulpha drugs given to her for suspected Urinary tract infection, improved with *Arsenicum album* 200 and then LM 3.

19. Shuddering after Urination

CHATTERJEE Sumit (NJH,6,4/1997)

A 20 year-old man with recurrent helminthiasis, temporary relief from *Cina* was given. Lasting relief with *Platina* selected on the basis of his mentals (desire to dominate, can't bear to be looked down upon, sexual perversions), and the peculiar symptom of shuddering after urination (this symptom has been since childhood).

20. Making no Bones about Medicine's disconnectedness on Joints
KOTHARI Manu and MEHTA Lopa (NJH,6,5/1997)

This again, in the learned authors' inimitable style, is a pleasure to read. "A rheumatologist can be scientifically described as a person who knowing all (!) about your bones, joints, tendons, muscles, fasciae, arteries and connective tissues is disconnected enough to tell you that, essentially nothing can be done about your problems. All rheumatic maladies are officially labeled as **idiopathic in origin** - idiocy lying with the doctor and the pathology with the patient." The authors 'list' the diseases included under **Rheumatology** with their abbreviations, e.g. RA for Rheumatoid Arthritis, OA for Osteoarthritis and say "the bottomline for all the labels above is: cause/course/cure unknown, theories abound, analgesics and corticoids the mainstay of palliation but with disastrous side-effects." Thousands of animals have been maimed or killed on the altar of rheumatological research, but the pain and agony inflicted on the mute animals have boomeranged on the mankind that finds itself all the more worse. As for Arthritis: The cause, the course and cure of human arthritis remain unknown.

21. The Stressed Autocrat
PARTHASARATHY V. (NJH,6,5/1997)

A case of Osteoarthritis in an elderly lady treated with *Carcinosin*, *Kali carbonicum*, *Rhus toxicodendron*, *Osteoarthritic nosode*.

Another case of a 38-year-old woman treated for Rheumatoid arthritis with *Rhus toxicodendron* and *Thuja*.

22. Encounter with cases of Arthritis and Rheumatism
TIWARI N.L. (NJH,6,5/1997)

Arthritis and Rheumatism do not kill but cripple! A case of a 76-year-old man, Advocate by profession was bed-ridden with stiffness of knees, he could not move about. The author chose (Degenerative pathology - old age; Stiffness of joints; Chilly person; Depressed mind, hopeless and confused) *Thuja* as 'phase remedy' and *Rhus toxicodendron* as 'acute' remedy. The former remedy was given in 30 potency, 7 powders one daily and the latter also in 30, four hourly; he improved. Now *Thuja* M daily and *Rhus toxicodendron* M as SOS. He is regularly doing Yoga and Meditation.

39-year-old woman, Advocate; low back pain radiating to right thigh and right leg. MRI was done and the impression was: right paracentral disc herniation at the L5-S1 level with resultant indentation on the traversing right S1 nerve root. Tenderness in L-S region, movement of leg restricted and painful. *Magnesium phosphoricum*, *Kali bichromicum*, *Thuja*, *Medorrhinum* relieved her sufferings; as ancillary measures she was advised Yoga and back exercises.

23. Rheumatic carditis or... ? A Case study.
MANKANI Meena T. (NJH,6,5/1997)

This is a very interesting case. 57-year-old, pious woman (mother of the author) who had lost her husband whom she nursed very devotedly and lovingly, suffered mental grief due to family situations; she began to fall sick. She developed Orthopnoea due to pulmonary congestion, decreased urine output with oedematous swelling all over; continuous temperature 100° F; face cyanotic; could not bear the pressure of clothing around her chest; her condition for something to be done immediately.

She was now given *Naja* M in water, frequently by plussing. After about 10 days when the picture changed she was given *Spigelia* M also in water, plussing. Again after about 10 days under this medicine, her state called for *Cactus grandiflorus* M (plussing). At the end of these she was very much improved, but was left with a cough for which she received *Mercurius sulphuricus* M in water. She is now performing her duties without problem, except for a negligible amount of knee pain on motion; she continues to be on the last-mentioned remedy in plussing doses.

The logic of the selection and administration is good; the author has combined the rubrics from **Synthesis**, **Phatak** and **Boger** for selection of the remedies. It is more interesting that such a severe condition was well relieved in such short period, more so when the patient is her own mother!

24. Some Experiences

MIRZA Mansoor (NJH,6,5/1997)

A case of Rheumatoid arthritis, and another of Osteoarthritis are reported briefly. The author also says that heel pains are not so easy to be prescribed, but that he found KNERR's repertory very useful in this.

25. Jack of all Trades

MUCHHALA Heena (NJH,6,5/1997)

32-year-old married female with complaints of severe body pains particularly in the neck region, between the scapulae and in the arms since 2-3 years. Vertigo, headache; Depression due to domestic fights and she attempted suicide.

She moved, talked freely with male members of the family - father-in-law, brother-in-law, neighbour, etc. She said she would even discuss her sexual problems with the brother-in-law. She considered herself as very talented, attractive. She dreamt of visiting foreign countries.

Platina M repeated after 13 days (because of cough, pain++). Pain >, felt much easy at home.

38-year-old female, with complaint of joint pains, especially of the knees and finger joints since 3 years. She takes 3 Brufen tablets daily to relieve the pains. She was a divorcee for 14 years (her husband did not earn much and her in-laws were not upto her). She remarried a widower with a son and she was happy in the new situation. When she was asked to describe her nature and describe herself she spoke angrily, imperiously and declared herself to be tense, always busy and egotistic. *Platina M*, repeated once.

26. Rheumatology: Some Case Reports

DHAMA K.P.S., and DHAMA Suman (NJH,6,5/1997)

A 46-year-old, senior Police Officer, unmarried, with severe Osteo-arthritis. His suffering became worse in spite of being treated allopathically. Homœopathically *Aurum metallicum* 200, then 200 which gave good relief but the patient expressed that he wanted to leave his job because he felt that he was not doing justice to it. This was considered as reverse direction of the process and after reconsideration *Anacardium* was given; the process was reversed; *Rhus toxicodendron* at long intervals and *Psorinum* as 'intercurrent' were given; he became much better and went about his duties without hindrance.

85-year-old ex-army man, a veterinary doctor with Arthritis since 10 years or more with pain and stiffness in finger-joints with deformities. Feet usually cold and he wore woollen socks even in summer. Restless even at this age; orderliness and discipline; sleeplessness due to numbness and coldness of feet. *Psorinum* 200 to XM at long intervals gave relief but the symptoms reappeared again and again. Since chronic of *Psorinum* was *Tuberculinum* he was given *Tuberculinum koch* M - XM. He became quite comfortable and much better. Even now at age of 92 he works in his clinic.

11-year-old girl, with Poly-articular rheumatoid arthritis and treated since last about 7-8 years at the hospital. Her condition became bad to worse. Stiffness and swelling in both elbows, knee and hip joints, with deformities of fingers. Unable to bend, sit, stand or walk on her own and was almost bed-ridden for past 8 years. The complaints started about 10 years back. Lot of crying in infancy; acute diarrhoea after birth till 2-year-age. After lot of allopathic medication diarrhoea was checked. She also had tendency to take colds and tonsillitis. *Syphillinum* 200 one dose was given and then *Abrotanum* LM 1, 5, 7. Except slight improvement that was reported with the LM 1, there was no progress. Now she was given *Abrotanum* 200 one dose and improvement began; *Sulphur* 200 and she progressed rapidly. She is now reported to be doing her routine work and cycling, playing happily with other children.

27. Acute Ankle pain with swelling

MAMGAIN S.K. (NJH,6,5/1997)

40-year-old man; swelling with severe pain in right ankle and right big toe; writhing with pain. Pain < night, < cold; thirst ++ and increases with pain; lot of chilliness, shivering and yawning. It all began 6 years ago after he went on pilgrimage to Rajasthan and circumambulated the temple on cold marble (winter month of January) 108 times. Since then pain in the right ankle, in spite of allopathic and homœopathic treatment.

Camphora 200 one dose was given and his pains were aggravated during the night, but after he was given *Chelidonium* 30 had instant relief and slept well. *Chelidonium* 30 t.d.s. and *Colchicum* 200 every fifth day, for about two months. Then *Colchicum* 200 given at longer intervals. The cure is holding. In this

case *Camphora* was given to antidote the many homœopathic medicines he had taken before he came here; *Chelidonium* was chosen on the basis of CLARKE's *Materia Medica*; and *Colchicum* because the Uric acid level was high.

28. Osteoarthritis

TRIPATHI Suneeha S. (NJH,6,5/1997)

56-year-old woman with Osteoarthritis was given *Calcarea carbonica* 30 t.d.s. and then *Osteoarthritic nosode* M as an 'intercurrent'. Subsequently *Calcarea carbonica* 200 and *Rhus toxicodendron*.

A 40-year-old man with pain in the right knee since three years. History of fall from a running bus 3 years back which gave rise to this pain; hair-line fracture in the shaft of the femur. Has been on pain-killers, but pain persists. On the basis of the physical and mental totality *Rhus toxicodendron* 30 t.d.s. and after about three months much better. He now had a cold; there was still some uneasiness in the right thigh. *Natrum muriaticum* 200. Remains well.

29. Approach to Rheumatic cases

DIKSHIT D.B. (NJH,6,5/1997)

Three cases of rheumatism. The approach is in the manner taught in the ICR - acute remedy, miasmatic remedy, constitutional remedy.

30. My Rheumatic Cases

JAIN Ramesh D. (NJH,6,5/1997)

Two cases. In these cases also the approach is as in the above. For example in one case: *Ferrum sulphuricum* selected on the symptom-similarity and on the 'constitution'; *Calcarea sulphurica* for infective and immunological pathology; *Streptococcin* as 'intercurrent'; *Osmium* since it is deeper acting than *Rhodium* and *Ferrum*.

31. A Close experience with *Mag-mur*.

GANDHI Nilaxi P. (NJH,6,5/1997)

32-year-old woman with Eczema in both wrists and feet dorsally with oozing and itching increasing in summer and humid weather. Prescription was mainly on her 'mental' symptoms. *Magnesium muriaticum* improved her skin ailment.

32. Result by Single Symptom

PRABHAKARA MURTY K.R.K. (NJH,6,5/1997)

In this case the author was led to the prescription by a strong symptom - high-profile, authoritative, taking one-sided decisions. *Platina* relieved.

33. Rheumatology and Homœotherapeutics

BALAKRISHNAN E. (NJH,6,5/1997)

Five cases are reported briefly.

34. A high performer with bulimia

RICHENBERG-ULLMAN Judyth (Resonance,19,3/1997)

This case makes very interesting reading. A 30-year-old woman, with Bulimia. She had a strong need for achievement and she was hard on herself. Though strikingly attractive, she never felt satisfied with her weight or her appearance. Despite being a successful academician, she still had a constant fear of being fired and pushed herself to arrive at work earlier than anyone else. Her life-story is also interesting in this way. *Vanadium* was prescribed and the patient improved.

The author says that she prescribed *Vanadium* on the basis of the characteristics explained by Jan SCHOLTEN in his book **Homœopathy and Minerals**. In his book **Homœopathy and the Elements** SCHOLTEN has elaborated further on *Vanadium*.

35. The transformation of a dysfunctional family

REICHENBERG-ULLMAN Judyth (Resonance,19,4/1997)

Families can present a real challenge to homœopaths. However, treating many children with behavioural and learning disorders involves family dynamics. It is sometimes an issue of one person being

very much in favour of homœopathic treatment and the other adamantly opposed. Or a well-meaning but pushy parent who puts words into the mouths during the homœopathic interview. Or the frequent situation in which it is essential to delve into the feelings and experiences of the parent(s) in order to discover the remedy for the child. For better or worse children exist in the cortex of their families.

In this case, both the sons and their mother are under the treatment of the author. "I currently treat both sons and their mother. The father came in for his own treatment only a couple of times then discontinued. During the course of working with this family, there were times when both boys insulted me, refused to come to the office, or came but refused to talk to me. Treating the family has been even more challenging in a number of ways. One is that the father, a Psychiatrist, and the mother a Psychiatric social worker, are both very quick to use anti-depressants and other psychiatric medications with themselves and the children."

After detailing the treatment of the three members of the family, the author ends: "Desperate families can produce a desperate homœopath, but in the end, when the correct remedies have been found, it is very rewarding. Not only can we help these families to heal profoundly, but we increase the likelihood that these children will create healthy families in the future."

36. Treating Poison Ivy

KREISBERG Joel (Resonance,19,6/1997)

Five common remedies for treatment of Poison ivy are discussed. These are: *Anacardium*, *Croton tiglium*, *Graphites*, *Rhus toxicodendron*, and *Sulphur*. While only five are discussed, the author says "there are at least 25 other remedies that prove useful when treating these rashes."

37. Ten Tips for treating children with behavioral and learning problems

REICHENBERG-ULLMAN Judyth (Resonance,19,6/1997)

1. How to prepare desperate parents: It is very important to prepare the parents for a realistic timetable. While there are cases where within days or weeks the result wanted had been achieved, generally it can take months or longer to find the remedy which will produce a dramatic shift. Let the parents be told what Homœopathy is and what you hope will improve and probable time frame.

2. Give the parents space to speak with you privately.

3. Use whatever works to establish rapport with the child.

4. Try, as much as possible, to experience that child's state.

5. Always ask about the pregnancy.

6. Is the child similar to one or both of the parents?

7. Gather objective feedback from teachers, counselors, and other core providers.

8. Just because a child comes with a diagnosis doesn't mean it's true.

9. When the child is currently taking medications there is sufficient reasons for discontinuing them if there is a positive response, and use Homœopathy. However, if the drugs are working to manage a difficult child, if the child's family will be seriously disturbed by his antics, or if his grades are likely to plummet, it makes more sense to continue the conventional medicines until the correct homœopathic remedy is found.

10. Give the parents the support they deserve.

38. *Lac caninum* par la clinique (*Lac caninum* from clinical practice)

M.SERVAIS (RBH, 29,4/1997)

Following a theoretical study of *Lac caninum* presented at Lyon in May 1986, this is a study of the remedy from the clinical point of view.

A small summary of the principal characterizing traits of *Lac caninum*:

Antagonism with herself;

Contemptuous of herself,

Loathing at one self;

Delusion that she is looked down upon;

Delusions: errors of personal identity, is some one else, think all she said is a lie;

Delusion falling to pieces;

Delusion is small;

Delusion dirty, washing always her hands;
 Delusion everything seems unreal;
 Delusion he is hovering in air like a spirit, floating in air;
 Delusion he is light, incorporeal;
 Delusions animals creeping, snakes, insects, dreams of snakes, vermin etc.;
 Feels incapable of accomplishing her work, incapable of succeeding;
 Imagines herself spied, insulted.

Case 1: An Algerian woman had decided to get herself operated for hypertrophied mammae. She said: "I have always been fat and ugly, I cannot bear to see myself in the mirror." "When I undress, I place my brassier under the pillows so that nobody can see it. I am scared that the dead will see me and my neighbours will see me." She was an orphan forced into marriage at the age of 17 years, and spent 6 years with her parents-in-law and husband in jail. She then came to France and lived with another man for 4 years without any sexual relation for she was disgusted by her body. "I was scared of men and I was very prudish." No self confidence. Another trait - she never thought of herself but spent, even squandered what little she had on others. "I want to please them as if I have to compensate for something." She was always anxious that she would die young and that she would not recover after surgery. She started writing good bye letters. Added to this she also had fear of infections and mania for cleanliness.

After *Lac caninum* she successfully underwent the surgery. She got herself a new job and felt better about herself.

Case 2: A woman of 43 years under psychotherapy for 10 years for anorexia bulimia was cured by *Lac caninum*. The indications: She said: "I am very anxious and depressive. At work I have to often go to the toilet in order to weep for no reason. I am scared of everything, I feel hurried by some urgency. I am very irresolute, I cannot even choose a pair of shoes. I am always scared I will commit a mistake. I feel I will do everything wrong, I am capable of nothing. I obtained my engineering diploma only because I worked much more than the others. If others think good of me it is because they do not know the real me. All those who say they like me are not being sincere. I cannot tolerate myself, I hate myself the most in this world. I cannot tolerate contradiction because I know I am wrong. I have never had a sexual relationship (it disgusts me)." Difficult to find a more definitive self-depreciation. She had also a small ulcer in the stomach, was in a pre-diabetic state and had amenorrhoea since 15 years.

Case 3: A young 23 year old girl had serious endometriosis. She complained that she could not communicate because she felt that what she said 'was not correct,' 'she could not bring her thoughts to words'. 3 months after *Lac caninum* the endometriosis had disappeared. She had lost 6 kg. of weight without dieting and had a better relationship with others 'without effort'.

Case 4: A woman of 35 years with Menières Disease cured after a single dose of *Lac caninum*. She said that she felt she existed only when she looked at herself in the mirror or heard herself speak. She also had a repeated dream of removing masks without cease and not seeing the face.

39. Le Curé, les yeux du diable et la cirrhotique (The priest, the eyes of the devil and the cirrhotic)

D.BROEKAERT (CGH, 34, 3/1997)

He talks of defective patients. Each patient talks in a different manner. The level of cure that a doctor aims at is very different from the one that the patient wants. Even when it is explained to the patient that the homœopaths need more particular information it does not help. A lot of time is lost before the correct remedy is found. Three illustrative case:

Case 1: is of 31 year old man with Eczema of the fingers since many years. The author treated him from 1988-92 without much improvement. During one consultation the patient said that his body was made for suffering. He often repeated that his mother always called him 'the fragile one'.

Thuya (Mind, delusions, body delicate is; Mind delusions, body, brittle is) cured him.

Case 2. After a year and half of treatment without much success of sinusitis and headaches a woman narrated a dream: "Some years ago I dreamt that I was dead: I was accused by the rich inhabitants of a castle. I had been condemned for sorcery (I clamoured and protested) They judged me and burnt me. In fact I had treated these men with herbs. And I woke up." Though this dream was not repetitive, it left in her a strong impression : she was resentful against those men, she thought of only one thing: vengeance.

Nitric acid (delusions, lawsuit being engaged in) aggravated her the first three days and then put her back in form. This symptom which helped was a fortunate accident.

Case 3: After about 2 and a half months of treating a woman with ascites there was no improvement. She then revealed that she was scared of thunderstorms and very sensitive to odours. *Phosphorous* was selected and the ascites disappeared.

He concludes by saying: "Let us try to do our work in the best possible way and stop feeling guilty. What we require of ourselves must not be a ferocious autocriticism.

Stop saying that only the Homœopath is defective: the patients can also be defective, I have seen some of them."

40. Etiopathogénie des rhinopharyngites et affections des voies respiratoires. (Etiopathology of Rhinopharyngitis and respiratory passage troubles.)

H.DELOUPY (CGH, 34, 3/1997)

An article on the suppression of discharges especially of the nose and the lungs and their sequelae. Through many cases it is shown that Homœopathic remedies can also suppress discharges.

41. Les solutions du "Kiosque", n° 7, juin 1996. (The solutions to "Kiosque" No. 7, June 1996)

ZALA Michel (CGH, 34,5/1997)

Les Solutions du "Kiosque" n° 8, octobre 1996 (The solutions to the "Kiosque" No. 8, October 1996.) ZALA M.(CGH,34,9/1997)

"Le Kiosque" n° 7, juin 1996 ("The Kiosque" No. 7, June 1996)

ZALA Michel (CGH, 34, 4/1997)

An exercise in working out the remedy for a case. Three cases which appeared in different journals are given(CGH,34,4/1997), without the name of the remedy prescribed.

42. Cas Cliniques Obstétricaux (Obstetrical cases)

BARITEAU Blandine (CGH, 34, 4,1997)

Case 1. A 37-year-old pregnant woman had violent abdominal pain in the 20th week, and also vertigo, palpitation, faintness. Clinical examinations revealed nothing abnormal. Fainting, pregnancy during, faintness with palpitations, sleepiness pregnancy during, fullness of abdomen pregnancy during, were repertorised and *Nux moschata* was given. She gave birth to a healthy male baby of 3.6 kg. at term.

Case 2. A 39-year-old woman consulted for her 3rd pregnancy. From the 20th week, she had esophageal burning and urgency to urinate frequently. In the 31st week her boy friend had tried to strangle her. 34th week she had a sciatica. The child was in the breech position. 41st week under homœopathic treatment she started getting labor pains. But then there was a sudden rupture of the membrane with a complete dilatation and a cord prolapse. She was rushed to the delivery room. And in 2 minutes she expelled spontaneously a baby girl weighing 3.14 kg. But there was a retention of the placenta which was mechanically removed. *Aconite* was the remedy which helped her and was selected on the basis of Complaints from fright, burning pain esophagus, breech presentation, urging to urinate during pregnancy, sciatica, and metrorrhagia, fright, from.

Case 3. *Nux vomica* brought about contraction in a 35-year-old woman during delivery. The baby which was normally delivered weighed 5.3 kg.

43. Coliques du nouveau-né: traitement homœopathique (Colic of the newborn: homœopathic treatment)

POURADE Anne-Poirier (CGH, 34, 4/1997)

An article on colic in the newborn.

44. Un malade de Hahnemann. (One of Hahnemann's Patient)

LABORIER Bruno (CGH, 34, 4/1997)

A case from HAHNEMANN's register: DF 3 pages.163, 164 and 168. The importance of diet and hygiene alone, without medicines, may be seen from this case.

Mr.Plovitz, from Bruxelles, 42 years, male.

31st May (Hand writing of Hahnemann)

Bad breath, little desire for sex. Pollution around 15th day... Must reduce taking pure wine, tea and coffee.

Doesn't digest well... after a meal troubling thoughts while writing... always coldness of feet.

27 June

...(A) stopped coffee and tea... digestion better...

26th August

Takes frequent foot baths when he is perplexed and tired... Complains of coldness of feet and warms himself with shoes.

16th October (Hand writing of Melanie)

Feels less cold but to reheat feet when they become cold is very difficult. The penis which was erect during the nights is now back to normal.

14 December (Handwriting of Melanie)

Not to take foot baths - must take a rest after each meal for half an hour or fifteen minutes before walking or commencing some mental work, continue to abstain from tea, coffee; take frequent walks; avoid all other medicines if there is no serious problem.

9th June (Handwriting of Melanie)

Positively very much better.

45. Losing sleep over my son

COLLINS Deborah (HL,10,1/1997)

The patient, a 40-year-old man, came with complaints of weakness, tiredness, and vertigo. But he spoke much more about his sick son than about himself. He said "if my son dies, I might as well die with him, my life doesn't matter. I will do everything for him, even if it means going without sleep for weeks on end." He and his wife had to take turns getting out of bed at night to walk around the house with the crying child, there seemed to be no way of consoling him. As the child became older and heavier it was more difficult for his wife to carry him, as she had back pains, and he took over much of the task himself, uncomplainingly.

He was sensitive, gentle and kind and caring. *Cocculus* 200 restored.

46. Reverence for others - How a rubric reveals an essence

HIWAT Corrie (HL,10,1/1997)

Two cases: In one the mother of a triplet with vertigo and recurrent vaginitis expressed her attitude while describing her children's education : "that they become good human beings with respect for other people, whether they have a different coloured skin, religion, style or clothing. I want them to understand that everyone has a right to fulfill his life in his way, as long as you don't harm somebody else. I will always stand up for that..." In the other case of a young woman 22-year-old, who was fighting to save someone in the US awaiting his execution. She was collecting signatures for this appeal. She also liked to write poems and short stories.

In both cases *Cocculus indicus* restored. Rubric: Reverence those around him, for (**Complete Repertory**)

47. A Cheap Coin - *Niccolum*

KUSSE Frans (HL,10,1/1997)

Three cases of *Niccolum*. A picture of *Niccolum* is drawn from these three cases and a case from Jan SCHOLTEN, and one from Rajan SANKARAN:

Physical Symptoms

* Chilliness, cold hands and feet. (Like with most people who need a metal as remedy coldness predominates).

* Copious menses, even a tendency to bleeding in general.

* Knee pain

* Headache from the cervical region. Headache worse from the sun

- * Desire for sweets and licorice

Mind

- * Striving for perfection
- * Aversion to company
- * Indisposed to talk
- * No inclination to talk, very fretful when compelled to do so. Like all metals in the *Ferrum* cluster, *Niccolum*.

48. A Conflict in loyalty - *Mezereum*

VAN DER ZEE Harry (HL,10,1/1997)

The author presents the picture of *Mezereum* which he 'developed' during the past few years. He presents case-histories and a 'Proving' in the same chronological order that he encountered. A 62-year-old woman suffering from Multiple sclerosis and facial neuralgia; a 35-year-old woman with Agoraphobia; a case of a woman with Migraine which she had since her youth, eczema on her hands, climacteric problems and a recurrent vaginal infection; a case of a woman of 34 years with Eczema and Cysts; a case of crusty eruption on the scalp. The Proving referred by the author was carried out by Kees DAM and Yvone LASSOW in which the 'theme' that emerged was "the feeling oneself wronged because of judgment only on appearances".

49. The symbol in a remedy as a key factor - A case of *Lac felinum*

TIMMERMAN Alize (HL,10,1/1997)

Edward WHITMONT in his book "Symbolic Quest" gives an excellent analysis of the value of symbols in the communication between people. Language as such gives only partially accurate information about the meaning of concepts. Symbols, as complex metaphors, enlarge the expressiveness of speech and may therefore be a powerful tool in case-taking. When a patient uses a symbolic phrase or a metaphor, it is important to discover what the patient really means. In the case presented love of cats is the focal point. But cat as a symbol may have complete different meanings in different cases. The "real" symbol, the significant meaning for the patient has to be found.

A woman now 22 years with main complaint of allergy to cats; Herpes vaginalis; Discharge right ear, yellow, difficult to get it out; Scraping throat, difficult to get mucous out; a sensation of feeling fat when on stage and dancing; eruption on hands, <cleaning material, >during relation with boyfriend. The totality taking into account her behaviour, other mentals, were carefully considered and *Lac felinum* 200 was given.

50. *Sabadilla*, pregnant with meaning - coming closer to an understanding

BEAVER Linda (HL,10,1/1997)

Sabadilla is a remedy capable of taking a person from self-hate and revulsion of their own body to self-love; from a sense of being diminished, shrunken and withered to dignity, self-containment and inner beauty. The following rubrics sum up the self-image of *Sabadilla*:

- * Delusion, erroneous ideas as to the state of body
- * Delusion, diminished, parts are shrunken
- * Delusion, small, sensation of being smaller
- * Delusion, body is withering
- * Delusion, body shrunken like the dead
- * Delusion, abdomen is fallen in, his stomach devoured, his scrotum swollen
- * Delusion, thinks has corrosion of the stomach

The case of a woman, 37 years, with vitiligo on various parts of her body a condition which she has developed over the past 10 years, is presented. Over a period of 12 months she was given mainly *Sabadilla* M to CM and DM, two intervening doses of *Stramonium* and lastly *Pulsatilla* LM2 and *Ignatia* 200. She went on improving psychologically although the discoloration remained.

51. Chronic Fatigue Syndrome - A Case of *Gelsemium*

KOKELENBERG Guy (HL,10,1/1997)

55-year-old woman: periodic feeling of exhaustion, the weakness may come suddenly but usually is progressive, it may only last for a few days but usually lasts for months. Originally she felt better before menses, more energy, but lately this amelioration has disappeared. She also suffers from morning sickness, it is made worse by nervous excitement, hurry, an appointment, bad news. She appears tense, nervous,

uncertain, hesitating and anxious, looks at her watch frequently, cannot keep her hands still and has restless legs. Looks tired and older than she actually is. She puts great effort into pleasing others; friendship is taken very seriously. Afraid of cancer and depression. Had a nervous breakdown in 1988 and is afraid that it may happen again. Profuse perspiration at night, especially front of the body. Tall and slender.

Argentum nitricum 200 and she improved; the remedy was repeated after four months. Next follow-up, she was given *Gelsemium* XM (Dullness, drowsiness, weakness). She stopped her tranquilizers, felt strong and confident now. 14 months later follow-up: obstruction of nose since two months. Because she has claustrophobia and she uses a nasal spray. She had this nasal problem since her youth but it went into the background during the fatigue. She had a wart on her cheek removed three times, lastly two months ago. The nasal obstruction shortly after it. *Calcarea carbonica* 200.

52. Stress management problems - A case of *Gelsemium*
KOKELLENBERG Guy (HL,10,1/1997)

50-year-old male, overpowering sleepiness everytime he sits down for a while, especially after eating at noon. At 14 years suffered gastric ulcer during exams. At 17 parotitis epidemica. At 41 years age perforation due to colon diverticulitis (Alcohol problem for 15 years, from 18 to 33 years age). An independent salesman and fears financial loss. Making good impression is very important to him, lacks self-confidence when he is in company. Spiders horrify him, afraid to kill them. Hesitates to make decisions, procrastinates, emotions go up and down, afraid of making big mistakes, he waits for the right moment but it never comes. Anus remains open for a while after stool. There is offensive moisture around anus and prolapsus ani during stools. Liverspots all over his body. Strong desire for chocolates. Lots of fibromas on his forehead and cheeks and sebaceous cysts aside his nose. *Lycopodium* 200. Three weeks later: teasing persistent cough, during the last two weeks due to a tickling sensation in the pit of the throat. *Rumex* 30. After seven and half month: Feels tired again for sometime but > after eating. Pain in the right hypochondria and in the right shoulder came back; cannot concentrate. *Chelidonium* 200. Was well for two years. Now he consults for a headache, which came after he saw a white spot before the eyes as if he looked into a flashlight after which only the central part of vision remained clear. This lasted for about an hour and then went away. The day after a dull headache appeared about the right eye. *Chelidonium* 200 repeated. Two months later: the headache lasted for about a week after *Chelidonium*. His health declined slowly afterwards and he now suffers from severe weakness. Legs as if lead in them. Can scarcely keep eyes open, his arms weigh tons, head is too heavy for him to support it. Mentally tense, feels as if a danger is hanging over his head and he cannot move to escape. Acts confused, forgetful, cannot concentrate, questions have to be repeated, acts slowly, wants to withdraw and rest. *Gelsemium* 200. Three months later: rapid improvement.

53. Killing by instinct - a case of *Mygale lasiodora*
WOUTMAN Willem (HL,10,1/1997)

23-year-old male, a street paver by profession. Runs his own business. He works at an incredibly high pace and earns very well. Has excessive perspiration "when I am working I'm like a fountain, the sweat is gushing from my face" and because of this his feet smell terrible. Eats little but drinks lot of water, about 7-8 litres a day. Can't sit still and he must work outdoors. Grinds teeth in sleep. All the time he talks of his business, even dreams of business matters. Restless night, sleeps only about 4-5 hours. He was very fast in telling his complaints. As a young man he learnt kick-boxing and he was mad of this sport, fanatic. His father was an alcoholic, mother an invalid (asthma and lung transplantation) and he defended his mother and little brother from his drunken father's beatings. Whenever he boxed he saw his father in the opponent. Two people tried to rob his mother with knife and he fought them and killed one and mutilated the other and he was in prison for 6 months. Attempted twice to escape from the prison through the drain pipe. He matured fast. His friends were always older than him, boys of his age were "just little boys". By 12 years age his body was full-grown. At 13 years he had first sexual contact with a girl 16 years-age and he bought his first car at 16.

He seemed to fit spider remedy, according to Massimo MANGIALAVORI. The rubrics "Talks about business" and "Grinding teeth during sleep" had *Mygale*. Hence *Mygale lasiodora* M although there were many *Tarantula* symptoms. The result was spectacular! The remedy was repeated after two weeks. He improved very well. Both times when he took the remedy, he developed reaction within 20 minutes.

The author gives the picture of the behaviour and life of this spider to show how well it fits according to its 'signature'. Very interesting.

54. The persevering Calcium - a case of *Calcium picricum*
KROMER Anton (HL,10,1/1997)

In this case the remedy is arrived by associating the symptoms of *Picricum acidum* and *Calcium*.

55. In danger I feel peaceful inside! A Case of *Lac dolphinum*
HERRICK Nancy (HL,10,1/1997)

43-year-old woman. She is tired, overweight. Chronic sinus problem for which she takes antibiotics. Right ear hurts but no infection, better from Mullein oil drops. Jaw pain < right side. Urine escapes when running. Low back pain, sciatica extending down the right leg. Her hands are cold, or red simultaneously with face. Left hip pain, when running. Joint pain when standing up after sitting. She has pictures of cetaceans everywhere - Whales, Dolphins, Wolves are very important to her. Fear about water, but chooses to be with dolphins due to their psychic ability. They help people in pain. They are intuitive. Loves animals. She is allergic to cats, but has one who was due to die. She tries to mold herself to get as much love as she can. So she works 24 hours a day to get love. She becomes her work. "I become my deeds. They hold me back." Co-workers and bosses say : I'm too serious, intense, tyrannical, too communicative, too assertive". She has fear to walk down the hall in the dark. "I'm religious". An avid reader. Suppresses most of her sexuality. Very affectionate. Extremely fastidious, cleanliness. Keeps her word. Really likes people, especially strong women. Disturbing dreams. Desires fruit, yogurt, spring, fresh air. Night sweats.

Lac dolphinum 30 and she began to improve. Eight months later it was repeated.

56. A remedy for bruises as a constitutional remedy - A case of *Arnica montana*
PRADHAN Ashutosh C. (HL,10,2/1997)

Chronic cold and cough in a 36-year-old man, cured with *Arnica montana*.

57. I'm O.K., are you O.K.?
AVEDISSIAN Keith (HL,10,2/1997)

Four cases of *Arnica montana* through which the author points to the 'constitutional' treatment with this remedy.

[That *Arnica montana* is not just a remedy for injuries is well-known. As early as 1823 when **Johann Wolfgang GOETHE** suffered a heart infarct, he was relieved by an infusion of *Arnica*. Interesting articles on this may be seen in the German literature, for example: "**Homöopathie in der Zeit Goethes**" by Henry von WITZLEBEN in the Transactions of the XXIX LIGA Congress 1974 held in Washington D.C. and "**Ihr seid zu furchtsam mit euren Mitteln**" by R.G.APPELL, in the Documenta Homœopathica, Band 15, 1995. =KSS]

58. Sensing solitude of a spinster - A case of *Ammonium bromatum*
SHAH Prashant (HL,10,2/1997)

37-year-old lady with endogenous depression, general weakness, excruciating joint pains and pain in the thighs, worse climbing stairs and any physical exertion. Better by drinking coffee. She is unmarried. Always worried about her marriage. Whenever some male speaks to her she develops infatuation and it produces a guilty feeling in her because it leads to sexual fantasies. 'But in real life, nobody likes me.' She has tremendous inferiority complex, particularly because all the matrimonial attempts made by her family have failed. As a result, now she has aversion to the opposite sex. Sudden attacks of depression. She wept through the interview. She was on psychotropic medicines.

Because some rubrics pointed to *Ammonium carbonicum* and some to *Bromium*, she was given *Ammonium bromatum* M ('repeated doses') and she made good progress.

59. I always feel guilty in arguments - A case of *Magnesia bromata*
VAN DER ZEE Harry (HL,10,2/1997)

20-year-old young woman with allergic Asthma, since age seven. She uses Pulmicort three times daily, and Ventolin when needed. She said that she was so tired that she could fall asleep when she sat down. Her history revealed that she had lot of guilt feelings, like that she was responsible for the divorce of her parents. For anything that went wrong in the house, she was blamed. When people in her house argued, including her parents, she felt that she was responsible, and when in argument with somebody she

could easily be made to feel guilty; so she stops and gives in. She was afraid of wars; she had delusion of a man following her. She was afraid of the future, of computers, robots glass houses, war. Of everything becoming cold, without warmth and atmosphere. She was afraid of UFOs, spiders, and dreams of them. Fear of elevators, crowded buses, and trains, of fire, sometimes dreamt of fire. Sometimes starts to hyperventilate from fear. In her paintings she used lot of black and red and painted skeletons and bones. She said she was fond of death, the mysterious. She was not afraid of death. "I would even like to volunteer in a research project to experience death."

Magnesia muriatica 200 was given. The prescription was on the basis of the 'group analysis' by Jan SCHOLTEN in his book **Homœopathy and Minerals**. Follow-up after 2 months: Not a single attack of Asthma and her weariness much better. Hallucinations remained. The medicine was repeated twice and follow-up after 18 months: very well both physically and mentally.

60. Where the LM potency solved the case - my experience with LM potencies
CHATTERJEE Sujit Kumar (HL,10,2/1997)

Six cases of various ailments treated with 50-millesimal potencies. The author rightly concludes "I feel, we have not used this potency sufficiently." [While we follow the **Organon** and quote ad nauseum, why don't we follow the potency recommended by HAHNEMANN in his last edition, which is the ripe fruit of his decades of experience?—KSS]

61. Someone who doesn't forget pains
MANGIALAVORI Massimo (HL,10,2/1997)

This is a very interesting case. The patient's story is reported verbatim. It is the story of a 36-year-old woman who came to the author for getting over her pains which included a car crash. She tells a lot about the pains she suffered during parturition and breast-feeding. She complains bitterly about the pains. *Arnica montana* XM, then 50M and 9 months later 50M clears up completely and helps her to go through a second pregnancy and parturition without such complaints.

The patient is distant and suspicious, hypercritical when meeting doctors. Her attitude is evident at the beginning of the first consultation, as she squarely puts her bag on the desk right between the author and her. She is annoyed to talk about her pregnancy.

62. I desire to be a useful remedy
IYER Latha (HL,10,2/1997)

Two cases of *Cereus bonplandii*. One in an unmarried 42-year-old woman with many skin complaints, intestinal ulcer, blood pressure, etc. and the second case, of a man 46-year-age, with sneezing, watery coryza, cough, occipital pain, knee joint pains.

Both patients were very religious, devout followers of their Guru, very keen to help people in suffering. They also believe that they have the blessing of their Guru by which they have the powers to do such healing. In both cases *Cereus bonplandii* relieved their complaints.

63. A determined mother
PATWARDHAN Prabha (HL,10,2/1997)

32-year-old female with frequent coughs and colds since the age of ten. Has had few bad attacks of Bronchitis. Often post-nasal drips leading to a cough and blocked nose, which at night is so bad, that she has to get up and take steam inhalation. All complaints worse in humid climate, better in a hill station with dry cold climate and the USA. She doesn't believe in Allopathy although her mother is a doctor. She married four years ago and has a baby girl. She became pregnant after a lot of difficulty and therefore she refused to take any allopathic medicines because of their adverse side-effects. She was very firm in this. She had severe post-natal depression after the delivery. Her child developed jaundice and she was blamed for it by her people, because she had TB and her relatives also felt that she contracted the disease from the slums where she worked. She comes from an affluent family and she did service in the slums in spite of the opposition from her family. Very obstinate and hates anyone telling her what to do. Her eldest sister was a doctor and her parents wanted her too to become a doctor but she refused because she wanted to be an architect. She had lot of tension with her parents. At age 15 when, after a quarrel her father hit her, she hit him back and left home. She did a lot of things because her father was against them. She is also in conflict with her mother. She is very career-oriented. Has very strong feminist views.

The case was analysed on Rajan SANKARAN and Jan SCHOLTEN teachings and *Ferrum muriaticum* was given. It had to be repeated and later *Tuberculinum*. Remains well.

64. The usefulness of lesser known salts
CHATTERJEE Sujit Kumar (HL,10,2/1997)

A 2-year-old male, architect, suffered from pimples, excessive heat (at nights his hands and feet so hot that he would put water on them), dislocation of the right shoulder, about three or four times, pain in joints. He cannot confide in anybody, cannot trust anyone. Short-tempered. Little contact with people.

Ferrum arsenicosum 200.

65. The same, but different
IYER Latha (HL,10,2/1997)

An 80-year-old man with complaints of itching and redness of the back and face, extending downwards to the rest of the body, diagnosed as Angioneurotic oedema, treated with *Aurum arsenicosum* and a case of a 70-year-old female with backache since 3 years radiating downwards into the legs, more on the right side. Osteoporosis of hip joint worse sitting for a long time, treated with *Aurum muriaticum*. The remedy in both the cases was worked out according to Jan SCHOLTEN method. In the second case *Aurum muriaticum* 200 was given but as the improvement did not hold long and there was relapse, the same remedy was given in the LM potency which gave rapid and sustained improvement.

[The author gives an advice: "When one has tried the similimum with all potencies and still feels it is the correct remedy, then one should try the LM potency." All the while the poor patient will continue to suffer as the homœopath exhausts "all the centesimal potencies" and then "try" the LM potency! This advice is one-up on HAHNEMANN. One learnt that there was no place for speculation in the homœopathic therapeutics! =KSS]

66. The presence of somebody
SHAH Prashant (HL,10,2/1997)

A case of *Crotalus cascavella*. 29-year-old lady with Sinusitis, < winter, monsoon and cold winds, excessive weakness, loss of weight. Appendectomy in April 1994, a Laparotomy for complications of a Copper-T in December 1993. When alone she constantly felt that somebody is behind her. She was very fearful. Someone is moving around her bed. Cannot sleep alone. Felt that her housemaid who had committed suicide was around her bed. That thieves are around her house and moving about on the terrace. Fear of water. Very sentimental, small matters bring tears to eyes. Better consolation. Feels choked if she wore jewellery around her throat. Dreams of ghosts. Her daughter whose first reaction to everything was a firm "No", also as much full of fear as the mother.

Both, mother and child were prescribed *Crotalus cascavella* 200.

67. Quarrelsome without anger
SAMANT Nitin (HL,10,2/1997)

Dulcamara cured Urticaria in a 24-year-old woman. She had tendency to catch colds, weakness, worse in a warm room and at night. She had recurrent dream of attending a friend's wedding where she weeps much. Whenever she had this dream she woke up and wept. All these went away after the *Dulcamara*.

68. I was always afraid that he would shout at me
COLLINS Deborah (HL,10,2/1997)

A 19-year-old girl with much weakness, and periods of exhaustion. Neurological tests showed nothing wrong. Her parents divorced after her mother had put up with years of violence by her father. The fights by the parents made the daughter tremble. She slept badly and had many anxious dreams. She was afraid of men. Her mother remarried a nice man and she too developed friendship with a kind and nice boy. However, the anxiety etc. which she had earlier came up now. The reason was that her boy-friend's father was a violent drunk who shouted a lot at home and often beat his wife. The case looked *Magnesia* and since the girl had wispy blond hair and blue eyes which reminded *Silica*, she was given *Magnesia silicata*. Jan SCHOLTEN's **Homœopathy and the Elements** confirmed.

This girl's younger sister came for treatment and was given *Magnesia muriatica* because unlike her sister she did not panic or fear when parents quarrelled but put on a stoic face and tried to patch things up between her parents. She tended to shut herself off, and suffered from Migraine headaches.

And then the mother came for treatment. She was given *Magnesia sulphurica*. She came from a broken home where her father drank and beat her mother. As a child she used to come between her parents and then got shouted at by both of them. Her mother too had suffered from post-natal depressions after her birth. All her anger seemed to be directed at her ex-husband, and no longer at her parents, with whom she claims to have made her peace before they died. Her sensitivity to fights and her bristly hair and irritated skin helped to choose *Magnesia sulphurica*.

69. Severe allergy

COLLINS Deborah (HL,10,2/1997)

A case of *Magnesia sulphurica* in a 43-year-old woman with 'allergy'. The remedy was chosen since the case had the elements of *Magnesia* as also *Sulphur*. (ref.Jan SCHOLTEN's **Homœopathy and the Minerals**)

70. Clothes more important than toys

COLLINS Deborah (HL,10,2/1997)

A boy of five-years suffered from persistent cough which did not respond to Penicillin. His teeth were badly caried and the dentist had said that the enamel had gone and that nothing could be done except to wait when new teeth come up. While the lack of enamel of teeth, caries, indicated *Calcarea* his passion for new clothes (seen on the television) indicated *Fluorine*; therefore *Calcarea fluorata* 200 and there was dramatic improvement.

71. An adolescent child

SHAH Prashant (HL,10,2/1997)

28-year-old male, Engineer, with mental depression for last three years and was on psychotropic drugs. He also had Irritable Bowel Syndrome. He had fear of heights and falling from heights and of darkness. Also has fear of speed. Very anxious about his health. Fear that he will develop some incurable disease which would incapacitate him throughout his life. Fear complex. One fear replaced by another. Never feels relaxed. Treated by a Psychiatrist after which he felt better but his maternal grandfather died in an accident and his father died of heart attack, and a few days later his fiancée cut the relationship. He developed the problems after these. Obstinate. *Calcarea silicata* helped him improve.

72. Malaria: Homœopathic Prophylaxis and Treatment

COOK Trevor (JAIH,90,2/1997)

Quinine resistant strains of the parasitic protozoa of the genus plasmodia from the Anopheles mosquito have led to a serious increase in the incidence of Malaria in tropical and sub-tropical countries in the last ten years. Quinine, the principal constituent of Cinchona bark is under siege and urgent research is now centered on alternatives, principally the alkaloid, Artemisin. The problem is discussed from the homœopathic standpoint, including the examination of sub-species of the shrub Artemisia.

73. Homœopathic Grand Rounds

CHIPKINS Peggy (JAIH,90,2/1997)

Ms. CHIPKINS in this case demonstrates the utility of *Plumbum metallicum* for multiple complaints developing over time, despite the fact that in later consultations the newly developed symptom image bore little similarity to the earlier perceptible *Plumbum* symptom image. The advisability of routinely repeating the precedingly prescribed effective homœopathic remedy despite a symptom change is discussed.

Drs.Linda JOHNSTON and Paul HERSCU take part in the discussion and CHIPKIN finally answers to the discussion. Many points of interest to the practitioner are considered.

74. A Case of Toxoplasmosis

HILTNER Richard (JAIH,90,2/1997)

A.P. was a patient with intermittent fever which appeared to be helped by *Phosphoricum acidum*. This was an interesting patient from many points of view:

1) Toxoplasmosis,

- 2) the apparent fact from past medical and recent history that his constitutional medicine was *Silicea*,
- 3) if we follow this line of thought, he probably had a tubercular miasm,
- 4) typologically, he appeared the NEBEL's Phosphoric constitution with a triangular face and thin, tall body or Leon VANNIER's Mercury "*Silicea*" type,
- 5) it is fascinating that after 200 years since HAHNEMANN officially began Homœopathy that intermittent fever and *China officinalis*-type case, though Toxoplasmosis, presented similar to Malaria.

75. Homœopathic Suppression: A Forum

CROTHERS Dean, M.D. & HERSCU Paul, N.D. Andre SAINE (JAIH,90,4/1997 and 91,1/1998)

The issue of suppression is discussed. Is there a suppression? What are the implications? How do we recognize it? And how might suppression be put to good use? Dr.Nicholas NOSSAMAN initiated this forum by pulling a number of homœopaths in the US with regard to their opinions about homœopathic suppression. While it was hoped to share with the readers a large number of individual opinions, only three colleagues responded. viz., Dean CROTHERS, Paul HERSCU and Andre SAINE. Nonetheless, their comments represent valuable and interesting contributions. These are published and are well worth discussed by the homœopathic community everywhere.

76. Homœopathy and Lyme Disease

WHITMONT Ronald D. (JAIH,90,4/1997)

The Demographics and Microbiology of Lyme disease and several other zoonotic infections are reviewed. Case studies utilizing the classical homœopathic system of assessment and treatment are presented. The discussion focuses on the strengths and limitations of the classical homœopathic and conventional allopathic models in the management of Lyme disease.

77. To Sweat or Not to Sweat

HILTNER Richard (JAIH,90,4/1997)

The possibility of an association between the suppression of axillary perspiration and the development of breast tumors is explored.

78. LM Potencies - From Fear and Confusion to Love and Courage

GREY Anne (HOM.65/1997)

In the experience of the author the instructions given by HAHNEMANN in §246 for use of the LM potencies has been found quite efficient.

79. The Soft Core

STIRLING Penelope (HOM,65/1997)

Two cases in which the dreams were used for selection of the homœopathic remedy. One was a 14 month-old girl, well-built, solid and muscular with fair hair and red cheeks and lips. She wakes four to five times at night and needs to suckle to get back to sleep. She wakes as if in fear as from a nightmare. Her parents have noisy rows and it does not seem to bother her. She herself can be loud, boisterous, joins in rough play with older kids. Very strong and can lift enormous weights. She walked for an hour and a half yesterday without getting tired. Has had no vaccinations or bottles. Her mother had lot of milk. Her tears spurt, they do not well. Likes Yoghurt, Vinegar, even Chilli vinegar and will ask for sips of wine and beer if her parents are drinking it. Her mother, C, became pregnant within two months of a new relationship with J. When her mother was pregnant "I and J used to go out and eat loads almost as if preparing for the pregnancy. In the new flat to which we moved during the pregnancy, I felt overwhelmed by J's presence."

The recurrent dream of the mother: "I was in a war zone, with shooting going on all around me. There were bodies being carried away on stretchers and in the same place there were trestle tables spread with huge quantities of food, to which people were helping themselves."

Her main feeling was of being overwhelmed by the new relationship she is in. The nature of the relationship is of abundant feasts and violent quarrels. The only remedy of both fights and banquets is *Magnesia sulphurica*.

The second case is of a woman 42 years, with complaints of palpitation with wooziness and a pain down the left arm. Extensive hospital investigations revealed nothing abnormal about her heart. She tended to overwork, emotionally intense and can get over-involved with people. Takes on the problems of others.

She dreamt of being pursued. "There were two concentric pools like temporary swimming pools. I was one of a group of women sitting round the outer pool wearing long, dirty denim dresses. A woman, a fellow member of our group, was drowning and we were sitting there watching her drown, she kept sinking and coming up. I felt horror that I was part of this group and event." She had a cardiovascular collapse after giving birth to her daughter, because she was allergic to the anesthesia in the epidural. She was close to death. She was close to death. "It was like traveling at superspeed backwards through a tunnel. I knew I was dying, but felt no fear and no sadness at leaving my husband and daughter. I was intrigued to see what would happen next." She said that she was "fascinated by evangelists. "I used to watch them on the TV in the States. I attract religious people like flies. One of them once said to me, 'you have a God-shaped vacuum inside of you.'"

In this case there are strong elements of a snake remedy. Putting through the dream meaning and the feeling that came from the main incidents in her life, the rubric chosen was Fear of sudden death during heart symptoms and Unfeeling, and the remedy that came up was *Cenchris contortrix*. It was given in the M and repeated twice.

80. The Phase Model: A Model for the Homœopathic Interview
KREISBERG Joel (HOM,67/1997)

This is an interesting article on the patient interview, with regard to HAHNEMANN's observation in § 98 of the **Organon** that "...the investigation of the true complete image of the disease and its details requires, in all diseases, but principally with the protracted ones, special circumspection, scrupulousness, knowledge of human nature, cautious inquiry and patience, all to a high degree". The 'seven phases' of the Interview are listed as: 1. Physical - Material; 2. Emotional-Psychic; 3. Mental-Spiritual; 4. Observation; 5. Exploration; 6. Integration; and 7. Revelation.

81. A Case of *Aqua marina*
MANGIALAVORI Massimo (HOM,67/1997)

Nine-year-old boy with Allergic Asthma and poor school performance which started when he changed school after the family moved to a new town. The case has been reported in full detail as it happened and is a good model to study. A single dose of a rarely used remedy, *Aqua marina* 30 was given and improvement began. It was repeated once. It will be interesting to know that the father of the child was an Allergist.

82. Ovarialzyste - *Ignatia* (Ovarian cyst - *Ignatia*)
FRIEDRICH U. (ZKH,41,4/1997)

The ovarian cyst of at least 12-year-history, in a 40-year-old woman suffering with Multiple Sclerosis is reported.

83. Ein Fall von *Secale cornutum* (A case of *Secale cornutum*)
KIENEL R. (ZKH,41,4/1997)

Prescription of Bromocriptin, a derivative of Ergot, is banned in the USA as a medicine for stopping breastfeeding. However, in Germany it is prescribed. A 35-year-old woman delivered a baby normally. The Gynaecologist prescribed Pravidel, an Ergot derivative. After two weeks she complained of copious perspiration during nights, hair fall and sometimes stitching pains in the left hypogastrium after lifting weights. *Sulphur* 200 was prescribed. Twelve days later she complained of dark red bleeding which she thought to be reappearance of normal menses with hypogastric pains. The bleeding was constantly dripping. After examining other symptoms, she was given *Secale cornutum* 200. Two days later she rang to say that she was much better! She went on to improve.

84. Folgemittel - *Calcarea fluorica* (Complementary Remedy - *Calcarea fluorica*)
WEGENER A. (ZKH,41,5/1997)

After an operation a young lady developed violent pains in the back and neck. First she received *Rhus-t.* with good result, but without complete cure. The allied remedy *Calc-f.* completed the cure promptly. The meaning of the relationship between remedies is explained and the sources of the connection between *Rhus-tox.* and *Calc-f.* is examined. Some hints about *Calc-f.* are given.

85. Gemütskrankungen (Mental diseases)

KLUNKER W. (ZKH,41,6/1997)

After a short recall of the methodic rules of Homœopathy in mental disorders, the repertorisation, the choice of the remedy and the course of three cases are explained.

86. A Case of Alzheimer's Disease

SMITH Jennifer (Simillimum,X,3/1997)

A 74-year-old man with Alzheimer's disease, since about 5 years. The family doctor recommended that he be institutionalised. However, it was decided to 'try' Homœopathy 'since there was nothing to lose'. The symptoms were taken over telephone and *Hyoscyamus M* was given after which he made rapid improvement; the remedy was repeated once after about 6 weeks. Cured.

87. A Child with Osteopetrosis

HEUDENS-MAST Henny (Simillimum,X,3/1997)

Case 1: 5-year-old boy with **Albers-schonberg Disease** (a form of Osteopetrosis). Has been given already *Strontium carbonicum*, *Calcareo carbonica* and *Hyoscyamus*. His haemoglobin is low, his thrombocytes low. Taking Cortisone and Interferon twice a week.

One week after birth he was hospitalized with convulsions; looked like Tetanus; lumbar puncture resulted in a bloody needle. Calcium solution and antibiotics given. Although his first tooth came at 7 months, now at 5 year-age has only 5 teeth. Sits on the floor and pushes forward, doesn't move much, can't walk. In October 1995 he was given a drain shunt for Hydrocephalus. At 5, he looks like a 2-year-old; floppy; eye-lids swollen; he is blind. He must eat mashed food, baby food. Very pale face and skin. Sleep not good, wakes at night 12 times. His parents fear he will stop breathing. Difficult stool, better after stool. Likes music; when the tape on the recorder comes to an end, he gets angry and throws things around if his parents don't immediately restart the tape. Likes marching music. Perspires a lot on head and body. Hands and feet are cold. Uncovers when he feels hot. Likes the dog, and plays without fear. Fear of barking dogs. Very obstinate. When he becomes very angry he strikes his head.

The impression he gives was of a foetus who was 5 year-old. *Tarentula* was chosen. While the child responded very well and rapidly for sometime, he relapsed and when the remedy was repeated the reaction was not so well. Further report awaited.

Case 2: A woman weak from sleeplessness. She woke from slight noises and couldn't fall asleep, the only way she could sleep was to put on the radio, dance in the living room for half an hour, then she could sleep again. Concentration was difficult; she had to read everything 3 or 4 times. Irritable. Hurried speech. In the evening, the more she felt bad about her life, the more she liked to eat. *Tarentula*.

A nodule in the breast which she had surgically removed years ago, came back. However the nodule became smaller and in the next few months vanished. She feared cancer breast. **When the remedy is working in the correct order, the patient will not be killed with an old symptom that comes back.** If the condition is life-threatening, you have to do something; don't be threatened by the name of the disease. If the patient has good energy during the acute, don't worry. You can monitor the disease.

Case 3: 27-year-old woman. A little backward. Very nice, smiling. Behaves like a 12-year-old. Has had only two menstrual periods, one at age 12 and one at 16. She wore a skirt with butterflies on it. A chain around her neck: a butterfly. A shawl with butterflies. She collects butterflies. Her mother buys her butterfly jewelry, clothes, etc. She lives in a home for handicapped children, and spends weekends with her parents and at the home. She dances to loud music. She doesn't like the noise that others make. Her face changes color; white, red, white. Very angry if she doesn't get what she wants. Likes to go to toilet 20 times a day. Talking, loud singing in the bathroom. Stays up late at night. Sleeps at 3 a.m. Wakes up and puts on loud music. *Tarentula* 200.

In all my *Tarentula* cases I've seen music, a hurried state, and restlessness.

She began to menstruate; a fungus eruption is back.

88. A Case of Rheumatoid Arthritis

TESSLER Neil (Simillimum,X,3/1997)

37-year-old male with Arthritis. The remedy was *Tuberculinum*. The correct remedy was arrived at after a number of remedies were tried. The points that favoured *Tuberculinum* are: He really liked coming in, he liked talking to the doctor, so he went on for about 7 months without really getting anywhere. The gist of the case when retaken was: Discontentedness; Craving for smoked meat; Wandering pain.

Tuberculinum patients need not always be skinny; they may be fat or corpulent. Rajan SANKARAN says that the *Tuberculinum* miasm has the feeling of oppression - a feeling that one's weakness was being exploited.

89. Tuberculosis of the Bone - Amputation vs. Treating the Patient
BAKIR Nadir (Simillimum,X,3/1997)

63-year-old woman with Tuberculosis of bone. Diagnosed as a typical TB of the second metatarsal bone of the left foot and when treatment failed was advised amputation. There was an open ulcer the width of her second toe and one-third length of that same toe. The flesh was open, and the metatarsal bone was exposed. The rest of the left foot was purple and mottled, especially the second toe.

Her second chief complaint was crippling rheumatoid arthritis. Large nodosities on all the fingers of the right and the left hands. She developed Osteoarthritis in the knees and the back after she was hit by a car in her teens.

Her third main complaint was Diabetes of adult onset, at age 53.

Fourth complaint was heart disease. Aortic stenosis and high blood pressure.

Fifth chief complaint right ear infection that had begun in the hospital three weeks before. Serious Otitis.

History of Hiatus hernia, Peptic and Duodenal Ulcers, tertiary Pneumonia, Post-operative complications.

For two years she underwent homœopathic treatment and made improvement in respect of all her complaints. *Lachesis* was her main remedy given in repeated doses in potencies 6, 12, 30, 200, 500.

90. Osteoporosis and the Tubercular Miasm
SHOWLER Linda (Simillimum,X,3/1997)

The author narrates how by using Applied Kinesiology (AK) she could elicit the required information and diagnose the Tubercular miasm

91. A Case of Vertigo, Confusion & Thyroid Tumor
MILLAR John (Simillimum,X,3/1997)

44-year-old woman with Vertigo; *Lachesis*, but subsequently *X-ray* on history of repeated x-rays in her teens and also history of acne.

92. Cystic Tumors of the Breast
STAUBER Catherine (Simillimum,X,3/1997)

37-year-old woman - chief complaint: pain in the left breast and sternum; tumor in breast; diarrhoea and loose stools for 5 to 6 months, and nausea for 4 weeks. Suffered DM at 18-year-age, and was on Insulin injections for 15 years. Has had Acupuncture, Chiropractice, Massage, Hot/cold packs, prescription drugs, and alcohol, but no significant help. After complete case taking the repertorization came to *Carbo animalis*, *Conium maculatum*, *Asterias rubens*. Prescription: *Asterias rubens*.

A potentially life-threatening problem, totally healed with homœopathic prescription.

93. Sober, Earnest, and Domineering: Two Cases
SHAH Rajesh (Simillimum,X,3/1997)

Case 1: 42-year-old man with Psoriasis, since last 8 to 10 years, without any remission. Eruptions bilaterally, but more on the right sole. Eruptions dry with intense itching, better by cold applications, and during day time. Frequent attacks of Migraine. *Ferrum metallicum* single dose, cured.

Simple, straightforward-mind, with a domineering attitude is a guiding characteristic of *Ferrum*. It is very important to consider the associated physical affinity in the patient and the remedy.

Case 2: 24-year-old man with the chief complaint of recurrent respiratory tract affection since he was 6 years-old, worse since last 5 years. *Ferrum metallicum* on the totality, cured. In this case the remedy had to be repeated, in increasing potencies.

94. Longstanding Back pain & Menstrual Disorder
FASSLER Kristy (Simillimum,X,4/1997)

A case of *Borax*; strong feelings of abandonment, themes of attachment and insecurity, nightmares, fear of downward motion, sensitivity to noise, and a tendency to be easily startled.

95. A Sick building Story

WRIGHT Peter (Simillimum,X,4/1997)

In this case, clear improvement on daily LM doses of the indicated remedy was noted, despite the patient's residence in an apparently "sick" building, and her coffee and marijuana habits.

96. Tongue Numbness after Spinal Manipulation

MORSTEIN Mona (Simillimum, X,4/1997)

42-year-old woman; tension in neck. Several vertebrae found misaligned. Physiotherapy including application of ultrasound, high-voltage galvanic trigger-point and deep tissue work, hydroculator packs, followed by manipulation of spinal vertebrae was given and she appeared to be thoroughly relieved.

Soon she returned complaining of a terrible week-end, with a lot of muscle tension in her neck and back, very bad pain in those areas, occipital headache, nausea due to the pain, and that her tongue had gone numb. Severe myospasms in the upper neck and back, and a negative neural examination of the cranial nerves and reflexes. Physiotherapy repeated but did not do any good, and another physiotherapy also did no good. The numbness was on the anterior third of the tongue.

Gelsemium 200, one dose restored her musculoskeletal system to normal and the headaches too ceased completely.

97. Inheriting a State

SMITH Jennifer (Simillimum,X,4/1997)

40-year-old woman, mother of 2 children, age 2 and 4. Chief complaint: Endometriosis symptoms; low back pains which started after her first baby. Occasional bearing-down feeling. Knee pain, cracking noise with movement, and "snap" on first motion. Nail fungus, on fingers and toes. Yellow nails, splitting away; worse from humidity. Canker sores twice a year; Sore throats twice a year. Oily skin, oily hair. Chilly with cold hands and feet; Perspiration begins on head. Worse from tight clothing; waist, neck. Worse hot weather, better at ocean, in the mountain. Desires spicy food; Italian, especially Pizza. Aversion sweet. Angry with mother-in-law. Worse from consolation. Neat and organized. Not competitive. She feels the tension from her mother-in-law's intimidation. Wants to break out and be herself.

Cimicifuga 200 repeated 4 times over 6 months.

98. The right Remedy at the right Time - Acute vs. Chronic remedies

GHEGAS Vassilis (Simillimum,X,4/1997)

This is from a Seminar presented at Cape Cod, Massachusetts, August 1996. The report must be read in full for benefit. However, the points in brief are: We have difficulty finding the correct remedies and one of the main reasons is 'layers of remedies' which means a remedy picture has developed above another picture that the patient used to be before. What shall we do in practice?

Treat what is in front of you: First Law: We must start the therapy with the remedy presenting at the moment the patient comes to us. This law is strict. You cannot change this law.

Don't confuse the topic of layers of remedies with miasmatic layers. This is a different issue.

The first prescription is the most important, and the second prescription is the most difficult.

Situations inappropriate for acute remedies:

Do not give an acute remedy during the first interview.

Do not give an acute remedy when the patient's problem belongs to a systemic disease.

Another condition where we should not give acute remedies is Epilepsy.

Do not give acute remedies in cases with recurring conditions.

Another problem we may see acutely is skin disorders.

Don't give acute remedies when someone comes to you with an acute inflammation like bronchitis, and they are on antibiotics.

Appropriate situations for acute remedies:

In allergic conditions, even when patient is taking allopathic medications; even in allergic asthma, we can give an acute remedy along with allopathic medication.

You can give an acute remedy after an injury.

You can give an acute remedy after severe trauma--either emotional or physical injury.

In very severe pathology, terminal cases, AIDS.

For a patient who comes to you after Cancer surgery or Chemotherapy, give an acute remedy.

So, you must decide, when choosing what and how to prescribe, how much is the case covered? Someone had a severe shock six months ago, and you examine the case. The constitutional picture is *Calcarea*, but there is much information for *Ignatia*. You must differentiate here. It is necessary for you to know how much the case is covered by the new layer's information. If it is completely covered, give *Ignatia*. If not, give *Calcarea*. You must be brave and work to figure out how much the case is covered. When you give a remedy that is not really indicated, the patient may lose energy. Pay attention to the pathology. If it is very severe, give more attention to pathology than to the emotional sphere. Say the person has Osteoporosis. *Calcarea* is indicated constitutionally, but she may need *Ignatia* first; if she is in a severe emotional condition, you will start with *Ignatia*. (If in a severe asthmatic condition, it may be *Antimonium tart* vs. *Ignatia*, etc.)

Give the most strongly indicated remedy, the remedy which the patient's condition needs most at the time.

99. Sudden Anger & Headaches after Malaria

SHAH Jayesh (Simillimum,X,4/1997)

A man began to get angry, suddenly. This came on after he fell down. Then he got Malaria and then he started to get angry easily. These complaints began after a head injury. He gets excited when someone says something bad about him. He got severe headache when someone spoke to him rudely and wanted very much to pay it back to that person. If someone does something good to him, he will always remember it. When he is excited and anxious if he takes Coffee it will calm him down; if already peaceful and drinks Coffee it will make him excited. He was given *Angustura* which completely cured.

100.A Child with Trisomy 16

STAUBER Catherine J. (Simillimum,X,4/1997)

This is a very interesting case. The author says, as it may be validated by many other experienced homœopaths: "Homœopathic medicine is different from other forms of medicine in many ways, but perhaps the most spectacular is how, with the correct remedy, individuals can and do reach potentials some never thought possible. In these times of genetic mapping, technological and heroic medicine, people survive accidents, illnesses, and even birth defects or injuries that were previously not thought possible." The author proceeds to narrate a child of four years with Trisomy 16, a genetic defect and the remarkable results with the homœopathically chosen medicine *Angustura*. The author concludes "Genetic anomalies can result in certain unalterable changes in human beings, but this does not preclude the possibility of homœopathic medicine's efficacy in such cases - increasing the efficiency of whatever potential and function remain. This case is an example of how homœopathic treatment has helped a child with a genetic disability on the road to reaching his highest potential."

101.Surgery through Medicine - "Brain Tumour"

SHANGLOO G.K. (QH,6,2/1997)

The author reports three cases of brain tumour successfully treated by Homœopathy. The cases are briefly reported.

102.The right remedy

HELLEGERS Dale M. (HT,17,5/1997)

This case is very interesting although it is a short one. The patient, husband of the author, is a Marathon runner but had to give it up because of an injury to the Achilles tendon. He suffered again an injury while hiking on vacation. Felt a sharp, tearing, pain in the back of the calf about one foot up from the heel. Regular remedies like *Arnica*, *Ruta*, *Rhus toxicodendron*, etc. for several days, did not help. The ankle began to swell, better from heat, motion and as the day wore on; most painful in the mornings. Worse descending stairs. Now this had been going on for weeks. It was observed one night that he was rubbing his feet together under the bed clothes; he smelt of tea tree oil. He had a bad case of athlete's foot, he said and it wasn't responding to the tea tree oil as it usually did. When examined there were no fissures, no red streaks suggestive of athlete's foot, nor did there seem to be any way he could have contracted it. Then abruptly he developed a boil in his left armpit. Now it all made sense - the leftsidedness, the burning and

itching of feet made worse by the heat of the bed, the boil, the slowness in healing of the injury to his Achilles - all pointed to *Sulphur* and three doses of the 12c cleared up "everything" within a few days.

103. Case of Pemphigus

WADIA S.R. (CCR,6,4/1997)

Pemphigus in a 65-year-old man, which stubbornly refused to be healed by a number of remedies finally yielded to *Pulsatilla* over some years.

104. Few Cases from the Out-patient Department

(CCR,6,4/1997)

Case 1: 11-year-old boy: Enlarged tonsils and the attendant ailments. Stomatitis since two years. Dry lips, peeling. *Mercurius solubilis* 3, then, 200 and lastly M, over a period of eight months completely healed.

Case 2: 31-year-old female: Swelling over the right anterior part of the neck since 6 months. Hyperacidity once in about two weeks. Unexpressed anger, weeps alone. Thyroid swelling, right. *Natrum muriaticum* 200 then M from April to November; *Thyroidinum* 200 intercurrently and then M, improved to a great extent.

Case 3: 55-year-old female, with backache over the lumbar region < right side radiating to right lower limb. Stitching pains > by walking a while, < by pressure, > rising up, > cold water, < pressure, exertion. Thirst less. Sweats more on chest, < cloudy weather. Likes rainy weather, open air. Fear of snakes. Irritable, unexpressed danger. *Apis mellifica* 30 brought down the complaints and she felt relieved 90%.

Case 4: 9-year-old boy: Eczema over the flexor aspect of leg over the calves - bilateral, more on right, < winter. Began 5 years ago on one side during the winter as small papular eruptions with itching. *Petroleum* 30, then *Silica* 200, then *Medorrhinum* 200, again *Silica* 200, the last two repeated twice. Completely healed over a period of six months.

Case 5: 60-year-old female: Breathlessness since one year; < winter, evening 6 p.m. onwards, > rest, on sitting. Weakness since 10-12 years. Hyperacidity < sour food, > vomiting. Perspiration profuse after sleep. She was married to a widower who already had 7 children. She loved her youngest step-son. This child, however had to live with his elder sister who herself had no children. The patient misses this step-son. All her ailments disappear when this son is with her. This boy is very caring and loving to her. *Ignatia* 200, then *Natrum muriaticum* 200, two months later *Conium* 30 (Vertigo), repeated, then again *Natrum muriaticum* 200, healed.

Case 6: 26-year-old male, taxi driver, unmarried. Depigmentation since 3 years on left forearm. Healed scars become depigmented. Since two years depigmentation on the face in spots. Irritable, Insults cause anger, expressive, revengeful. History of homosexuality, premarital sex, Spermatorrhoea. *Acidum nitricum* 30 and two months later *Syphilinum* M and then *Acidum nitricum* M.

105. Few Cases from my Practice

SHINDE Prakash (CCR,6,4/1997)

33-year-old female, with Epilepsy. She had epileptic fits inspite of anti-epileptic drugs from reputed Neurologists over a good length of time. Aural disturbances followed by convulsive movements in fingers followed by epileptic tonic convulsions, shrieking during convulsions, face and neck deviated to right side; froth during convulsions; deep sleep after attack followed by headache; throbbing relieved by pressure. Wandering pain. First attack at 11 month-age. The second at 12 years and since then almost every year. Since an year frequency of attacks 10 times more. Chilly patient. Childhood asthma. Tubectomy in 1990. Obese, timid, desired salt, draft agg. *Calcarea carbonica* 30 t.d.s. for five days. No further attacks, but as if in trance while shopping in the market over a period of 4 hours. On the next day she had no memory of this episode. *Calcarea carbonica* 200. She needed one more dose of the remedy in the M potency during the last 6 months. No further attacks.

3-year-old girl with physical and mental abnormalities to a large extent. Extremities curved. Dull, indifferent expression, moaning and howling with saliva dribbling from angle of mouth. Mother had skin eruptions during pregnancy, cleared by external applications and antibiotics. Bad labor and was delivered by forceps. Large Hematoma on the head. Development arrested. Hypotonic and listless. Swallowing liquids seemed to be more difficult than solids, for the child. Spasmodic drawing of muscles of the neck, back extension leading to above deformity. *Cicuta virosa* 200 and six days later striking improvement!

Remedy repeated after 15 days. *Calcarea phosphorica* 6x once a day for 15 days (Schussler's salt for curving and bowing of the extremities). *Cicuta* M and a month later XM. Improving further. Curvature of extremities and spine much improved, straight.

106.A Few Cases from my Practice

SHARMA S.C. (CCR,7,4/1997)

Case 1: 4-year-old boy; since two years suffering from constantly recurring cold, fever which gradually converted into Bronchitis, with rapid breathing and sometimes breathlessness. Has been on allopathic medication for these two years. He became very weak, appeared sick, pale, and irritable. The restlessness and Bronchitis occurred between 12 - 2 a.m. He was restless in bed, thirst for water in small quantity. During the attack he had to sit up in the bed. *Arsenicum album* twice a day for 5 days. He became absolutely all right by the eighth day. After 15 days it was reported that he became naughty, very active, stubborn, dictating and was throwing things away. Started beating the boys in the school and fighting with them. Pushed and pulled the passerby and the neighbors. Everyone took these in the stride as the boy had just come out from a seemingly very sickly condition. This position persisted even after a month and the parents now asked some medicine. No medicine was given, and they were told that the boy will come out of this condition. This happened so after a couple of months. He became active, regular in school; no Bronchitis or fever and after 1 year 5 months he had a viral fever and he had a bad cough after that for which *Bryonia* was given.

Case 2: 66-year-old lady with severe knee pain day and night. Could hardly walk, left knee swollen and red, and the right knee though not swollen was painful. Left knee full of synovial fluid and it was extracted six times by the surgeon and the relief lasted two or three days on each occasion. Sleepless due to pain. Moaning the whole day. It was learned, during case taking, that the door of a bus banged against her left knee while traveling about 9 months ago. The pain began after this. *Arnica* 30 thrice daily for 7 days, and there was 30% relief. *Ruta* 30 t.d.s. for 5 days, and there was 50% relief. Then the classical modality of *Rhus toxicodendron* came up and it was given for seven days twice a day. After ten days reported 100% relief. The problem has not recurred for the two year follow up.

Case 3: 46-year-old male with pain in both the legs, pain in chest and breathlessness while sleeping for the last 7 to 8 months. The bruised pains in the legs started after meeting with a scooter accident. Pain would begin after getting up at 4 a.m. and would continue for 2 to 3 hours. No pain during the day and the night. *Arnica* 200 was prescribed once a day for 3 days; remains free from the pains.

107.Etude de la Rubrique - Delusion, Persecuted (A study of the rubric - Delusion, Persecuted)

LAPY Benoit ((RBH,29,4,1997)

A study of the rubric delusion, persecuted. Some of the other rubrics which can be referred to and which help in better understanding of remedies are:

1. If someone is tormented by injustice, and thinks that the entire world is not in favour of him, think of the following rubrics:

Delusion, enemy, surrounded; Delusion vexation and offenses; Suspicious; Delusion criticised; Delusion, tormented, he is; Delusion, work, he is hindered; Complaining, supposed injury; Fear of being betrayed; Delusion, wrong, he had suffered; Delusion, danger;

2. For notion of real physical aggression:

Delusion murdered, being; Delusion, life, is threatened, Delusion, poisoned + fear being poisoned; Delusion injury, is about to receive; Delusion insulted; Delusion conspiracies; Delusion, sold being; Fear of being injured; Delusion beaten, of being.

A differential diagnosis of the remedies under the rubric Delusion, persecuted has been studied. This is followed by 5 case studies.

Case 1. is of a young girl with throat pain, chill in the neck, generally chilly with desire to lie close to the radiator, sensation of hot flushes especially in the evening. Also abdominal cramps. Since this fever started she has been weepy, she felt that her parents never do what she wants. Did not like to be looked at. *Natrum muriaticum* was chosen as it has the feeling of being persecuted by the look of others.

Case 2: 31 year old woman under depression. Cries for no reason. "I am tired. Everybody annoys me. I feel they are all doing something to tease me." She feels anxious in a closed room. She keeps open the curtains or otherwise she feels caged and she gets ideas of dying. She is undecided and takes a long time to choose. Very sympathetic. Sleep is disturbed by nightmares; dreams of her dead grandfather; Fear of dark,

of death, of somebody behind her. An analysis of symptoms led to *Ars-alb*. *Ars-alb*. has the impression that others are plotting against him and becomes suspicious.

Case 3. A young girl - very aggressive, dreams that she is hit, does not lend her toys, because she thinks that they will be stolen or destroyed. Very particular about how her things are kept etc. Irritable in the morning easily offended, feels she has no friend in the school. *Rhus-tox* 200 was prescribed based on - sadness, tears easily, melancholy, anxious as if something bad would happen, as if she were alone, as if she has been abandoned by a close friend.

Case 4: A man complaining of general lassitude. He was an introvert, very anxious, could not tolerate committing the least error. His anxiety was so great that it made him feel nauseated. He woke up at 3 a.m. and felt sick with anxiety. After turning about in bed for some time, he goes back to sleep. In childhood he often dreamt of being chased by a bull, of being stabbed. He took a long time in answering. He also talked slowly. During his adolescence he was a very reserved person. He now suffered from low self-confidence. He had a lot of difficulty with his boss. He said: "Whenever I lose a battle, I reproach myself for a longtime." *Zincum* was chosen (delusion other can harm him, and he will be reproached for errors that he had committed).

Case 5: A child with febrile spastic episodes. The child could not tolerate to be contradicted. He liked to contradict for pleasure. Violent anger - face red, hands, trembling, clenching his jaws. He did not like to be looked at. Talks aggressively, when sick wants to lie with his mother. His mother said this boy felt that he was the whip boy of the family. He takes up the blame of others. Even if it is an accident on the road he thinks that it is his fault. *Kali bromatum* suited this boy.

108. Cas Cliniques pour l'entrée à la Société Belge de Homéopathie. (Clinical cases for admission into the Belgian Society of Homœopaths)

De GEEST J. (RBH, 29,4,1997)

Case 1. A 22 year old woman consulted for eczema of the hands since 2 years. The following symptoms were repertorised: Ailments, from anticipation and from grief; silent grief; aversion to fats and rich food; desire for fruits and fish; consolation aggravation; vesicular eruption on the hand. *Natrum muriaticum* was prescribed.

Case 2. A 34 year woman was treated for migraine - during menses for 15 years. She also had nausea and fainting. A burning sensation in the head. She could with great difficulty keep her eyes open during the crisis. During the migraine, she is forgetful, she shivers, there is swelling of the upper eyelids. Pain more on the left, over the eye, forehead and vertex. Sometimes it extends from left to right. Sudden appearance and disappearance of the pain. Aggravated from the sun, draft of air and alcohol. The following symptoms were repertorised: Unconsciousness with headache, Headache on exposure to wind, Headache ameliorated after sleep, Impossible to sleep on the left, desires fat, sympathetic, compassionate. *Phosphorous* was prescribed.

109. *Rumex Crispus*

DEGROOTE Filip (RBH, 29,3/1997)

The author gives a short account of *Rumex Crispus* and some of the symptoms that he has verified clinically including many dream symptoms. He says: "From my experience, *Rumex* is a remedy which dreams the most along with *Mag-m*. Two remedies which are very sensitive to stress and to the suppression of their emotions..."

Two case reports are also given.

Case 1. of a 68 year old man with severe dyspnoea, elevated arterial pressure and problems with his memory. The symptoms taken were - Great pleasure in his own talking, Fear of high places, Aversion to farinaceous food, aggravation from bananas, Desires raw food, Head cold at night, Dreams of flying. *Rumex* was the remedy.

Case 2. 34 year woman with recurrent throat pains. The symptoms were dictatorial, fear of high places, hatred, servile, desire fish, cold feet aggravation, dreams of sweets, of being pursued, conscientious during dreams. *Rumex* was prescribed.

Case 3. woman with pain in the nape of neck, which went from left to right, aggravation on bending head forward. Also felt a heat in the cheeks though she was always chilly. She dreamt of her father being attacked and beaten and she being held by some people and hence could not help her father. Also dreamt of her bicycle being stolen and she asks the passersby if they have seen anything. Nobody helps her. This dream was translated as an expression of helplessness; and hence *Ferrum* - the other remedies in the *ferrum*

group being - all the *ferrums*, *China*, *Graphites*, *Rumex*. Other symptoms which confirmed *Rumex* were Flushes of heat on the cheeks, Face clenched jaw and Chilly.

110. "Papa, Maman, je ne veux plus grandir..." (Dad, Mom, I don't want to grow anymore...")
DENEYER Cécile (RBH, 29,3/1997)

Cicuta virosa is described with the help of the case of a girl. The case is discussed stage by stage revealing the mental characteristics of this remedy.

111. Le jeune mariée et le menuisier mutuelliste (The young bride and the Carpenter)
VICTOOR J. (CGH,34,5/1997)

Two cases are presented.

Case 1. The young bride. A girl suffered from a disappointment in love which was followed by a psoriasis of the scalp. A cortisone ointment applied to the scalp did not help but brought about arthritis of the toes. A cortisone injection was given to each joint - this aggravated the problem - and when she came in for consultation the author observed that she was walking as if on fragile eggs, each step was intolerably painful. The first symptom noted was ailments from disappointed love.

While narrating her complaints she continued to smile; Laughing, serious matters, over was the next symptom.

She had met a man whom she was going to marry in 2 months. She said: "I think I probably will not be able to dance at my wedding, I have always loved to dance." Desires dancing was the third symptom.

She also said that she was responsible for her mother's illness. Anxiety conscience of.

She said: "All my life I have been surrounded by injustice." Injustice, intolerance of.

She explained her smiling face: "I have always been sad, but I always show that I am happy. I never argue with anybody. In my office they call me Madam 'Yes, yes'." Silent grief, Yielding disposition.

"Like my father I talk while sleeping and I respond to questions that they ask while continuing to sleep." Talking in sleep.

She said that she could not tolerate crackers and when asked why she said: "Because of the noise. Noises always make me weep."

Ignatia was her remedy.

Case 2. The Carpenter on Mutual Benefit society. A 38 year old man - had Psoriasis of the elbows and of the alae nasi and hands. Very painful eruptions. He came waddling on the outer border of his feet. He was very impulsive, could not bear injustice, and was easily offended. One day in a fit of anger (actually jealousy) he threw a bottle at his wife. He was very ambitious and always talked about himself and his work. Once in a fit of anger wanted to kill himself. He had not fared well in his work and was on the mutual benefit society.

Staphysagria and *Nux vomica* seemed indicated. *Staphysagria* was prescribed with very good improvement. But within four months the psoriasis returned. *Staphysagria* was again prescribed without any improvement. On further interrogation *Nux vomica* seemed indicated and it cured him.

112. Histoires d'Avocats, de Juges, de Bourreaux. (Stories of Advocates, Judges and Executioners)
BROEKAERT D. (CGH,34,9/1997)

Four Cases where polychrests *Nux-v.*, *Cham.*, *Puls.*, and *Bry.* were prescribed successfully.

113. Julien, Coca-Cola et Petite Pépée
TANAZACQ F.M. (CGH, 34,9/1997)

Three Cases:

1. J. a young boy of 13 years suffered from severe abdominal pain with nausea and vomiting. He had become scared of vomiting. *Puls.*, *Ipec.*, *Carbo-v.*, and other remedies helped only to a certain extent. It was finally *Ars-alb 15* which helped. *Ars-alb* was selected on the basis of anxiety with vomiting; kneels down and prays; anxiety felt in the abdomen; fear of dying on vomiting.
2. A 36 year old woman consulted for lack of pleasure during coition. Fear of coition; menses early; desire to urinate during coition helped select *Natrum muriaticum*.
3. Varicose ulcers since 6 months was cured with *Lachesis*: Ulcers very painful; sensitive to touch; cold ameliorated the patient; loved oysters and fish.

114. Podagra - Gout

RAJU K. (NJH,6,5/1997)

Three brief cases of Gout treated.

IV.REPERTORY

1. Computer Repertories: A Comparison
KIRZ Chris (Resonance,19,5/1997)

This is a nice study of comparison of the three major Computer Repertories - CARA, RADAR, and MacREPERTORY. Those who would like to go in for Computer repertory would benefit from a study of this.

2. Repertorisieren - 100 Jahre Kents "Repertory" (Repertorisation - 100 Years after Kent's Repertory) KLUNKER W. (ZKH,41,4/1997)

In this article, the third part of the series which began in the ZKH,41,1/1997, the difference in the method of choice of the remedy particularly the certainty of the choice, before the advent of the KENT repertory and after it, is discussed. Before KENT the choice was only on the *Materia Medica*. This became more and more difficult because of the increasing number of remedies and their symptoms. As a result the remedy was rather uncertain. KENT's repertory came as a valuable instrument for the direct choice of the remedy and the method was known as repertorization. This influenced the whole method of case taking, the classification of the symptoms and also the remedy choice.

3. Repertorisieren mit dem "Kent" (Repertorization with the "KENT")
KLUNKER W. (ZKH,41,6/1997)

On the occasion of the 100 years of the KENT Repertory in 1997, repertorisation with the KENT Repertory by the early American homœopaths is demonstrated.

V.RESEARCH

1. Reaktionen der Biomasse einer Kläranlage auf die Zugabe von *Phosphorus* (The Effect of *Phosphorus* on Biomass in Sewage Plants)
SCHÄDLICH, E. (AHZ,242,4/1997)

The effect of *Phosphorus* in biological sewage plants is very significant in cases of degenerated, highly pressed activated sludges which form a special swimming muddy stratum like a jelly as it is the case of **phosphorus muddies**. The article details the four different experiments made. The experiment validates the second law of HAHNEMANN according to which the effect increases according to the increase of the dilution. The third law of HAHNEMANN according to which the action would be lasting with increasing potencies could not be validated. The conclusion is that this is an alternate method to the chemical method for cleaning sewage biomass.

2. Nachlese zur Münchener homöopathischen Kopfschmerzstudie (Restudy of the Munich homœopathic study of Headache)
LOWES, T. and SPRINGER, W. (AHZ,242,6/1997)

Retrospective consideration of the study indicates a clear discrepancy between the results on the basis of personal experience with the migraine patients and the actual results obtained. What is striking is that there is a multi-morbid headache population with distinct allopathic medicine consumption, which makes it difficult to evaluate the cases. The doctors involved in this study could evaluate better the placebo-group as against the Verum-group. Possible hypothesis for this is explained. In all 72.9% of the patients homœopathically treated successfully in a double-blind study and a non-blind which followed. An altered design of the study is introduced by which homœopathic Verum-study can be done against the allopathic Verum-study.

3. Die Münchener Kopfschmerzstudie: Überlegungen zur Desinplanung (The Munich Headache Trial: Discussion of the design planning)

WALACH, H. (AHZ,242,6/1997)

The background and reasoning behind the design-planning of the Munich Headache Trial is discussed and the design is being defended. Many arguments which have been advanced against the validity of the conclusions of the trial are rebutted. Possibly the recruitment of patients was in the way, which would point to the fact that the efficacy of Homœopathy is not independent of the person, belief, or involvement of a patient. May be also blinding poses a validity problem.

4. Biometrische Aspekte der "Münchener Kopfschmerzstudie" (Biometric aspects of the 'Munich Headache Trial')

GAUS, W. (AHZ,242,6/1997)

A randomized completely masked trial with a Verum and placebo group was performed with patients suffering with chronic headaches ("Munich Headache Trial"). Although this is a very strict design the study was conducted according to the principles of classical **Hahnemannian** Homœopathy. After a detailed case taking the homœopath discussed the case with his colleagues (interview) and could then declare the case as not appropriate for homœopathic therapy or could prescribe a remedy in any potency. The prescribed medication was sent to a Notary Public who did the randomization and sent true remedies or corresponding placebos to the patient. After 12 weeks of therapy patients had headaches at fewer days, headache duration was shorter and headaches were less intensive. However, this therapeutic success was about the same in the Verum and in the placebo group.

The study demonstrates that trials on highest methodological level are also possible in classical **Hahnemannian** Homœopathy and that further research is necessary.

5. Homœopathic treatment of attention deficit hyperactivity disorder - A controlled Study

LAMONT John (BHJ,86,4/1997)

43 children with attention deficit hyperactivity disorder (ADHD) were alternately assigned to either placebo or homœopathic treatment in a double-blind, partial crossover study to determine the effectiveness of Homœopathy for this disorder. Medicines or placebos were given to parents or carers. After 10 days children in the placebo group were given homœopathic medicines. Statistical comparisons were made on the basis of parent or carer ratings of ADHD behaviour before and after treatment. Scores for subjects initially in the placebo group were compared with those initially in the homœopathic group; and scores for subjects initially in the placebo group were compared with scores for the same subjects after they received homœopathic medicine. Statistically significant differences were found for both comparisons, supporting the hypothesis that homœopathic treatment is superior to placebo treatment for ADHD.

6. Homœopathic effect on the sleep pattern of rats

RUIZ Guadalupe (BHJ,86,4/1997)

The effect of *Nux vomica* on the EEGs of rats during sleep was quantified in terms of suitable statistical parameters that showed systematic changes after the homœopathic stimulus. Our results are consistent with a decrease in the coherence of the brain signal compared to results obtained by using either the solvent on its own or pure water, and can be interpreted in terms of irritation of the animals' central nervous system due to the applied stimulus. This coincides with the effect *Nux vomica* has on healthy humans and suggests a means of characterizing the homœopathic effect in physicochemical terms, based on parameters similar to those found appropriate in this study, calculated for physiological data from animal models for specific conditions. It also lends scientific support to ongoing attempts to extend HAHNEMANN's principles of similitude and potentisation beyond their original context, into the realm of veterinary medicine.

7. The Pillar of Homœopathy - Homœopathic drug provings in a scientific framework

WALACH Harald (BHJ,86,4/1997)

The few controlled trials conducted so far have not shown that the symptoms observed by volunteers in a proving are different from placebo. This finding is discussed from a methodological point of view. Provings conducted so far have not convincingly put the method to experimental trial. Provings designed to improve practical prescribing in Homœopathy, using qualitative methodology, should be distinguished

from trials to show that substances in homœopathic dilutions produce symptoms different from placebo. Both methodologies can be combined and a protocol is suggested. (This paper was first presented at the International Conference 'Improving the Success of Homœopathy' organised by the **Royal London Homœopathic Hospital**, 23-24 January 1997)

8. Extracting symptoms from homœopathic drug provings
RILEY David (BHJ,86,4/1997)

There has been a lack of consistency in the way symptoms are extracted from homœopathic provings. The current situation is discussed and recommendations for a proving protocol laid out. (This paper was originally presented at the International Conference 'Improving the Success of Homœopathy' organised by the **Royal London Homœopathic Hospital**, 23-24 January 1997).

9. Good homœopathic Provings - The need for GHP guidelines. A brief survey of recent developments in methodology of homœopathic drug provings in Europe
WIELAND Frank (BHJ,86,4/1997)

The intention of this paper is to show that a scientific standard for good homœopathic drug provings is needed, comparable to the Good Clinical Practice (GCP) guidelines. A minimum standard for homœopathic drug proving protocols is presented that takes account of the substantially different approaches of clinical trials and homœopathic drug provings.

Minimum standard for homœopathic drug proving protocols:

1. Qualifications of the physician in charge
 - a) at least 5 years experience in homœopathic practice,
 - b) at least 3 medicines proved on himself.
2. Medical history (before preliminary observation phase) is necessary
 - a) for the safety of the volunteer, to make sure that he is healthy enough to take part in a proving
 - b) to give a 'baseline' of actual state of health and symptoms
 - c) to make sure the volunteer has understood the purpose and procedure of the proving, is reliable (§ 126 **Organon**) and is able to express his symptoms precisely.
3. Criteria for inclusion. Volunteer must be healthy in the sense that he does not show severe mental or physical symptoms and does not consider himself to be in need of medical treatment. The physician in charge also sees no need for treatment.
4. Criteria for exclusion. Pregnancy, breast feeding, conventional treatments or homœopathic drugs, contraceptive pill (IUDs to be noted in the records)
5. Preliminary observation period. 1 week prior to exhibition of the medicine, with symptoms recorded.
6. Exhibition of drug.
 - a) Definition of the drug - origin, manufacturing method (trituration or mother tincture, method of potentization, etc.)
 - b) Dose and potency. Normally 12c, 30c, 3 pilules every 2 hours, until symptoms appear, for a maximum of 6 doses in one day, stopping immediately if symptoms appear.
7. Documentation of symptoms
 - a) Period of observation: 4 weeks minimum
 - b) Supervision - intense contact between physician and volunteer is essential.
 - c) Complete records in the original writing of each volunteer and physician should be kept, using head to foot scheme, circumstances, mental state, etc. Distinction between new and old symptoms, changed and altered symptoms, cured symptoms, existing symptoms, symptoms persisting for less than one year.
8. Legal requirements of the country have to be considered.

These elements have to be incorporated in a proving schedule, with the roles of the coordinator, physician in charge (supervisor), volunteer, pharmacy, etc. described in detail. To build up a good schedule is not easy, but the hard core of a good proving, which ultimately determines its quality, is provided by first-class experience of the coordinator and supervisors and intense supervision during the proving period.
10. Suppression of alpha adrenergic agonist-induced catalepsy in mice by potentized *Agaricus muscarius*
GHOSH Souvik, BABU S.P.Sinha., SUKUL N.C. (BHJ,86,3/1997)

Agaricus muscarius 30c, a potentized homœopathic drug prepared by successive dilution with 90% ethanol followed by sonication in 30 steps, suppressed catalepsy induced by alpha adrenergic agonists in Swiss albino mice. *Agaricus* produced anticataleptic effect when it was administered orally and no such effect when administered intraperitoneally. The alpha 1 agonist phenylephrine and alpha 2 agonist clonidine were administered intraperitoneally to mice at a dose of 2 mg/kg and 1 mg/kg, respectively. Mice were pretreated orally with *Agaricus muscarius* 30c. The action of *Agaricus* is thought to be mediated through oreoreceptors.

11. Double-blind placebo-controlled, clinical trials of homœopathic medicines in Warts and Molluscum contagiosum
MANCHANDA R.K., MEHAN Neena, BAHU Ritu (CCRH,19,3&4/1997)

The course of Warts and Molluscum contagiosum is unpredictable, peculiar and inconsistent. The aims and objectives of the trial are:

- (1) to evaluate the efficacy of selected homœopathic drugs found useful in the treatment of warts in open clinical trials using controlled trials;
- (2) to evaluate the efficacy of *Calcarea carbonicum* in the treatment of Molluscum contagiosum.

Two trials were carried out - Cross over design, Parallel design; both the trials were carried out at the **Nehru Homœopathic Medical College and Hospital, New Delhi**. Cases on immuno-suppressive drugs were excluded as also cases having active treatment for other diseases.

The findings at the end of the studies is that the earlier open studies and common belief that Homœopathy has a curative role in the treatment of Warts and Molluscum contagiosum is reestablished in these two studies.

VI. PHARMACOLOGY

1. Physical modeling of dynamization
ZACHARIAS Carlos Benato, ZACHARIAS Analia Castelli (BHJ,86,4/1997)

A physical model of the dynamization process is proposed. It is based on some postulates and introduces the concept of saturation, the most important feature of dynamization. The ideal number of succussions, frequency and dilution ration to produce a more effective medicine is discussed. The model is a step towards understanding the dynamization process and, by extension, Homœopathy.

2. Potentization - just a myth?
ISABELL Wendy (BHJ,86,3/1997)

One of the fundamental tenets of Homœopathy is the concept of potentization, and yet it continues to be one of the major stumbling blocks to widespread acceptance of the discipline. As a basis for further discussion this paper provides a brief historical background to the subject and reviews some approaches adopted by homœopaths in publications principally aimed at the consumer. Relevant portions from the writings of HAHNEMANN followed by George VITHOULKAS, A. CLOVER, James Tyler KENT, Harris COULTER, Bernard POITEVIN, SINGH P.P. & CHHABRA H.L., DAVEY R.W., BLACKIE Marjorie, WHEELER and few more, are quoted. The author concludes "Like our conventional medical colleagues, consumers are already seeking a more logical 'scientific' explanation for the effectiveness and efficacy of Homœopathy. An understanding of potentization is central to this. Until such information becomes available, the idea is likely to remain a myth to many." (How many users of the conventional medicine actually seek "logical, scientific explanation", and understand the "explanations" when provided by the concerned Medicine? [To my mind, the common consumers want a Medicine that works surely, gently and at less cost, whatever be its 'scientific' explanation. It is the conventional medical school that demands 'scientific' explanation = KSS])

3. The Unlimited shelf-life of high potencies
DELLMOUR Friedrich (HL,10,3/1997)
See the abstract under No.3 in Chapter 'Philosophy' in this QHD.
4. Continuation fluxion potencies - A modified method of potentisation
MÜNTZ Robert (HL,10,3/1997)

This article is to remind us of the continuous fluxion potencies that unfortunately fell into oblivion decades ago. The author gives a summary of the manufacturing principles, in particular his own modifications, starting off with the methods used at the turn of the century. Surely exciting rediscoveries these.

5. Time-Logics of the Quantal Base State in Homœopathic Potentization
PENSINGER William L., PAINE Douglas A., JUS Julia (JAIH,90,2/1997)

Potentizing homœopathic substances beyond the Avogadro limit is a critical-state coherent process, wherein an element of active information cannot be considered identical to itself. Temporal ordering is paramount in transferring such information to and from the Quantal base state, and requires m-valued logics and skew-parallel geometrics to represent the identity transparency produced by the active temporal operators. In order to model the turbulent dynamics of dilution-succussion, the Hilbert space of quantum theory must be modified under m-valued logics such that a multivalued reference space becomes the informational ground, or Quantal base state, decomposed and recomposed by operator-time. Such temporal operations inherently involve complex angular momentum exchange via "imaginary time." This temporal-spin is a generalization of DIRAC's "spin coordinate" and offers in sight into how the homœotherapeutic potency sustains itself indefinitely.

VII. EDUCATION

1. Changes in medical education - An opportunity for Homœopathy
GIBBS Trevor (BHJ,86,3/1997)

Over the last few years, apparent dissatisfaction with undergraduate medical education has stimulated some medical schools to change their curricula to varying degrees, both in content and philosophy. In line with Government thinking on a Primary care led National Health Service, the change has stimulated use of general practice and the community as an educational resource. This paper describes the curriculum changes in one medical school and the opportunities that have arisen, allowing Homœopathy to be taught at an early stage of student development.

2. Psychoneuroimmunology: An approach to teaching Homœopathy
WANSBROUGH Charles (HOM,66/1997)

The purpose of this article is to bring together a possible teaching model that would demonstrate how the 'Vital Force' brings about the state of disease. This is proposed to be obtained by comparing and contrasting the organic vision of the homœopathic model with a number of developing medical fields which have the same objectives at heart. The two most exciting fields are those of Psychoneuro-immunology and Psychobiology which are at present trying to shift away from the traditional model of the mind/body duality to a conception of 'an embodied mind' which is more in line with our own complementary medical models of holism.

VIII. VETERINARY

1. Vier Tierbehandlungen (Four Veterinary cases)
KRÜGER C. (ZKH,41,4/1997)

Four cases of homœopathic treatment of animals are reported.

1. A three year-old black-and-white colored female rabbit. A veterinary doctor had suggested that it be put to sleep. Both hind legs were paralysed, painless. She moved about apparently without any pain, with the help of its forelegs. After thorough physical examination and other symptoms, and since a 'trauma' was said to be in the background *Arnica* 200 was given and few hours later *Hypericum* 200 in water solution per os, single dose. No progress was seen after a few days. She had developed decubitus. *Hypericum* XM per os, to be repeated weekly twice and the sores to be treated with *Calendula* salve. Four weeks later the report came that she was in excellent state and could hop about as usual! After every dose of *Hypericum* her movement improved.
2. The desperate owner of a Guinea-pig reported that it was worsening day by day and she feared that it would die shortly. It was a female, bright brown, smooth haired, 8 months old, weighing about 400 g. It

was not well a day before and today it has not eaten and was lying in the cage apathetically. This morning she suddenly jumped up in the air and landed in the other corner of the cage. Examination showed a rather apathetic animal, the extremities were very cold, pupils wide open and did not react to light; severe arrhythmia. The muscle tone was very poor, limbs hanging lifelessly. The allopathic prognosis was not good. The owner reported that the previous day she had allowed it to run about and eat the grass which had day before been sprayed with herbicide. *Nux vomica* XM in water solution per os, single dose. The animal was to be kept warm. Next day she had good sleep and from the next day she became fit, played about with its companion, and took food. The eyes react to light, and she is fully well!

3. A female Guinea-pig weighing about 500 g. was brought with the complaint that it was very tired and did not eat. The owner reported that its urine was somewhat offensive. When set to be examined it squealed a little and remained sitting in one place, reacted poorly, apathetically. The owner said "Mimi is ill, otherwise she would simply have whizzed away like a lightning!". When the abdomen was palpated a red-brown fluid dropped from the vulva, creamy-slimy, offensive odor, the secretion was about 10 ml! The diagnosis was: Pyometra, and *Sepia M* one dose per os. Three days later she was brought in again. An impressive improvement was not found and placebo was given; a week later, it was healthy and normal. No malodorous urine, etc.

4. 2½-year-old horse: a week ago he was found to be having a bloody mouth. The Veterinarian had diagnosed a broken molar milk tooth. It was removed and given antibiotics, but now again bloody saliva, and also a colic. It was restless, scratched the earth with its front hoofs, bent its head to its belly indicating colic. The owner recalled that in the recent few days the horse stretched its head often, cheerless face and made empty chewing motions with its mouth "evidently he had tooth ache". Before he had the toothache, he was so friendly and cheerful and very friendly, loving. The remedy for the "loving child" with teeth troubles and abdomen pains is clear; however, repertorization pointed to *Pulsatilla*, given in 30 potency, per os, thrice in interval of 10 minutes. Improvement came rapidly.

2. Wildlife Cyber-care

LEDERMAN Jeff (HT,17,5/1997)

A tiny squirrel, about two weeks old, with respiratory problems. It had fallen out of the nest. It was fed by tube and given *Arnica*, *Aconite*, *Apis*, and *Echinacea* and it began to improve. It became well in a week to such an extent that at the end of the week one could never guess that it ever had a problem!

Arnica/Aconite administered to a fledgling robin with an abdominal hernia that a local woman had brought. It woke up fast and nicely from anesthesia!

3. The Case of Jessy the Kitten

NEWBURY Sandra (HT,17,5/1997)

A tabby kitten with Feline Distemper with mouth ulcers and a very low white blood count of 3,300. The veterinarian said that it was getting worse and gave a poor prognosis. *Baptisia* 30 given and next morning he was up and jumping around; the mouth ulcers were gone and his white cell count was 26,400!

4. Obstacles to Cure in Veterinary Medicine

YASSON Michele (HT,17,7/1997)

The three most detrimental to the progress of a case: Poor nutrition, Vaccines, Suppression or palliation of chronic illness by conventional treatment. The author proceeds to advice on these.

5. The Case of Miss Kitty

LEVY Jeffrey (HT,17,9/1997)

Relatively simple cases cured with common homœopathic remedies.

6. Two Cases

PETERS Randi (HT,17,10/1997)

This is interesting: a Groundhog, appeared to have got injured and unable to move. Close examination was not possible. Assuming that it suffered from shock and injury, since it cowered into the bushes in the garden, a tablet of *Aconite* and *Arnica* in two separate injection syringes and squirted on to the muzzle of the small animal and it licked the drops. Very soon it began to move and go on but had to be given another squirt of the *Arnica* and it moved normally into the water crossed the creek and on to the other side and vanished into the bushes!

Another case by Shirley Lipshutz ROBINSON in which she reports of *Radium bromatum* 30 curing a 'hot spot' - spot where the animal gets itchy, scratches until it bleeds, painful - on a dog. The prescription was given because as a puppy it had received repeated vaccinations and deworming.

7. Two Veterinary Stories

SULLIVAN Lisa (HT,17,11/1997)

In the case of a baby squirrel injured and in shock few pills of *Arnica* powdered and sprinkled on its fur and near its nose helped it recover and then similarly *Aconite* for shock soon made the baby squirrel sit up and shriek for its mother; the mother came hurrying and picked its baby and ran back!

Eve Marie LUCERNE reports that the treatment that she had successfully used for Laminitis or Founder in a horse (a rheumatic inflammation of the ligaments and bones of the lower limbs usually of the front legs) is based on the work of German veterinarian, Dr.Hans WOLTER. *Belladonna* 30 on the first day, followed by *Ginkgo biloba* 2x three times a day for the next days. Dr. WOLTER observes that it did not matter what caused the Laminitis - overfeeding, gravel, high fever and so on - *Ginkgo biloba* will still work. Another observation of his, which is very touching, is that the horse treated with *Ginkgo* "will faithfully appear at the appointed times to receive his remedy".

8. Le chien de Madame Restriction(The dog of Mrs. Restriction)

BRUNSON Marc (RBH, 29,4/1997)

The story of Coucky, a male dog. It came for allergic eyes, treated almost for 2-3 years with a cortisone cream. Conjunctiva was red, and highly inflamed so it kept its eyes half closed always. Could no longer see in the right eye as it was obstructed by a premature cataract. Had a cutaneous allergy which was treated with cortisone. The symptoms repertorised were Erection of male genitalia without sexual excitement. Skin itching, evening in bed, Eyes inflammation, General warmth aggravation. *Caladium* helped the dog.

This is followed by a brief study of *Caladium*.

IX. HISTORY

1. História clínica homeopática - Uma revisão (Homœopathic clinical history - a review)

CESCHIN Vera Maria Ferreira Alves
(RH,62,3-4/1997)

This article is a bibliographical review of some of the master homœopaths, right from HAHNEMANN till today with reference to homœopathic clinical history. The techniques for developing the homœopathic anamnesis were progressively improved by these authors, however within HAHNEMANN's base. The authors considered in this essay are, besides HAHNEMANN: von BÖNNINGHAUSEN, JAHR, KENT, BOGER, STUART CLOSE, GUY BECKLEY STEARNS, KRICHBAUM, PIERRE SCHMIDT, MARGARET TYLER, ANNA KOSSAK, MICALA MOIZE.

2. Homœopathy in theatres of War, 1914-18

LEARY Bernard (BHI,86,3/1997)

During the Great War of 1914-18 homœopathic hospitals were deployed in France and financed voluntarily. An account of their work is given together with that reported by individual homœopathic medical officers.

3. Patients at the London Homœopathic Hospital 1889-1923 - Social profiles and clinical characteristics

BOSANQUET Anna, LORENTZON Maria (BHI,86,3/1997)

Social profiles and clinical characteristics of patients at the **London Homœopathic Hospital** in the period of 1889-1923 are described, based on documentary research. The main sources are 300 volumes of manuscript case notes from this period, discovered in the LHH basement in 1992. Annual hospital reports from 1899 and 1919 provide further illustrative material. Examination of these documents revealed rich information related to medical diagnoses and outcome of hospital treatment, length of hospital stay and social characteristics such as occupation. Changes over time were identifiable and this is of special interest

as the period covered the First World War and an era of marked change in both traditional and homœopathic medical practice.

4. Homœopathy and Mesmer's "Animal Magnetism"
van GALEN Emil (HL,10,1/1997)

Franz Anton MESMER was born in Germany in 1734. He studied at the University of Vienna where he became a Doctor of Medicine in 1766 on his thesis "De Planetarium Influxu" which he later published in English as "On the influence of the Planets on the Human Body". He had the conviction that an immaterial fluidum exists that pervades the entire universe. In 1773 when he began he first started treating patients with the help of magnetic plates. He also claimed to have discovered a natural force which was analogous to the ordinary magnetism but at the same time existed quite independently, which phenomenon he called "the animal magnetism". MESMER wrote a testimony of his cures and sent it to the Royal Society in London, the Académie des Sciences in Paris and to the Berlin Academy, all of whom rejected his ideas. MESMER then settled in Paris and had a flourishing practice. Louis the XVI appointed a committee of which Antoine LAVOISIER, the American scientist Benjamin FRANKLIN, and Dr.GUILLOTIN were members. The Committee came to the conclusion that the so-called "cures" by "mesmerism" were unreliable and had to be ascribed to the patients' imagination. In spite of this negative result MESMER kept his practice in Paris until he moved to London at the start of the French Revolution. (LAVOISIER was guillotined during the Revolution!). After a life of wanderings MESMER died in Switzerland in 1815.

There are several instances in Samuel HAHNEMANN's writings that show MESMER's influence, especially now that recent work by Josef SCHMIDT has made it possible to include HAHNEMANN's earlier texts in a critical and philosophical survey. In a homœopathic respect the **Organon VI** of 1921 may be most important, but in a philosophical respect HAHNEMANN's earlier writings are more interesting, for there the sources of the conception of Homœopathy are likely to be found.

The author proceeds to discuss the connections between Homœopathy and Mesmerism as also the differences and concludes that Homœopathy and Mesmerism are different sides of the same coin.

A very interesting essay.

5. Janus at the Bedside: History and Homœopathy at the End of the 20th Century
STEWART Robert (JAIH,90,3/1997)

For 200 years Homœopathy has been in an adversarial position vis-a-vis allopathic medicine. Although the roots of medical holism go back to the Greeks, albeit unconsciously, it was HAHNEMANN who often made his point by sharply contrasting Homœopathy with the prevailing concepts of health and disease. Yet at this same time (1800), especially through German idealism, the possibility arose for an understanding (an *episteme*) that fully justified an approach to medicine that would include the "subjective", qualitative aspects as well as the merely quantifiable. Just as form (Gestalt) predominates matter artistically, so in a science whose center is the fully alive, whole human being, a reasoned and equal consideration must now be given to expression and to meaning. Hahnemannian Homœopathy is such a science. The article is an attempt to replace Homœopathy within the general development of Western medical thought.

6. Die Homöopathie in Wandel der Zeiten (Homœopathy in the changing times)
SCHMITZ M. (ZKH,41,4 & 6/1997)

This article is in two parts:

1. The early days - HAHNEMANN and his students,
2. The development after HAHNEMANN's death, and discusses the development and world-wide spread of Homœopathy in the last 200 years since its founding.

In the first part the development during HAHNEMANN's time and the achievements and works of some of his disciples are described, and in the second part the further spread and development after HAHNEMANN. Some well-known homœopaths and their relationships to each other are described. Beginning with Constantine HERING further development in the US is shown. Finally the way of classical Homœopathy via P.SCHMIDT back to Europe is explained and by basic thoughts of some homœopaths the current trends are shown.

7. Goethe und die Homöopathie (GOETHE and Homœopathy)

SCHMEER E.H. (ZKH,41/1997)

The article deals with the relation of GOETHE to Homœopathy, takes a look at the part, that Homœopathy has in the works of GOETHE and finally the author investigates, whether GOETHE himself was treated homœopathically. [Henry von WITZLEBEN in his lecture in the LIGA Congress 1974 - 'Homœopathie in der Zeit Goethes' and Reiner APPELL in his article in the **Documenta Homœopathica 1995** have said, with relevant documentation that GOETHE was indeed treated with *Arnica* tincture for his heart ailment = KSS].

8. An Experience with HERING
WINSTON Julian (HT,17,5/1997)

A part of a letter dated 2 January 1845 from one Mary E.Cash of Philadelphia, to Mrs.J.T.Bedell, New York City wherein the writer writes about her and children's treatment by Dr.Constantine HERING. A nice 'Piece of History'.

9. Les Sources de la Matière Médicale Hahnemannien (Sources of Hahnemannian Materia Medica)
(CGH, 34,9/1997)

A short biography of

1. De Amatus LUSITANUS (1511-1568) - a Portugese doctor whom HAHNEMANN quotes in *Arsenicum album*, *Cocculus indicus* and *Conium maculatum*.
2. Antoine-Muser BRASSAVOLA (1500). A famous 16th Century doctor to whose credit there are a lot of works. HAHNEMANN quotes him in the introduction to the chapter on *Aurum foliatum*

X. GENERAL

1. Qualitätssicherung durch objektive Parameter (Ensuring quality through objective parameter)
GAWLIK, W. (AHZ,242,5/1997)

How can the success of a homœopathic therapy be "objectively" confirmed. The author reports about his work in cooperation with allopathic specialists in which 182 patients were evaluated before and after homœopathic treatment so as to judge the effects of the treatment. The success rate as well as the failures in three types of diseases are critically reported.

2. Kostenvergleich Homöopathie/Konventionelle Medizin am Beispiel zweier Fälle von akutem Tinnitus (Comparative costs between Homœopathy/Conventional Medicine with the example of two cases of acute Tinnitus)
BLEUL, G. (AHZ,242,5/1997)

Two cases of Tinnitus handled in a public health practice are reported. The fees of a public health physician and a private physician are compared and confronted with the charges of allopathic therapy. The expenses for the homœopathic remedy are only a fraction (one-fiftieth) of the common drugs; the expensive hospital stay also becomes unnecessary.

3. Homœopathy and the US Primary Care Physician - Growing interest in a forgotten field?
BERMAN Brian M., HARTNOLL Susan M., SINGH Betsy B., SINGH B.Krishna.
(BHJ,86,3/1997)

The purpose of this study was to asses US Primary care physicians' levels of knowledge of and attitudes towards Homœopathy, as well as their practice and referral patterns, and desire for training in this field. Previous studies indicate low practice and referral rates, but high interest in training has been suggested by an earlier regional study. A structured, self-administered questionnaire was mailed to a hierarchical, stratified, random sample of physicians drawn from the American Medical Association membership of Primary care specialists. Results of this study show a high degree of interest in training (49%) in Homœopathy despite current low practice (5.9%) and referral rates (13.8%). In addition, a total of one third of the physicians said they either would use or have used Homœopathy in their own practices. A shortfall exists between the knowledge and desire for knowledge about Homœopathy among Primary care physicians and the availability or amount of information and training accessible in the United States.

4. Vorticity and Homœopathy

(Resonance,19,4/1997)

The ceremonial address by Peter M.PUEKERT at the “**Homœopathy for the World” International Congress in Berlin, April 5, 1997** has been published in full. It is an inspiring address and ends: “May you all take many seeds and seedlings home with you, sow them or scatter them that they too may thrive and bear fruit for the benefit of Homœopathy and for the benefit of the sick. I would like to round off my thoughts with a poem by Rainer Maria RILKE which takes me back to the idea with which I opened this address:

I live my life in ever expanding rings
Which reach out to encompass things
I may not complete the last of these
But want at least to try.

I circle round God, round the ancient tower
And circle for thousands of years,
And I still do not know am I a falcon, a storm
Or a great song?”

5. The Treasure of the Lost City - An Interview with a Master: Dr. Eugenio CANDEGABE
LOCURCIO Gennaro (JAIH,90,2/1997)

Dr.Gennaro LOCURCIO, went to the Argentinean Medical School of Homœopathy, in Buenos Aires. “In the school I met the largest and most competent, group of homœopathic masters one can find in the world at the present time. They are the missed generation of Homœopathy, the continuators that KENT never had in his own country. They are the survived Kentians and the only existing link between the Repertory’s author and the present neo-Kentians. Through GRIMMER and PASCHERO they come directly from the Great American Master, with no interruption. They have spread their doctrine to the rest of South America and to Europe.” PASCHERO brought Kentian to Argentina. He became the most prominent homœopath of his generation. His major contribution was the introduction of the concept of biopathographical history in Homœopathy. He died in 1986. Dr.Eugenio CANDEGABE was a pupil and a personal friend of PASCHERO, and succeeded him as the President of the **Argentinean Medical School of Homœopathy**. He was a pædiatric surgeon before becoming one of the best known homœopaths of the world and one of the leading authorities in Materia Medica.

Dr.LOCURCIO who studied in the Argentinean School under Dr.CANDEGABE was granted an interview before he left Buenos Aires. The conversation is brief, very relevant and interesting, and must be read in full.

6. CODEX: a major Threat to Health Care Freedom
FLEISHER Mitchell A. (JAIH,90,4/1997)

Health-minded Americans and their brethren throughout the world are presently facing the greatest threat to the freedom of health care choice ever before encountered, yet little or nothing is commonly known about this impending public health peril. The UN/W.H.O CODEX is a politically motivated, weakly disguised attempt by the international pharmaceutical industrial cartel to ban and criminalize many popular, safe and cost-effective nutritional and herbal supplements in order to monopolize and take over control of the alternative health care industry which has, in recent years, taken a modest bite out of the excessive, allopathic drug corporation profits.

CODEX is officially known as the United Nations/World Health Organization Codex Alimentarius (Latin for “nutrition code”) Commission, the select, semi-secret group that is empowered to establish worldwide standards for foods, drugs, vitamins, herbs, supplements, pesticides, etc., including their manufacture, distribution and international trade. Over 90% of the international organisations “allowed” to send delegates to the CODEX meetings represent the giant, multinational pharmaceutical corporations.

In October 1996, CODEX met in Bonn, Germany, to formulate radical changes to the rules which govern dietary supplements for U.N. member nations. The proposals of greatest concern were those posed by the German delegation (“Proposed Draft Guidelines for Dietary Supplements”) and are being sponsored by Hoechst, Bayer and BASF. These three German drug companies were formed when the Nuremberg War Trials disbanded the infamous IG Farben, the manufacturer of the poison gas used in Nazi concentration camps during the Holocaust. None of the IG Farben’s directors were ever penalized for their

crimes against humanity from which they profited, they merely divided what remained of the corporation into three separate entities. The three German drug companies' proposals call for the following:

- 1) No herb, vitamin, mineral, etc., can be sold for prophylactic or therapeutic reasons;
- 2) Natural remedies can be sold as food, but they must not exceed the dosage levels set by the Commission;
- 3) CODEX regulations for dietary supplements would become binding, eliminating the escape clause within the General Agreement of Tariffs and Trade (GATT) that allows a nation to set its own standards. This would pertain to all U.N. member nations;
- 4) All new supplements would be routinely banned unless they underwent the CODEX approval process.

[The threat to health freedom is grave. The entire article should be reprinted world over by all the leading homœopathic journals and circulated widely and to the legislators/parliamentarians without any delay. The homœopathic community should sit up and act. = KSS.]

7. Homœopathy and Public Health: How Do We Actually Fit In?
NOSSAMAN Nicholas (JAIH,90,4/1997)

[This is a presentation made to the 52 Congress of the LIGA, Seattle, 1997] Homœopathy is one of the most effective and harmonious medical therapeutic systems on the earth. Public Health may be defined as the branch of medicine which addresses the health of the collective (i.e. people of the earth as a group, as well as geographical subsystems of those people). This presentation attempts to take a worldwide view of the application of homœotherapeutics and the principles of Homœopathy to the health concerns of the various societies of the planet, citing the differences on different continents. Special attention is devoted to Homœopathy in the United States and how we may better address the health of the US populace as a whole.

8. The Process for starting Clinical Audit in Homœopathic Practice
PAY Jill and STONE Yvonne (HOM,66/1997)

The first article on this subject (HOM,64/1997) discussed the relevance of Clinical Audit to homœopathic practice. This article describes the practical application. The Audit cycle goes like this:

- Who are we? What are we doing?
- What are we trying to achieve? What are professional standards?
- How do we find out where the problems lie? Sample size.
- What does this tell us? Methods of problem solving
- How to make changes.
- What insights did we gain on this and other audit projects?

9. The Character of HAHNEMANN and the Nature of Homœopathy
MORRELL Peter (HOM,67/1997)

This article is "an analysis of HAHNEMANN's personality - and then relates the main elements of it to the development of Homœopathy in the world and what I shall call the 'Great Schism'. Based upon his personality and his practice, a critique is then presented of the claims of modern, self-styled 'classical homœopaths'." In brief, HAHNEMANN is presented as a combination of a 'fussy pedant' and 'violent revolutionary'.

Peter MORRELL suggests a 'balanced approach' to HAHNEMANN's teachings.

10. Hahnemann wollte die Einleitung zur sechsten Auflage des "Organon" kürzen! (HAHNEMANN wanted to curtail the Introduction to the sixth edition of the "Organon"!)
WISCHNER M. (ZKH,41,6/1997)

In the ZKH,40,4/1996, WISCHNER suggested that HAHNEMANN intended to shorten the Introduction to the VI edition of the **Organon** rigorously. In the present article the author quotes a letter written by HAHNEMANN to Dr. Stephan Eduard HIRSCHFELD, Physician in Bremen and student of HAHNEMANN. HIRSCHFELD was deeply involved in Phrenology. He was co-editor of a journal called "Zeitschrift für Phrenologie", which HAHNEMANN intended to subscribe for MELANIE. HAHNEMANN's interest and attitude towards Phrenology is pointed out, as well as his relationship to his disciples.

11. Homœopathy & Naturopathy: A Theoretical Perspective
SHEVIN Judy K. (Simillimum,X,4/1997)

It is said that Naturopathy as we know it arose from the union of the homœopathic and Nature Cure movements. Few of the early Nature Cure doctors actually used Homœopathy.

The author cites cases to show the similarities between the two systems of medicine.

XI. BOOKS

1. Einführung in die Homöopathie - nicht nur für Zahnärzte. Mit Hinweisen auf die Elektroakupunktur nach Voll. (Introduction to Homœopathy - not only to Dentists. with hints on Electroacupuncture of Voll.) BARTAK J. 168 S. mit Abb. Verlag Grundlagen und Praxis. Leer 1996. DM48,-. (German) review by GEBHARDT (AHZ,242,4/1997): "The author is a practicing Dentist and in the first chapter gives the foundations of Homœopathy in an excellent manner and in the second chapter gives the reliable indications in Dentistry with therapeutic tables... The chemical diseases are described in the third chapter. The miasms theory is explained in an excellent manner in modern form. The views of PASCHERO and ORTEGA are kept in view... Suggestions for use according to VOLL and BARTAK not only regarding testing for medicaments but also to ascertain the level of tolerance of the dental materials used and the reactions of the patient, are discussed... The text contains many instructive cases. The work can be recommended without hesitation."

2. Ausgewählte Fälle aus der Praxis eines homöopathischen Arztes. (Selected Cases from the Practice of a homœopathic physician) by HESS, W. 796 S. geb. Karl F.Haug Verlag, Heidelberg 1996, DM 198,- (German) review by GEBHARDT (AHZ,242,4/1997): "... Walter HESS begins the collection of some of his selected cases speaking of his patients whom he treated as a homœopathic physician and not as wonder-healer, Guru or homœopathic ideologist, over a long period. Encouraged by an inner feeling HESS teaches with the help of cases which cover a period of many decades, how he went about interpreting the symptoms. His readiness for self-criticism, reflection of where he went wrong and discussing it with the reader is one of the richness of this book. ...Timely comments, brief digressions on Philosophy and scientific theories, make this book a lively whole which can be recommended to every newcomer, and which the well-experienced will also find gainful."

3. Medizin, Gesellschaft und Geschichte. Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung, Bd.12, (Yearbook of the Robert Bosch Institute), Hrsg.R.Jütte, 255 S., kart., Franz Steiner Verlag Stuttgart 1994, DM 48,-. (German) review by APPELL (AHZ,242,4/1997): "...Heinz SCHOFF, the Medical historian from Bonn writes about the Typology of the Physician-patient-relationship as between the eras of Enlightenment and Romanticism... For the scientific theoreticians the article of Volker HESS on "Hahnemann and the Semiotics" which deals with FOUCAULT's concept is important. ... Lastly is Petra WERNER's article on the separation of the institutionalisation of Nature therapy and Homœopathy in the Friedrich-Wilhelm-University at Berlin during the period 1919 and 1933. All in all a volume that can be recommended ..."

4. Arzneimittelbild und Persönlichkeitsportrait. Konstitutionsmittel in der Homöopathie. (Materia Medica and Personality portraits) by W.GAWLIK. 2. überarb. u. erw. Aufl. 362 S., geb. Hippokrates Verlag, Stuttgart 1996. DM 94. (Germany) review by APPELL (AHZ,242,5/1997): "Willibald GAWLIK knows that the study of homœopathic Materia Medica need not necessarily be tiresome or dry, and can be picturized well. His collection of drug pictures and personality portraits comes now in a revised and extended new edition. Besides the Nosodes and such important and broad action remedies like *Lac caninm* and *Plumbum* are given in a fresh manner; 70 remedies as against the earlier 51 have been studied in this work..."

5. Einfache Homöopathie in Fallbeispielen. (Plain Homœopathy with case examples), H. LEERS. Bd.2. 192 S. brosch. Karl F.Haug Verlag, Heidelberg 1996, DM 52,-. (German) review by GEBHARDT (AHZ,242,5/1997): "...it is always enriching to read the author's cases which is now appearing in its second volume. It is on the basic rule: "What is predominating? What is peculiar?"... The book is, not only for the beginners but also for the experienced homœopaths, very useful in practice."

6. Indianische Heilkräuter. Tradition und Anwendung. Ein Pflanzlexikon (Indian Medicinal Plants. Tradition and use. A Plant Dictionary). by C.RÄTSCH. 319 S., brosch. 6. Aufl. Eigen Diederichs Verlag, München 1996.DM 22,-. (German) review by APPELL. (AHZ,242,5/1997): "Homœopathy must be thankful to the Indians of Latin America for such very useful remedies as *Aloe*, *China*, *Luffa* and

Guajacum to mention only some. It must be mentioned that the homœopathic indications and applications of the healing herbs are often agreeable with the Indians.” Christian RÄTSCH’s medicinal herbs lexicon shows the involuntary homœopathic use of the herbs by the Indians. It is also seen that the consequences of suppressed skin eruptions were known not only to us but also to the Indian Medicine. ... In the Introduction to this very readable book RÄTSCH stresses the significance that a good physician will be able to apply the remedies well only if has tested the medicines on himself first. A warning which may be repeated in the homœopathic context!”

7. Grundkurs in klassischer Homöopathie für Tierärzte (Basic course in Classical Homœopathy for Veterinary doctors) by A.SCHMIDT. (Hersg.) 223 S. Sonntag Verlag, Stuttgart 1996. DM 65,-. (German) review by APPELL. (AHZ,242,5/1997): “The title need not mislead us... The compilation put out by the Switzerland Jost KÜNZLI Working Group of Veterinary-Acupuncture and Homœopathy is a textbook which at the same time can be recommended as basic course for “Human Homœopaths”... The problems of animal provings which has not been possible so far has also been discussed. The readable book is rich with cases...”

8. Pädiatrische Praxis der Homöopathie. (Homœopathy in Pædiatric Practice) by M.WIESENAUER. 2.Aufl. 152 S., brosch., Hippokrates Verlag, Stuttgart 1993, DM 29,- (German). review GEBHARDT (AHZ,2442,5/1997): “The small, handy book which can be carried in pocket during house visits will be of practical help in pædiatric practice for urgent references by the busy practitioner. ... The book will very much be of use for the beginners... The book can be recommended for entrants in Homœopathy.”

9. Homœopathy and the Elements. Jan SCHOLTEN. Stichting Alonnissos, Servaabolwerk13,3512 NK Utrecht, The Netherlands 1996. review by John ENGLISH (BHJ,86,3/1997): “An unknown picture; needs an unknown remedy,’ suggests Jan SCHOLTEN in his new book, in which he describes a symptom pattern to the Periodic Table by which one may predict sufficient characteristics of a homœopathic nature. It is tempting to reply in the words of the American musical ‘it ain’t necessarily so!’ but who’s to say it nay? SCHOLTEN, in this highly controversial book, is not claiming that his are complete, or properly proven. He quite properly takes pains to acknowledge that they are only a beginning which needs to be confirmed by conventional homœopathic research.

In his earlier book **Homœopathy and Minerals**, SCHOLTEN developed the concept of the salts as the sum of their anion and cation components. Having identified key concepts, or ‘themes’ of known medicines, he predicted the likely homœopathic drug pictures of hitherto unknown salts, illustrating his theory with successfully treated cases. This clinical success led SCHOLTEN to extend his thinking to the Periodic Table as a whole... The book starts with a 72-page explanation of its essential ideas. The next 740 pages contain the new Materia Medica, which encompasses all but the Lanthanides and some 7th series elements. A 20-page Epilogue covers a number of ‘Principle’s of practice’ issues, some of them controversial. At every stage he uses examples to illustrate his meaning, and this makes it easy to follow. The last 46 pages provide comprehensive and very useful graphs and tables which summarize the work, a bibliography, and separate indices of concepts and medicines... In a chapter on the source of drug pictures SCHOLTEN discusses both the value and the limitations of our two main sources of information about drugs: provings and clinical experience. He adds his own contribution: ‘Generalization’, or extrapolation by inference from what is known of neighbouring elements... The bulk of the book concerns Materia Medica based on the theory concerning the Periodic Table... This book must represent the biggest potential addition to the concepts of Homœopathy since HAHNEMANN’s original discoveries... I hope the work will be given a fair hearing, and that many of us will eventually contribute to an increase in our knowledge which, while as written here will also probably modify it.”

10. Homœopathy for Modern Pregnant Woman and Her Infant, by Sandra J.PERKO, Ph.D. 460 pages, Benchmark Homœopathic Publications, 13516 George Road, Suite 101, San Antonio, TX. ISBN 0-0653187-0-2. 460 pages. \$ 59.95. review by Betty IDARIUS (Resonance,19,5/1997): “...Now thanks to Sandra Perko, we have the most complete book by far on the subject of Homœopathy for pregnancy, child-birth, and newborn care, titled **Homœopathy for the Modern Pregnant Women and Her Infant**. One hundred seventy-eight remedies are covered, including many lesser known remedies. The table of contents alone runs for 30 pages. Included are the more common subjects and remedy differentials for morning sickness, nutrition, miscarriage, malposition, labor difficulties, hemorrhage, as well as more obscure topics, such as pre-eclampsia, disturbing fetal movements, hydrocephalus, retarded

closing of fontanelles, undescended testicles, and 16 separate birth defects, just to name a few... This book will undoubtedly become a frequently used and well-loved book for any homœopath working with pregnant women and new born babies..."

Review by D.George GUESS. (JAIH,90,3/1997) "Dr.Perko has written a thoroughly informative and easily usable text covering almost all conceivable clinical topics concerning pregnancy, labor, the post-partum period, ailments of the newborn child, and breast and nursing problems. Remedy descriptions are clear, succinct, and highly practical. The organization of the book is impeccable. Information can be easily and quickly accessed, a quality many birthing attendants will find of immense value when emergencies arise... I highly recommend it to all homœopaths who maintain an obstetric practice or who tend to pregnant women and nursing mothers."

11. Homœopathic Handbook for Poison Ivy and Poison Oak, by Joel KREISBERG, D.C. 52 pages, Teleosis, 3, Main St., Chatham NY 12037. \$ 14.95 review by Melanie GRIMES (Resonance,19,6/1997): "...is a very useful book and should become a standard bedside manual for practitioners in the summer months. The book covers 29 remedies, divided into three groups: Rhus polychrests, smaller remedies and little remedies. There are very useful tables that help differentiate between types of discharge, aggravations, ameliorations, location, and wonderful graphs for each remedy. A glossary is included. ... 29 remedies, from *Agaricus* to *Zinc*, are featured, each on a separate page, describing in detail the differential diagnosis..."

12. Trees and Plants That Heal, by Steve OLSEN, Legacy Publications, 12133-221 St., Maple Ridge, BC V2X 5T2. 178 pages \$ 30. review by Melanie GRIMES (Resonance, 19,6/1997): "Great care was taken in selecting and editing these provings. Three of the remedies are sources from trees growing on the Pacific coast: Douglas Fir, Madrone, and Pacific yew. These are truly North American provings. The other two, Dong gui and Star flower, are plants with a previous reputation in healing. *Angelica* (Dong gui) will be a very useful addition to addressing hormonal imbalances, and should prove useful in menopause... OLSEN is to be commended for bringing us these five useful remedies. They are some of only a handful of published provings in North America. Many provings have been conducted, but very few ever get through, this technical and difficult stage. OLSEN has chosen to reproduce the Provers' notebooks, listing the symptoms chronologically. ...OLSEN includes a very thorough Materia Medica in which he compiles the picture of the remedy. Also included are cases of each remedy with up to a year follow-up... There is a nice bibliography with listings from Bœricke to Wordsworth. ...These remedies are important additions to our Materia Medica. The proving work is thorough and well-documented. The cases are well expressed. Eventually these remedies will make their way into the repertories but for now, please support the Provers' sacrifices, and buy this book."

13. Homœopathic Guide to Stress, by Miranda CASTRO. published by Mt.Martin's Griffin, 175 5th Avenue, New York, NY 10010. \$ 18.95. review by Karen ALLEN (Resonance,19,6/1997): "... Homœopathic Guide to Stress provides a way to define, measure, and relieve stress using lifestyle changes and Homœopathy... It includes a very pragmatic section on lifestyle guidance for dealing many of life's everyday stresses such as diet and test, etc.; several cases; separate sections identifying specific stress patterns for mental, emotional, and physical stresses along with suggested remedies; and a concise Materia Medica. Throughout is woven the depth of experience as a practitioner which Miranda brings to her writings; she writes effectively because these are situations she has covered with many patients."

14. *Ambra grisea* - The Road to Homœopathic Practice, Vol.I. by Michael THOMPSON, Doghaus Publications, 16 St.Michaels Mount, NNI 4JG, Northampton, England 1996. ISBN.0-9527966-0-0. 40 pages. review by Jean Pierre JANSEN (HL,10,1/1997): "This is an in depth study of the remedy *Ambra grisea* by my friend Michael THOMPSON, based on his own cases and existing Materia Medica sources. His method is thorough... After the introductory chapter he presents nine full cases, which are clearly cured... The cases cover the diagnoses, elbow strain problems, fatigue, Crohn's disease, menopausal flushes, constipation, bowel anxiety and cervical injury... At the end of the book he gives 28 additions in five sections of the **Complete Repertory** which he has seen in his cured cases, and says that they can be added safely. Some practical hints come from discussions during seminar presentations by the author... The book ends with a chapter on the signature and biology of ambergris and sperm whales... The author suggests to think of this remedy for children who have been abused and develop constipation. Alphons GEUKENS has mentioned that old people needing *Ambra* have ailments from the death of friends, which is

a natural occurrence at that age... On the physical plane the tennis elbow comes up as a characteristic of this remedy. This book is a gain for every beginning and experienced colleague..."

15. Homœopathy in Primary Care, by Bob LECKRIDGE, Churchill Livingstone, 1997, \$29.95. review by Edward CHAPMAN, M.D., D.Ht. (JAIH,90,3/1997): "The education of mainstream, primary care practitioners is one of the most important activities that will support the growth and increased utilization of Homœopathy. Many of us share the vision to have Homœopathy stand side by side conventional medicine in the care of all patients. Bob LECKRIDGE and his colleagues at the Glasgow Homœopathic Hospital have pioneered the development of methods to bring Homœopathy to this population with a voice that can be heard and which at the same time respects the homœopathic principle; prescribing of the similimum rather than a diagnosis... This book is based on the first-year course that Bob, David REILLY, and their fellow Scots have developed over the past 12 years. It is a proven methodology... The text of this book is straightforward and concise. The materials emphasize practicing within the scope of one's training and competence, a lesson that must be learned by all homœopaths and too often ignored by homœopathic students... This book is a gem..."

16. Vaccination by Viera SCHEIBNER, First Australian Edition, 1993. review by Janice GRAVETT (HOM. 65/1997): "I found this book fascinating and illuminating read. It is educational, instructive and thought-provoking. It is also quite challenging in some respects because it summarises a volume of international research on the short and long-term effects of vaccines. It is Viera SCHEIBNER's view that vaccines represent a medical assault on the immune system with the result that vaccinated children commonly exhibit a deranged immunological response, and that new diseases derive from vaccination. She concludes from her extensive study of a wide selection of research papers that all vaccination programs should be suspended. Her arguments revolve around the thesis that it is absurd to set out to eradicate childhood diseases which play an important role in the maturation of the immune system of children. There is evidence to suggest that people who develop cancer, experienced few childhood diseases... Vera SCHEIBNER came to this study from an objective and detached position. While running a research project, the Corwatch program with Leif KARLSSON to monitor babies potentially at risk of cot death, she saw vaccination emerging as a contributory factor. As babies' breathing patterns were monitored and recorded, a significant link was established between cot death and vaccination. Her subsequent study of over 30,000 pages of medical research papers, indicated that there was no evidence of the effectiveness of vaccines... While there are important questions to be asked about financial interests and profit margins, there are the bigger questions about the real action and effectiveness of vaccines... This makes engrossing reading because it is so informative and often detailed, and written for a medical/health care audience in a language and style which educates and intrigues. ... She argues that vaccination is the epitome of ignorance and the unscientific approach to medicine... Her unequivocal view is that the time has come to accept Homœopathy as the most modern and scientific medical system."

17. AIDS - the Homœopathic Challenge by Jonathan STALLICK, Ribble Press, 1996, review by Helen COHEN. (HOM,66/1997): "...This book is, in my view, a hypocritical and unprincipled work which, although it raises important questions, is a futile exercise that proves nothing and achieves nothing..." [This review evoked many letters protesting against the harsh and somewhat 'vindictive' nature of the review and in HOM 67/1997 another, smaller review by a well known homœopath was published]; review by Jan SCHOLTEN: SCHOLTEN questions the dicta that not more than one remedy should be prescribed at a time and then says: "...The book makes a similar discussion for other rules in Homœopathy such as the frequency of repetition of remedies and the rapid changing or alternating of remedies. The chapters on AIDS itself are clear and concise. The Materia Medica is compact, clear and adapted to AIDS. The cases are the most valuable part of this book, giving a good picture of the way the author is using Homœopathy and how much Homœopathy can do for homœopaths treating AIDS patients, but it also evokes a rethinking of many of the 'rules' in Homœopathy."

18. Homœopathy for Musculoskeletal Healing, Asa HERSHOFF ND, DC., 314 pages, North Atlantic Books, ISBN 1-55643-237-2, \$20/- review by Alistair DEMPSTER (HOM.66/1997): Asa HERSHOFF is a naturopathic physician, chiropractor and homœopath. He was founder of the Canadian College of Naturopathic Medicine, and was a key figure in the revival of natural medicine in Canada... His practical knowledge and chiropractic skills are well combined with his theoretical understanding and application of Homœopathy. ... As the text implies the scope of the book falls into the 'specialist' category and as such the approach tends to be symptomatic of the condition ...The book is not just aimed at practicing

homœopaths but also for anyone with an interest, or an involvement in the treatment of Musculoskeletal problems, and would be desktop texts for the likes of chiropractors, osteopaths, massage practitioners, sports physiotherapists and so on... When all is said and done I found the book easy and useful to use... This book fills those gaps where whole person prescribing may be inappropriate, or when dealing with acute, but at the same time always strives to remind the practitioner to give remedies according to the big picture, not just the small one. A useful and practical addition to any homœopathic library."

19. Dynamic Provings Vol.I, Jeremy SHERR & the Dynamis School, ed. Melanie GRIMES; Dynamis Books, Great Malvern, UK. 1997. ISBN 1-901147-02-9, Softbound, 442 pages. review by Nick CHURCHILL (HOM,66/1997): "Jeremy SHERR's latest book presents the provings of *Adamas* (diamond), *Androctonus* (scorpion), *Brassica* (rape seed), *Haliacetus* (eagle) and the elements *Germanium*, *Iridium* and *Neon*. *Androctonus* was first published in 1985 (it was Jeremy's final year project at College) its usefulness as a remedy has become firmly established. *Iridium* is not a Dynamis School proving, but is the work of graduates of that school, Tricia GRIFFIN and her colleagues at the Sheffield School of Homœopathy. All six other remedies were proved by students of Jeremy's illustrious post-graduate course in London, Norway and California, where the theory and practice of provings, and the way they affect our understanding of Homœopathy in general, is the focus of the last year of study. *Adamas* fittingly had an additional input from Berkeley WINGFIELD-DIGBY and provers in South Africa. As readers will appreciate why, when they open this excellent book, besides introducing a clutch of remedies of great significance to everyday practice (and two in particular that seem destined for an even higher status) it also shows the way forward for the undertaking and publication of all future provings.

As its title suggests, this is an open-ended *Materia Medica*, the first in a series that will include not only Jeremy SHERR's own work, but also full classical provings from other high quality sources. It will, in his words, "resume the work of HAHNEMANN, ALLEN, HERING and the other great homœopaths who have published provings collectively".

I have to single out the sheer (the Sherr?) quality of the work. Recent years have seen a multitude of new provings, the vast majority of which were conducted with good will and enthusiasm but are actually of very little practical use. Some were undertaken without a proper regard for HAHNEMANN's principles; others showed no understanding of the need for quality supervisions; many lacked the determination to preserve in recording and editing when the excitement wore off and the going got tough, as it always does in provings. There is nothing more maddening than reading an incomplete or partial proving, just as there are few things more satisfying than being able to enter the world of a finished one. Small scale or short-term provings, dream and meditation provings may be instructive but they cry out for completion, and unless they get it, energy is dissipated rather than harnessed. So, thanks to everyone involved in *Dynamic Provings*, especially to the editor Melanie GRIMES for putting together such an attractive publication, and of course to JEREMY for providing the master plan and for teaching us how to do it in **The Dynamics and Methodology of Homœopathic Provings**. ... Jeremy SHERR is naturally aware of the risks involved in conducting provings and has developed an approach that treads a 'dynamic' middle path between art and science. The key is to be sensitive to the expressions of individual and cosmic susceptibility during the proving and, in capturing them for posterity, to subject them to that robust and rigorous examination which is proper to human enquiry but not to a lifeless, soulless science. ... JEREMY refuses to provide essence pictures in the **Dynamic Provings**, and rightly so, for interpretation has no place in what must at this level remain a purely factual record. ... All these new remedies, especially *Adamas* and *Germanium*, will soon be very widely used."

20. The Elements of Homœopathy by Dr.P.SANKARAN, edited by Rajan SANKARAN, 1997. Homœopathic Medical Publishers, Bombay. Two Volumes, hardbound. 736 pages. review by Jude CRESSWELL (HOM,67/1997): "I have delighted in reading these two volumes and heartily recommend them to teachers and students alike. As a teacher I am always on the look out for books that are full of practical experiences with remedies, detailed accounts of cases and insights into Philosophy and *Materia Medica*. We can so easily forget the wealth of homœopathic experience available from the Indian lineage as curriculum become more rigidly defined and students are under pressure to read and respond only to the accepted 'Master voice's of Philosophy - KENT, CLOSE, ROBERTS, FARRINGTON, BOGER, ALLEN, etc... Dr.SANKARAN studied in London with Marjorie BLACKIE and FOUBISTER, he knew Elizabeth WRIGHT-HUBBARD, was close friends with Dr.Jugal KISHORE and an associate of

Dr. PHATAK, to name but a few. What an amazing homœopathic pedigree! A prolific writer, he had a busy practice in Bombay until he died in 1979.

In the Editors Introduction, Rajan SANKARAN suggests that students who are learning a remedy should have access to all of the authors who have spoken about the use of the remedy, not only one modern synthesis but the widest possible range of experience. I think this has been a guiding principle in the selection of works included in these volumes. He not only talks about his observations of how the remedy has worked but gives us some invaluable references to other homœopaths and their case work experiences.

"The second section of Volume I is about Nosodes, again giving case notes, observations and examples. Under each Nosode discussed SANKARAN gives references... In *Medorrhinum* we are told that ROBERTS, BURNETT, BELLAKOSSY, HUBBARD, SUTHERLAND, BOGER, UNDERHILL, LEON, BAKER, all had something of interest to add to our knowledge of the uses of the remedy. The third section is a short introduction to the Bowel Nosodes, invaluable for any student who has not been taught these remedies... Next some Provings...

"Students at any level would benefit from reading through SANKARAN's thoughts on case taking and analysis. In the repertorisation section he gives case examples of particular illnesses, such as Pneumonia, Emotional diarrhoea and Anaemia. Then he gives the rubrics he used in his analysis...

Volume 2 is more philosophical, with sections on The Potency Problem, Repetition of Doses, the Clinical Relationships of Remedies... I am sure that any student, any teacher and any practitioner - no matter how experienced they are - will enjoy browsing through these volumes. Dr. SANKARAN has inspired me to go in search of some of his sources and even to go back to India again for another dose of serious experience."

21. Personnes et Personnages. Profils Homéopathiques, by Bernard CHARTON and Jacqueline BARBANCEY. Editions Similia. Paris 1994. ISBN 2 904 928 85 5. Paperback, 190 pages, FF 165. review by Francis TREUHERZ (HOM,67/1997): "When I found this book in Paris recently I whooped with delight and it fully lives up to its expectations, and sometimes exceeds them. Here we have two talented homœopaths, both also qualified in psychiatry, presenting biographical profiles of some well known figures of European culture. When you read the list you will marvel: Mozart, Chateaubriand, Wber, Byron, Chopin, Wagner, Liszt, Mahler, Kafka, Strauss, Mauriac and Picasso. The biographical material is drawn from published sources, sometimes in great detail, with insights into their medical history. There are contributions from psychoanalysis and from Jungian analytic psychology... Here we read a full account of not only Boswell's philanderings but his acute and ultimately chronic and fatal Gonorrhoea. This is especially useful for students who read about the miasm but never encounter the disease directly. D.H. Lawrence is presented as tubercular, and Newton as suffering from neurological problems. But insightful as they are, they are allopathic cases and only sometimes provide enough material for us to prescribe an imaginary homœopathic remedy... This book ... places us where we belong, as a self-evident mainstream school of thought, and it is stimulating and fun... If your French is not too great it is a good read with sufficient context for you to use it as a way of self improvement with a dictionary to hand..."

22. Computer Suchprogram "Homöoindex", G.H.G. Jahr Verlag, Euskirchen, Preis je Modul DM 150-350,- review by JANSEN (ZKH,41,5/1997): "There are some Computer programs which should make a homœopath's life light. Recently the publishers G.H.G. Jahr Verlag, who have in the past new/reprints of "classics" in Homœopathy have made a good in literature-search programs. On the basis of the well-known world-over Data-base "FOLIO", HERING's **Guiding Symptoms** and the **American medicine provings**, WARD's **As If Symptoms**, from G.H.G. JAHR **Symptomenkodex**, as also the **Lehre und Grundsätze** and Clemens von BÖNNINGHUSEN's **Aphorismen** and lastly HAHNEMANN's **Organon** are together compiled and presented as Literature-search-program... For the homœopaths who want to find something rapidly it is a MUST! Important is the reasonable price..."

23. Samuel Hahnemann - Synchronopse seines Lebens, 184 pages., geb. 5 Tab., Sonntag Verlag, Stuttgart 1996, DM 55,- review by WEGENER (ZKH,41,5/1997): "On the occasion of the 200 anniversary of the birth of Homœopathy GAWLIK published an overview of the history, art, culture and science during the days of HAHNEMANN. In the first chapter "Hahnemann - Leben und Wirken" he gives hitherto less known biographical sketches from HAHNEMANN's adventurous life and the testimony about his genial talents... In the second chapter "Musik zur Zeit Hahnemanns" he gives an overview of the then in vogue

styles and with reference to HAHNEMANN's life,... MOZART's... In the subsequent chapters the periods literature, arts, science, cultural history, politics and philosophy, are discussed and history reference to HAHNEMANN is shown..."

25. On the difficulty of writing a History of Homœopathy: a Review of **Martin DINGES, ed. Weltgeschichte der Homœopathie (München: Verlag C.H.Beck, 1996)** and **Martin DINGES, ed. Homœopathie: Patient, Heilkundige, Institutione, von den Anfang bis Heute (Heidelberg: Karl Haug verlag 1998)**: review by Harris COULTER, Ph.D. (JAIH,90,2/1997): "Homœopathy has always been badly served by medical historians. Garrison (History of Medicine, 3rd edition, p.460) devoted one page to it and called it an "offshoot of eighteenth-century theorizing" - this at a time when the homœopaths constituted fifteen percent of all physicians in the United States. And Garrison was generous. Other historians have lavished one or two lines on the New School, or ignored it altogether. This may seem excusable at a time when Homœopathy was said to be "yielding to scientific medicine." Today, for obvious reasons, this claim cannot be taken seriously, we have somehow to come to grips with a movement in medicine which will certainly survive all of us. If patients want Homœopathy, do historians have the right to stand aloof? But in attempting to write a history of homœopathy one finds it almost impossible to agree on an interpretation; the homœopaths have their version, and the other side has its. ...An 'objective' history of Homœopathy - wie es eigentlich geschah - is thus an impossibility. The historian who accepts one paradigm will perceive certain "facts" as meaningful, while the historian who accepts the other paradigm will choose a wholly different set of "facts". History, after all, does not exist in some "objective" dimension, but is infused with life by the vision, beliefs, and emotions of the historian. ...My **Divided Legacy: A History of the Schism in Medical Thought** tried to show that this controversy was merely the 19th century avatar of an ongoing dispute in Western Medicine between two independent and autonomous traditions, called, on historical grounds, Empiricism and Rationalism. From this perspective Homœopathy clearly falls within the Empirical tradition, while Allopathy, or a "scientific medicine" as it is called by its devotees, is part of the Rationalist tradition. The two books under discussion here illustrate these vicissitudes of the historians of Homœopathy very well.

Homœopathie, which focuses on Germany, German homœopaths, and the German 'sprachgebiet', contains extremely interesting articles on such fascinating and historically influential figures as Constantine Hering (1800-1880), P.W.L.Griesselich (1804-1848), editor of the homœopathic periodical, **Hygea** and the veterinarian J.J.W Lux (1773-1849). Equally fascinating are a description and discussion of HAHNEMANN's patients, an account of the introduction of Homœopathy into India by the German physician Martin HONIGBERGER (1794-1869), a history of homœopathic lay organizations, hospitals, and manufacturers, and essays on less well known (to Americans) figures such as Arthur LUTZE (1813-1870) and Eugen WENZ (1856-1945).

Weltgeschichte allocates less space to Germany and pursues homœopathic history in the other countries of Western Europe, the U.S.A., Poland, Rumania, Canada, Brazil, and India. As in **Homœopathy**, the account is given in terms of persons and institutions.

It will take a while for this massive infusion of information to make its impact on the history of medicine generally and the medical-historical world should be grateful to the authors and compilers. Hence it might appear churlish to criticize these books but some serious negative comments are indeed in order. While we obtain a lot of factual knowledge about institutions and individuals, lacking is any discussion of ideas, and seemingly any awareness that Homœopathy is a system of ideas. ...Ignoring the intellectual basis of Homœopathy means presenting it like a stuffed bird. The taxidermy is remarkable but we would prefer the living animal. ... this lacuna is so massive that it distorts the historical account. The philosophical basis of Homœopathy is important, in a word, because a philosophical dispute totally shattered American Homœopathy in the late nineteenth century and led to its collapse as a vital force in American medicine. Without coming to grips with this dispute an intelligible history of Homœopathy is not possible. After all, this could happen again. ...Thus the two books under consideration, while produced under the auspices of the **Robert Bosch Foundation**, which in theory supports the homœopathic viewpoint, seem to this reviewer written by individuals who do not "believe" in Homœopathy but "believe" in Allopathy... While the authors of the essays in the two books under consideration nowhere state that Homœopathy is, or is not, a part of "medicine", their avoidance of any theoretical discussion suggests a skeptical attitude toward the homœopathic ideas. At a time when Homœopathy is growing worldwide at perhaps twenty-five percent per year, an idea-less historical of this movement renders less of a service than

we have a right to expect from the **Robert Bosch Foundation**. These two books give us an enormous amount of new information about the homœopathic movement in Germany and elsewhere, but they could be still better than they are."

26. Homœopathic Guide to Stress, by Miranda CASTRO, 400 pages, \$18.95, St.Martin's Griffin, New York, review by Alice DUNCAN (Simillimum,X,3/1997): "...Miranda CASTRO's recent work, **Homœopathic Guide to Stress**, is an excellent book to recommend to patients who need to identify the stresses in their lives and learn to understand and work with them... Considering the vastness of the subject, Stress (and the vagueness with which it is sometimes approached in main stream medicine) this book is very thorough, sympathetic, useful, and clear... I recommend this book, for the general public and for practitioners to suggest to patients."

27. Yasgur's Homœopathic Dictionary, fourth edition, by Jay YASGUR, VanHoy Publishers, P.O.Box 636, Greenville, PA 16125, 450 pages, \$23.95 plus \$3 s&h. review by Durr ELMORE (Simillimum,X,4/1997): "Jay YASGUR has thoroughly revised and greatly expanded his earlier works, resulting in a volume that deserves an important place in the library of every homœopath and student... Every student and homœopath should buy and use this book."

28. Creations heart beat following the Reindeer Spirit, Linda Schierse Leonard, Publisher: Bantam Books, 1995. Price \$12.25 (NAMAH,5,1/1997): The author is a Jungian analyst. She has already written four other books that have been widely acclaimed. This book is about the author's strange fascination with the Caribou and the Reindeer. These animals are sacred to the indigenous people of Siberia, Lapland and Alaska.

XII. NEWS & NOTES

I. The Research Society of Homœopathy, Lucknow, held its 7th National Conference, 1997, at New Delhi, on 11 & 12, February, 1997. The Souvenir released on the occasion contained some interesting articles: **An overview of the CCRH**, by the Director of the CCRH dealt in detail with the organisational set-up, the works so far carried out, and the proposed works, as also the financial allocations. Dr.C.S.SANDHU, has written an exhaustive article titled **Repertory! Which? KENT or BÖENNINGHAUSEN**, in which he condemns BÖENNINGHAUSEN's great work and concludes that while BÖENNINGHAUSEN's method is "wrong, most illogical, short sighted, full of mistakes and inaccuracies", Dr.KENT's "is most logical, comprehensive, complete and perfect Repertory. Its plan fulfills all instructions contained in the **Organon of Healing Art**." Dr.Suman DHAMA on Menopause; Dr.DUBEY on **Genetics and Miasms**; Drs.R.S.PAREEK & ALOK PAREEK, on **Documentary Studies in the Management of Ecological Problems in Homœopathy**: The authors write about their experiments for countering the ill effects of Methyl Iso Cyanate (MIC) with potentised MIC. For the acute phase of the MIC poisoning, *Acon.*, *Ars-a.*, *Ant-t.*, *Phos.*, *Carb-v.*, *Carb-an.*, *Arg-n.*, *Euphr.*, *Sulph.*, and *TNT*. They also write about the Chernobyl accident, and say that in *Acid sulphurosum* we have the greatest industrial and pollution remedy for years to come. This is stressed with clinical cases. In the end they say "In our study we have been giving *Acid sulphurosum* 200 once weekly to highly susceptible foundry workers." Dr.M.L.AGARWAL on **Role of Homœopathy in Neurological Disorders** reports a case of unconsciousness and a case of breast cancer. Dr.Parinaz HUMRANWALA, writes on the remedy *Agaricus muscarius*. She ends by stating "the red-letter symptom to describe *Agaricus* is 'internal restlessness'". Dr.Ch.RAVEENDAR, presented his paper titled **Management strategies in chronic diseases** "administration of constitutional and miasmatic remedies in between timely indicated remedies catalyses the cure process". Dr.Jawahar SHAH presented "**Lesser Known Remedies - Gratiola - A Case Study**: He said that *Gratiola* is indicated for the mental effects of overweening pride; haughtiness, hysterical, nymphomania and vivacity are the prominent symptoms seen in common with *Palladium* and *Platina*. *Nux vomica* symptoms in females often require *Gratiola*. Persons who are subjected to humiliation, bad news, disappointments, mortification, chagrin. Patient is chilly, cold in general aggravates. Leucorrhoea, Gonorrhoea and Diarrhoea. An important Keynote is Hydrocephalus with sighing; paralytic pain with coldness and neuralgia after abuse of *Coffee*; violent sexual desire in young girls driving them to masturbation. Other important clinical applications: Insomnia, Gastritis, Peptic ulcer, renal colic and irritable bowel syndrome, sexual disorders. A case is presented.

Dr. Praful VIJAYAKAR presented “**understanding the Human Constitution**” He says that what he presented was based on 20 years’ study, mammoth(sic) experience and deep and investigative study of embryology, immunology, genetics and biochemistry. He says that ‘diseases’ occur in a definite succession. Dr.Kasim CHIMTHANAWALA presented “**Is Doctrine of Miasmas a myth**” and concludes that it is **not** a myth, but a matter of fact. Dr.Sucheta DESAI presented cases of menstrual irregularities and Dysmenorrhoea in young girls. Dr.Kamal KANSAL presents “**Homœopathy in Neurological Disorders**” with 5 cases.

II. Dr.Ted HOOVER, Philadelphia, in his letter to the editor (NEJH,6,2&3/1997), says “...I came into Homœopathy starry-eyed and quite idealistic. Homœopathy represented everything that I loved about Medicine: an opportunity to really know your patient, within an energetic and non-suppressive modality, and the possibility of raising the level of health of the planet, for the future. Many seminars and a few thousand patients later, I am noticing that my initial enthusiasm has begun to wane. Story upon story of human suffering, the long hours of seemingly endless study, the lack of understanding by my allopathic peers and the need to continuously be available to my patients day and night have all taken their toll. I started asking myself questions. Why is it that I am working for half the pay of my allopathic friends? Why do I attend six or seven times as many continuing education seminars? Does this homœopathic stuff really work anyway? (That last question only come up when I was really heading towards burnout). I decided to take these questions and more to my favorite teacher, Paul HERSCU...” These were discussed in the class with Paul and other post-graduates. After the discussions hopes once again buoyed and “my enthusiasm for this marvelous art renewed.”

III. Mycobacterium antigen: G.M.GARCIA, V.ROSAS LANDA, M.R.RODRIGUES (L’Homéopathie Européenne 1997: 4: 23-24): A mycobacterium antigen in ultra low doses (1cH, 6cH, 12cH, 15cH, and 30cH) was given to rabbits in their drink. The presence of antibodies was detected in every rabbit in every dilution, no antibody was found in the rabbits which received placebo. (Abstract in the BHJ,86,4/1997)

IV. The fever of *Stramonium*: Jacques BOURMAID (L’Homéopathie Européenne 1997:3: 14-18): The author quotes the sources of the *Materia Medica*, HAHNEMANN, ALLEN and HERING, who discuss *Stramonium* in some fevers, and VOISIN who describes precisely the fever of *Stramonium*. The author reports six observations where *Stramonium* alone gave a quick result. The main symptoms of the *Stramonium* fever are: sudden onset, high fever, redness of the face; cold extremities; no pain; good appetite; good general state of health sometimes excitement and leucorrhoea. The paper ends by comparing the *Stramonium* fever with those of *Belladonna* and *Aconitum*.

V. *Opium*: Jacques LAMOTHE (L’Homéopathie Européenne 1997: 4: 10-14): The indications of *Opium* are detailed by the author (who is a pædiatrician) in the acute diseases of the new-born and of the child. For chronic diseases, Dr.LAMOTHE describes aetiologies: strong emotions, fears, lack of sleep, excessive joys. *Opium* is paralysed by fear and forgets its suffering. It may be very useful in apathy or aggressiveness of children (with history of intra-uterine trauma), anorexia nervosa or bulimia, lack of reaction (malignant infectious diseases), constipation or diarrhoea, convulsions or allergic asthma.

VI. Ophthalmic problems in rheumatic and auto-immune disorders: Odette BOUJARD DUFLO (L’Homéopathie Européenne 1997:3: 7-13): The author describes the ophthalmic symptoms in Ankylosing Spondylitis, Rheumatoid arthritis, Scleroderma, Myositis, and Giant cell arteritis. She discusses conventional treatment and the possibilities of Homœopathy, stressing the necessity of prescribing polychrests. She discusses the value of Isotherapy and stimulation of immunity with DNA 9cH and *Thymuline* 9cH.

VII. Critical thinking: A.VICKERS (Alternative Therapies 1997: 3 (3)L 57-62.): Andrew VICKERS defines the critical thinking required for research as:

- adoption of a cautious approach to beliefs and claims
- a process of analysing beliefs to see if they are valid and useful

He outlines tactics used by the Research Council for Complementary Medicine to teach the concept to students and practitioners. These include:

- Do not pose a threat to existing types of practice
- Be interactive, asking students for their opinions and ideas
- Talk about generalities rather than specifically about abstract aspects of research
- Use examples from conventional medicine

- Use examples from everyday life
- Explain that issues are being raised rather than answers provided.

VICKERS goes on to describe the structure of the class in some depth. A useful article, reinforcing much of the current thinking amongst teachers.

VIII. 52nd Congress of the Liga Medicorum Homœopathica Internationalis (LMHI), Seattle, Washington, USA, 28 May--1 June 1997: (Report by Tom WHITMARSH in the BHJ,86,4/1997): **The 1997 LIGA Congress** was sponsored by the **American Institute of Homœopathy (AIH)** and held on the Pacific Northwest Coast of the USA at the Sheraton Hotel in 'The Emerald City' of Seattle. Well-known symbol of the city is the 605 feet tall Space Needle, a futuristic construction for the 1962 World's Fair. ...The setting was delightful then, but even more satisfying was the quality of the meeting. There was abundant evidence of a drive to improve scientific standards of this **Liga** Congress. A 5-member international scientific committee (which included Dr.FISHER) selected the presentations, which were kept to a reasonable number. They were logically grouped into themed sessions and the chairing was firm, with good timekeeping, protected question time and floor microphones, which produced at times proper interactive discussion. The organizing committee, chaired by Dr.Jenifer JACOBS, is to be heartily congratulated.

The initial subtitle in publicity had been '**Homœopathy in public health**'. Other sessions were titled: *Magnesium salts* and other Materia Medica (8 papers); Clinical research (7 papers); Provings; clinical applications of Homœopathy (8 papers); Basic research; theoretical issues (7 papers); Free subjects (8 papers). A satellite meeting also ran for two days in which 20 presentations were given.

The key-note address was given before the start of the scientific sessions by Dr.Wayne JONAS, Director of the Office of Alternative Medicine (OAM) of the National Institute of Health (NIH). Dr.JONAS trained in Homœopathy with Dr.KÜNZLI of Germany. He spoke on "**The Future of Complementary and Alternative Medicine**" and very usefully set Homœopathy in the context of non-conventional therapies in general. He reminded us of the scope of Complementary and Alternative Medicines (CAM) in the USA, referring to the landmark study of EISENBERG. In this, the total 1990 US market for CAM is estimated at \$13.7 million. He pointed out that homœopathic treatment represented just a small fraction of this total, sharing the floor with several major health-care systems (e.g. traditional Chinese medicine, Chiropractic, Ayurveda, Tibetan medicine, etc. and upto 200 other categories and methods of practice. The absurdity of lumping all these under one heading of CAM and then judging them as a whole was well demonstrated. Homœopathic research accounts for a small percentage of the OAM budget, but the first project, investigating the effects of homœopathic treatment on the outcome of mild head injury has been completed. Initial results were presented at the congress.

Highlights of some of the more interesting presentations from each session:

Homœopathy and public health: Dr.NOSSAMAN (USA) asked 'How do we actually fit in?' to public health and reminded us of HAHNEMANN's encouragement of strict hygienic measures and of the concept of the Genus Epidemicus. He gave a utopian talk of the possible impact Homœopathy could have if it were more widely practiced throughout the world, on infectious and epidemic diseases, in community mental health and in maternal and child health.

Dr.Catherine GAUCHER (France) demonstrated some practical consequences of a belief in the benefits of Homœopathy as ideal medicine in poor countries. As founder of **Homéopathes sans Frontières**, she gave a fascinating insight into the pioneering projects of this unique organization. These include training local practitioners to use Homœopathy in a very targeted way for common local problems, using a small palette of homœopathic medicines with clear distinguishing characteristics and a number of clinical trials, in Cholera, Malaria and Infantile malnutrition, several of which have been reported in the **British Homœopathic Journal**. One can only support and applaud such vision and dedication.

Dana ULLMAN (USA) spoke on **Homœopathy and Managed Care**. This is an increasingly used method of trying to reduce health care costs, particularly in the context of the US system. He made a plea for the vital importance of efficacy and cost-effectiveness studies to ensure the growth of Homœopathy within modern health care systems.

Steven KAYNE (Scotland), the Faculty's Pharmacy tutor, outlined a methodology based on post-paid questionnaire cards, to look at **over-the-counter (OTC) use of homœopathic medicines** and to begin to apply outcome measures to this use.

Dr.JONAS of the OAM presented the results of an **extremely rigorous meta-analysis of homœopathic clinical trials** which he has performed with Dr.LINDE and colleagues. Extensive searching yielded 186 blinded, randomized placebo-controlled trials of clinical conditions. Inclusion criteria were met by 119 and 89 had adequate data for synthesis. The combined odds ratio (OR) for the 89 studies was 2.45 (95% CI 2.05-2.93), indicating that the clinical effects of Homœopathy are not completely due to placebo (in which case, the OR would be 1.00). The authors do comment, however, that there is still insufficient evidence from these studies that Homœopathy is clearly efficacious for any single clinical condition and that further research is warranted, provided it is rigorous. With the oft quoted paper of KLEIJNEN et al. and the recent HMRG report, we now have three independent meta-analyses of the clinical trials literature, each using different methodology and all reaching broadly similar conclusions.

Magnesium salts and other Materia Medica: Clinical experiences with some of the magnesium salts were described by Drs BHATIA and SHAH (India) and by Dr.MEDINA (Argentina). Dr.SCHROYENS (Belgium) showed us repertorisations from **Synthesis** of symptoms which are generally held to be characteristic of Magnesium salts. He convincingly demonstrated that our overall view of a group or family of medicines and what we perceive as the common themes is almost certainly highly influenced by the characteristics of the one or two best known members of that family. In the present case, 11 rubrics expressing 'Magnesium themes' produced *Mag-c* in the first position, but *Mag-m* at position 7, *Mag-p* at 26, *Mag-s* at 70 and *Mag-f* not until position 573! How, then, do we truly discover the common features of a family of medicines? His answer is to perform extractions of magnesium salt symptoms, listing the symptoms in order of the number of magnesium salts contained in the rubrics. The 5 that have been mentioned all occur in only 3 rubrics in **Synthesis**: Generals: Weakness, Mind: Sadness and Mind: Laziness. The lists of symptoms in which 4 or 3 of the salts occur are much longer and begin to generate useful generalizations to apply to the family. This approach is very similar to that adopted with such success by Dr.MANGIALAVORI.

The *Ranunculaceae* were discussed as a group by Dr.MEIJER (The Netherlands), who presented the thoughts of a study group of colleagues of Jan SCHOLTEN. They applied similar thinking to that which has been used in the analysis of the elements to the more frequently encountered members of this plant family such as *Aconitum*, *Clematis*, *Pulsatilla*, *Staphysagria* and *Hydrastis*, attempting to discover true common characteristics. This work would appear to be in an early stage of development.

Dr.SUWARNA (India) presented some initial results of an impressive study of homœopathic treatment of multi-drug resistant TB with good results in very difficult cases. The main remedies were *Tuberculinum* 30c and *Pulsatilla* 200c. Dr.SOMERSON (USA) brought to our attention the successful use, in the 1940s by Dr. Fred MORGAN, of *Feldspar* as a 'specific' for the acute phase of glandular fever. He gave us no clinical examples of his own, but recommended this medicine to cut down the incidence of chronic debility following this infection.

Clinical Research: A number of well-conducted clinical trials were reported. Most impressive was the presentation by Dr.CHAPMAN (USA) of the results of a trial of **homœopathic treatment of mild traumatic brain injury (MTBI)**, a condition with an annual incidence in the US of one million that causes significant physical and psychological disability. There is no accepted pharmacological treatment. 50 patients with MTBI were randomized into 2 groups, one receiving placebo (23 patients) and the active group (27 patients) homœopathic medicines chosen from 18 possibilities by individualizing characteristics. Outcome measures were changes in functional and neuropsychological assessment tools. The results demonstrate that homœopathic treatment is highly effective in reducing the frequency of the most common symptoms ($p = < 0.02$) and the average difficulty functioning in 18 different situations ($p = < 0.001$) in MTBI patients. This is the study mentioned by Dr.JONAS as the first homœopathic project of the OAM. It looks to be an encouraging start.

Dr.OBERBAUM (Israel) described the promising results of an open pilot study of the action of widely prescribed **complex homœopathic product** (*Traumeel*, containing 14 substances in low potency) in reducing pain in children with Chemotherapy-induced stomatitis. On the basis of the pilot results, a large prospective double-blind trial has been started. Dr.LARA-MARQUEZ (USA) has performed a double-blind placebo controlled randomized trial of homœopathic treatment of atopic asthma in Venezuela. She

looked at a number of immunological markers and found significant changes in the active group. There were also significant improvements in the number of exacerbations and in spirometric parameters (FEV1 and FEF 25-75%) in the active group compared with placebo. This otherwise impressive work suffers from rather low numbers (9 in active, 10 in placebo groups).

Dr. JACOBS and colleagues (USA) have extended their work on homœopathic treatment of **childhood diarrhoea**. A trial in Nicaragua in which 20% decrease in morbidity was the first clinical trial in Homœopathy to be published in a mainstream US medical journal. A pilot study had been performed in the same country and at this congress, a third study was reported which has been carried out in Nepal, involving 116 children. Results showed a duration of diarrhoea of 3.5 days in the treated group and a 4.2 days for the group receiving placebo. These results become significant when the cases rated as 'poor' for level of confidence are removed from the analysis. The commonest medicines in the Nepal study were *Podophyllum*, *Sulphur* and *Arsenicum album* used in 77% of cases. An analysis combining results from all 3 studies involved a total of 230 children and confirms the significant benefit of homœopathic treatment in this major problem of developing world.

Dr. Tom WHITMARSH (Scotland) reported the result of a double-blind randomized placebo controlled trial of **homœopathic treatment of migraine**. This is a rigorous study of 60 patients (30 subjects in both active and placebo groups) which failed to detect a significant difference in the primary outcome measure--attack frequency--after 3 months of individualized homœopathic treatment. This is not to say that Homœopathy had no effect in this setting, as the course of change in the two groups was very different. The homœopathically treated group continued to show a decline in frequency at the end of the trial period, whereas the placebo group frequency was drifting back towards baseline at this point.

Dr. Marianne HEGER (Germany) of HomInt Research and Development Group, described the aims and means of the International Integrative Primary Care Outcomes Study (IIPCOS). This is a potentially very important prospective study on the effectiveness of **Homœopathy for six specific clinical conditions commonly seen in the primary care setting: upper and lower respiratory complaints, ear complaints, abdominal pain and cramps, injury/bruising and teething**. Consecutive patients presenting with one of the six conditions to investigators able to offer conventional and/or homœopathic care at six international sites are to be entered. A variety of validated outcome measures of well-being are to be applied. The patients who opt for care other than purely homœopathic will provide comparison groups and allow a view of homœopathic practice in the real clinical situation. A pilot has been completed and the initial results suggest a sound methodology, so that the main study can begin next year. If the promise is fulfilled, this study will provide the kind of evidence base that is becoming increasingly important, particularly for potential purchasers of homœopathic services.

Provings

New provings were presented of *Angelica sinensis*, a herb commonly used in Chinese Medicine (Steve OLSEN, Canada), *Hydrocyanum acidum* (Dr. RODRIGUES-RITA Brazil) and *Pertussis vaccine* (Dr. VAKIL, India). Dr. David RILEY (USA) discussed his large international re-proving of *Bryonia*.

Basic Research : There were a number of interesting results and speculations about the mode of action of homœopathic medicines. Dr. BASTIDE (France) presented her detailed work on the immuno-modulatory effects of homœopathic potencies of known immunostimulants (Thymulin, Bursin and Interleukin 3). She developed the concept of highly dilute substances as information-carriers to biological systems. Dr. WILSON (USA) told us of the recent discovery by physicists in California and China (particularly Dr. Shui Yin LO) of a previously unknown type of crystal, called *Ie* crystals, which are formed in water when the homœopathic method of diluting and shaking is followed to prepare a high dilution of a substance. These *Ie* crystals increase in number as the source drug molecules decrease during the dilution and shaking process. They only appear in dilution over 6x and are heat stable to 121°C. Many speculations arise about their possible role in the molecular basis of Homœopathy, but their existence, demonstrated by physical scientists, should certainly stimulate further research.

Dr. CAMBAR and colleagues (France) demonstrated the **cytoprotective effect of ultra low dilutions of Cadmium (10-30 and 19-40) on renal tubular cell cultures against cytotoxic Cadmium doses**. They further showed that the protective effect is mediated by a decrease in Cadmium uptake into the cells. This work built upon their previous extensive studies showing the protective effect of pre-treatment with high dilutions of Mercury in Mercury intoxication in rodents.

Free subjects

Several presentations did not fit into the other sessions. Dr.BIOLCHINI (Brazil) made a plea for the **universal adoption of a standard clinical record form**, to advance real sharing of clinical case information. All courses in Brazil have embraced this idea and teach the same way of case recording on a standard form. Dr.Angela JONES (Wales) gave a light-hearted presentation, but made some serious points. With colleagues from a university psychology department she has devised a method to explore the attitude and perceptions of homœopathic and non-homœopathic physicians within the NHS, 8 homœopathic and 8 non-homœopathic physicians were interviewed, using a technique known as the Repertory Grid (incidentally, nothing to do with KENT!), along with structured and open-ended interviews to trace the respondents' development within medicine. This preliminary study suggests that homœopathic physicians are in general more patient-centered in their beliefs and constructs and that they tend to be higher academic achievers. They also remembered a commitment to medicine at a significantly early age. Dr.JONES drew some tentative conclusions about improving recruitment to Homœopathy. She suggested improving early exposure of children to homœopathic ideas and ensuring appropriate teaching methods for a group which may well include a significant proportion of disillusioned high achievers. She finished by posing the question 'are homœopaths just simply more fun?' Understandably, this was very well received!

Dr.CROTHERS (USA) has assessed the **incidence of true suppression from the use of a homœopathic medicine**. He has a database of 30,000 patient visits to his clinic since 1982 and he searched it for instances of 'suppression'. He identified only 7 such events, all but 2 of which were associated with the use of conventional medication. He described these in detail, but for me only one of them is at all convincing, in that an intercurrent acute coryza responded quickly to a medicine, but there was an equally rapid return of old symptoms of anxiety and depression. He concluded that it is an extremely rare phenomenon, but accepted that many occurrences may just be missed.

Andre SAINE (Canada) gave a highly entertaining and extremely well illustrated account of the **life and work of Adolph LIPPE**, whom he regards as the greatest homœopathic prescriber ever (including HAHNEMANN). He has done much research on LIPPE's extensive writings, his life and the course of North American Homœopathy in the last century. Using his subject's integrity as exemplar, he made a very good case for us to continually keep the basic roots of Homœopathy in mind.

IX. The Editorial in the BHJ,86,4/1997 discusses the research papers presented in the LIGA Congress (briefly reported above). Some results of the researches are positive and some negative. The quality of the researches are discussed, particularly the randomized clinical trials in Migraine, and concludes "... these two recent publications will be that Homœopathy has now been shown to be ineffective in migraine in 2 high quality randomized clinical trials, that is, the lack of efficacy is reproducible. I hope that I have shown that no such reproduction has taken place. More questions have been raised and more lessons learned to help improve trial design in the future and the generation of widely agreed and accepted protocols to forward the goal of independent reproducibility of clinical trials of Homœopathy.

X. French Homœopathic Congress, Montpellier, France 2-3 May 1997 (Report by Philippe COLIN)(BHJ,86,4/1997): "Montpellier is in the south of France and has one of the oldest French faculties of medicine, its origins dating back to the Middle Ages. Montpellier is the birthplace of BARTHEZ (1734-1806), founder of Vitalism. Vitalism is based on the notion of the vital principle, which is an immaterial force, the immediate cause of life. BARTHEZ distinguished reactive diseases due to the reaction of the vital principle. Treatment should, according to the causes, stimulate, channel, or extinguish, according to the degree and the type of the perturbation of the vital principle. Professor Madeleine BASTIDE gave a brilliant paper about the relations between Vitalism, Homœopathy and scientific research in Homœopathy.

The theme of the Congress was listening: listening to the patient, but also listening to our differences (there are 3 schools in French Homœopathy, a unicist school, one pluralist school using low dilutions and another pluralist school low and high dilutions). Several clinical cases were presented, illustrating clinical listening, listening to the cough (S.VISTER), listening during pregnancy, delivery, and the postnatal period (G.COQUEREL), and the necessity or not for prescribing a medicine (E.VALERO).

G.ZIEGEL, homœopathic psychiatrist, showed different homœopathic examples of patients and doctors. M.C.YANNIEOPOLOUS told us of her experience of Homœopathy in ex Yugoslavia. F.COUSSET and B.LABORIER gave a very interesting historical account of the way HAHNEMANN himself listened to his patients, with reproductions of letters written by HAHNEMANN.

The Congress was enlivened with a visit to the very beautiful medieval Faculty of Medicine, some of us visiting the oldest French botanical garden, where we were able to see the main medicinal plants used in Homœopathy as living beings. In conclusion, this Congress was well organized, in a beautiful setting, with an excellent atmosphere."

XI. While the 'doctor homœopaths' in the UK are having dialogue with the Non-medically qualified homœopaths (NMQP) generally labelled as 'lay homœopaths', a correspondent (doctor) has expressed strong objection to such an 'alliance' and some reasons which he gives are quite stale, viz., that Homœopathy should only be a post graduate study; that for practicing safely it is essential to have a firm foundation of conventional medical knowledge and training and the only acceptable way of doing this is to obtain a recognised degree in unconventional medicine; the importance of diagnosis; that "if the NMQPs are allowed to become legally recognized and fully established they will then advertise themselves as the real homœopaths "(what a reason!)" and suggest that conventionally qualified doctors are only half homœopaths who have dissipated their formative learning years in acquiring quite irrelevant knowledge and are therefore only part-time homœopaths, whereas the real homœopaths are the non-medically qualified ones. The public relations organization of the NMQPs is so good (there are of course no restrictions on their advertising) that they will quite soon persuade the public that they should not go to qualified physicians for Homœopathy."! The correspondent further says that the Faculty should "have the guts and determination to come out unequivocally with a statement dissociating itself once and for all from lay practitioners..."

Another correspondent (also a 'doctor') in the BHJ,87,1/1998 calls the above 'letter' a "bigoted" one and "as assumed arrogance beyond belief, by the modern medics".

XII. A correspondent (H.SELCON) gives very interesting information of historical importance with regard to HAHNEMANN and Köthen (BHJ,86,4/1997) "In most histories of Homœopathy Samuel HAHNEMANN's time in Köthen (1821 - 35) is depicted as a dreary interregnum between his years of rejection and his ultimate recognition and acclaim in Paris. Trevor COOK in his book **Samuel HAHNEMANN** describes Köthen as 'the lifeless dismal little capital of a petty principality'. HAHNEMANN himself wrote 'this miserable hole where for the first five years not two people of repute have needed me'. Yet at Köthen he was able to practise in his own way, dispense his own medicines, write and publish his most controversial work thanks to the broadminded patronage of its ruler, Duke FERDINAND, a patient and a fellow Freemason. At Köthen, too, he met and married his second wife.

100 years previously Köthen had shown equally benign patronage to another great man--Johann Sebastian BACH. It seems to have been far from the cultural desert that it is sometimes made to appear. The Dukes or Princes of Anhalt-Köthen had ruled it since the 12th century from their moated castle (rebuilt in 1598) with its park and orangery and chapel. The town was an important trading centre and had several cultural establishments in the **Jacobs-kirche**, **Lateinschule**, and humanist **Gymnasium** (grammar school). In the 17th and 18th century music and culture flourished. The rulers had their own **Konzertmeister** and concerts were given by Court and eminent guests. There were theatrical performances in the orangery with the help of town and school musicians. Prince LEOPOLD (b.1694) was himself an accomplished musician and he appointed J.S.BACH to be his **Kapellmeister** in 1717. He must have appreciated BACH's talents because he paid him twice the salary of the previous **Kapellmeister**. BACH stayed until 1723 and during his time in Köthen, in addition to much routine ceremonial music for the Court, wrote the **Brandenburg Concertos** and the first part of the **Well Tempered Clavier (Das Wohltemperierte Clavier)**. He worked with a local instrument maker to construct his **Lautenklavier** and in 1721 married his second wife the soprano Anna MAGDALENA WJILKEN (described in the Court records as 'Court Singer' and 'wife of **Kapellmeister**').

Perhaps in HAHNEMANN's day the rulers of Köthen were more martial than musical and their wealth and influence had declined. (The line died out altogether later in the 19th century.) It still seems strange that 'the dismal little capital of a petty principality' should have been home to two such remarkable men within the space of 100 years and to have nurtured rather than stifled their achievements."

XIII. Jacqueline BARBANCEY - A life for the love of others and of Homœopathy by F.COUSSET (L'Homœopathie Européenne 1996, No.3: 6-7): A special issue of L'Homœopathie Européenne was devoted to psychopathology and especially to Dr.Jacqueline BARBANCEY who made a major impact on French Homœopathy in recent years. Jacqueline BARBANCEY was born in Cairo on 14 March 1920. Her

psychiatric vocation started when she was 12, when she read a book on failing childhood, and decided to care for the suffering souls of children. She graduated in Medicine in July 1944. She met her future husband Yves BARBANCEY when she was a houseman at a mental hospital in Vauclaire (Dordogne). In 1947 Yves BARBANCEY went to a homœopathic congress and brought back several books, among them LATHOUD's **Materia Medica**. Dr.BARBANCEY set up practice in Bordeaux in 1949. She was one of the 19 physicians, among them Denis DEMARQUE and Henri BERNARD, who founded the Cercle des Médecines Homœopathiques d'Aquitaine. She published 3 books and founded the Groupe d'Etudes Psychopathologiques. Her teaching activity was intense, and she read papers at many congresses and as the leader of regular medical meetings in Bordeaux. Her original thinking was full of life and so rich that it impregnated the practice of many French homœopathic physicians. She had a first stroke in November 1994 and died of a second stroke on 21 December 1995. (extract from the BHJ,86,3/1997)

XIV. The Dynamics of Violence, by Dr.J.BARBANCEY: The homœopathic *Materia Medica* does not explain the genesis of violence but allows us to differentiate between the dynamics of some violent personalities.

Life-threatening violence: *Belladonna*, *Hyoscyamus*, *Stramonium*, *Lachesis*

Violence due to want of affection: *Chamomilla* in babies; *Staphysagria* in adolescents; *Baryta carbonica* or *Argentum nitricum* in the elderly.

Violence in family: *Hyoscyamus* for sibling rivalry; *Lycopodium* or *Nux vomica* for adolescents asserting their independence; *Phosphorus*, *Kalium bromatum* or *Tarentula* for violent drives with risk of Psychosis.

Passionate violence: suicidal *Pulsatilla*, or *Platina*, *Sepia*, *Lycopodium* or *Lachesis*.

Violence in relationships: Need to dominate: *Aurum*, *Nuxvomica*, *Lycopodium*; personal aggression: *Calcarea carbonica*, *Argentum nitricum*, *Staphysagria*, *Arsenicum album*.

Mass violence: Crowd impulses, with the leaders often *Sulphur*; mass hatred nearly always indicating *Arsenicum album*.

Perverted violence: sexual: *Mercurius solubilis*, *Fluoric acid* and *Hepar sulphuris*; social: the same, and *Anacardium*.

Dr.BARBANCEY concludes by stressing the need for preventing all forms of violence by early childhood. (BHJ,86,3/1997)

XV. The guilt of Thuja and Sepia by Dr. F.MEMIER: The author defines the notion of guilt in relation to a law, either human or divine. The rubrics 'Reproaches himself' and 'Anxiety of conscience' include *Thuja* but not *Sepia* in BARTHEL's **Repertory**. On the other hand, *Sepia* but not *Thuja* appears under 'Easily offended'. The author stresses the notion of shame, which is characteristic of *Sepia*. 'Aversion to presence of others, during menses or during perspiration', as if *Sepia* felt ashamed of her body. 'I should love my children', as if *Sepia* was ashamed of aggression towards her children.

Behind the guilt of *Thuja* we often find the shame of *Sepia*, according to Dr.J.BARBANCEY. Different aspects of guilt and shame are described and illustrated by examples of *Thuja* and *Sepia*.

In conclusion, it is encouraging to see that the observations made by psychiatrists are in accord with homœopathic tradition. (from L'Homéopathie Européenne 1996: No.3: 17-18 extract in the BHJ,86,3/1997).

XVI. History of Homœopathy: A special issue of L'Homéopathie Européenne (1996, No.5) discusses this subject. The review begins with a tribute to Jean BOIRON, founder of Laboratoires Homœopathiques Boiron, who died on 25 July 1996. The editorial is an extract from **Journal by Roger MARTIN du GARD, 1920. This French writer, 1937 Nobel Literature Prize Winner, paid homage to homœopathic physicians.**

HAHNEMANN's essay on a new principle was part of the medical history of his time. The theoretical aspects are summarized and the rudiments of the first *Materia Medica* presented.

The 6th edition of the **Organon** in its new transcription by Dr.Joseph M.SCHMIDT is analysed on the basis of a paper in the **British Homœopathic Journal** (1994, 83:42-3). This text is very important to French homœopaths for it had not been translated into French. The issue ends with a review of Isotherapy and its first indications by Mr.COLLER in 1865.

Rudiments of HAHNEMANN's first Materia medica by J.MOREAU: Some medicines are reviewed, their indications very different from the well-known drug pictures:

Arnica for vertigo and diarrhoea

Conium for glandular tumours and whooping cough

Aethusa as an intellectual stimulus

Dulcamara for paralysis and convulsions

Belladonna for hemorrhages

Hyoscyamus for glandular tumours and convulsions

Ledum for whooping cough, anxiety and diarrhoea

Helleborus niger for obstructive rhinitis

Pulsatilla for cataract

Aconite for rheumatism, chronic paralysis, serious desquamating skin conditions and some forms of Hysteria and Mania

Sambucus for Raynaud's disease and erysipelas

Taxus baccata for skin conditions and tumours.

(from **L'Homéopathie Européenne** 1996: No.5:19-20. extract in the BHJ,86,3/1997)

XVII. Parkinson's disease by J.LANSMANNE: In a patient presenting with Parkinson's disease, the medicine was chosen on outstanding personality traits.

KENT (K) p.9, Bed, desires to remain in

K.95 Well, he is, when very sick

K.10 Censorious

K.72 Reserved

Only *Hyoscyamus* has these 4 symptoms. A single dose of the 200 Korsakov was given. Recovery ensued in 3 months. 2½ years later the patient still showed no sign of the disease.

The author summarizes *Hyoscyamus* as follows: Solitary or eccentric nature; perceived rejection from family circles. Different reactions are possible, aggression, eroticism, or increasing loneliness. (RBH,1996:4:3-11 extract in the BHJ,86,3/1997)

XVIII. The Milks in Homœopathy by D.SAELENS: *Lac caninum* is the best known for its alternations, indications in throat diseases, gynaecological and rheumatic conditions. According to SANKARAN, the principal delusions are 'self-contempt', 'delusion she is looked down upon'.

Lac felinum has an affinity to the eyes and the head. It may be important for nervous breakdown and has some specific features--fear of falling down the stairs without vertigo; anxiety of conscience as if guilty of a crime; illusion that the corners of the furniture or any pointed object will go in his eye.

Lac vaccinum defloratum has headache due to milk intolerance. Congestive headache improved by cold compress, whilst the rest of the body is better from heat, this being one of the chilliest drugs in the Materia Medica. Also photophobia and gastric symptoms. Gynaecological signs include a tendency to lack milk in young mothers (*Lac caninum* permits decrease in or stopping of lactation). Nervous breakdown dominates the mind, and desire for solitude. (RBH, 1996, 4: 27-41, extract in the BHJ,86,3/1997)

XIX. When the pain is unbearable by J.C.VILLARD: The author lists the most important homœopathic medicines for the treatment of pain:

Aconite: extreme agitation, panic, asks for care, loses his head

Arnica: refuses treatment, fears to be approached, moans, moves about in search of a comfortable place

Arsenicum album: reproaches others for his incurability, desperate, restless, changes beds

Aurum: remains seated, plunged into gloomy thoughts, shuns society, kills himself

Belladonna: fixed eyes, dilated pupils, red, inconsistent

Chamomilla: screams, moans, sighs, complains, refuses to be touched, looked at, questioned

Coffee: Sensory hyperacuity - sees everything, understands everything very quickly, nothing escapes him

Hepar sulph: lipothymia, white rage, could kill anybody who contradicts

Hypericum: depressed

Nux vomica: takes sedatives and immediately asks for more

Phytolacca: clenches teeth, faints

Piper methysticum: frenzied agitation

(Echos du Centre Liegeois d'Homéopathie 1997: March 61-8; extract in BHJ,86,3/1997)

XX. Fluoric acid by P.GAMBY: Several clinical cases illustrate clinical use in tendinitis, an ugly scar, urticaria associated with effort, irritant discharges, neuralgias, *Fluoric acid* is summarized as worse from heat, need for intense and prolonged effort, irritant discharges, bone, vein and skin tropism; elated, domineering or indifferent; believes he must get divorced. May be a libertine, but can grow exhausted from his excesses.

(Cahiers du groupement Hahnemannien du Dr.P.SCHMIDT 1997: 2: 69-77 extract in BHJ,86,3/1997)

XXI. Four veterinary cases by D.SAELENS: A horse, with a cough persisting for a year, recovered completely after being given *Cuprum* 1000 K. The main indications were dictatorial, fear of water, fear of strangers and timidity (BARTHEL).

A dog with eczema had not responded to *Natrum carb.* but did well on *Camphora*, the main prescribing symptoms being irritability during menses, fear of noise, desire for company, sun agg. (BARTHEL) and dry skin eruptions (KENT).

A cow's acute diarrhoea did not yield to *Veratrum album*. A complete cure was achieved with *Zincum*, the indications being lack of reaction, diarrhoea, hot weather, skin coldness, diarrhoea during (KENT).

A mare suffering from severe allergy was given *Arsenicum album* for anxious agitation and exhaustion, with resolution within 24 hours. (Revue Belge d'homéopathie 1997: 4-22 extract in the BHJ,86,3/1997)

XXII. Unicism or pluralism: A whole issue of this normally pluralist journal was devoted to unicism. Dr.Jacques MOREAU gives a short account of HAHNEMANN's and KENT's thought and then presents the different schools of Continental Europe and South America. Dr.Jean-Jacques VEILLARD explains how he changed from being a pluralist and became a unicist. He suggests that views should be shared, gaining more understanding, more dialogue and sane competition between the schools to work for a cohesive homœopathic movement. Dr.François GAMBY discusses the technique of drug selection by evaluation and organization of symptoms in a hierarchy. He illustrates this technique with a number of classical cases.

This is an important issue of the journal, for it shows incipient change in the situation in France, with less intolerance and more dialogue. (L'Homéopathie Européenne 1996, No.6, extract in the BHJ,86,3/1997)

XXIII. A Napoleonic homœopath, O.COUSSET, F. COUSSET: Dr.Jules MABIT, born in Toulouse in 1780, began his career as a surgeon in NAPOLEON's army. He set up practice in Bordeaux, in 1815 and was responsible for 3 wards in the local hospital. During the 1832 cholera epidemic he obtained unexpected results with Homœopathy on his wards, with quicker and much less expensive recoveries. He met a number of homœopaths of his time, in particular QUIN, BELLUOMINI and PICTET.

He sought to oppose attacks from the official school on several occasions, and was one of the most respected teachers at the Bordeaux medical school. Many of his students took up Homœopathy, and this contributed to making the homœopathic school of Bordeaux one of the most influential in France. (L'Homéopathie Européenne 1997, No.1: 32-3: extract in the BHJ,86,3/1997).

XXIV. Mancinella proving by P.LENTHERIC: A single blind proving *placebo* was conducted at the French homœopathic congress in Aney on 5-8 May 1996. 35 subjects were given 5 pilules of either placebo (16), *Mancinella* 2xH (9) or *Mancinella* 30cH (10). Only 4 of the 14 given placebo exhibited no symptoms. Most of those who had previously taken another dynamized substance presented symptoms connected with this; the symptoms appeared soon after exhibition of the placebo. Several subjects who took *Mancinella* had also taken another dynamized substance on preceding days. It was therefore difficult to know the origin of symptoms. The *Mancinella* signs are briefly summarized and the symptoms of the volunteers presented.

This short proving confirms the thinking of classical homœopaths such as KENT, BOGER and NASH, especially concerning the effects of a single dose on a sensitive subject. Additional elements are that the symptoms obtained after placebo more or less reveal the subject's state. One who had taken *Podophyllum*

two days earlier developed 'a bitter taste and a sensation of muscular stiffness in the neck and shoulder'. These symptoms may be found in HERING's **Guiding Symptoms**. It seems obvious that a good protocol should avoid such mixtures, as different substances taken some days apart may interfere. (L'Homéopathie Européenne, 1996, No.6:23-6, extract in the BHJ, 86,3/1997).

XXV. Relevant research by R.A.EDWARDS: The difficulties of applying double blind cross-over and other conventional trials to Homœopathy have long been debated. In an attempt to find a valid method of evaluating homœopathic treatment, an international prospective observational study to examine the efficacy of Homœopathy in primary care is being planned, and a pilot study has been started. Six specific clinical conditions and 60 medicines will be studied, but physicians are free to prescribe any treatment. Patients who require other homœopathic medicines and/or conventional treatment will serve as comparison groups. It is hoped that 2,000 patients will be recruited; this is the sample size thought large enough for all adverse events occurring more frequently than on 0.1% of occasions to be detected with 95% certainty. (International Integrative Primary Care Outcome Study, **Homint R&D Newsletter** November 2/96: extract in the BHJ, 86,3/1997)

XXVI. *Helleborus* by M.TELTOMBE: *Helleborus niger* has been used since antiquity to treat mental conditions such as psychosis, depression, epilepsy. Its main property is to stimulate the mental and psychological faculties. Details of the toxicology and clinical indications are given: meningitis, encephalitis, septicaemia, epilepsy, autism, learning difficulties, acute psychosis of young women. One might think of *Helleborus* in cases of neurological or mental regression. It allows patients who have lost interest in themselves, in others and life itself to enjoy life again. (L'Homéopathie Européenne 1997, No.1:11-15; extract in the BHJ, 86,3/1997)

XXVII. The design of water by P.SCHMID: There is growing scientific awareness that elements within a single chemical formula can exhibit a variety of structures. Even the particles within the atomic nucleus are not constant. Of particular interest to homœopaths is the idea that water molecules can arrange themselves into clusters and that these have the ability to retain information. Referring to a series of articles describing the known facts and theoretical models of these clusters (**Science 1996:271**), Professor SCHMID suggests that dissolved medication may force the solvent to form clusters that are able to transmit 'information' even if in statistical terms the original molecules are no longer present. (**Profile: water clusters. Biological therapy 1996**, 14:264-5. extract in the BHJ, 86,3/1997)

XXVIII. British Homœopathic Congress 1997, Crief, 12-13 April. **Homœopathy Now! The Leading Edge:** The Congress organizers, having included the theme of the Leading Edge in their congress title, were challenged by Dr.David REILLY who began his session by asking 'Of what?' He then asked whether the action of a homœopathic medicine could be enhanced by the encounter between doctor and patient and the context that led to the prescription. Most delegates agreed that this could be true and David REILLY went to consider the placebo literature and suggested that an effective therapeutic encounter can make medication unnecessary.

Therapeutic history taking includes consideration of two questions: what reserves does this person have for coping and healing, and what resources of self-destruction are currently being mobilised? Dr.REILLY often asks his patients if they want a medicine and finds that 30-40% delay taking one. He has found that 'amazing' healing will often occur without a formal prescription. The transmission of the clinician's expectation of outcome is very powerful and this expectation is based on the knowledge of Materia Medica and on acquiring the skills needed to make a good prescription. In his discussion of the placebo literature, David REILLY reminded delegates that an adverse reaction to a placebo, known as a nocebo, can be life threatening as, for example, in Voodoo deaths. The discipline of psycho-neuro immunology had confirmed that having a 'broken heart' can prejudice health as it has been shown to result in a reduced number of white blood cells.

Dr.Massimo MANGIALAVORI urged delegates to keep an open mind about the likely prescription when taking the history as 'any remedy is possible'. Even a very infrequently used remedy, about which little is known, could be the correct prescription. The important question to consider when taking a history is what is important in the life of this person? Defining a theme as 'something recurring', Massimo MANGIALAVORI said that a theme can be a common idea expressed in different symptoms in different systems... To illustrate this hypothesis he took the Arachnids as his example of a family of medicines. *Tarentula* is probably the best known member of this family and is important, he said, to distinguish which

symptoms are those generally found in the spider family and which are specific to each member of the family.

Dr.Jan SCHOLTEN presented his continuing study of the elements and their relationship within the Periodic Table. His ideas are the subject of his new book **Homoeopathy and the Elements**. He links the homoeopathic characteristics of the elements both horizontally and vertically along the periodic table. He spoke about the patient's birth experience to the mineral substance. A video of a child with various symptoms was shown. At the end he enquired about his birth, and found that he had been a bit hypoxic; he then prescribed homoeopathic *Oxygen*!

Using cases, that had been cured with **Radium bromide** Dr.Jonathan SHORE discussed the *Materia Medica* of this medicine. He showed a video of a 47-year-old man who was a quality assurance manager for some environmental company. He was obviously very bright, with a strong love of nature, but he had several bad experiences at work. The essence was betrayal. He prescribed *Radium bromatum* and the patient improved dramatically. He then showed extracts of a film about Robert OPPENHEIMER, the inventor of the atomic bomb. OPPENHEIMER was Jewish and a mega-intellectual, who was drawn out of his academic world by the events in Nazi Germany. Basically his personality seemed to fit very well that of the remedy *Radium*, which is rather intriguing. He then showed two further *Radium* patients (one of which was also a quality assurance manager) who had as a characteristic symptom skin sensations of 'burning as though on fire'. He also described a proving that he had undertaken with a group of people in Germany. Having had previous experience of proving medicines with this group, he knew that a number of them were particularly sensitive. These particular people received neither the medicine nor the placebo and, in addition, had no physical contact with the provers, yet they described relevant symptoms that had in at least one case started even before SHORE had decided which medicine to study. (What does it mean?= KSS)

A chance finding of 300 volumes of clinical records covering the period 1889 to 1921 at the **Royal London Homoeopathic Hospital** (see the **History** section of this QHD) provided Dr.Bernard LEARY with the opportunity to study the prescribing methods during this period. He believes that the change to constitutional prescribing and high potencies would have occurred even without the influence of KENT.

Dr. David RATSEY presented a case history in which he had successfully used **Bach Flower Remedies** after a previously effective but more classical approach had ceased to be helpful. Dr.Kathy RYAN presented a survey of the usefulness of the 9 medicine packs routinely distributed to families in Dr.R.A.F.JACK's practice. 61 out of 100 patients who were sent the questionnaire had used the medicines and 49 had found them helpful. A number of over-the-counter purchases and 'surgery contacts' had been avoided as a result of using the packs. An agenda for the exploration of the scientific role and importance of Homoeopathy in contemporary medicine was suggested in a paper presented by Dr.Jeremy SWAYNE. He believes that if Homoeopathy is truly to be at the 'Leading Edge' of medicine each one of us should aspire to more than therapeutic excellence by regarding every patient as a 'research project', about which we should be a little more thoughtful, critical and curious. Research, after all, is only organised curiosity, he said. (Extract from the BHJ,86,3/1997).

XXIX. The British Homoeopathic Association celebrated its 95th anniversary this spring with its **Royal Patron Her Majesty Queen Elizabeth, the Queen Mother**. Her Majesty is pictured (in the accompanying photograph) talking to Dr.David OWEN, President of the Faculty of Homoeopathy. (Simile 7,3/1997 issued with the BHJ,86,3/1997)

At the recent LIGA Conference (1997) in Seattle a pharmacy section was relaunched with a number of pharmacists from the UK, US, South America and Pakistan agreeing to cooperate. The first task will be to produce a list of the most common homoeopathic remedies in members' countries, and then to produce monographs and protocols for use. This will help colleagues in developing markets, especially eastern Europe, with standardisation. The second task involves the organisation of a pharmacists session at next year's (1998) LIGA conference in Amsterdam.

XXX. HPTG Masterclass: As part of the course in Homoeopathy run by the Homoeopathic Physicians' Teaching Group (HPTG) a Masterclass is held twice a year. As the veterinary course has proved so popular, integrated with the medical curriculum, it was appropriate that the March masterclass this year should be held by a veterinary surgeon, Dr.Mark BAER, Zurich. Dr.BAER studied under KÜNZLI and

was involved in the formation of the Swiss School of Homœopathy. He runs a practice which deals with horses and small animals. He covered the many facets of *Mercurius* in both human and veterinary Homœopathy. The destructive nature of the remedy was emphasized and Dr.BAER showed how this quality pervades the symptom picture with particular reference to its use in the dog. The offensive smell, ulceration and mental picture of restlessness and reactivity are sure pointers to its use in animals. A great problem is to correlate the human rubrics in the repertory to the symptoms appearing in the animal patient. However, with a little careful thought, and maybe a little imagination, connections can be made which can be of vital help in creating a way into a grater understanding of the remedy. While the value of tongue symptoms in animals is not generally considered to be very high, Dr.BAER asserts that trembling of the tongue and imprinting of the teeth upon it are symptoms readily recognisable in horses and dogs. The correlation of the rubric "Pulls one's nose in the street" with the fact that many bulls exhibit a mercurial constitution is perhaps less easily accepted! Applying mental symptoms to animals is by no means simple, and in his penultimate presentation, Dr.BAER gave those present some useful advice on how to go about this. Where symptoms are not directly recognisable as being applicable to rubrics in the **Repertory**, he said one must try to understand the animal's feelings and satisfactorily explain the behaviour. This should be based on the totality of the behaviour pattern, however, and should still be based on observation rather than interpretation. He then presented a list of rubrics that he has verified as being of use in animals, and guidelines as to which symptoms can safely be used, such as symptoms that are untypical for the species or breed, and clearly recognisable mind symptoms.

It is often stated that it is impossible to practise Classical Homœopathy in animals due to lack of subjective signs available to the veterinary surgeon, but Dr.BAER asserts that this is usually not the case. He reminded the audience that section 153 of the **Organon** behooves us to lay special emphasis on the "strange, rare, and peculiar" symptoms of the case, and continued to suggest that the mental symptoms are far more accessible than sometimes believed. HAHNEMANN, he said, described "local prescribers" as "abominable bastard homœopaths" and that, in itself, must surely be incentive enough for us to aspire to greater heights! The opportunities which Classical Homœopathy affords are legion, and Dr.BAER cited the treatment of degenerative diseases, diseases of unknown ætiology, and behavioural disorders, as areas where it can be of use. "If we talk about the advantage of Classical veterinary Homœopathy we shouldn't frigate to mention that the correct remedy will not fail to act, not even after many years," he said. "In indication Homœopathy we either suppress the symptoms and have a worse state than before treatment, or we palliate and shall observe after a while that the remedy won't act any more." Classical Homœopathy has limitations, though, and these may be imposed by the patient, the owner or the veterinary surgeon. If the vital force is too weak, the owner unobservant, the diet poor, or the veterinary surgeon lacking in knowledge, then Classical Homœopathy is limited. The vital force can be assessed in animals by strength and frequency of tail movements or by strength of voice. Dr.BAER demonstrated the effectiveness of Classical Homœopathy by relating the case of an eight year-old English Setter called "Dick" who presented with acute haemorrhagic gastro-enteritis. The remedy that saved his life was *Pyrogenium*, selected on the basis of vomiting water, after it becomes warm in the stomach, and vomiting "coffee grounds" along with the cadaverous smell. Dr.BAER's use of the rubric "FACE, Expression" is innovative, but after seeing the series of slides that demonstrated its validity, it is unlikely that anyone could dispute its importance. The slides were very much the finale to Dr.BAER's masterclass and must surely have dispelled any lingering doubt of the validity of Dr.BAER's assertion that it is not only possible to use Classical Homœopathy in animals, it is imperative. If animals are to benefit from this form of medicine, veterinary surgeons must learn to apply it in the true Hahnemannian way. Only then will their patients reap the full rewards of what Homœopathy can offer. The applause which Dr.BAER received at the end of the masterclass was genuine indeed. (Simile 7,3/1997 issued with the BHJ,86,3/1997).

XXXI. VITHOULKAS '97 Regent Park College, 8-9 March 1997: VITHOULKAS took the challenge of keeping an audience attentive for two full days in his stride, and crammed between cases were small pearls of wisdom that cannot be learned from books. His theories, some of which are controversial, were illustrated with a simplicity that could not be achieved with just the written word.

The cases highlighted different approaches to finding the remedy, including repertorisation, which illustrated the invaluable use of the computer, in this case **Radar**. VITHOULKAS also demonstrated that the computer repertory was not the total solution, and had a live case which repertorised poorly and gave no clues to the remedy. Here the master's brain, could be in action, for out of a head packed with Materia

Medica came the remedy. Other cases he used illustrated the need to examine causation and observations. In all the cases he showed a skilled use of keynotes and confirmatory symptoms before finalising his choice of remedy. When the organisers asked the audience whether they would attend another seminar by VITHOULKAS everyone raised their hands. The master took the compliment in his stride. (SIMILIE, 7,3/1997 with BHJ,86,3,1997)

XXXII. The Open Mind, Imperial College, London, 3-4 May 1997: Dr.Rajan SANKARAN had asked himself whether he had anything new to say at this seminar. His innovative ideas have been amply presented in his two books **The Spirit of Homoeopathy** and **The Substance of Homoeopathy**, as well as in previous seminars. However, he did feel it worthwhile to use the seminar to emphasise the importance of an open mind in case-taking. "I feel that an open mind is the single most important factor in the successful understanding of the case. Where we are stuck is prejudice. We tend to come to hasty conclusions after looking at a fragment of the case or we tend to over-generalize and fit the patient into some remedy that we know. These two factors, over-importance to particulars and over-generalisation of the case, are our great pitfalls." Dr.SANKARAN illustrated this with a number of video and paper cases. In the majority of these cases he showed how, by not really penetrating to the essential uniqueness of the case, he had initially made a mistake and prescribed a remedy which had either not acted or had only had temporary effect. Surely this is a very common mistake for all of us. He then went on to penetrate deeper into the case to find that remedy which touches on the absolute centre of the patient's disease. How to do this? He showed how we must keep searching and looking until the patient reveals that thing which is most peculiar, until we have reached the end of their feelings about it. Then the patient will reveal his or her innermost problem. In each of his cases, it was possible to make a case for a variety of remedies. There were a number of symptoms that could be taken but each case was solved by finding the one rubric that really most fundamentally described the person's state. These rubrics are often a single rubric or rubrics with a very small number of remedies. If we can really understand the case this deeply, we will find the remedy that can transform the patient so completely that not only are the symptoms completely cured but his or her whole life is also fundamentally changed for the better. SANKARAN emphasised how important it is not to theorise. He showed with these cases that they were solved purely through the use of hard solid reliable symptoms. We have sometimes thought that his ideas have been theorised because we have not fully undressed the process or how he has come to a certain conclusion. The symptoms we choose must be those that most deeply represent the patient's pathology. We should rely on what cannot be explained, on that which is peculiar and unexpected, whatever is characteristic, on what is solid and we must rely on symptoms. These symptoms can be of any sort - peculiar physical symptoms, modalities, physical generals or mentals, including fears, dreams, delusions and all other mental symptoms. No short cuts. We must also try to look at the meaning of the pathology, that is, the type of expression and what it means for the patient. We must try to penetrate to the innermost depths of the patient to find out what his or her underlying feeling is - this is his or her disease. SANKARAN also said that we must focus our attention less on the expressions of the patient's state and more on the underlying feelings that produce those expressions. By contacting the underlying feelings we get a much less distorted and more accurate understanding of the patient's disease. SANKARAN pays lot of attention to a patient's dreams and feelings, if they are present, because they are a window into the deepest pathology.

SANKARAN presented a fascinating case of the remedy *Plastic*. He also spoke of 'drug' remedies such as *Opium*, *Cannabis indica*, *Coffea*, *Thea*, *Anhalonium* and others. The common theme in these medicines is a feeling of anaesthesia or of hypersensitivity. There is often numbness and a forsaken, isolated feeling that leads to addictive behavior. There is often great fear and therefore the patient separates himself from reality. This can lead to delusions, either pleasant or unpleasant, and feelings of floating and spaciness. The addictive escapist tendencies are born of the feelings of numbness, fear and separation. The common theme in these remedies is one of an isolated and forsaken feeling. Perhaps the increase in drug abuse in the modern world is due to the feelings of isolation and loneliness that modern civilisation predisposes us to, as families and communities become fragmented.

The seminar emphasised how, essentially, Homœopathy and Life are one thing. We have a marvelous tool at our disposal to help to heal the deepest wounds that people can experience. Understanding the processes our patients go through is understanding the porocess of life. By healing our patients we can also make some contribution to healing the damage and pains in the world. (Simile,7,3/1997 with the BHJ,86,3/1997)

XXXIII. Bastyr University has announced that it will offer a new two-year post-graduate Homœopathic Medicine Certificate Program beginning autumn 1997. The program offers an advanced, in-depth course of study in Classical Homœopathy for licensed practitioners who currently possess basic training in homœopathic medicine, and use Homœopathy in their practices. "This is the first post-graduate homœopathic medicine program offered by an accredited American university, as well as one of the few programs in the country offering extensive clinical training" says program coordinator Miranda CASTRO.

XXXIV. The 'dangers' of Homœopathy: The BBC Bristol commissioned the Department of Complementary Medicine at Exeter University's Postgraduate Medical School to ask local general practitioners about their experiences of both direct and indirect adverse effects of complementary medicine. A worrying finding was the high score of "indirect" effects reported after homœopathic treatment. These included delayed diagnosis of malignant disease, the withdrawal of conventional medication for serious conditions causing relapse and, in some cases, death, and the inappropriate use of Homœopathy when conventional treatment was indicated. These results deserve serious consideration. (**Simile**, 7,3/1997 with the BHJ,86,4/1997)

XXXV. The ICR Bombay Symposium (NJH,6,4/1997): The cases presented covered a variety of psychiatric conditions, cases that a Homœopath commonly encounters in practice. The basis of treatment was integration of the theory (§ 210-230 **Organon**) and advances in modern Clinical Psychiatry.

Dr. Sunil BHALINGE presented case of a child 7-8 years age who had reacted to stress in the family and the school by developing Obsessive Compulsive Neurosis. *Medorrhinum M.*

Dr.SUNIL and Kumar DHAWALE: case of a boy of 18 who was under considerable pressure for academic achievements from his parents, and was gradually going into Paranoid Schizophrenia.

Dr.Kumar DHAWALE presented yet another case of a young girl 22 years, a medical student, who was in a fairly miserable state, developing Obsessive Compulsive Neurosis and Depression with a number of somatic complaints. *Anacardium M.*

In all these three cases there was counseling as an important part of the therapy.

Dr.Dilip DIKSHIT presented two cases of Paranoid Schizophrenia, both in the age group of 22-25, one male and one female, from the lower middle class. He took a "structured approach". Structural disorders respond well to low potencies. In these two cases whereas he did not respond to *Natrum muriaticum M*, a single dose of the 30 gave good results.

Dr.N.L.TIWARI presented a case of Paranoid Schizophrenia in a man of about 35. Through this case the group got a real insight into the mind of Schizophrenics and the world they inhabit. The case also brought out very well the suppressive effects of routine therapies requiring many remedies. First *Nux vomica* to antidote then *Kali bromatum M*, *Argentum nitricum* for examination anticipation, *Staphysagria* 200 for constipation, *Kali carbonicum* 30 and eventually his constitutional remedy emerged as *Magnesium carbonicum* with inter-current *Thuja M*.

Dr.Praful BARVALIA with Dr.Nelam PATHARE presented yet another complicated case of a patient in his early fifties, suffering from Thyroid disorder for long and taking hormonal treatment and developed Endogenous Depression. *Causticum* 30.

Dr.M.P.ARYA gave an exposition of **HERING's Analytical Repertory of the Mind**, its concept and application point - that of perceiving the repertory as an unprejudiced observer, a tool which bridges homœopathic Philosophy and Materia Medica. He also gave a brief sketch of HERING - his background, circumstances and the life he lived.

XXXVI. Over 1400 homœopaths gather in Germany is the title of feature article by Melanie GRIMES, in the **Resonance**, 19,4/1997. Over 1400 homœopaths gathered in Berlin on April 6, 1997 for what may have been the largest homœopathic gathering in history - **Homœopathy for the World International Congress**. Participants came from 31 countries including Germany, Austria, France, Italy, Greece, Australia, New Zealand, Georgia, South Africa, Brazil, Argentina, Switzerland, Sweden, Norway, Denmark, Finland, Netherlands, Belgium, the USA, Canada, Slovakia, Israel, Ireland, Spain, Scotland, England, Saudi Arabia, and Nigeria. The seminar was simultaneously translated into both German and English. 150 members of the Press were on hand, many from German radio and television. Exhibitors

came from eight countries. They displayed books, Pharmacy, Computer Software, and schools from their countries. The gathering was called by the **George VITHOULKAS Foundation (Stiftung) for Classical Homœopathy**, in honor of the 200th anniversary of the discovery of Homœopathy. The **George Vithoulkas Stiftung** was founded in 1992 by 33 homœopaths and friends to promote research and teaching in the field of Classical Homœopathy. The Foundation is responsible for the financial, organizational, and creative support for the founding of the **International Academy of Classical Homœopathy** on the Greek Island of Alonissos. The Speakers, who themselves represented eight countries, were present to hear the remarks of all the other speakers. Many had not heard each other lecture previously, and it was an opportunity for misconceptions to be eliminated and understandings forged.

The Press interviewed George VITHOULKAS. Paul HERSCU opened the Conference with an explanation of his methods of analysis. Anne SCHADDE contributed her proving of *Ozone* gas, and Jan SCHOLTEN explained his analysis of the elements in the Periodic Table. Alphons GEUKENS discussed his specific method of analysis and repertorization, and Willibald GAWLIK presented a case of Ulcerative Colitis and a discussion of *Natrum muriaticum* from the viewpoint of Greek Mythology. Ananda ZAREN explained her methods of perceiving the case. Nancy HERRICK presented three drug remedies, and Suzanne LEPAGE explained her methods of case-taking. Eugenio CANDEGABE spoke on Saturday, followed by Jeremy SHERR who discussed 'Proving' and presented the Proving of *Diamond* and *Germanium*. Nandita SHAH showed video cases and discussed finding the state of the patient, Jonathan SHORE was the closing speaker.

Additional workshops also were going on in smaller rooms. These included a Press Conference, political meetings, and educational meetings. The **European Council for Classical Homœopathy** held a meeting on the politics of Homœopathy in Europe and Germany, and the Homœopathic Forum had members' meetings and information meetings about their schools. There were talks given on Homœopathy, Environmental toxins, Homœopathic archetypes as relected in ancient Greek mythology, and a Miasm workshop.

XXXVII. Annual Meeting of the North American Network of Homœopathic Educators: 22 homœopathic educators from more than 16 schools from throughout the US, Canada, and Europe gathered in Chicago, Illinois, in February 1997, on the occasion of the second annual meeting of the North American Network of Homœopathic Educators (NANHE), which featured Janet HAFLER Ed.D., of Harvard University School of Medicine. The focus of the Seminar was teaching methodology, which proved to be an enlightening and important topic for homœopathic educational community. The main point of interest was the particulars of the problem-based learning tutorial, a hallmark of Harvard's School of Medicine. Six of the participants, including medical doctors, naturopaths, homœopaths and lay persons, began by forming a circle and reading a prepared case study out loud and discussed. The larger discussion that followed examined the learning process. At the close of the NANHE all present were excited to go back to their schools and reexamine how they taught Homœopathy and to begin to explore new approaches in homœopathic education. (*Resonance*, 19,3/1997)

XXXVIII. Highlights from the Rajan Sankaran Retreat Seminar (*Resonance*, 19,3-4/1997, Report by Kathy DAHLKE): Homœopaths from France, Canada, and all over the USA met with Rajan SANKARAN at Shenoa Retreat and Learning Center in Philo, California, for nine days in October 1996. Shenoa Retreat and Learning Center, inspired by Findhorn in Scotland, is a place of renewal, education, and service. Harmony among homœopaths, inspiration, reverence and dedication to our teachers, and new understandings in Homœopathy were reflected in this special retreat experience. From early in the morning until late at night, we immersed ourselves in Homœopathy. Rajan generously and openly shared himself and his experience of Homœopathy with us. He showed, case by case, how his insights into a patient arise and how he bases his choice of remedy on solid data and confirmatories. Rajan advised: "Do not be a routinist. Listen carefully, anything can come up. Look at symptoms in an open way. Do not throw away what you do not understand. Look especially for what does not fit in the case before you prescribe. It must all fit. Search until you do understand. If you have prejudice for a remedy you will only see what you want to see. If you focus on understanding the patient, you will see it (the remedy) Understand the patient before you look for the remedy."

Well, what do you do if you understand the person and their state and still do not recognize the remedy? Rajan referred us to Aphorism 153 of the **Organon**. He then chose an unusual presentation of *Opium* case to prove this point. He also presented a *Coffea* case.

Rajan said, "We need to focus on the solid, sure symptoms in a case. Pay attention to them, even if they have seemingly nothing to do with the main feeling as you perceive it." He showed a case of a woman who loved dancing, music and was so restless she moved all the time. There were strong impressions of color and sounds. She talked of attack and defense, and on these strong and clear symptoms the case seemed like *Tarantula*. When further probed gently, she said that she could not live or exist without her boyfriend. She described her feeling as "I did not exist for myself. I was he. I felt all he felt. It was like being one person. If he leaves, I am nothing because I am one and not two." So, a remedy like *Tarentula* but which also had the exact feeling of the patient was needed and this was found in *Thermion*. She liked oranges, startled by noises and by seeing spiders. Rajan said that if it were a less proven spider or snake remedy and the main feeling was in the less proven one, he did not mind engrafting some of the symptoms and feelings of the better-known one on the lesser-known one.

Rajan also discussed the manner in which pathology can reflect a person's state with a *Cockles* case. **Rajan advised the need to recognize a person's inner vision of reality and then seek among physical confirmations to be sure of the remedy. He felt that healing means a person does not need the pathology any longer. The person can see more of the whole reality and not just their limited perspective.**

XXXIX. This news is very interesting and encouraging: "From November 1993 to April 1994, a group of children from the city of Gomel in Belarus (in the former USSR) stayed in the Clare/Galway area of Ireland. The children were placed with various families in the area and also attended local schools to improve their English. Gomel is located close to the city of Chernobyl, in the area severely affected by radio-active contamination after the explosion of a nuclear reactor in April 1986. The aim of bringing the children to Ireland was to give them an opportunity to be in a clean environment away from the radioactive contamination and also through the use of homœopathic treatment, to enhance their resistance to the after-effects of the Chernobyl disaster.

Because of the success of this initial experiment, we are continuing with this project. The same group of children will be brought back on an annual basis for short visits in order to monitor their progress over a period of three to four years. We are also sending homœopaths to Gomel on an annual basis to see how the children are doing in their own environment. A number of doctors in Belarus expressed interest in Homœopathy and impressed with our success in treating children. Six doctors from Belarus were given intensive training in Homœopathy...

As there are 800,000 children in Belarus affected by Chernobyl, the purpose of this project is to enable practitioners in Belarus to treat the children there using Homœopathy.

All funding is raised voluntarily and all donations are welcome." (**Resonance**,19,5/1997)

XL. Jan Scholten Seminar, San Francisco, June 1997 report by Rowan JACKSON (**Resonance**, 19,6/1997): In his first book **Homœopathy and Minerals**, SCHOLTEN elucidated the notion of group analysis, where the theme of the mineral would be looked at in terms of its essence, and the abstraction of it led him to predict the pictures of unknown remedies. He expanded that method in **Homœopathy and the Elements**, and through his "map" he feels that he can predict the action of an element used as a remedy on a patient. "Blasphemy!" some may say, because no proving has been conducted. He urges us to try his method, revolutionary though it may be. Donning his hat as a philosophical scientist, SCHOLTEN looked at the structure of scientific thought. The first stage of science, he explained, is empirical, actual observation. We do this through provings, when we write down our observations without speculation, the way HAHNEMANN did. The second stage is the making of classification, categories, and predictions. The third is the formulation of theories based upon the first two stages. SCHOLTEN has thank Homœopathy to the second and third stage. It is through his desire to help his patients that he was led into the world of the unproven elements, giving us pictures of remedies never before seen, such as *Tungstenium*, *Beryllium*, and *Polonium*, and that is why he urges us to try them.

For SCHOLTEN, the stuff of the world is Thought, not Chemistry. He found that *Chromium* has to prove itself, that *Tungsten* has that, too, but in a different way. Finding the differential diagnosis was the challenge. He illustrated each stage and series with a video case.

SCHOLTEN emphasized his belief that Homœopathy is just at the beginning. “Who knows where it will be in ten years. Don’t eliminate. When you start to eliminate, you can end up with nothing. Use the remedies, try them.”

XLI We obtain some interesting information from the letter of Julia TWOHIG, Ethelton, Australia about the state of Homœopathy in Australia (HL,10,1/1997). Homœopaths in Australia are certainly geographically isolated. European settlement in 1836 attracted strong migration from Germany, The Netherlands, etc., so there are records of Homœopathy from that time. The homœopathic profession in Australia is embarking on some exciting work and for the first time in its history is united in developing National Competency Standards for homœopaths. This standard will be endorsed by the national government and will provide basis on which homœopathic educators can formulate a curriculum.

XLII. Deborah COLLINS Seminar in New Zealand: Deborah and her husband Bert ESSER, have developed a therapy. Bert is a talented past life regression therapist. Two cases of debilitating weakness in adult women were presented. Each, when repressed, was firmly convinced of a past life as a Jewish child who had perished in the gas chambers of World War II. The remedy *Hydrocyanicum acidum* brought symptomatic and constitutional relief. This is a very nice addition to Rajan SANKARAN’s concepts of **roots** and **states**, and to the theory of Miasms in general. Probably this remedy could have been found under conventional method by those who knew this remedy well. (HL,10,1/1997)

XLIII. In his ‘Guest Editorial’ in the HL,10,2/1997), Rajan SANKARAN gives sound advice. He warns us, rightly, of routinism in our practice. We tend to ignore the advice of HAHNEMANN and his true followers that we have to treat every case as a ‘new’ one, a never-before-encountered one. SANKARAN narrates a case of Malaria in a ten-year-old boy which was rapidly relieved by *Stramonium* which was given on the symptoms like fear of ghosts, easily startled or frightened, aversion to dark etc. Now the brother of this patient also developed Malaria and *Stramonium* was prescribed for him too but it failed. In prejudiced observation the dull, indifferent state of mind, the sluggish, indolent state were not taken into consideration. A detailed questioning elicited that during the prodrome the child had described a sensation as if walls were falling inwards; and during the delirium he saw two women fanning him. The fever was low grade (101-102°) despite the Falciparum in the blood smear. ‘Delusions, walls falling inwards (before epilepsy)’ and ‘Fanned, desires to be’ showed *Carbo vegetabilis* which completely fitted his general and mental state and the lack of reaction. He went on to cure after the remedy was given.

This sharply focuses the great pitfall we easily fall into. We often tend to exclude so many remedies and think narrowly. We often do not want to look at what is, but only try and fit things into what we already know. The greatest pitfall is routinism - a particular mode of thinking, a fixed idea of remedies, particular theory of potency and repetition, rely solely on key-notes, repertory, pathology, group remedies, seeking only mental symptoms without discrimination, etc. The practitioner must develop the mind of a child, ever surprised, ever exploring, ever questioning, ever open. KÜNZLI said: “there is not place for routine, for laziness, for fixed ideas. What is needed is an open mind, sharp intellectual thinking, a very acute sense of observation and a good memory. As long as Homœopathy is practiced in this way, a golden future is assured to her”

XLIV. In his ‘Guest Editorial’ Peter KÖNIG says, inter alia, that “modern” Homœopathy has left the trail of HAHNEMANN quite often. He refers to HAHNEMANN’s essays ‘On a New Principle for ascertaining the Curative Powers of Drugs...’ (1796), and ‘Examination of the Sources of the ordinary Materia Medica’ (1817) wherein the idea of group of remedies - the botanical or zoological system, the periodic table of elements, and the doctrine of Signatures have been dismissed, whereas both these have of late been very much talked about and used. Peter KÖNIG therefore says that “it would be important for us to redefine our principles, for instance to create a new and valid theory of signature”. (HL,10,3/1997).

XLV. Referring to the article **The Ascendancy and Decline of Homœopathy** by Daniel COOK and Alain NAUDÉ, Greg BEDAYN writes in ‘Letter to the Editor’ of the JAIH (90,2/1997). The article laid bare the “much taunted Golden Age of Homœopathy in America never really existed, that the majority of the 12,000 ‘homœopathic’ physicians at the turn of the last Century were really just ‘quasi-homœopaths’

practicing very little or no Homœopathy, with only a handful of notable exceptions - the Hahnemannians, who numbered less than 5% of that population. This history of Homœopathy mirrors our present dilemma. "Homœopathy in America was shipwrecked shortly after its launching by a rabble of professed supporters who leapt on board and proceeded to neglect, abuse and dismantle everything that Homœopathy consisted of." Greg BEDAYN says that quasi-homœopathy is still "running rampant" in the USA. There are questionable schools sprouting up - diploma mills, really - offering their own self authorized Ph.D.s and other questionable "degrees" in Homœopathy. No one comments on these and other such practices. The writer goes on about the advocacy of polypharmacy, electro-homœopathy, combination remedies, etc. The responsibility for the current state of affairs, Greg says, was our own complacency. COOK and NAUDE correctly point out that the 'Flexner Report' had nothing to do with the downfall of Homœopathy, that it had fallen fifty years previously. Greg also laments that American Homœopathy lacks an active leadership and the result is that no one wants to get tough on these issues for fear of being labeled "boorish" or worse yet, "dogmatic". Greg also refers to Harris COULTER's proper writings on these. [The situation here in India is not in anyway different. We have all the 'quasi-homœopaths' - in thousands - false teachings, fraudulent awards of diplomas and degrees, very poor university teaching, - we are told that there are Professors of Homœopathic Medical Colleges practicing poly-pharmacy, multiple-remedy prescriptions, etc. And the worst of all, no leader to stem this rot. = KSS]

XLVI. Dr.Sandra CHASE, President of the American Institute of Homœopathy, informs that the Centenary of the **Hahnemann Monument in Washington D.C.** which was officially presented on June 21, 1900, will be celebrated in June 2000, on a worldwide scale. There will be a ceremony at the Hahnemann Monument, honoring its centenary and the man for whom it was erected. Scientific papers solicited from homœopaths from all over the world will be read.

XLVII. Dr.Rodney SCHAFFER very rightly says that "a remedy can be labeled the simillimum only in the face of the characteristic symptoms of the patient in question, and then only after the response to the medicine has been evaluated." He cites his own experience: he ran a 10 kilometre run and at the end of the race caught a chill, stiffness of joints and hurt when he first moved after being still, hot shower felt great, and a dose of *Rhus toxicodendron* 30 relieved significantly; his wife who also ran this race, developed blisters on the balls of her big toes and a dose of *Aristolochia clematis* relieved the pain immediately and the blisters dried up within a few hours. A patient of his with allergies with itching eyes and nose, tearing and coryza, and sneezing, but whose characteristic symptoms were heat in her face with chills in the rest of her body, wanted to be left alone and withdrew from the touch of her husband the previous night because her skin was so sore, responded dramatically with *Arnica*. Another patient who suffered an automobile accident, who was sore and achy, but whose characteristic symptoms were weeping and sadness, thirstlessness, and feeling better in open air and with consolation, responded to *Pulsatilla* which was the **simillimum** to her suffering. No two persons will respond identically to any set of circumstances. (JAIH,90,4/1997).

XLVIII. Dr.Edward CHAPMAN the out-going President of the A.I.H. writes on his impressions after attending the LIGA and the AIH Meetings (A President's Parting Words: The Community of Homœopathy, JAIH,90,3/1997): Conversations with colleagues from around the world in the halls outside the LIGA meeting helped him understand the parallels between the American, British, European, and South American homœopathic organizations. The impression is that Homœopathy is coming of age in America and the World. Internationally governments (EEC) are asking Homœopathy to get its act together, not only around Pharmacy issues, but also setting criteria for education and certification. The ICCH, the European Committee on Homœopathy, LIGA, and a parallel organization in South America are developing documents outlining these definitions. In the US the Council on Homœopathic Education, founded in 1978 has recently been reinvigorated by enthusiastic educators who have gathered under the sponsorship of the HCC and formed the North American Network of Homœopathic educators. The CHE will be able to apply for federal accreditation as the official accreditation body for Homœopathy in the US. This capacity will allow for granting of continuing education credits and students of accredited institutions to apply for student loans. The primary care Homœopathy courses in England and Scotland have led to the opening up of the Faculty from a physician only organization to one inclusive of all "statutorial registered health professionals." The AIH Board is currently pursuing discussions with nurse practitioners and physicians assistants about creating an organization within the AIH for these two professional categories.

A very interesting question is raised: while there is an abundance - sales of homœopathic products increasing by 20% a year, more and more interest from the public, insurers, and health care professionals in Homœopathy, and many new educational programs being developed to meet these needs, how is it that organizations are considering closures, journals find it difficult to survive (**Resonance** the journal published by the **International Foundation for Homœopathy** (IFH) since 19 years has closed down from October 1998. It should be remembered that the IFH has been holding very valuable Courses, Seminars and Case Conferences every year). The questions he raises are relevant to everywhere else. United we stand, separated we fall. We must look hard at our goals as a community. We must assess our resources and prioritize accordingly. When the goals are clear, then every step taken can be measured and given relative value. What are the goals? What are our priorities? What organizational structures are necessary to achieve those goals?

XLIX. A 'Letter to the Editor' of HOM, 67/1997, from James SMITH says: "The American homœopath Dr.A.H.GRIMMER said in 1929 "The Curing of Cancer cases by homœopathic remedies is nothing new or strange". In the past four years I have treated 225 cases of proven cancer, of various forms and in all stages of the disease. All of those who failed to respond to the homœopathic treatment had been treated surgically or with x-ray and radium in material doses. Following the Henriette Lacks case in America, leading medical scientists stated "we know nothing about the body's immunity to disease system and even less how it works". The whole concept of homœopathic treatment is based on the need to strengthen the immune system to overcome disease... It is inevitable that Homœopathy will be recognised worldwide, suppressed for almost a century by American business interests. The conclusive proof other active minute dose was published some years ago and still British medical men do not accept the findings. The BMA will use Homœopathy when the Americans have shown the value of natural medicines. I am treating a man of 76 who was diagnosed as having a malignant tumour in the stomach and bowels on October 31st 1996. A surgeon told him his only chance was major surgery to remove his stomach and replace it, he refused. Homœopathic medicines and a strict diet have proved beneficial after the last nine months and he has very little pain. I will send you the details of the treatment when the patient is in good health once again."

L. The Editorial by Dr. Uwe FRIEDRICH in the ZKH,41,4/1997 points out that a US Study in 1996 revealed that over 2/3 of all children upto their 200th day age had at least once an antibiotic or Sulfonamide. The common indications were Otitis media, respiratory infections, Pharyngitis and bacterial skin infections. Whereas in the cases of children who are under homœopathic treatment the need for antibiotic never came up. What the homœopathic physician can spare the little ones from will be evident from this alone. Similar examples can be found in respect of other ages and disease complexes. Nevertheless the economic advantage and also the overall general advantage in health-care, are not taken note of by the dominant school of medicine and the authorities. In this connection the efforts of the German Central Homœopathic Association is to provide a most possible singular and qualitatively high homœopathic training, practical course.

LI. Proving of the medicine is a pre-requisite to enable a homœopathic cure. Without an exact knowledge of the action of the remedies on healthy humans there is no certain basis for a homœopathic prescription. HAHNEMANN's provings on humans - not on animals - was both revolutionary and laborious. Only so can the finer nuances of the different medicines be differentiated for practical application which is not possible in the toxicological information obtained by animal experiments. von BÖNNINGHAUSEN has exhaustively dealt with, in his **Aphorisms of Hippocrates**, the different effects of many medicines on humans and animals - what is poison to an animal is not so to a human and vice versa. Clinical human experiments alone is not sufficient for a homœopathic prescription. (Editorial by Dr.Andreas WEGENER, in the ZKH,41,5/1997)

LII. Of Carbon copies and the Divine body - the Editorial of NAMA, 5,1/1997, discusses the Sheep cloning through asexual means. "Nature does not adopt the simplistic approach of promoting a few 'favored genes' at a fast pace. It takes a rather complex means of 'biological diversification' i.e. a seemingly random interchange of genetic material within a species. This allows for a much greater evolutionary potential to emerge... Thus it is inevitable that a qualitative improvement of our progeny can come about through a transformation of consciousness. This transformation will not only uplift our cognitive and emotive bases but will also change our body into a divine body. For so long we had considered any change in the corporeal structure of the body as a chimera. Though the present attempt at cloning works at a mechanical level, it still indicates that even the very material base of our existence can

be manipulated - a sign that a change of our body will not be an impossible dream one day. In this lies the greater significance of the geneticist's experiments rather than the production of mere carbon copies."

LIII. In her monthly column Miranda CASTRO writes about personal experience with regard to an injury that she suffered and the pain that followed it. Ten years ago she injured the right shoulder badly in a fall, and suffered from ongoing aching and pain that developed into a Bursitis. Worst pain in her life! Consulted an Osteopath who misdiagnosed the condition and adjusted the shoulder-joint but the pain went from severe to excruciating. So she went to a local hospital, an x-ray was made and a Steroid injection given (since many painkillers and anti-inflammatory and about ten homœopathic remedies had not helped in any appreciable manner). A great relief followed immediately. Three months later the Bursitis recurred. So she sat up in right earnest to write down the symptoms and hunt for the remedy. All the remedies that came up in the repertorization - Pain in shoulder, Motion agg. (more than 100!) - were studied and under *Ranunculus bulbosus* the exact condition was found. This remedy brought the process of recovery. Lesson: Study the Materia Medica unceasingly. (HT,17,5/1997)

LIV. Alternatives to Prozac for depression: NCH Case Conference 1996: Presentation by Todd ROWE: The medicines relevant in the different forms of 'Depression' - Narcissism, Anger turned inward, Biological depression, Dysthymia, Hormonally focused, Manic depression, Grief, are discussed. Some of the leading remedies are discussed with illustrative cases from his practice.

LV. Mitzi LEBENSORGER wrote to the Editor of **Homœopathy Today** (HT,17,2/1997) about the urgent need for defining and establishing standards for Homœopathy in the light of the increasing resurgence of Homœopathy. This is more so since there are different kinds of practitioners; the medically qualified, the lay, and the 'professional', homœopaths. LEBENSORGER has discussed these very thoroughly. Two correspondents have agreed with the writer and further stressed that this is more urgent in view of the many 'frauds' in the name of Homœopathy. This is not exclusive to the US but the world over.

----- List of Journals

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

1. AHZ: Allgemeine Homöopathische Zeitung, Karl F.Haug Verlag, Huthig GmbH, im Weiher 10, 69121, HEIDELBERG, Germany.
2. BHJ: British Homœopathic Journal, 2, Powis Place, Great Ormond Street, LONDON, WC1N 3HT, U.K.
3. CCR: Homœopathic Clinical Case Recorder, Phule Road, Maliwada, AHMEDNAGAR - 414 001, INDIA.
4. CGH: Cahiers du Groupement Hahnemannien du Docteur P.Schmidt, Médecin et Hygiène, 78, avenue de la Roseaie, Case 456, CH - 1211, GENEVA 4.
5. HL: Homœopathic Links, Homœopathic Research and Charities, 'Dinar', 20 Station road, Santa Cruz(w), MUMBAI - 400 054.
6. HOM: The Homœopath, Journal of the Society of Homœopaths, 2, Artizan Road, NORTHAMPTON NN1, 4HU, U.K.
7. HT: Homœopathy Today, National Centre for Homœopathy, 801, North Fairfax Street, Suite 306, ALEXANDRIA, VA. 22314, USA.
8. JAIH: Journal of the American Institute of Homœopathy, 23200 Edmonds Way, #A, EDMONDS WA, 98026, USA.
9. MFH: Medicina Futura Homœopathy, 1-2-217/7, Gaganmahal Road, Hyderabad - 500 029.
10. NEJH: New England Journal of Homœopathy, 356, Middle Street, AMHERST, MA 01002 USA.
11. NJH: National Journal of Homœopathy, Milan Clinic, Saraswathi Road, Santa Cruz(W), MUMBAI - 400 054.
12. QHQ: Quinquina Homœopathic Quarterly, Sri Sathya Sai Publications, Main Road, TALIPARAMBA - 670141.
13. RBH: Revue Belge Homéopathie, Dr.J Alaerts, Av., Cardinal Micara, 7, B-1160, BRUSSELS Belgium.

14. RES: Resonance, International Foundation for Homœopathy, P.O.Box 7, Edmonds, WA 98020, USA.

15. SIM: Simillimum, The Journal of the Homœopathic Academy of Naturopathic Physicians 11231 SE Market Street, PORTLAND, OR, 97216, USA.

12. ZKH: Zeitschrift für Klassische Homöopathie, Karl F.Haug Verlag, 6900 HEIDELBERG 1, Germany.

Part II Why I Became a Homœopath

MOSKOWITZ Richard (JAIH, 89, 2/1996)

My core beliefs and attitudes about doctoring grew out of my experiences as a medical student in the 1960s, long before I had ever heard of alternate medicine. Ethical and practical dilemmas first encountered on the wards of a large city hospital led me to study philosophy before going into practice and have continued to shape my career throughout internship and almost thirty years of clinical work.

In my youth I felt no special mission or calling to heal the sick, and there has never been another physician in my family as far as I know. Studious and scholarly by nature, I could have found a home in an academic discipline like history or philosophy far more easily than in a worldly career such as medicine. Nor have I ever wholly overcome an underlying distaste for the actual stigmata of illness, both its physical and emotional suffering and the tyranny they impose on loved ones and caregivers alike.

Why I chose a profession for which I had little inclination, ambition, or particular aptitude and persevered in it despite repeated failures and disappointments thus defines a mystery and suggests powerful unconscious forces at work. Posing the question in this way takes me back to my grandfather's death from renal failure when I was six years old and intimations of mortality turned my life upside down.

One night, while lying in bed unable to sleep, my thoughts and fantasies were consummated in a vision of perfect clarity that I too was going to die and that no power on earth could save me from that destiny. At my wits' end and desperate for solace, I ran into my parents' bedroom, sure I wasn't dreaming and indeed awake as never before from the knowledge that death was certain, a standard of truth utterly new to my experience. From my parents' reluctance to discuss it I gathered that death was a mystery I would have to plumb by myself.

Born with a crossed eye that resisted correction with glasses or orthopedic exercises, at thirteen I underwent surgery that left me with a divergent squint both obvious and permanent. Powerless either to achieve binocular vision or to stop trying to achieve it, I have never wholly adjusted to the resulting headaches, eyestrain, or distrust of specialists, "experts", and high-tech solutions that have nevertheless become almost second nature to me.

While engaged in biochemical research the summer after my junior year in college, I received a wake-up call that almost put an end to my medical career before it started. Justly renowned for its research facilities in Genetics, the laboratory where I worked derived most of its income from breeding and exporting pure strains of mice, rats, dogs, cats, rabbits, and monkeys for biomedical experimentation all over the world.

By calculating the number of animals sacrificed in my own work, the regular quotas of my colleagues in the lab, and the many thousands we supplied to others for similar purposes, I quickly grasped the enormity of this terrible enterprise and of my own complicity in it. Since then no reasoning has ever persuaded me that human progress requires animal sacrifice of such proportions or that valid standards of science or ethics can be built on such foundations.

Despite these misgivings, I entered medical science in the fall of 1959, right on schedule. Most of our clinical work was done at the antiquated but venerable city hospital that provided free to anyone who needed them the most advanced diagnostic and treatment facilities available anywhere, as well as a substantial quota of neglect and abuse from overworked interns and residents, and attentions both welcome and unwelcome from medical students rotating through each service.

In those days, medical students were initiated into the duties of patient care by drawing bloods for the day, a ritual happily long since abandoned in most places. Particularly in charity hospitals maintained at public expense, non-paying patients were routinely taken advantage of by house staff and medical students in exchange for their care and made to contribute unlimited quantities of blood daily for whatever tests any

of us were even remotely curious about. Even today, more than thirty years later, I can still hear the low, mournful wail that greeted us each morning as the patients saw us coming with our experimentation on veins often weak or compromised to begin with, our last resort was the dreaded femoral puncture, which took only a few seconds but left both perpetrator and victim holding out breaths until the huge syringe was filled at last.

Accustomed to thinking of illness as a particular episode or life experience that we come down with, work through, and eventually recover or die from, I was wholly unprepared for a reality in which disease was the basic condition and a vast nexus of goods and services had been created to manipulate and exploit it.

On rare occasions when the beds were empty and the wards deserted, I could almost smell the faint but ineradicable miasms that lingered over the place like the accumulated residuum of all diseases past and present. One of my favourite assignments was night call on the maternity service, where the miracle of birth often happened in bed, before anybody could step in and interfere with it. Listening to the women in labor from my cot in the next room, I would meditate on the word "obstetrician" (derived from the Latin ob-, "against" or "in the way of," and stet-, "stand" or "standing"), so admirably suited to physicians trained to stand in the way of the birth process in order to appropriate and control it for purposes of their own.

On the medical wards, we were responsible for admitting all lobar pneumonia patients, typically alcoholics from the Bowery, for whom a high fever, productive cough, pleuritic pain, or some equally serious ailment was the only ticket to a warm bed and regular food on cold winter nights. In most cases the principal organism *Streptococcus pneumoniae*, rapidly identified by a smear of infected sputum and then curable with Penicillin. Before initiating treatment, we were also required to inoculate sputum into the peritoneal cavity of two mice, yielding pneumococci in pure culture when we sacrificed them two days later. Since the test was largely academic, I only pretended to do it, never raising the issue of animal testing but unwilling to inflict or witness the torture myself.

Enlisting us to perform their dirty work, the house staff could only promise that we might do the same to our own medical students when their turn came. In this fraternal spirit an intern once asked me to pass a Rehffuss tube into the duodenum of a Puerto Rican woman whom he was working up for possible pancreatic disease. Much like a stomach tube with the added weight of a metal bulb at the tip to carry it past the pylorus, this little monster is virtually impossible for an unanesthetized person to swallow without gagging. After several failed attempts, I found myself wishing that doctors could be made to submit to such tortures themselves before being allowed to inflict them on others.

When the intern also failed, his instinctive response was to blame his victim, calling her names like "stupid" and "animal" in Spanish, with an abusive tone unmistakable in any language. Raising herself in bed to face him, this diminutive and unassuming woman grew to regal stature and bearing before my eyes, cursing him for what he had said and vowing retribution if he ever molested her again. A few days later, when I noticed two burly, mustachioed young Latinos lurking about in the hallway, I made myself scarce but secretly wished them well.

In this fashion the hospital effectively dramatized the need for patient empowerment through the gnarled and twisted shapes it tended to assume there, like the middle-aged black man with a chip on his shoulder who lived on the street but knew more about emphysema than all the doctors treating him for it and could often be found in the medical library taking notes for our discussion of him on rounds the next morning.

It took longer to realize that the inequality in rank and power which allowed us to do whatever we wanted and compelled our patients to obey and even thank us for it culminated in the actual propagation of disease, both indirectly by spreading fear and doubt, and directly through overuse of diagnostic and treatment procedures with obvious power to harm.

Not implausibly, one surgeon reasoned that chronic pancreatitis was duplicated by and hence could also have arisen from spasm of the sphincter of Oddi, causing reflux of bile into the main pancreatic duct and chemical inflammation of the gland. In his zeal to publish, he developed a mode of investigation that easily crossed the frontier of ethical restraint into a no-man's land where the only law was whatever the traffic would bear and a tenured Professor get away with.

Under his tutelage, residents at the GI clinic would select a number of patients not yet diagnosed or claimed by other strategies for "pancreatic studies," like the woman described above. Those surviving the ordeal of the Rehffuss tube qualified for surgical insertion of a T-shaped catheter into the common bile duct,

through which samples of bile and pancreatic juice could be taken for analysis and radio-opaque dyes introduced for X-ray close-ups of the biliary and pancreatic tracts.

It should not have been a surprise to anyone that traumatizing these delicate structures often irritated and inflamed the ducts, provoking spasm of the sphincter and ultimately chronic pancreatitis as well. In this gradual, almost imperceptible fashion, his methodology not only verified the hypothesis that had inspired it but guaranteed its own supply of experimental material, since once scarring occurred it was usually irreversible.

At around the same time, a pediatrician studying infectious hepatitis proved for the first time what many had long suspected, that the virus was transmitted orally by ingestion of contaminated feces, like polio and other intestinal viruses. He too succeeded by his willingness to conduct dangerous experiments on individuals without their consent, in this case retarded children at a state school who could not speak for themselves and lacked parents or guardians to speak for them.

Feeding stool samples from those with known infection to fellow inmates who were not yet, this doubtless sincere and dedicated physician soon had incontrovertible data regarding the portal of entry, incubation period, clinical course, liver enzymes, and every other known parameter of this major infectious disease. When a citizens' group later tried to blow the whistle on his research, which was conducted largely at public expense, he pointed out that because of overcrowding and poor sanitation the condition was rampant at the school in any case, and was allowed to continue his work without interruption or penalty.

Neither man was intentionally cruel or malicious, like serial killers who defy social norms or torturers and war criminals who carry out orders or give in to coercion or social pressure under extreme circumstances. What they did was evil for precisely the opposite reason, that they were well intentioned, successful, and even illustrious in a system which celebrates their results and the process which led to them, where the boundary between valid science and criminal behavior remains unclear and the source of legal and moral authority ambiguous or non-existent.

By my last year, as matching day for internships came and went, I knew that I could not practice medicine in the way I had been trained. In the fall of 1963, I was awarded a fellowship in philosophy and began my graduate studies in part to give meaning and clarity to what I had just lived through. Long before I had words or concepts to articulate or explain it, I knew in my gut that reducing diseases to mere abnormalities and attempting to separate or remove them from the patient imposed major ethical and practical risks that I could not accept without identifying and appraising them in each case.

From 1966 to 1967 I served a one-year internship at a large Catholic Hospital that included rotations of three months each in medicine and surgery and two months each in paediatric, women's health, and emergency medicine. With more than 500 beds and no residents or permanent clinical facility, it was not designed or run as a training institution. Our instructors were simply the attending physicians using the hospital to care for their private patients, on whose behalf we might be asked to provide an admission work-up, insert an IV or venous cut down, assist in surgery, or do whatever else either doctors or nurses might require. In addition, charity patients referred to from the ER and the outpatient clinics, which we staffed and ran, were assigned wholly to our care under the supervision of our preceptor for that service.

In short, we operated largely under the old apprenticeship system, which grounded me thoroughly in how medicine was actually practiced, allowed me to learn at my own pace, and left ample space for close personal relationships with attendings, nurses, and patients alike. But while usually knowledgeable and helpful if we could find them, our teachers tended to be to be busy with their own patients to be available when we really needed them.

With only eight of us to cover the whole place, we were often on our own, in the dark, and wont to proclaim as a virtue the "see one, do one, teach one" philosophy we were saddled with. Although our patients undoubtedly benefited from our personal attention, they had to accept along with it the inevitable ration of substandard care that followed from our having to learn everything more or less by the seat of our pants.

A typical vignette from internship, my first D & C was ordered by my OB/GYN supervisor for diagnostic purposes in a Welfare patient with a history of excessive bleeding. Because the hospital was owned by the Church and supervised by nuns, I was doubly surprised when he told me not to bother with a pregnancy test, but I didn't argue. In OR, he took all the time in the world to show me how to give paracervical anaesthesia, dilate the cervix, and curette out the endometrial lining, but then grew oddly impatient during the procedure itself.

“Moskowitz, get finished, already!” he kept barking at me, even though I had removed handfuls of tissue with no trace of the harsh, grating he had taught me to wait for as the endpoint of the procedure. Once again I obeyed, but the pathology report confirmed she was pregnant, and we had to finish the job the next day. While he always denied any knowledge or suspicion of it beforehand, both the criminality of abortion in those days and the patient’s heartfelt gratitude for what had happened pointed to our flawed collaboration as the only way for her to get the help she needed. More than any technical information, these were the lessons that stuck.

Another memorable experience grew out of my friendship with a patient, a Chicano of about 45 who developed phlebitis of the deep veins of the calf after surgical ligation and stripping of his superficial varicosities. I can think of no acceptable rationale for this procedure, which for purely cosmetic reasons regularly overloads the deep veins, often themselves diseased as well, and thus promotes chronic venous insufficiency of the sort that had crippled this man with little hope of relief.

In the course of our doctoring together we became friends, and on one of my days off he invited me to his home in the projects to meet his wife, sample her famous enchiladas, and stay the night. At about 2 in the morning he woke me to see his father, who lived across the courtyard and couldn’t sleep because of severe chest pain. When I entered, the old man was sitting up and leaning forward in bed, his hands clasped over his heart, with mortal terror in his eyes, a classic picture of acute coronary occlusion.

Equipped with nothing but my little black bag, I was reluctant to treat him at home but even more afraid to subject him to the alien world of quasi-military atmosphere of the ER and the Coronary Care Unit, where the risk of a serious complication seemed much greater. Taking a chance, I gave him a shot of morphine, and within a minute or two he fell into a deep and peaceful sleep. When I left for work, he was still resting comfortably, and his wife told me that he had recovered from at least three such episodes in the past without any medical attention at all, suggesting that many other patients would heal better at home, not only from heart attacks but from a wide variety of serious ailments.

As in most hospitals, the bulk of our instruction came from the nurses, who basically ran the place but knew how to make it look as if they were following our orders instead of the other way around. Thus, on a typical night in the ER, say if a patient came wheezing from an allergic reaction, some version of the following dialogue would probably ensue.

Nurse: Shall I get the Benadryl, Doctor?

Doctor: Yes, that sounds good.

Nurse: How much, Doctor, say 50 mg. IM?

Doctor: Fine.

Along with much practical information of this type, we learned above all how to “play doctor”, to act the part of a physician in a contemporary society, including roughly equal parts of bedside manner, educating the patient, and simply “breaking the news”. Once I tried unsuccessfully to revive a 49-year-old man who suffered a massive coronary while awaiting elective surgery for some minor problem.

With no idea of what had happened, his wife arrived just as he was being wheeled off to the morgue, asked the aide what the ice was for, and was told matter-of-factly, “We always pack ‘em like that when they expire,” her hysterical sobbing leaving me to grope for what few words of comfort I could think of. From then on, the nurses often called me at such moments, simply because I took the time to speak to the relatives and see that they were well cared for.

With time, I became proficient enough to triage middle-of-the-night calls from the ICU nurses or floor supervisors, using the urgency in their voices and my experience of similar situations to help me distinguish emergencies that couldn’t wait from no less genuine anxieties that would usually correct themselves if adequately monitored and simply permitted to do so.

Much as I enjoyed the thrill of performing surgery and admired the technical knowledge and ingenuity that made it possible, at 7 in the morning I usually felt sick at the thought of the hysterectomy or colon resection I had just scrubbed in for and could rarely eat enough breakfast to avoid feeling faint or nauseous at some point during the procedure.

While certainly in favor of reconstructive or emergency surgery and drug treatment in acute or life-threatening situations, I already disliked elective surgery and long-term drug treatment and avoided them wherever possible, regarding them as a last resort rather than a model of what doctors were supposed to do. But they were still all I knew, and had anyone suggested Homœopathy, Acupuncture, or anything equally outlandish at the time, I would by no means have been hospitable to it.

After internship and licensure I took my first job covering for a GP who was taking a long overdue vacation and had left instructions for his patients not to come in unless their problems couldn’t wait till he

got back. Even so I worked harder during these four weeks than at any other time before or since, beginning with hospital rounds at 7 a.m., then at his office until 9 or 10 at night, averaging 50 patients a day, 6 days a week, a schedule by no means unusual for a GP then or now. Over that same stretch, I assisted at seven or eight births and had to cover the Emergency Room one night a week, when I would be up into the wee hours admitting, working up, and following new patients without physicians of their own.

On one such night the ambulance brought in an obese 45-year-old Polish woman who spoke no English and was bent over groaning with pain and holding her back. Suspecting a kidney stone, I was surprised to find her far along in a pregnancy of which she herself was unaware. From her husband's rough translations I learned that she had never been pregnant before, and had no period for 9 or 10 months, and had simply let it go at that, not feeling or suspecting anything out of the ordinary. Indeed, she refused to believe the news and became quite annoyed that her husband and I were making a joke at her expense.

When a vaginal exam proved she was in advanced labor as well, I took her straight to the delivery room and in less than ten minutes handed her a baby girl who seemed perfectly normal in every way. Back in the nursery, however, the child immediately regurgitated whatever she drank, and a barium swallow and X-ray showed a tracheoesophageal fistula requiring surgical repair. Though they all went home in fine shape inside of a week, the greater part of this saga occupied but a small part of one day in the eventful life of my absent employer, whose seven-league boots I was struggling mightily to fill.

When he returned, I became house physician at a much smaller hospital, where my duties were much the same as before, doing chores and little favors for the nurses, the attending staff, and their patients, assisting in surgery, and being on call for any emergencies or special needs, as well as supervising the old folks' home out back. Always a favorite part of my practice, working with older people demands mainly personalized care and attention, carries little expectation of radical cure, and earns heartfelt gratitude for any relief of pain, suffering, or the accumulated burdens of survivorship.

At the same time, I began to see patients in my own home as an experiment to make my practice more open, informal, and based on consensus rather than authority. My procedure was to examine the patient as non-invasively as possible, using only the simplest tools and with as much direct participation as the situation permitted, making the diagnosis but then putting it "on the shelf," allowing each patient's individual experience to suggest a regimen and plan of treatment uniquely suited to them.

With no methods but the ones I had learned during internship for very different purposes, the work was difficult and often unavailing but also "clean" and honest, incapable of causing harm, and helped focus my attention on the therapeutic alliance with the patient. Since then, these same priorities have guided and directed my search for alternative treatments and a style of practice that could stand the test of time.

As the war in Southeast Asia escalated without letup, the news from the front helped me appreciate the extent to which not only my medical training but also the underlying culture of illness that I grew up with were steeped in the images of warfare and combat. In the same way that every drug advertisement and hospital or charity fund drive is based on the conventional wisdom that viruses and bacteria are invaders to be expelled and illness of enemies to be fought, no one I knew would hesitate to use chemical weapons like antibiotics, antihypertensives, or antimetabolites against any ailment that bothered them.

But when an American General boasted of destroying a village in order to save it, his metaphors borrowed almost verbatim from the Cancer specialist, the gruesome footage of such exploits elevated what had once seemed like mere figures of speech into a broad philosophy of militarism for its own sake, with a bottom line that began to shock even its own proponents. Trained as a soldier in the war against disease and armed with the most advanced weapons to shoot down abnormalities wherever they showed themselves, I resolved yet again to desert my post and fight no more.

Applying to the local hospital for admitting privileges, I found that my antiwar views and unorthodox style of practice had already frightened and alienated a number of physicians in town. On the advice of a friendly internist, I decided to meet as many of them as possible and was finally approved by one vote, but the Board of Trustees overruled them anyway, clearly alarmed by the fact what they feared or imagined I stood for had split the Medical Staff right down the middle.

At this point I was practicing what might be called "minimalist" medicine, giving liberal helpings of education and advice while doing as little as possible of a drastic nature, simply trying to guide people through the medical system and protect them from being hurt too badly. But with fewer and fewer procedures that do no harm or that I could support apart from acute or emergency situations, I had less and less to offer my patients when their illnesses worsened, and my growing alienation from the profession made it increasingly difficult and unpleasant for me to practice at all.

Then in April of 1969 I had an experience that profoundly changed my life. Due to give birth in less than one month, a pregnant woman called to ask if I would come to her house to help her with the labor, since no other doctor would agree to her plan. Never dreaming that anyone would prefer to do it that way, and acutely aware of my insecurity without hospital or nurses to back me up, I also realized at once that home birth was indeed something I could do as a physician without doing harm to people or telling them how to live their lives.

When the labor began, I arrived at the house expecting to do a vaginal exam right away to see how it was progressing. I'm still not sure if it was the candlelight or the Bach playing softly or the rapt expressions on all the faces, but somehow I understood that the exam was what I thought I needed rather than anything that my patient was really asking for. After much soul-searching, I decided that if anything went wrong, I had to trust myself to learn whatever I needed to know at the time, and that I'd better sit down, be quiet, and pay attention like everybody else.

Although this woman I'd just met taught me pretty much the whole course that way, without saying a word, I can't say how she knew it, since her only other child had been delivered under general anesthesia many years earlier. When her son was born, both of them were bathed in a soft halo of light that extended a little distance all around, as in a Madonna of Raphael or Filippo Lippi, and we all saw it and stared at her and the baby and each other, as human beings no doubt have always done since the beginning of time.

In no sense uncanny or strange or outside the realm of natural law, the birth was a "miracle" in the opposite sense of something happening in full awareness, which only our habitual inattention would need to single out and only our seeming ignorance of what all other animals know by instinct would qualify as deliverance.

As if trying to give form and use to the reverence we felt, her nine-year-old daughter announced she was taking the placenta to school and wrapped it in a plastic bag, stuffing it under her coat like a reluctant conspirator with an oversized bomb. A few hours later, when the school nurse telephoned in a panic, I left to retrieve it on my way home.

"You mustn't think we're against this sort of thing," she pleaded when I got there, "but we don't have adequate refrigeration for it," citing her duty to ask the principal, who happened to be out of town, and the risk of losing her job had she acted on her own. Unaccountably at a loss for words, I managed not to ask her what she thought of a state of affairs in which she could lose her job for talking to a class of nine-year-olds about giving birth to a baby, or indeed what her job was, if not that. Back in my living room, the holy relic lay in state for more than a week with no odor or trace of putrefaction, like the dead bodies of certain saints according to popular legend.

For me personally, home birth immediately and forever afterwards carried religious meaning and ethical significance in its affirmative vision of the healing relationship that still works and makes sense. Even the most advanced and enlightened hospital must make rules for people and indeed imagine it knows what is best for them and their babies, thus undercutting their parental responsibility to that extent. As a guest in people's homes, on the other hand, I need only follow their roles. Like the midwife, my role was not to do anything in particular or tell them how to give birth, as much as simply to be there for them in whatever way seemed most useful at the time, to assist them in the conduct of their own natural process, and to help them make whatever decisions they needed to make.

Between 1969 and 1982 I assisted at over 600 home births, and the model of the doctor-patient relationship that emerged from them is as relevant today in my office practice as it was then in the field. I feel as proud as of anything else I have ever done in my life to have helped these people create their families in a setting and manner of their own choosing, often despite the lack of support and at times active opposition from the medical community.

In 1969 I moved back to the city in search of new directions and met a group of health activists and physicians, some of whom had helped take over the administration of a municipal hospital and were running it as a collective of patients, local people, and medical and hospital workers until the city accepted their demands for greater community participation. Later that summer I joined a contingent of doctors volunteering to provide medical services at the Woodstock Festival.

Arriving on Friday afternoon as if for a typical weekend in the country, we found ourselves marooned in traffic a long way from the site and had to navigate the last eight miles on foot through roads clogged with humanity and covered with rain and mud. Expecting a major transformation of consciousness over the week-end, hundreds of thousands of people had similarly failed to make provision for bad weather or bring food and tents of their own, creating a real public health emergency, while those who came up early found

lovely spots to sleep and cook out with their friends, had an unforgettable time, and were no trouble to anyone.

Requesting assignment to the drug tent, I served under the redoubtable Hugh Ronney, known to everyone as "Wavy Gravy," the true and legitimate hero of the occasion. Trucking in vast quantities of food, medicine, tents and blankets, his Hog Farm commune set up soup kitchens to feed the hungry and organized teams of doctors and paramedics to give aid and comfort to the legions of young people who had come in part to take psychedelic drugs for the first time.

Reluctant to brave the mobs at the bandstand, I preferred the informal groupings that formed around the musicians whenever they relaxed or rehearsed or jammed with their friends, guaranteeing them an audience of 5000 to 10,000 whether they wanted one or not. Like islands of humanity pasted onto the landscape for miles around, these smaller communities were more intimate and friendly and permitted a closer look at the real infrastructure of the event.

Once after walking over a little slope I came down into such a gathering as Joan Baez was about to play, when a young man took the mike to warn of dire consequences from the acid that literally hundreds had just taken, his good intentions only further dissolving the psychedelic illusions that had seemed so beguiling only seconds before. Back in the drug tent, Wavy Gravy and his staff taught us the simple art of listening and giving reassurance to souls in trouble which though given little provenance in my previous training was pretty much all we needed on that day and many times since.

In any case, I didn't last long in the surrealistic atmosphere of the great metropolis. Attending a few home births on the side, I also worked full time at a clinic that was part of President Johnson's "War on Poverty" Program. With a clientele that was mostly black and lived in the slums, our facility was located in a wealthy neighborhood and maintained a fleet of taxis to transport them improbably from one end of the social scale to the other and back again.

Gratified that our budget also provided for home visits, I was soon called to the projects to see an old man in his nineties who was too ill to move. As I entered the bedroom, he noticed my silvery mustache and rose smartly to attention, saluting and addressing me as General Pershing, his Commander-in-Chief in the First World War. Before I had time to play along, he doubled over groaning with pain, and while easing him back into bed I felt the massive bulk of his liver studded with hard, metastatic nodules in a terminal state.

Taking his wife aside, I explained that he would die soon and offered to find her a housekeeper to make them both as comfortable as possible in time remaining. Well over eighty herself, with serious medical problems of her own, she dreaded the thought of either of them dying in that wretched little apartment and insisted that we admit him to the hospital and care for him there as best as we could.

As a satellite of the local teaching hospital, the clinic could refer seriously ill patients for admission, but our doctors had no authority over their treatment by the interns and residents in training there. Determined at least to meet and talk with them, I pointed out that since both diagnosis and outcome were certain, our only reasonable choice was to make him as comfortable as possible, give him plenty of morphine, and help him die in peace. But, as I had feared, my colleagues had already decided to perform a liver biopsy and begin chemotherapy, knowing that the drugs were deadly and of marginal benefit and that the biopsy itself would likely give him a Pneumonia and thus pre-empt his death.

In the summer of 1970, I sought refuge out west once again, renting a log cabin high in the mountains, but was soon inundated with requests for help from women planning home births. Almost before I had a chance to get settled, I was as busy as I could be attending maybe 40 births by the following spring and over 150 in the three years I lived there, long enough to watch my old patient's seemingly crazy idea catch on and spread like a prairie fire through the subculture.

Without an office, nurse, appointments, or even a telephone at first, I was totally available to my patients if they could find me, an arrangement that, while clearly unsuitable for some, also resonated with the frontier spirit of the place and gave further stimulus to the already flourishing grapevine of the time. First, prospective patients had to select themselves by being willing to find out where I was at all times and by mastering the rudiments of emergency childbirth in case I didn't make it. Second, I learned to drop in on them whenever I came to town, a journey of some twenty miles over mountain roads that in winter often became an arduous and thrilling adventure. Best of all, something interesting was apt to happen when I got there, like finding the woman already in labor, being treated like an honorary member of her family for a while, or at least rewarded with a hot meal, good company, and a warm bed for the night.

In any case, I never missed a birth, lost a baby, or had to take anyone to the hospital in those days, a record that I could never explain or equal in later years, when I opened an office, hired nurses and

receptionists, hospitalized people when I needed to, and had my full share of complications like everyone else. Only in retrospect did I appreciate how fortunate and indeed in state of grace I had been, as if consumed by the vision that Dorothy had entrusted to me and prepared to do everything in my power to be worthy of it.

Whatever the reason, it cannot have been any special skill or affinity on my part, since I had as yet but a rudimentary knowledge of pregnancy and childbirth, felt even more keenly than my patients my innate unworthiness to supervise this most womanly activity, and could only justify it as an anomaly of medical history, which the home birth movement itself would and did eventually rectify.

One memorable birth still recalls the wide open, experimental atmosphere and flair for self-discovery so characteristic of the time. Bored with successful careers in the New York art scene, a newly-married couple in their late 30's set out on their honeymoon in an old school bus they had transformed into a romantic bower of velvet hangings and silk brocades and other offerings of beauty and magic to the new life they dreamed of. Aiming for California, like so many others, they never made it past the mountains, where they ran out of cash, discovered she was pregnant, and fell under the sway of a Tibetan lama who lived and taught nearby.

Taking advantage of electric and water hookups of a friend's house, they continued to live and hold court in the school bus, where we met to discuss the birth and make the usual preparations. When her labor began one cold November morning, several dozen well-wishers gathered in the house to celebrate the event, drinking and revelling as if it had already taken place. Late that night, the cervix was still only 4 cm dilated, my patient was tired and panting rapidly as if the birth were imminent, and all my encouragement failed to help her over this suddenly huge and seemingly insurmountable obstacle.

With her labor thus brought to a standstill, I returned to the house and announced that she needed the collective energy and moral support of everyone there assembled, without the vaguest hint about what I thought they should do. As if on cue, they all filed out into the cold, wintry drizzle and lined up alongside the bus, chanting the sacred syllable in a loud, insistent drone that sounded as if it meant to continue until something pretty definite happened.

Summoned to what became the greatest performance of her career, the former actress revived in the presence of the audience and seemed to know exactly what to do, handing out candles and matches and inviting everyone inside the bus. Opening the **I Ching** at random, I read aloud the first hexagram I saw, and though I have no memory of the passage, it seemed entirely fitting at the time.

Taking hold of two ropes she had suspended from the ceiling for the purpose, she pulled herself up to a squatting position on the bed and began to bellow like a heifer with each contraction, although she was not yet fully dilated, had felt no discernible urge to push, and had to teach herself by sheer force of will how to recognize and direct an instinct that lay hidden somewhere deep within her. When the baby finally came, she weighed over 10 pounds, her prodigious size making the difficulties of her birth seem even more heroic in the overcoming of them.

These early experiences also taught me to respect my patients' life choice even when I disagreed with them, questioning or arguing with them when I felt strongly, but never denying their right to have the say about the kind of health care they wanted or needed along the way.

When a macrobiotic couple held forth as if they embodied the brightest virtues through their deep understanding of dietary matters, I could only worry about the nutritional state of the pregnancy with no prior experience to guide me, but still enjoyed the dinner they set before me enough to persuade me to work with them. Fortunately, the labor and birth went beautifully, and although the baby was a little smaller than average, as I've since come to expect, she grew to be as strong and healthy as anyone could wish.

Through its gentle, family-centered atmosphere, home birth also left space for and thus helped me to recognize the ubiquity of self-healing and eventually to seek out and incorporate subtler and less aggressive modes of treatment into my medical practice as well. With a background in biochemistry and pharmacology, I naturally gravitated to the study of nutrition and plant remedies, combed through herbals, learned to identify local species, made infusions, poultices, ointments, and suppositories, and began to use them medicinally.

In these investigations my chief mentor was an old German woman who had come to America after the War, owned a health food store in town, and had a large and devoted following in the area that included young and old alike. Representing a broad cross-section of ailments, the customers she knew and trusted would follow her into a little back room, where she used a pendulum both for "diagnosis" and to select appropriate vitamins, herbs, supplements, and even homoeopathic remedies, which I first heard of in her

shop. At times she also sent saliva samples to an even more aged colleague for some sort of esoteric "laboratory" reading, where various parasites, toxic wastes, and other pathological residues were radionically identified.

Although her whole procedure seemed like hocus-pocus to me and I didn't really understand any of it at the time, she was my first introduction into the realm of esoteric psychospiritual phenomena that intuitively I knew existed but had never clearly experienced myself. Whenever I tagged along with her, she would show me things that I couldn't quite believe that would nevertheless stimulate me to imagine what the world would have to be like if they were true.

Furthermore, she was also the finest spiritual healer I have ever known, and that numinous archetype always comes to mind when I think of her. A few months after giving birth, one of my patients called me with severe abdominal pain that had come on suddenly after a trip to her in-laws to show off the baby. On pelvic exam I felt a taut, bulging mass about the size of a tennis ball in the vicinity of her right ovary that seemed ready to explode, and for whose sake even I was determined to escort her to the operating table without further delay.

As a last resort, she begged me call the old woman, who readily agreed to come to the house. On entering the room, she knelt down to the left of the patient and began to pray fervently, placing the fingers of her left hand over the cyst and allowing her right arm to dangle free by her side. After several minutes, her body began to shake convulsively, and I even imagined I saw a current of energy passing from her left hand across her body, down her right arm, and out through her free hand.

Proceeding to the other side of the bed, she placed her right index and third fingers on the right pubic ramus, a "pressure point" for the ovary, and pressed down firmly, causing a loud shriek of pain that nearly levitated the woman out of bed onto the floor but then became a wail and began to subside after about fifteen seconds. Pressing firmly a little longer until the patient seemed at peace, she then let go, trying several other points at various locations and eliciting a little wince here and there, but nothing like the first time.

After ten or fifteen minutes, she quietly left the house. In the time it took me to examine her again, both the pain and the cyst had completely disappeared, and they never came back in the two years that I kept track of my patient before leaving the area. In all my years of practice, I have never witnessed another instantaneous cure of organic pathology to rival this one, and it was enough to convince me that healing is always possible, even when we least expect it or know what form it will take, and can never be accompanied by any one definition, explanation, or method.

In 1973 I moved to another state to study Acupuncture and related healing arts with a Japanese master who also taught Akido and a form of the ancient Shinto religion based on chanting the sacred sounds, the medium by which, according to Japanese legend, the earliest human ancestors communicated feelings directly without the need of symbolic speech. While beginning to train a few Western students, he was chosen to head the new state Board of Acupuncture for having cured a number of legislators of serious ailments.

Although drawn to him personally and in awe of his skill and accomplishments as a teacher and healer, I never developed a deep affinity for either his religious practice or the martial and healing arts he used to inculcate it. What I most profoundly respect and admire about Oriental medicine is its systematic philosophy of the organism as a unitary life principle, operating prior to any division of it into thoughts and emotions on one side and organs, cells and molecules on the other.

By learning to palpate subtle variations in the radial pulses at nine different positions on each side, a skilled practitioner can assess the condition of the internal organs and the longitudinal energy currents on the surface of the body known to correspond to them. Thus avoiding the mind-body problem entirely, acupuncture diagnoses and treats all illness both uniquely in each patient and globally in the patient as a whole. As well as answering my philosophical requirements, it seemed to be able to influence health on a deeper level and with subtler methods than the heavy artillery of Western medicine seemed to allow or show much interest in.

On the other hand, just as it felt alien to me culturally, I shied away from its authoritarian style and relentless practice of seeing patients twice or three times a week for months at a time, useful and necessary as it undoubtedly is for certain patients. Even after I had stopped using it, acupuncture remained my basic introduction to the field of energy medicine, opening up important new directions in my thought and practice. I shall always be grateful to the Sensei and honor his memory as a personal teacher and for sharing his truths so generously with me.

In July of 1974 I stumbled into Homœopathy. After hearing the term in the old woman's health-food store and trying to read through an old text without being able to make any sense out of it, I wrote to an old homœopath back East about a patient who was sensitive to bee stings, wondering if *Apis*, the homœopathic remedy made from the honey bee, might be suitable for her. "Well, sonny boy," he replied in his economical Vermontese, "you'd better come to our summer school."

At first glance, neither the sleepy state college campus where the course was given nor the rumpled clothes and advanced age of the homœopaths who taught it augured well for the future of the profession. Most of the faculty were quite old or semi-retired, and very few were actively earning their living from practicing the method they were teaching us. It was as if a whole generation of the most active, successful, experienced practitioners who should have carried the main teaching load were missing. Equally upsetting was the fact that the course lasted only two weeks, after which we were simply turned loose to practice what we had learned on our patients. With no full-time schools, no teaching hospitals, and few retail pharmacies to send patients to, it was difficult to imagine that American Homœopathy could survive much longer.

Yet from the moment I began that course, I knew that it was exactly what I had been looking for and that I could happily devote the rest of my professional life to studying and practicing it. Before I'd ever given remedies or seen them work on anyone, Homœopathy made sense to me as a philosophy, a coherent body of thought with basic assumption that rang true and a detailed, systematic methodology that followed from them.

Indeed, it taught me how to do what I was already doing, making a diagnosis but allowing the individuality of the patient to point to the treatment. By reframing the illness as the attempt of the organism to heal itself, the homœopath simply ascertains the unique pattern of the signs and symptoms and chooses a tiny dose of the medicine with the most nearly identical symptomatology to assist the process that is already under way.

Far from repudiating conventional medicine because of it, I was drawn to Homœopathy because it answered the ethical and practical questions that had kept me from practicing medicine for so many years in the past. I still had to find out whether it would work, whether in my inexperienced hands it could be a useful vehicle for helping me and my patients understand their illnesses and actually heal them. I offer my entire subsequent career as evidence that it does, having practiced Homœopathy more or less exclusively for the past 21 years with never a cause to regret it.

My first homœopathic case was myself, waking up from a head-on collision with a drunk driver that would surely have killed me if not for my old '48 Plymouth, which had so much metal out front that I escaped with a mild concussion, a bad scalp laceration, and a few broken ribs. In the front seat of the ambulance, I felt dazed but OK until we got to the hospital, where I was left on a stretcher, lying flat on my back, helpless and immobile, the slightest movement sending stabs of pain through my chest that sapped my strength and my will to recover. As soon as my friend drove me home, I took a tiny dose of *Arnica* 200, an alcoholic solution of *Arnica montana* diluted 1:100, 200 times. Within a few seconds I was able to take my shirt off unassisted, an incredible achievement under the circumstances, and had no more pain for two days, recovering without further incident.

That first winter I saw mostly acute illnesses - colds, flu, Strep throat, bronchitis - as well as incidental complaints of pregnant woman and their families, who formed the backbone of my practice at that time. When a patient needed medicine, I would rummage around in my books until I found a remedy that seemed suitable, and often both of us were amazed how quickly and effectively it worked, not only to relieve pain and suffering, but also to impart a feeling of strength and well-being that could actually shorten the natural course of the illness.

Soon I began trying remedies at the births themselves, with similar results - at times none, usually good, and sometimes quite extraordinary. I am thinking of a 20-year-old-woman who was pregnant for the first time and gave birth after a prolonged second stage. Though well-formed and weighing over 8 pounds, the baby was covered with thick meconium, took one gasp, and breathed no more. When brisk suctioning of the nose and mouth produced only more of the same, I tried but failed to incubate or even visualize the trachea. By this time the child was limp, pale, and motionless, with an Apgar of 1 and a heartbeat of 40 per minute, responding feebly to mouth-to-mouth resuscitation but unable to breathe on her own.

No sooner had I put a tiny bit of *Arsenicum album* 200 on her tongue than she awoke with a jolt, crying and flailing, her heart beating vigorously at 140 per minute, her skin glowing pink with the flame of existence. The whole evolution took at most a few seconds. After a night in the hospital to be on the safe

side, she went home in the morning, with no indication that anything untoward had happened. Experiences like these are inscribed for life in every practitioner's mind.

Since 1974 I have practiced classical homœopathy more or less exclusively and according to the Hahnemannian method, using only one remedy at a time for the whole patient and preferring the higher attenuations if I can see the remedy clearly, if I am unable to help patients with remedies and conventional treatment seems indicated, I will refer them to somebody else.

If practiced conscientiously, the method poses minimal risk of harm and allows me to learn and grow at my own pace. Since I can see only as many people as I can and learn only as fast as I can learn, my patients readily understand and forgive the fact that my experience has had to be acquired little by little and at the expense of numerous failures. On the other hand, the study of remedies enables me to help people heal themselves in ways and situations that would have been inconceivable to me before.

I can readily understand the skepticism and incredulity in the eyes of my patients when I put a bit of "fairy dust" on the tongue and ask them to come back a month or so later. The Hahnemannian Law of Similars has never attained general acceptance in medicine, and even those who use it every day regard it as a basic mystery not yet solved or proven. Nor has anyone satisfactorily explained how a remedy diluted beyond Avogadro's number could possibly have any effect, let alone a curative one.

But the standard argument that homœopathic remedies are simply placebos cuts both ways. Quite apart from how they do it, the mere fact people regularly use Homœopathy, Acupuncture, and whatever else to heal themselves without drugs or surgery effectively reduces the need for costlier and more drastic methods and downsizes the promotional claims made for them.

Nor have I ever burdened myself with the idea that Homœopathy is the only way to heal people or the best way for everyone. Far from being a panacea for all ills, it has many limitations of its own, some of them inherent, and others that will have to be judged in the light of a bioenergetic science that is still in its infancy. I chose it because it is best suited to my own particular evolution and style.

Still less can I imagine that, even when it is better understood, Homœopathy will become the dominant mode of scientific treatment for this or any other society. Indeed, if it did, I might begin to lose interest in it and to look elsewhere for further employment. What I mean is that nobody has a monopoly on truth, everybody has a piece of it, and there's nothing to be done but to work together to discover our various truths where we find them and to celebrate beauty for its own sake.

Part III

Miscellany

I. Almost two years ago the Pune-based Inter-University Centre for Astronomy and Astrophysics (IUCAA) acquired three saplings said to be descended from the apple tree whose falling fruit set Isaac NEWTON thinking about falling bodies and thus indirectly contributed to the discovery of the Law of Gravity. One of the saplings has matured and put out three green apples. However, this one stands besides a statue of EINSTEIN. The sapling that was planted near NEWTON's statue has not grown as well, perhaps because it is in the shade of a Banyan tree. The scientists at the

Institute are trying to coax the plant to grow, but if they don't succeed they say EINSTEIN and NEWTON may have to change places. (The Hindu, Chennai, 28 November 1998).

II. Uri GELLER, Tel Aviv had the strange power since his childhood to bend spoons even without touching them and also read minds. He shot to fame in 1973 when he appeared on a BBC Program in which he demonstrated his powers. He could stop clocks and also make clocks that had stopped working to work! His claims were investigated and they have stood the test well. He does not use manual force, but uses only 'mind force'. Scientists at the Max Planck Institute in Germany described his powers as "a phenomenon which in theoretical terms cannot be explained." How did Uri GELLER come by his unusual abilities? Once when somebody asked him he replied: "Perhaps everybody has this ability within them but it requires a certain power to trigger it. I am sure the power must come from an intelligent form of energy." (The Hindu, Chennai, 28 November 1998).

III. The damage heavy tractors inflict on soil can reduce crop yields by up to 80 percent, according to trials by German scientists. The average weight of tractors and other agricultural machinery used in the West has tripled since 1970, says Rainer HORN of Kiel University. Tractor wheels exert a force of 5 tonnes at each wheel and the density of small invertebrates such as worms and arachnids, which contribute to soil fertility, fell by up to 80% at depths of around a metre. This caused crop yields to fall by about 80%. The damage to the subsoil could be cut by about a third by replacing ploughing with a system known as low tillage, in which the soil is broken up to a depth of only eight cm. In February, Germany passed a law that obliges farmers to protect the soil, and some researchers are suggesting that farmers should be paid to switch to low tillage. (The Hindu, Chennai, 29 November 1998).

IV. The cruelty inflicted upon defenseless creatures in the name of 'scientific' experiments is unimaginable. A 'news' in The Hindu, Chennai, 29 November 1998 (source: New Scientist) says that ordinarily a pond snail in danger pulls itself into its shell, leaving its fleshy foot to block the aperture. But if a predator persists in nibbling at the exposed foot the snail withdraws out of reach by getting rid of the haemolymph that fills its body cavities, making up about 40% of its total body volume. The snail then faces the expense of replacing its blood, including cells, sugars and proteins. Ecologist Mark RIGBY of the Swiss Federal Institute of Technology in Zurich stimulated a predator's attack by prodding pond snails, *Lymnaea stagnalis*, with a glass pipette. After two weeks, the fat reserves of snails he prodded once a day had dwindled by an average of a third compared to undisturbed snails or those prodded once every six days. This has serious consequences. In effect the more harassed snails laid much fewer eggs. "Butch BRODIE of Indiana University in Bloomington says that the price paid by animals in escaping from predators has only rarely before been measured. "It's nice to have documentation of the real cost," he says. (What an important 'documentation' (!) and at what cruelty. Homœopathy is considered as humane but there have been and there are, some researches in Homœopathy involving torture of defenseless creatures.= KSS)

COMING EVENTS

Two Day International Conference, 15-16 April 1999, London, UK. Improving The Success of Homœopathy 2: Developing and Demonstrating Effectiveness. The Royal London Homœopathic Hospital NHS Trust, Great Ormond Street, London WC1N 3HR. U.K. The program will include:

To whom should research be addressed?

How should effectiveness studies be designed?

In which clinical domains should we do effectiveness research, and why?

Which clinical studies should be reproduced, and why?

How can we evaluate the economic implications of Homœopathy?

Is Homœopathy an addition or substitute for conventional treatment?

Is Homœopathy safe, how can this be investigated?

How should data on Homœopathy be collected?

How can we make the basis of homœopathic prescribing more transparent?

How can we ensure that research results influence clinical practice?