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

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Part I Current Literature Listing

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

I. PHILOSOPHY

1. The Search for True Natural Disease
   BICKLEY Anthony
   (HL. 18, 3 & 4/2005)

   The author has expressed unhappiness at the mutual criticisms of Homeopathy Practitioners among themselves, as ‘classical’, ‘modern’, etc. In this connection he discusses ‘true natural disease’ and ‘indisposition’. (ref. §78 Organon.) The conclusion is that we should put aside our differences long enough to recognize the quality of both old and new methodologies and that progress should not require the casting out of all the good that previously existed. He further pleads that since Homeopathy is about finding the similarities and not difference, we should rather look for similarities in our methods rather than accentuating the differences.

2. The Shadow of Homeopathy
   An Analysis of the Current Situation in Homeopathy from a Jungian Perspective
   CICCHETTI, Jane
   (HL. 18, 3 & 4/2005)

   This article discusses the importance of understanding Jung’s concept of the shadow both for homeopathic practice and the profession of Homeopathy as a whole. Much of the difficulty that HAHNEMANN had with public acceptance of Homeopathy is continuing to this day due to attitudes that remain in the group collective unconscious of the profession. Methods to make these attitudes conscious are suggested in order to prevent unconscious repetition of behaviour that sabotages the acceptance of Homeopathy in the world today.

   C.G. JUNG introduced the term shadow to deal with suppressed qualities. Working with this subject as homeopaths deepens our understanding of the structure of problems and of healing processes in our patients and in ourselves.

II. MATERIA MEDICA

1. Semiotics and Simillimum: Prescribing without a Proving: A Case of Rio Grande Wild Turkey (Meleagris gallopavo intermedia)
   BROWN Doug (AH. 12/2006)

   “Semiotics is concerned with everything that can be taken as a Sign” (Umberto ECO, 1976).

   Doug BROWN says that “while Provings constitute a foundational cornerstone of Homeopathy, the limitation of our proven remedies are that the seemingly indicated remedies fail to act or continue to hold”. Also that “Signs point towards a substance which makes sense of the case at the deepest possible level but for which there is no Proving and often no extant remedy.”

   A Case that stalled: 55 year-old woman with intense pain and a confusing story of drug abuse and emotional turmoil. For an year Morphinum had helped her and then it didn’t. Now, the ‘theme’ is: issue of survival, multiple sensations, extensive inter-personal conflict with a sense of victimhood and a need to dominate. She experiences pain as being driven out of life before she is ready to go. Feels trapped and vulnerable. Awareness of egotism and negativity within herself. Yearns for freedom and escape.

   The movement out of her body is upwards. These features indicate animal aspects [There is so much more of ‘animal’ in everyone of us, indeed = KSS] of the case and especially avian, i.e. bird remedy. The patient’s case did not fit into any of the known Bird Provings. The important feature of Wild vs Domestication and used for food pointed out either chicken or Turkey.

   200th Potency of Rio Grande Wild Turkey’s feather was given on 19.8.2004. She continued
improving; repeated four times over a period of 15 months due to relapse and subsequently two doses of M. She continues to do well and feel a sense of forward movement in her healing process. [Where is “Homeopathy” in this kind of reasoning? HAHNEMANN said that the only way of knowing what is ‘medicinal’ in a substance is the Proving on healthy humans. Thus was Homeopathy born. Now there are several scholars amongst us who are not only one-up but seem to be many-ups over good old HAHNEMANN. Melanie GRIMES the Editor of AH would like to us to complain but tolerate with these ‘speculation’, even ‘wild speculations’ in the garb of Homeopathy!

Yet those of us who still consider that the Science founded by HAHNEMANN and nurtured by BÖNNINGHAUSEN, HERING, LIPPE, etc., alone is the Homeopathy abide so. = KSS]

2. Lac Cameli Dromedari: Camel’s milk: a Proving
MUSHTAGH Saeid, BUCKLE Laura & MASRGARITIS John
(SIM. XX/2007)

The milk obtained from a domestic camel in Cairo was frozen and transported to Canada and then to Hahnemann’s Labs Pharmacy, San Rafael, California where it was de-frozen and potentised to 12c and 30c. This Proving was according to the methodology given by Jeremy SHERR in his book. The Symptoms are given in the ‘Schema’ form.

3. HAHNEMANNS Arzneimittellehre in neuem Licht (HAHNEMANN’s Materia Medica in new light)
LUCAE Christian und WISCHNER
Matthias (ZKH. 51, 1/2007)

More than 200 years after the publication of HAHNEMANN’S first Materia Medica the Collected Materia Medica (Gesamte Arzneimittellehre) appears as a first complete compendium of all Proving of HAHNEMANN. In this article all the new aspects of the Collected Materia Medica are presented in an overview. The evolution and sources of HAHNEMANN’S Materia Medica are discussed by combining 17 remedies appearing in both, the Materia Medica Pura as well as the Chronic Diseases, new issues on HAHNEMANN’S presentation of symptoms have become evident. Finally, the implications of HAHNEMANN’S original works is emphasized.

Although several Proving have been done after HAHNEMANN and many Materia Medicas have been published almost all of them could only be considered as complementaries, extensions, etc. but none of them could or would displace the original work of HAHNEMANN. They are as much relevant today as they were two centuries before.

4. Microcystis aeruginosa – Proving of Blue Green Algae
GRIMES, Melanie J. (AH. 12/2006)

This is the most common toxic Cyanobacterium in fresh water. They produce two main groups of toxins namely Neurotoxins and Peptide Hepatotoxins.

The themes of the proving symptoms are given; symptoms which were cured during Provings are also listed. (This report of the ‘Proving’ is somewhat haphazard. How many men and women? How many hours/days etc. after which the symptoms (each one) appeared? Without putting it up to the Profession with full Proving data and obtaining cured cases, the author has given ‘rubrics’! Anyway, this is the way in which so many ‘Provings’ have been carried out in the modern days by the preachers of ‘innovations’. = KSS]

5. Leonurus cardiaca (Motherwort)
Mother and child Reunion
LUCAS Joy (AH. 12/2006)

Leonurus cardiaca was proved in 2006 as it had little or no proving at all. Its common names are ‘mother wort’ and ‘lions heart’. The reasons for this are explained.

Leonurine is its active alkaloid. There were many references to mother/child relationships in the Provings. Another word which came up often was ‘wicked’. This relates directly to both mischievous and yet protective nature of this remedy. A story based on the Provings is given.

The ‘full proving’ data can be downloaded at www.homeopathicmateriamedica.com
www.homeopathicmateriamedica.blogspot.com

6. Acer cæratinum: A proving and cured cases.

Acer ceratinum, The Vine maple, was proved on nine people, five of whom produced symptoms. the proving was not double blind. The provers were instructed to take three doses per day until symptoms began, or upto nine doses. 30c potency was used. The central themes which emerged were: disgust about being too overweight, jealousy, insecurity and perfectionism.

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A keynote of the remedy is that although these patients maintain a healthy lifestyle and diet and appear healthy they feel inferior, regard themselves with disgust and feel self-conscious about being fat.

The proving symptoms Materia Medica and Repertory additions are given. Three cases helped by this remedy based on these themes are given.

7. Homoeopathic Meaning
A Chapter from Carbon: Organic and Hydrocarbon Remedies in Homoeopathy
MORRISON, Roger
(AJHM. 99, 3/2006)

This is a re-printing of “Homoeopathic Meaning,” a chapter in Dr. Roger MORRISON’s new book Carbon. In this chapter Dr. MORRISON reviews the principal characteristics his study uncovered of the various groupings of hydrocarbon remedies.

8. Alnus rubra – the Red Alder:
A proving and cured cases
OLSEN, Steve (AJHM. 99, 4/2006)

This article consists of Chapter 5 of the book, Arbor Medica: Four new Hahnemannian Provings with cases.

The central themes are Generosity and Forsaken feelings. Keynotes are: worse from change of weather, strong thirst, bruises easily; dry, inflamed skin; burning pains and sensitivity to perfumes.

The proving symptoms and five cases treated on the basis of above themes and keynotes are given.

Remedy comparisons and Repertory additions are given.

9. What Substances Should We be Proving: Some Thoughts on Gaps in Literature and in the Substances hitherto Chosen for Provings
KATIRAI Foad, (AJHM. 99, 4/2006)

This paper looks at gaps in the homoeopathic proving literature and the criteria by which homeopaths have, hitherto, chosen what substances to prove. A series of criteria are suggested which are rooted in the place substances occupy in relation to humans and human homeostasis – i.e., what we are made of, what we eat, what we wear, what we have added artificially to our environs and what exists naturally in our environs. These considerations can form a basis for determining what provings should be conducted next.

10. Alcoholus, Hydrocyanic acid

Excerpted from Dr. MORRISON’s new book Carbon
MORRISON, Roger
(AJHM. 99, 4, 2006)

Alcoholus: The central themes which include: isolation,aloneness, numbness or ecstatic states alternating with despair or fear, intoxicated sensations, distance from others, passivity, dishonesty/lying, the need to feel heard or cared for.

Hydrocyanic acid: The key components of which include: collapse, fear betrayal, desire for company, distress during cardiac symptoms, confusion, aggression, cyanosis, spasms, tetany.

11. Enallagma carunculatum
A proving of Tula Bluet Dragonfly
GRIMES, Melanie J.
(HL. 18, 3 & 4/2005)

This proving was conducted in 2002 with 25 provers. The remedy themes are given and additions to the Repertory are given.

Remedy picture indicates possible use in Autism, Asperger’s Syndrome and Dyslexia. [A remedy qualifies to be added to the Repertory only after repeated verifications. In recent times every ‘new’ remedy ‘proving’ comes with a case or cases and a list of “additions” to the Repertory. This way our Repertory will become voluminous like the Encyclopaedia Brittanica but perhaps unreliable = KSS]

III. THERAPEUTICS

1. The Shadow of PTSD in Chronic Diseases – a Case
SHANNON, Tim (SIM. XX/2007)


Nightshades are useful for patients with difficulty integrating their ‘dark side’ with their daily life.

Stramonium M from 29.12.2004 to 18.7.2005 – repeated four times in this period and patient
improved. [20 pages has been used up for this case; a verbatim report – probably recorded; a simple case is made to appear as if too complicated by bringing in ‘themes’, etc. = KSS]

2. Psychiatric Medications and Homœopathy: A journey Through Bi-Polar Disorder
SMITH Jennifer; FARRAR K. (SIM. XX/2007)


*Cuprum arsenicum* 200

Dec. 2004: Feels good. SL. *Cuprum arsenicum* 200 one dose every three months and eleven months later a dose of 1M.


Aug. 2006: only on 25mg. of Seroquel. Periodically repeats *Cuprum arsenicum* M. *Cuprum arsenicum* was selected on the basis of feeling of being attacked in paroxysms, of *Cuprum metallicum* and restlessness and anxiety of *Arsenicum*. [While it is a fact that the patient has been almost restored, can we say that he has been ‘cured’; how far are we in synthesizing artificially the qualities of two remedies? Will it not lead to any number of combinations? How did the psychiatric disorder arise? The cause? Why is it that there was no ‘exteriorization’ in the form of any skin eruption? So many questions arise. = KSS]

4. Die Anamnese bei Adoleszenten (The Anamnesis in Adolescents)
HEÉ Hansjörg (ZKH. 51,1/2007)

Discussions on treatment of adolescents are scarce in the homœopathic literature. A study was undertaken in Germany recently. It revealed that adolescents as against children and grown-ups, do not benefit much from a prolonged treatment. The present study in this article is to provide ideas of what is different in the adolescents; of what is occurring while taking the case of an adolescent. Often the youngsters do not wish to identify themselves as sick and they do not give out all their symptoms and in fact most of them do not know what exactly is bothering them. The Homœopath too would feel un-sure and his/her patience may wear off. This article attempts to discuss these and suggest as to how to solve this and obtain full case and select the most suitable remedy.

Some probable questions (not a prescribed one) that may bring about indications:

“Has there been a change in the relationship between you and parents?”

“What could your parents do so that you are quite happy? What would you wish of an ideal mother, an ideal father?”
5. Homöopathie in der stationären Psychiatrie (Homeopathy in Psychiatric patients in Hospital)  
RÖHRER Anton (ZKH. 51, 1/2007)

Whereas psychiatric out-patients who are dispensed only medicines, there are those who need hospitalization, care, needs, medicines and other suitable measures. Also the ‘chronic disease’ must also be removed. A good characteristic symptom can be taken for selection of the remedy, even if it is “pathognomonical”, or it is a known adverse symptom from orthodox medicine.

A case is presented and it is explained with the help of the Therapeutic Pocket Book suitable remedy is found for the case with depression, alcohol abuse and attempt to suicide.

6. Eine Beobachtung zum §216 Organon (An observation on §216 of the Organon)  
BÜNDNER Martin (ZKH. 51, 1/2007)

§ 216 explains that a so-called physical complaint may sometimes become even life-threatening, may by the rapidly increasing mental disturbances become a so-called delusion, a kind of melancholy, or a raving; thereby the physical symptoms recede. Thus it becomes a ‘one-sided’ disease, similar to a local disorder. This is a difficult-to-understand Aphorism. This observation seems to have been made by HAHNEMANN much earlier, 1810 as may be seen from the Organon 1 edition. We have not come across much written about this Aphorism. Is it so that in these days we have not observed such a disease course? Or is it that the modern medicine is now capable of so treating these conditions that a deflection of a disease is no more noticeable, or possibly that we have not been not thoroughly?

A case is reported in which there was Digitalis-intoxication leading to hallucinations; this mental state came on after a life-threatening Bradyarrhythmia was relieved. The mental as well as the physical complaints were relieved with appropriate homeopathic remedies.

7. Staphysagria bei Depression (Staphysagria in Depression)  
HINDERER Rolf (ZKH. 51, 1/2007)

This case has been analysed and worked according to C.M.BOGER. First BOGER’s method is briefly explained. A man, 34 year-old, with severe exhaustion of over six weeks; he felt that this rises from his brain. He has been experiencing these phases since 10 years from time to time but now it has been persisting for over six weeks.

From the symptom-totality of the patient and the history of the family, first the Generals are extracted with which a basic repertorisation is carried out, followed by a complementary repertorisation of the peculiarities.

8. Thuja, Sykose und Impfung – Causa und Effekt (Thuja, Sycosis and Vaccination (Cause and Effect))  
REIS Stefan (NAH. 2, 1/2007)

A wider view in Homeopathy is that Sycosis as detailed by HAHNEMANN is identical to the affections following vaccination and even that vaccinations may trigger sycotic illnesses. Therefore sometimes Thuja is prescribed routinely for all sequelae of vaccination. This is a misunderstanding.

The author says that ‘cause’ is a fundamental criteria for remedy selection comes from allopathic indication-standards. This is debated with the example of prescription of Thuja for sequelae of Vaccinations.

In any case, most of the ‘cause’ rubrics in our repertories are of clinical nature and therefore must be evaluated so.

9. Heilungs- und Sequelae symptome bei der homöopathischen Arzneiwahl (Curative and sequelae symptoms in the selection of homeopathic remedy)  
RABE Steffen (NAH. 2, 1/2007)
The author takes up the study of a case with symptoms which arose supposedly as a consequence of curative action of the homoeopathic remedy. He takes up an article in the ZKH, 4/2005.

First the source of knowledge of the curative remedies, viz., the Materia Medica is discussed, then the place for the ‘sequel’ symptoms and then the place for the curative symptoms; These considerations are with reference to HAHNEMANN, BOENNINGHAUSEN, JAHR, HERING. Interesting discussion.

9. Ein Fall von bedrohlicher Hämangiomatose (A Case of a life-threatening Hæmangioma)
WESTHOFEN Heike (NAH. 2, 1/2007)

This is a case of an infant, four months old, very seriously ill, with Hæmangiomatosis.

The child has neonatal Hæmangioma in the corners of the mouth, on the cheeks, throat, umbilicus; on the lips and in the buccal mucous membranes small and large Hæmangioma are present. The actually life-threatening lesions are a sub-glottical-circular haemangiomas scattered, which lead to a Trachea stenosis, with inspiratorial Stridor which could be heard; these were becoming worse. Recently the child has been developing Cyanosis of the lips and cyanotic eye-rings, generalized dyspnoea. The child has been in the hospital and had to be intubated, narcotized since she could not by herself breath because of the haemangiomas. And her life was under threat due to this. She is on Cortison without much help. A colleague treated her homœopathically with Spongia, Fluoric acid, Sambucus niger in low potencies because of the acute state without perceptible improvement. The case came into the author’s hands.

The author discusses in detail information and data we have studied in JAHR, BOENNINGHAUSEN, HERING, GUERNSEY, with regard to the treatment of such life-threatening ailments.

11. Responses to the Simillimum
EVANS Gwyneth (AH. 12/2006)

The cases presented illustrate an unexpected reaction and changes in the inner being of the woman. She quotes § 9 and writes that assisting the person to a state where they can focus on the higher purposes of existence is the most important and satisfactory one.

Case 1: A woman who had immigrated to New Zealand and was having trouble in settling down. A remedy was given to cure her homesickness. Three weeks later, she felt much clearer and stronger; had rediscovered the unity within herself.

Case 2: A woman in early thirties with problems of dealing with issues arising from sexual abuse in childhood with a sense of powerlessness Stramonium M. Immediately after the remedy, she dreamed of a situation in which she was helpless and unable to get away from a person who terrified her. Two weeks later she dreamt of a situation where the group was not listening and supporting her. She decided that she did not need that situation and was strong enough to leave and find a better workspace.

This illustrates the change at a deep level shown through dreams.

Case 3: A woman with recent ectopic pregnancy and wanting to become pregnant. Unresolved issues of Incest. Recent history of violent relationship and current boy-friend treating badly. She works as an agency temporary worker. After second day in any workplace everyone would stop talking to her. She would feel uncomfortable and dislike it and would not go back. Hated herself and suicidal feelings. Lac caninum 200. Two weeks later, now job and people valued her. They enjoyed her company work. She had spoken to all her family about the abuse in childhood and was able to cope with tat. She looked like a different person.
Case 4: Young woman with respiratory and sleep problems. History of self-abuse with alcohol and drugs and sexual abuse during childhood. Suicidal thoughts, humiliated and self-disgust. She is in the process of recovery. Each remedy making her deal with another chunk of memories and issues from past. After Lac caninum M she told “for the first time my life, I feel the 5 foot 10 inches that I am”.

12. Benzium: How Color preference and a recurrent dream led to an unusual remedy
KUNTOSCH, Marcus & WELTE, U. (AH. 12/2006)

Since birth, 4 year-old girl has slept too much. She is very weak and recurrent dreams of children getting burnt with fire. Has very big blue eyes, wide open as if staring with astonishment. Mother had a shock during the pregnancy.

The Gynaecologist during a genetic screening found abnormal signs and wanted to abort. From that moment mother was sure that she was carrying a disabled child. Though further tests were negative caesarean due to mal-position. Baby needed Oxygen and was too weak to drink. Her color preferences were lemon yellow, red and violet.

After Opium M, sleep reduced. No other changes even after Gels., Hepar and Phos.

After re-evaluation with color preferences indicated Petroleum, a highly inflammable kind of petrol was reasoned out. Benzium C 30; continuous improvement. Weakness went away in three weeks. Frightful dreams and epistonus never returned.

13. A Case of Chronic Psoriasis

55-year-old male with extensive Psoriasis. Severe itching with silvery scales since 15 years. Allopathic and Ayurvedic Medicines improved his condition.


Lycopodium 200 on 4 Aug. 1993. Two weeks later, no change. No change in psoriatic lesion. Itching slightly better. No change mentally.

Retaking the case in September. Afraid of being in dark, of ghosts, wants to cling on in fear. Delusion alone in wilderness. Stramonium M.

Two weeks later, itching much reduced; calm and relaxed. No dreams.

Two months later - lesions getting smoother and less itch. No change in size. Helpless feeling. Stramonium M

Further two months later – No significant change. Stramonium XM.

Two more months later: patches started clearing up from scalp, elbows, scapular and sacral region. Anger and helpless feeling also reduced.

In the next three years, a dose each of the XM, 50M, and CM. 90% of Psoriasis gone. No longer afraid of darkness. [Are the authors convinced that Stramonium was the Simillimum? Of course the fears have gone. And 10% of the Psoriasis remains; we cannot say that the Psoriasis will not relapse. What is the purpose of reporting a not-yet-cured case? = KSS]

14. It isn’t just about the Remedy
BICKLET Anthony (AH. 12/2006)

A successful prescription for the patient has to have several elements, all individualized to that patient, apart from the indicated remedy.

15. A Case of adolescent Self-harm
SHANNON Tim (AH. 12/2006)

A 17 year-old girl seeking help for de-pression, anxiety, mood swings, low self-esteem, feels isolated at school and tendency to self-harm. Various potencies of Palladium for 3 months which appeared to help for a time only.

Dreams of terrible, violent things. Mostly wears black color. Left sided head ache often. Hatred of being weak in front of others. Self-harming is to release the stress or anger. Elaps Q2. A month later not so many self harm urges; emotionally better. It seems self harm impulses have been replaced by just feeling empty. For next 8 months on Elaps. A dose of XM helped for three weeks and crashed again. On 4.4.2005 Agkistrodon piscivorous M (Water moccasin) was given because of emptiness, morbid and violent images.

Over the next seven weeks improved. Agki-p. 30 aq.sol. 4 drops once a week. A year later overall well.

The theme of this medicine and themes of reptiles are given.

The author goes on in speculation and says “In my experience you will often see pathology with speech or the throat. In a way, snake patients are often not so connected with their hearts. They are often more identified with being intellectual. This may explain somewhat why they often have
difficulty in speaking from their heart, and thus they develop pathology in their throat, with swallowing, speaking, etc. I have successfully used the above themes and observations in many cases. It has helped me to locate many snake patients including young children which I wouldn’t have seen before. I have also been able to use these themes to help patients who needed snakes which are unproven. [Bold letters mine. So here we have again “modern”, “innovative” Homœopathy.

You can prescribe unknown medicines! Is it not ‘criminal’ to use medicines about which you have no complete knowledge? Is it not legally punishable? Homœopathy practitioners must beware of these really dangerous trends which will land them in criminal proceedings. You have the ‘defence’ in the case of the proven, clinically well-known homeopathic remedies. You have the support of the stalwarts. But an unproven, hitherto unknown substance, and whose curative action is only assumed, speculated, imagined, what have you to say in defence. The Editor should be aware of these and not publish such misleading articles = KSS]

16. Inflammatory and Irritable Bowel

GAHLES Nancy (AH. 12/2006)

Signs and symptoms of Inflammatory and Irritable Bowel Disease are given and illustrated with three cases.

Case 1: Molly, adolescent with IBS, which incapacitated her socially, unable to attend school, use school bus. Severe nausea every morning, severe stomach pain and an immediate need to access the bath room. Pains would bring tears, scream and vomiting and fatigue. Panic attacks at night. Afraid of being alone at night. Domineering. Need for perfection in everything; obsessive thoughts. Anticipatory anxiety. Pulsatilla. Five days later she was functioning without any problem. In the next eleven months, only once repetition.

Case 2: Cindy, 11 years with Crohn’s disease since her fourth grade. Frequent stools, preceded by pain in right lower quadrant of abdomen. Nausea; waking at night with pain and bloody diarrhoea. She needs attention and wants to be comforted. Worrying everyday about something. Needs company. Going away from home and parents is the most troublesome factor. Tonsils and Adenoids removed in the second grade and has had strep throat twelve times. Argentum nitricum did not help her. Her father was very strict with her. Carcinosin 200. She is more at ease. Does not worry, enjoys normal social life.

Case 3: Lily, 50 years, with unresolved fear of confrontation since childhood. Her father was extremely controlling. Severe pre-menstrual problems since adolescence, chronic constipation with hard stool and rectal bleeding. Recent onset of serious pain in intestines with bloody diarrhoea. Diagnosed as Diverticulitis and hiatal hernia. This was precipitated by a stressful situation at workplace where she felt useless and powerless. Much anxious and nervous while dealing with boss’s wife. Lycopodium LM 1. Five weeks later, no anxiety, no pains before periods. Constipation and rectal bleeding gone. Not feeling the ‘stress’ at work. Three months later symptom-free. Major changes had taken place in all her relationships. Had recurrence of Mastitis and some PMS which cleared with a dose of Lycopodium 200.

17. Progress with PC remedies

CHAPPELL Peter and JORDAN Pattie (AH. 12/2006)

Peter CHAPPELL has been working in Africa in such severe diseases as AIDS, Malaria and he has prepared his own medicines also in his own way and he has found them of great value in treating these epidemics wrecking the lives of people especially the poor. These remedies are called PC remedies.

PC remedies are created by reverse engineering the totality and essence of symptoms into a single remedy. The exact process is ‘proprietor’s secret’.

PC 1 is for AIDS. PC Malaria is the fastest verified cure for Malaria. Remedies for many chronic diseases were prepared and used successfully.

His intuitive realization was that all chronic diseases are the outcrop of epidemic diseases. Coined terms CEEDS – Chronic Effect of Epidemic Diseases and CEETS – Chronic Effects of Traumas. (These terms appear to replace the homœopathic term ‘Miasm’ coined by old HAHNEMANN! PC is ‘one-up’ on the old Master = KSS)

These provide a clue to treat each level and these new remedies treat issues in sequence and disentangle and improves clarity and much better results in restoring health.

Website: vitalremedies.com gives details about this. Other sites: peterchappelhom@yahoo.co.uk free videophone via Skype: stanlake.

18. Too much Fun in the Sun

SONG, James G. (HT. 26, 4/2006)
After much exposure to heat of Sun, the author’s son, was shivering with red face. Heavy breathing, skin hot and sweaty and was trembling. Felt hot and cold; stinking breath. *Mercurius* relieved his problem.

For Sun burns: *Arnica*, *Cantharis*, *Causticum*, *Urtica urens*, *Hypericum*, *Calendula*.

19. Knee Pain! Homœopathy or Surgery?
TOROK Leonard J. (HT. 26, 4/2006)

In injuries and Surgeries of knee, homœopathic remedies help decrease the discomfort and recovery time as well as improve the end results.

When you block pain perception without correcting the underlying cause of the pain an accelerated destruction of the joint surfaces will result. This accounts for the rebound phenomenon, and increasing dosages over time.

The most severe, disabling pain of knee associated with acute inflammation is relieved with *Rhus toxicodendron*, *Ruta* or *Bryonia*.

The pain associated with chronic Arthritis is more grumbling or aching. This requires a deep-acting constitutional remedy. With that, symptoms will decrease and the remedy will be needed less frequently, as healing occurs over time.

Many cases of gouty Arthritis are under-diagnosed and *Urtica urens* 6c startlingly improves them.

The other ‘adjuncts’ which he uses, not contradictory to Homeopathy are Acupuncture, gentle exercises, Prolotherapy (injection of a dextrose solution into the joint, causing localized inflammation, thereby stimulating the tissue to repair itself), and Glucosamin and Chondroitin (both in the sulphated form for best results).

Case: 75 year-old lady with painful Arthritis of both knees. Left knee was replaced by surgery. Seven years later, severe problem with the right knee. X-rays showed big spurs all around the joint and no cartilage. Based on knee pains worse with the slightest motion and her grumbling nature, *Bryonia* 6c once a day for a month. A month later, she had lost 10 lbs. Able to walk as much as she wanted. The knee still had big spurs and stiffness but the swelling and tenderness were reduced. No pain at all after three months. She is now 90 and continues to do well on daily doses of *Bryonia* 6c.

Any musculo-skeletal complaint needs to be seen in the context of the whole patient. A simple review of systems to see if anything has changed since the injury or illness.

**Case 1:** Annette, a woman in her 70s has done well over the past decade with the constitutional remedy *Lycopodium* for the treatment of IBS. She complained of arthritic hands, and pain and stiffness in her wrists. Review of systems and her physical Generals were same as ever. Just because her arthritis symptoms were new, it did not necessarily mean that she needed a new remedy.

**Case 2:** 40 year-old Renee, complained of Plantar fasciitis, an incapacitating pain in the bottom of left heel. Other problems like inflamed cold sores and sinus infections each winter. Sensitive, loyal, caring and pre-menstrual migraines which sent her to dark quiet bedroom. *Natrum muriaticum* 200 resolved her problems over the course of few months.

**Case 3:** 45 year-old Jerry was successfully treated for chronic Prostatitis. Developed back pain which made him unable to walk upright. Worse on trying to move and taking a deep breath. Became impatient and thirsty. One dose of *Bryonia* 200 improved him and within two days back was normal.

People who need certain constitutional remedies tend to develop acute illnesses that respond to related remedies.

21. Hurricane Katrina and the many Faces of *Ignatia*
SEBASTIAN Irene (HT. 26, 4/2006)

After the flood, there was tremendous amount of suffering in the general population. The most commonly needed remedy has been *Ignatia amara*. The grief was either due to death of a loved one or the loss of a relationship but it may also be caused by the loss of a house, possessions, money, a job or a life’s work. Five cases helped by *Ignatia* are cited.

22. Katrina’s Havoc, A full House and Homœopathic Healing
BARKER Danni K. (HT. 26,4/2006)

A family affected by Katrina is helped by *Ignatia* 30 to deal with their grief and *Aconite* 30 for those complaining of fear and sleeplessness.

74 year-old Grandpa with severe diabetes with horrific open wounds on legs.

Aggressive debriding or digging out the wounds, applying ointments, etc. did not help. Puffy eyes, yellow complexion and deteriorating
23. Your Tender Feet
KORNFIELD Robert
(HT. 26, 4/2006)

The commonest foot problems encountered in Practice are Plantar Fasciitis, Morton’s Neuroma and Bursitis.

Plantar Fasciitis manifests as a sharp pain on the bottom of foot near the heel. Pain and inflammation worse in the morning or after a long rest.

*Rhus toxicodendron* or *Bryonia* are usually indicated and stretching exercises and support to arch of foot.

Morton’s Neuroma manifests as pain, burning, numbness or tingling, usually on the ball of the foot between the third and fourth toes - mostly due to high heels or tight shoes.

*Hypericum* helps when there is numbness and tingling, *Bryonia* when the foot is worse from motion, *Apis* when there is stinging pain and swelling, *Pulsatilla* when the foot is relieved by removal of the shoe.

Bursitis is due to the inflammation of bursal sac in the ball of the foot – due to high arch or flat foot or from high heeled shoes.

*Apis, Arnica, Belladonna, Bryonia or Rhus toxicodendron* may be useful.

24. Help for Athletes with Ankle Injuries
SUBOTNIC Steven I.(HT. 26, 4/2006)

21 year-old Mike, with painful, swollen and bruised ankle. *Arnica XM*. Next day swelling and bruising reduced considerably, He did not want his ankle to be touched; worse with the least touch or motion. Better with tight bandaging.

*Bryonia M* and *Bryonia 9 c b.d.* Four days later able to move the ankle. Now the complaint was stiffness, soreness and some numbness. Preferred warm applications. Worried that he might never get well. *Ruta graveolens 200* and *Ruta 9 c b.d.* for 4 - 5 days. Two weeks later, still some stiffness and lameness. As the patient was eager to get back to sports activities immediately, finally an injection of a “homoeopathic” combination (several, almost all vulneraries!) and then one dose of *Calcarea phosphorica* to prevent injury of foot and ankle.

[Everything was going on well with Homœopathy and then comes this sudden ‘nausea’, a “homoeopathic” injection! (How can a combination be ever called as “homoeopathic”? The learned author has fallen! = KSS]

Case 2 : Melanie, middle class woman, presented with pain and stiffness in the back of her ankle to heel cord. Swelling over the tendo-achilles and a gritty sensation between the tendon and its sheath which indicates Tendinitis. Stiffness not improved by motion: *Causticum 30* and *9 c twice a day* for a week. Three weeks later, the improvement stopped and started worsening. *Causticum 200*. Topical Ointments to massage the area and advised to get walking shoes with a firmer counter to hold her heel in place. No more tendon problem.

25. Family’s move on to Sailboat inspires Self-Sufficiency
GORDON, Katya (HT. 26, 5/2006)

Two year old, Cedar was coughing like she’d never stop. She started coughing while eating, reading, even going to potty. *Rhus tox 30* and from 30 seconds later, no cough at all.

Later that winter Cedar had ‘cold’. Stuffed up, chapping lips profuse nasal drip and cough. *Rhus tox* did not help. *Phosphorus 30*. Over the next
two hours, her cough gradually disappeared and fever started. *Phosphorus* 200, 2 doses brought her back to normalcy.

26. Living Free in a prickly, painful World
Homoeopathy helps kids with sensory Processing Disorder (SPD)
LUEPKER, Lan (HT. 26, 5/2006)

SPD is a neurological condition that interferes with the brain’s processing of information received through the five senses. SPD may also affect the sense of balance and movement children with SPD may be either oversensitive or under-responsive to sensory information. SPD can accompany Autism, Cerebral palsy Dyspraxia and Dyslexia.

Homoeopathic remedy creates a situation of dynamic balance that enables a child with SPD to more easily process sensations and to adapt itself to the environment.

Lily, a five-year-old girl with great sensitivity to touch, noise and heat. Marked tendency to strike or bite when she perceived a threat. Frightful dreams. Dilated pupils, Chronic Sinus congestion, sensitivity to sunlight and history of high fevers. *Belladonna* XM. Six weeks later, she was not biting or becoming agitated as earlier. Less stubborn. Sensory issues are better. Four months later relapse mild. Over the 2 years 4 doses of *Belladonna* M improved her.

27. Spider bites!
LOCKWOOD, Amy E. (HT. 26, 5/2006)

Very young, aged or immuno-compromised victims often have more serious reactions to Spider bites.

28. Adventure in the Rain Forest Sleeping with Spiders
KEARNS, Clifford (HT. 26, 5/2006)

The author’s son was bitten by a Spider in the Costa Rican rain forest during sleep. the scrotum was swollen, the tissues were bruised. It was neither cold nor hot. Cold applications felt better. Itching was intense. Worse from motion and jarring. *Ledum* 30 dissolved in water, every 30 minutes. After two hours, he felt good. Dose frequency was decreased. Next day swelling had decreased significantly.

29. The Spider bite and the Neophyte
BOYER, Nancy (HT. 26, 5/2006)

8 year-old boy was bitten on left thigh by a Spider. For three days only a slightly raised, itchy red papule was there. Fourth day he was tired and irritable and the area of the bite was getting bigger and nasty. The bite site was a raised black pustule, with three inches of redness radiating around it temperature was 100º F. The area was cold, despite the marked redness. *Ledum* 200. five hours later woke up with black pus draining on to the sheets. Two hours later, new scale opened and additional black pus drained from the site. He was reassured. Within 48 hrs, red patch decreased in size, discharge became white and bloody and healed. 8 months later, has a quarter-inch dimple at the bite site.

30. A Spider from down under Treating fire with fire: Spider bites respond to Spider remedy
GRAY, Alastair (HT. 26, 5/2006)

J.T. KENT wrote that the best homoeopathic remedy for a Spider bite is *Arsenicum*. White-tailed Spider’s bite causes redness and burning pain at the bite site, followed by swelling and itchiness. Blisters may develop. A near-painless bite can progress to painful blistering and inflammation, followed by blue-back ulcerations. Occasionally local tissue necrosis with a deep rolled ulcer.

Four cases of white-tailed Spider bite (*Lampona cylindrata*) treated by *Lampona cylindrata* 30 are given. This remedy is prepared from that Spider itself. (Author himself confesses that this is Isopathy).

A proving of this remedy was conducted in the year 2000. The themes and symptoms are given follows:

- Visual disturbances; “I feel like I am hallucinating.”
- Feelings of being long and squashed.
- Sensitivity to all water, noise, music, smells. Sounds seemed so loud, increased, exaggerated, and intensified. Senses more acute. “Any noise makes me irritable.”
- Feeling confused, lost, and disoriented. Vague, spaced-out feeling; light-headed. Time seems to be running slow.
- Hectic and frantic. Stressed.
- Poor concentration.
- Feelings of being isolated.
- The desire to kill. Compulsion to steal. Defiant, naughty.
- People in the trial were better from walking, from cleaning, and from activity.
- Some feelings of being anti-social.
• Fear that “some one is doing voodoo on me.”
• Feelings of suicide if ignored by others.
• Head symptoms: Tension from above the forehead. Intense boring pain in right temple. Tension and heaviness over left eye. Background headache with congested feeling in head. Very heavy feeling in left temple. Stabbing pain on the left side of head. Band around head. Sharp pain that feels as if it is pinched.
• Eye symptoms: Eyes are burning. Shooting pain in the right eye.
• Mouth symptoms: Metallic, bitter, or disgusting taste in the mouth. Tongue feels as if it is burning.
• Digestive symptoms: Stomach cramps. Nausea, bloating, diarrhea.
• Chest symptoms: Heart palpitations with sinking feelings in the chest. “My heart felt like someone had grabbed it like an orange and let go and then grabbed it again.”
• “My body feels so tired, limp, and heavy.” General symptoms of numbness.
• Difficulty sleeping.
• A crawling sensation in the nostrils.

31. College bound
ROTHENBERG, Amy (HT. 26, 5/2006)

The author writes about the first-aid remedy kit + essential natural medicine for children when they are away at college.

32. How Jake Beat Exam Exhaustion
CASTRO, Miranda (HT. 26, 5/2006)

18-year-old Jake was exhausted with heavy load of courses at school. Kali phosphoricum 6c, helped for a while. Even after a week of eating well and rest, his exhaustion did not improve. Twitchy legs were disturbing him very much, when he was sitting down and on going to sleep. Bursting headache. Eyes felt strained – sore and gritty. Zincum metallicum 30 every two hours and then next day twice daily for a day or two.

Next day he felt more tired than ever, but headache gone as well as twitchy legs. Within a couple of days, Jake felt his energy and good moods return.

33. Take the stress out of School
Remedies for Anxiety, Mental Strain and Burn out

LOCKWOOD, Amy. (HT. 26, 5/2006)

Indications are given for Argentum nitricum and Gelsemium to over come the anticipation and indications for Kali phosphoricum, Phosphoric acid, Picricum acidum and Zincum metallicum to help when the mental strain is too much.

Aethusa cynapium when there is inability to fix the attention or think.

34. The Itch that Won’t Go Away!
ULLMAN, Robert & REICHENBERG
ULLMAN, Judyth (AJHM. 99, 3/2006)

A nine-year-old boy with recurrent fungal infections and also behavioral and attitudinal issues. Quick to anger, easily frustrated and prone to distractibility. Fascinated by bugs. Tends to get mosquito bites really easily. By using the “free association” technique the theme of poking is elicited. He exhibited attractiveness indicating animal kingdom and the feeling of being tiny indicating insect medicines. Culex musca 200. 1M 2 doses each and 10M was all that he required over a period of sixteen months.

35. Homœopathy Extreme
TREUHERZ, Francis
(AJHM. 99, 3/2006)

By providing an interesting array of anecdotal tales of personally treated acute and emergency conditions with Homœopathy, TREUHERZ illustrates the profound efficacy of Homœopathy in “extreme” situations.

A person had eaten something and his throat was closing up, could not speak, could not breathe well and becoming worse rapidly. Apis 30 relieved within 30 minutes.

Swelling of body after wasp sting. With Apis 30 recovered rapidly.

A woman appeared out of sea and collapsed on sand. Arnica was given. She came round and explained she sat on a quantity of jelly fish and so blotchy rash on buttocks. Medusa 30. patient recovered quickly.

Ficus religiosa, stopped the bleeding like turning off a tap in a person who came to his house through the glass front door having omitted to open it first.

Acute episode of Thrombocytopenia – blood loss was helped immediately by Crotalus horridus. Latrodectans mactans brought back a man into consciousness after heart attack.
Ustilago maydis stopped bleeding in less than one hour in a woman who had been bleeding for 3 weeks.

A toddler with a severe burn in her hand. Arnica and then Causticum for pain. Her hand was taped inside a bag filled with bactericidal ointment. Predictably the wound went septic and during a high Fever, Pyrogen did the trick. The bag was removed; external and internal Calendula saved her from the need for skin grafts.

Patient with Barber’s itch and terrible Spinal pain after an accident. Hypericum cured.

A perianal Fistula, worse after surgery. Full of pus. Impotency. Silica released him from his symptoms and the next operation was cancelled.

An immigrant male patient underwent surgery thrice for an abscess at the base of spine with another surgery pending. After Silica and Tuberculinum he was restored to health.

A patient was coughing blood. He was gay, HIV + and had chronic Liver disease. Pain left lobe of liver. Cardus marianus Q.

A small boy with whooping cough, little sleepy, clutched at his parents. Antimonium tartaricum produced fast recovery.

A longer serious case.

A patient felt unwell ‘in his tummy’ for a week. apparently well indicated remedies failed. Lower abdomen carried on becoming more painful. A burst lower bowel, Septicaemia, Peritonitis. He was admitted and prescribed IV Metronidazole and surgery. Patient refused surgery and medication. The hospital doctors’ reaction was to invoke the mental health legislation, to detain him against his will. The patient escaped from hospital and went home. Took Pyrogenium high potency few doses. Recovery was helped by careful eating. After China 200, recovery was rapid. A month later, the doctors told the diagnosis must have been incorrect. (The patient was Francis TREUHERZ)

In March 2002, TREUHERZ, had sudden agonizing pain in back lasted for about 2-3 hrs. screaming with pain. A colleague suggested Calcarea carbonica 30 every 15 minutes. Hospitalized. Pain left as suddenly as it had came. Then urine was passed into a glass bottle and with naked eye pieces of stone could be seen.

Calcarea renalis 30 once a day for next 3 months. A cyst in the eyelid of 25 years, became inflamed. Every year it would fill up with pus, and after Staphysagria it would burst and drain, but small hard lump remained.

The eyelid was swollen, painful and red. Apis 30, every four hours, relieved a little. Opthalmic surgeon, slit the undersurface and popped out some fragments of stone. Healed with Euphrasia Q and Staphysagria 200.

Some months later, calcified arthritic nodules on knuckles had become smaller and no longer painful.

Mother, in late seventies, had surgery twice within a short span involving hip. she declined rapidly. She was in despair. She is thrifty and has fear of poverty. Psorinum 1M. Felt better and recovery was sustained.

Father, in early 80s, had an intractable troublesome cough which was helped by homoeopathic remedy and then relapsed. Company made him anxious and exacerbated cough. Ambra grisea. He recovered.

36. A case of Herpes Zoster
NOSSAMAN, Nicholas
(AJHM. 99, 3/2006)

59 year-old Professor with Ulcerative Colitis, Sclerosing Cholangitis and Interstitial lung disease, presented with Shingles on his left thorax since 3 days. Pain and number of sores gradually increase. Pain was worse near spine and ‘needle like’. Worse at 4 a.m. and 4 p.m. Felt tight in his back and worse from slight touch. Better by lying on painless side and with heat. Agonizing pain. Clusters of vesicles along T-5 Dermatome. Arsenicum album 10M and then in water hourly while awake. Next day worser. Agg. deep breathing Amel. by pressure. Agonising pain in one spot in his back, near his spine. He described it as a “fist size”, a “grabbing” and burning sensation aggravated by breathing. Blisters worse from touch. Zincum metallicum 1M, dry on tongue and in water every hour over the next 8 hours. Two days later, Zincum 1M, 3 doses in 90 minutes. Better. Six hours later worser. Repeated Zincum 1M. 24 hours later, much less pain, 2/3rd of sores crusted. 2 weeks later, pain in residual lesions formation. Rhus tox. 1M and Mezereum did not help. Again Zincum 1M. No pain but itching. 6 weeks later Mezereum 30, relieved.

37. A case of chronic Renal Failure
POTDAR, Swapna
(CCR. 14, 3/2007)

73 year-old man of short, thin, built with yellowish complexion. Pale and withered. Professor of languages and had composed many poems but stopped now. Diabetic since 20 years, Hypertension since 15 years. Both detected on routine medical check up and had no symptoms as such. Since few weeks nausea and aversion for
food. On examination Urea and Creatinine levels were high. Urea – 220mg/dl; Creatinine 3.9µ/dl. Renal Doppler suggested diffuse parenchymal disease. Passes about one liter of Urine per day. Man of few words. Indifference he had large collection of books which he donated to a library. Miasmatic analysis – Psora and Tubercular miasm initially and Syphilitic miasm now.

The theme of ‘Retention’ is arrived at with his vast collection of books, reserved nature. This and his past tryst with verse brought to mind Natrum and the radical Chloride. So one dose of 2 pellets of Natrum muriaticum 6x on 12.6.03. [Which “Proving” or Materia Medica gives these symptoms and how authentic are they? There are several larger book collectors, stamp collectors etc.; there are several wealthy people who ‘collect’ money. Are they all ‘Natrum’? = KSS].

17.7.03: Urea – 136mg/dl; Creatinine – 3.15µ/dl. He felt more energetic. Felt more interest. SL.

29.9.03: Urea – 166mg/dl; Creatine – 3.9µ/dl. Had Vertigo. More irritated. He always wanted to travel. He wanted all the restrictions off. Deep yellow coated tongue. Natrum phos. 12X.

2 months later, Urea – 97 mg/dl; creatinine 2.2µ/dl. He needed only half the initial dose of allopathic medicines.

Lastly Nat. sulph. 30x once and Nux vomica 30 once. He went on well for next 3 years and then died of Cardiac arrest at 76 year age.

40. Case of Interstitial Lung Disease

Mrs. ST. 73, with Hypertension since 15 years and cough since 15 months. Dry cough with sticky expectoration, > lying on sides. Pain right shoulder since 8 days. CT Scan – s/o Interstitial Lung Disease.

Hysterectomy at 38 years, Cataract operated at 58 years. Grief with the death of daughter, husband and sister. Rubrics – Anger on contradiction, Grief, Fastidious, Fear – water, company – desire, Greedy – avarice, Anxiety about family. Breathing difficulty after exertion.

Puls. –19/8, Lyc. 19/8.

19.6.04.1 Aspidosperma 6c q.i.d. to be continued lifelong
19.10.04 Cough better by 90% with better shoulder movements. Breathlessness better by 90%. 3 doses of Lycopodium 30.
12.11.04 ESR – 95mm/hr. Bacillium 30. Lycopodium 30 monthly once.
19.4.05 Crataegus Q, 5 drops tds
12.7.05  Lycopodium 200.
22.11.05  Metallic bridges of teeth were replaced by ceramic one
4.5.06  Lycopodium 200
Died in sleep on 10.1.07.

41. A case of Nephrotic Syndrome
Ms. SMS 14 years diagnosed as Nephrotic Syndrome. Irregular menses, since menarche intermittent bout of nausea and vomiting, scanty urine, swelling in face and lower limbs. calm, quiet, consolation > while weeping. Urine – Albumin +++
Over a period of 1½ years Pulsatilla 6c, Berberis vulgaris Q, Equisitum Q, Apocynum Q, Apis 30, 200, M, Thuja 30, 200, M. relieved her and the lab findings were normal. Chelidonium 30 tds for yellowish discoloration of sclera, enlarged and tender liver.

42. Cocculus indicus cases
Ten cases of Cocculus indicus treated by Dr. A.S. MANN, based on Dr. M.L. SEHGAL’s method are given. In all the cases one symptom prominent was that the patient was mild, never showed anger, does not want to displease anyone etc.

43. Rhus tox, Pulsatilla and Belladonna
SINGH, Neelam Avatar
(CCR. 14, 3/2007)
SV, 40 years, chemist, inco-ordination of knee while walking. Unable to walk fast or stand long. H/o fall, 12 years ago. MRI – Erosive changes of subarticular cyst close to Tibial spine. Problem recurs once in a while. Fear of suffering again. Fear he may also suffer depression like his father. Rhus tox M. 4 months later. No problem on standing long or walking long. Uterine Fibroid – Pulsatilla.
39 year-old-lady with Fibroid uterus since 2004. Excessive bleeding during menses; frequent Headache in the morning and frequent urination. Anxiety for everything. Weeps easily and consolation makes her better. Heel pain > by continued motion. Calcarea carb. in various potencies did not help. Fear of being neglected and being alone. Pulsatilla 30, one dose and then in next 6 months upto 1M. USG. No Fibroid.

Belladonna case

42 years, woman, with leucorrhoea, pain and heaviness in lower abdomen. Erosion Cervix. Lot of anxiety, but only to know what is wrong with USG. Based on laughing, frivolous and light desire. Belladonna 30, one dose. Much better after a week.

44. Renal Cure
MEHER, Subash (CCR. 14, 3/2007)
10 year-old boy; Oedema and Hypertension; USG; Urine Albumin +., Urea 38, RBCs 9-10 hpf; pus cells 2-3 hpf; Acute Nephritis. Took herbal medicines and was free from problems for an year and a half. Then Mumps; Urine Alb. +++. Blood Urea: 64 – allopathic medicine. Parents unwilling to do Biopsy. So opted for Homeopathy. 2.7.2004: Puffiness of face, nausea, poor appetite, poor thirst, pain tendo-achilles. Pulsatilla 30 on first day, next day Thuja 200c, from next day Ferrum phos 6x. For intervening fever, etc. Aconite 30; continued with Pulsatilla 30,200. as on 25.1.2008: still under care of Dr.MEHER; Doing well.

45. Fertility success using Homeopathy and the Vannier Method.
LALOR Liz (HL. 18, 3 & 4/2005)
Infertility is becoming an ever-increasing problem in modern-day society. This fertility programme uses homeopathic treatment based on the Leon Vannier system, using lesional and drainage remedies to clear toxicity of pathways. The method was devised to treat women before or after they had tried In Vitro Fertilisation Programmes [IVF] with the belief that Homeopathy should be tried first for infertility, not second, as a detox from the IVF hormonal drugs. This programme has been a statistical success – since writing the article there are now 44 babies from 54 women with infertility problems.

Fertility Programme
H/o PCOD or of miscarriage – one dose of Syphilinum 200 or Carcinosin 200 based on the individual miasmatic history. Folliculinum 200 on day 10 of menstrual cycle – as a drainage remedy to stimulate ovulation. Thuja 200 or Medoirrhinum 200 on Day 14 – as a miasmatic remedy. e.g. Thuja 200 if menses were scanty or patient with ovarian polyp. Medorrhinum if the mucus were compromised by candida also from Oral Contraceptive Pills (OCP).
Natrum muriaticum 200 one dose/week to improve the poor quality mucus membrane of vagina.

Borax 30 one dose/day in morning. It helps estradiol absorb.

Sepia 6c 1 dose 1 day at night to deal with suppression of sexual energy from the OCP.

Pulsatilla 30 1 dose/day in the morning – if there was a h/o miscarriage.

Herbal support and nutritional support is also included in the programme. Counselling and Diet are also included.

46. *Haliaeethus leucocephalus* The North American Bald Eagle

A case of Multiple Sclerosis. COFFEY, Shiva; SCHADDE, Anne

22-year-old male, presented with extreme weakness, face droopy by the left corner of the mouth. Long hairs oily and dirty. Eyes bright and energetic. Urine and bowel incontinence, losing vision in left eye, loss of control on the right side of body. Lumbar pain, skin, breaks out in red, small pimples. Worse with excessive exercise. He feels ‘wounded’. Fear of Spiders. Desire to jump from heights. ‘I feel like a feather in the wind’.

The search in the Reference Works showed *Haliaeethus leucocephalus*. A dose of 30c.

3 months later: Gained weight, firm hand shake. No incontinence. No droop.

2 months later: Sensation as if hands are burned. Tightness of skin. *Haliaeethus* 200.

2 months later: ‘Unclear’ emotionally. Feels coming back of physical symptoms: *Haliaeethus* LM 1 daily

3 days later: <. Stop remedy.

3 days later: Still worse *Haliaeethus* 200.

7 days later: Felt stronger. Sounded positive.

No relapse afterwards.

[The reasoning given for the choice of the remedy: The patient said that he felt like “a feather in the wind”. And Prover No.20 in Jeremy SHERR’s Provings had said “My hair felt like feathers in the Wind”; and the authors seem to fit the remedy to the patient. That the patient improved is there. But there is nothing that I can learn from these case reports. I have to learn to fantasise. What if a patient had told that he felt like “a straw in the wind”. = KSS]

47. I want to be at the Top of the Food chain

A case of *Galeocero cuvier hepar*-Tiger-shark liver

SHARFSTEIN, Catherine

(HL. 18, 3 & 4/2005)

38 Year-old, male, air-conditioning mechanic. With Chronic Myeloid Leukemia in 1996. Had bone marrow transplant and suffered reaction to it. Bronchiolitis. Air trapping. Weakness of legs and back. Worries about dying. Dreams about dying and shark. He explains the shark as a symbol of power and longevity. I want to be the Shark.

The feelings of being at mercy of employees, being abused, of being very competitive leads to animal kingdom. The words used “Watergate” and “tailspin” indicates a animal related to water and it has a tail. The dream of Shark gave the remedy on a platter.

*Galeocerd*a LM 3. Patient expectorated lot of phlegm from his lungs. He takes a teaspoon when needed, about once in 5-7 days.

Follow up: Gained 8 pounds. Able to run without getting winded. Relying on employees less and less. No more disturbing dreams. He has expanded his business. Occasionally takes *Galeocerdo* 200. [Every practitioner swears by HAHNEMANN. In these novel methodologies the doctor keeps on putting questions and in a way corners the patient. In this case the patient said at last that he felt that he was being held down. “May be I want to be a shark” he says. And so the shark remedy! Where are you? Father HAHNEMANN? You went to great risks and exposed your family members and friends by experimenting drugs on them. You collected so much data carefully. You laid down. Your observations that the last appearing symptom will be the first to go, that the peculiar, rare symptoms is the key to the remedy that there is a miasm at the base of all chronic diseases; that there should exteriorization of the internal disease, etc. but see, how much more intelligent we are. For us it is so simple that if a patient said that he felt like feather in the wind, we give him a feather remedy; if he dreams of Shark we give him a remedy made from the Shark and so on. Bye to your Organon, Materia Medica etc. and also those of your followers like HERING, BOENNINGHAUSEN, etc. = KSS]

48. Using Acute Intercurrent or Intermediate Remedies in Chronic Diseases

SCHEPPER Luc De

(HL. 18, 3 & 4/2005)
Modern homœopaths no longer understand how to use an acute intercurrent remedy. Many homœopaths always try to find one “constitutional” remedy that goes throughout the chronic case history, and apply this one remedy no matter what disease state arises. This article explains why this strategy rarely works. The author discusses when and where to use acute intercurrent remedies and how they are essential for the chronic treatment. Knowledge of HAHNMANN’s teachings is in these matters the only guide!

This article is an excerpt from the book “Achieving and Maintaining The Simillimum: Strategic case Management for successful Homeopathic Prescribing.”

49. **Diamond Immersion**, Depression and Suicide
Part 1 of a 3-Part series
TUMMINELLO, Peter
(HL. 18, 3 & 4/2005)

Diamond immersion is a homœopathic preparation by immersing a whole Diamond crystal in water and potentiating that water.

**Case**: 40 year-old mother of 4 children. 10 years of homœopathic treatment from various practitioners with consistent results. Pain in right back medial to her scapula. Worse at night, blocked sinuses on waking. Yellow mucus from nose. Desires spicy food, craving for white chocolate. Unhappy and joyless for no reason. Bleeding heavily during periods since 2 years. Diamond immersion 200 daily for 3 days.


Blocked Sinuses cleared immediately. Heavy bleeding never returned. Neck pain cured. To take Diamond immersion as required.

Ten weeks later: Repeated twice during black days. 20 weeks later: No relapse.


The feeling of grief is gone. Sense of failure is also gone. Confidence returns. Sleep normal. Desire for chocolate disappeared.

50. A pathological case of Varicose Ulcer
SHETYE, Prasad & KHARIWALA, Falguni
(HL. 18, 3 & 4/2005)


[Why is this article titled as “A pathological case of Varicose Ulcer”? A Varicose Ulcer is a pathology of course. There is no ‘Psychological Varicose Ulcer’ = KSS]

51. Baryta in Intelligent Adults
TREE, Jenni (HL. 18, 3 & 4/2005)

Wendy, aged 60, with Bronchiectasis and Aspergillosis for forty years; coughs blood. Thick, green, foul tasting phlegm. Allergies to fish. Eczema with skin cracks on hands, hang nails. Her mental symptoms are analysed and Baryta arsenicosa is arrived at and 200th potency in plussed doses until LM1 could be obtained. A pleasing result in the 2 years follow-up. [Repertorisation of 20 rubrics(!) gave Baryta carbonica (in the mental state) and Arsenicum (in the physical state. So Baryta Arsenicosa was given! A synthetic remedy = KSS].


Two months later: Knees lot better. Not sleeping well. Anxious about her daughter’s health. Baryta arsenicosa 200.
Two months later: Sleep improved. *Baryta arsenicosa* LM 2-6. over a year. X-rays revealed improvement in Osteo and inflammatory Arthritis. She now told her birth had been terrible. Her mother was small, the patient was big and tore the mother. She was in bed for 3 months. *Staphysagria*.

Six months later: Everything is fine.

52. *Kreosotum*, an Adult Male
Case with 12 year follow-up
SCHEEPERS, Léon
(HL. 18, 3 & 4/2005)


6 weeks later: Eczema completely gone. Placebo.


8 months later: Eruption again since a week. *Kreosotum* 200.

6 months later: *Kreosotum* 200.


Over the next years remedy repeated as and when required. An intercurrent dose of *Carcinosinum adeno mammae* 200 was also given. A fairly long, well-documented article.

53. Night watching
A renewed view of Lost Homœopathic Vocabulary
GRIMES, Melanie
(HL. 18, 3 & 4/2005)

The author calls for a review of the remedies under the rubric “night watching”
The original meaning of the rubric “Night watching” in the 19th Century and before is waking in the middle of sleep for 1-2 hours; in those days one went to sleep early and after few hours woke up and remained so far an hour so and then went back to sleep. Thus the first sleep and second sleep between the first and second sleep is night watching.

Merely keeping awake for long is not night watching. We must study the Proving and source Materia Medica relating to the remedies in the rubric.

54. LM or Q Potencies
Review of Their Use Over a Fifteen – year Period
(HL. 18, 3 & 4/2005)

São Paulo, July 1989: Five homeopathic doctor colleagues initiated a revision of Hahnemann’s work. The sixth edition of *Organon* was used as a systematic structural base to which principles that were in concurrence from *Materia Medica Pura, Chronic Diseases* and *Lesser Writings* were added. This standardization soon reached the Pharmacy, in a permanent search for the best-quality LM preparations. Jundiaí, 2003: after fifteen years of clinical and pharmaceutical development, a multidisciplinary team of collaborators launched the first course in Specialization of Homœopathy offered by a Medical School in the State of Sao Paulo, the Jundiaí Faculty of Medicine where Hahnemann’s most perfected method has been shown to be an effective and safe therapeutic method, simple to apply and teach, due to its easily comprehensible principles.

Case by Mariostela S. ADLER.


No signs of cutaneous pruritus, pain, burning or flaking. The warts on soles disappeared.

55. Can you hear what I cannot tell you?
Accompanying children in crisis with Homœopathy
SCHULZ, Elisabeth
(HL. 18, 3 & 4/2005)
The child’s soul is confronted early in life through difficult family situations and divorces with abandonment, fear, helplessness, anger and sadness. *Aethusa cynapium*, *Antimonium tartaricum*, *Cicuta virosa* and *Bufo rana* are important remedies to support children in such crises.

The article is very interesting, and comes from a well and experienced practitioner who has been working for over 32 years with sick children.

56. My Black Inside

A case of *Falco Peregrinus Disciplinatus*

LEFEVRE, Bert (HL. 18, 3 & 4/2005)

This case is an example of Rajan SANKARAN’s new way of case taking, where the level of the vital sensation is explored to find the similimum.

14 year-old Iris, with Bulimia and post prandial vomiting (Name: Level 1). Inflicted injuries on herself with burning cigarettes and even cut her hand (facts: Level 2).

Others say she must watch her weight. This ‘hurts her; she feels sad if she does not vomit. (emotion: Level 3). Sadness is felt as if stuck in a cage (delusion: Level 4). It is a gripping feeling (sensation: Level 5).

Dreams of herself being ugly, disgusting and felt forsaken. Recurrent dream with a crushing feeling totally black.


2 weeks later, black feeling and dark sensation completely gone. After a month – feels good. No vomiting.

In the next one year, a dose of 200, and two of M when there was relapse.

[I have no access to the ‘Proving’ (if already proved) of *Falcon peregrinus*. As I suspected there is ‘signature’ in this remedy selection. The author says at the end: for a long time I had been brooding over this case and was looking for an animal remedy that strongly had the feeling of being forced and at the same time had a strong urge for freedom. The black cape that came over the head of the Falcon made me think of the falcon and then the picture became complete.

Is it not the nature of all creatures to want to be free and not wanting to be forced? But man enslaves all creatures and force them to work for him. And every one of these creatures would like to run away to freedom. Unfortunately man ‘trains’ these creatures to submit. Even the falcon which sails th’ skies high and freely has been trained to come to its owner/trainer = KSS.]

58. Chorioretinitis

POTDAR, Swapna

(CCR. 14, 1 & 2/2007)

51 year-old, male with blurring of vision of left eye inspite of correct spectacles. Orbital sonography revealed post-inflammatory chorio-retinal thickening with floating bands in the posterior vitreous chamber.

Diphtheria at 5 years of age. Quarrelsome. Impulsive. Hair splitting analysis of everything. ‘wild’ face and wild talk. *Calcarea phos.* CM on 8.11.2004. 15 days later he was looking calmer, more ‘tame’. He was able to see clearly even in dim light.

Orbital Sonography, a month later showed significant improvement in chorio-retinal swelling with regression of floating bands.

59. A case of Hepatoblastoma


Male child, DAB, 10 months old, brought with massive abdominal swelling. Recurrent cough and fever since 6 months. Flatulent problem from the age of one month.

USG and Biopsy revealed Hepatoblastoma. Less appetite, thermally hot, prefers to sleep on right side. *Bellis perennis* 12 b.d. for 8 days. Then *Chelidonium Q*; *Antimonium tartaricum* for rattling cough; Baig’s Nosode No.1 as the distension increased.

Then *Chelidonium* 200 in morning and *Natrum sulphuricum* 200 at night. Then *Baig’s Nosode No.1 & Chelidonium Q*. Two months later, child was active. No complaints. Sadness in his eyes. *Ignatia* 200. Four days later, child passed away in sleep. It was an incurable case from the beginning.

60. Febrile convulsion

CHITALE, Neeta

(CCR. 14, 1 & 2/2007)

ST, 3½ year-old-male child with maculo papular eruptions with itching and fits of anger and obstinacy since 29.7.2004. He was given *Calcarea* *ost.* 30, 200 with intercurrent doses of *Tuberculinum* and *Sulphur*.

Belladonna did not help. Opium 200 brought him out of deep sleep within two minutes. But fever persisted and he was again sleeping. Opium 1M. In the evening trembling of extremities during fever. Cuprum metallicum 200. Next morning, looked fresh, fever came down. Ferrum phos. 6x and Mag. phos. 6x for 3 days.

61. A case of Breast Cancer
56 year-old lady with three surgeries for Ca. breast and six cycles of Chemotherapy and 28 sittings of Radiotherapy. Several homoeopathic remedies were given as indicated over a period of two years which relieved her until she passed away.

62. Cases of Gluten Allergy and some other cured cases.
SINGH, Neelam Avtar (CCR. 14, 1 & 2/2007)
1. Girl aged 23 years with Gluten Allergy. Since childhood intake of wheat results in severe stomachache with nausea, vomiting and loose motions. No > from any treatment so far. She is depressed. Much anger. Worry about future because of this. Avaricious. Wants to be alone. Natrum carbonicum 30 was given. Her mother told that during her pregnancy, father was wrongly convicted and she felt as if she had no place in society.
15 days later: felt better. Placebo. A month later was told to have Chapathi and had no problem. Natrum carb. 200. Even after 8 months no problem with daily intake of wheat.
2. Girl aged 8 years with Gluten Allergy since 1½ years of age. Pain abdomen with loss of appetite and loose stool. Face becomes pale and eyes sunken and complexion becomes black. She is intelligent, mischievous, fear of dark, fear of being alone and fear of noises. Very sensitive and lot of sympathy towards suffering people. Desires ice cold things and shares her things. Phosphorus 30. In the next 5 months, gradual intake of wheat did not < and is able to tolerate well.

63. A case of Prostate Cancer
DEY, M. (CCR. 14, 1 & 2/2007)

Thuja occidentalis 0/1. As there was improvement, he was given 0/3, 0/5, & 0/7. No further changes. Sabal serulata Q. 5 drops tds x 7 days. Better. Then Thuja 0/9, 0/11, 0/13, 0/15, 0/17, 0/19 & 0/21. After this the patient is well with no complaints. In spite of repeated urging to undergo a Biopsy again to confirm the cure of the Adenocarcinoma, the patient refuses to undergo since he is ‘well’.

64. A cure for Diabetes?
MEHANDALE, Bal (CCR. 1 & 2/2007)
69 year-old MEHANDALE, is Diabetic since 30 years. By-pass surgery 10 years ago. Blocks in all arteries of lower limbs. Glaucoma with very poor vision. He being an avid reader of Homeopathy books, took one dose of Pancreatinum 30. Sugar level came down by 25 points. He replaced his evening Insulin with 2 doses of Pan. 30 and next day his fasting sugar levels were normal. So he is continuing that. After a week of medicine, sugar levels are normal in the next one week. He had similar results with his close acquaintances.
He requests this study be conducted by Homoeopathic Colleges or Hospitals.

65. Cases of Chronic Renal Failure
SHINDE Prakash (CCR. 1 & 2/2007)
Dr. SHINDE has reported five cases of Chronic Renal Failures treated with one or 3-4 doses. One homoeopathic medicine, and patient is on the mood to recovery; follow-up of few months are given. Good work.

IV. REPERTORY
1. Clemens von Bönninghausens
“Systematisch-alphabetisches Repertorium”
(Clemens von BÖNNINGHAUSENS “Systematic-Alphabetical Repertory”
PLATE UWE (NAH. 2,1 & 2/2007)
Clemens von BÖNNINGHAUSEN worked out the first Repertory which systematised the understanding of the symptoms, categorized and graded them. So far neither the structure of the Repertory nor the significance of the ‘grade’ has been understood. Its wrong interpretation, as it until today is – as partly characterizing – “value”- Grade lead to think right from 1833 as a broadening simplification of the homoeopathic methodology.
removed from the study of Materia Medica and the sure selection of a remedy.

The first part of this article is - as noted from the correspondence between Samuel HAHNEMANN and BÖNNINGHAUSEN - regarding the history of origin of the Repertory and the second part discusses the misunderstanding until now of the structure and rationale of this work.

2. The First Repertory

Bönninghausen’s Model for our Profession

DIMITRIADIS George

(AJHM. 99, 4/2006)

The form of the Repertory as we know it for the most part has its antecedents in Bönninghausen’s Systematic Alphabetic Repertory of Homeopathic Medicines. Our own research in this area has provided some insight into the process of repertography developed by BÖNNINGHAUSEN, and the ramifications on our modern-day reportorial derivatives whose lineage is traced to this original work.

3. The Reliability of Our Repertory

WINSTON Julian

(HL. 18, 3 & 4/2005)

WINSTON refers to the rubric ‘Crawling’, under Larynx and Trachea – p.747 of Kent’s Repertory. The remedies in bold are Conium maculatum, Kali carbonicum and Natrum muriaticum. The sources for these remedies are searched for in the Provings.

For Conium, the symptom is in Hahnemann’s Chronic Diseases, Symptom No.530. The word ‘kribbeln’ is wrongly translated as ‘tingling’, instead of crawling.

For Kali carbonicum, the source is traced to Chronic Diseases, Symptom No.962.

For Natrum muriaticum the reference is from Chronic Diseases. Again the word is mistranslated as tingles instead of ‘crawling’.

There is discrepancy in the grading of Natrum muriaticum in the first 3 editions of Kent’s Repertory.

The accuracy of Kent’s evaluation and the translation of Chronic Diseases is called into question based on the above facts.

V. VETERINARY

1. Clinical Management of Idiopathic Epilepsy in Dogs with Homeopathic

Belladonna 200 c: a Case Series

VARSHNEY, J.P.

(HOMEOPATHY, 96, 1/2007)

Epilepsy is an important neurological disorder in dogs. Belladonna 200c was evaluated in 10 dogs with idiopathic Epilepsy. During the seizure phase, 3-4 drops of Belladonna 200 were administered orally at 15 min. intervals until considerable reduction in seizure activity, then four times daily. Four dogs with head shaking syndrome in addition to seizures were given Cocculus 6c, 3-4 drops orally weekly for 3 months in addition. Numbers of fits reduced to 2-3 during first weeks post-therapy and then became occasional in next 2 weeks. With continuation of Belladonna therapy, no fits within 15-25 days of cessation of therapy. Belladonna therapy was resumed and seizure control was again achieved. Owners were advised to continue the therapy at least twice daily until there were no fits for 2-3 months. Liver specific enzymes were monitored, no abnormalities were observed.

2. Homeopathic Treatment for Infertility in a Prize Nellore Bull

LOBREIRO, J.

(HOMEOPATHY, 96, 1/2007)

Treatments for infertility in Bulls are not described in homeopathic literature. A few treatments, such as changing the Protein content of the diet, giving extra minerals, etc., have been proposed. This case report describes homeopathic treatment for Infertility in a prize bull. A Nellore bull, considered infertile for three years, was treated with homeopathic Pulsatilla nigricans 200 cH. Decreased total sperm defects, increased sperm motility and a very impressive increased number of doses of semen produced were observed. The bull relapsed after treatment was withdrawn, but again responded when it was resumed. Since only one animal was observed one cannot assume that the observed changes were due only to this treatment. Further studies may establish the real benefits of a homeopathic medicine in bull infertility.

3. Clinical Management of Babesiosis in Dogs with homeopathic

Crotalus horridus 200 c.

CHAUDHURY S., & VARSHNEY J.P.

(HOMEOPATHY, 96,2/2007)

[How many among us study the Repertory vis-a-vis Materia Medica Provings, in this manner? It would certainly enrich us, if we study so. We will then know the grain and the tare = KSS]
Homeopathic *Crotalus horridus* 200c was evaluated in 13 clinical cases of Babesiosis in dogs, compared with another 20 clinical cases treated with Diminazone. Babesiosis is an important tropical tick-borne haemoproteozoan disease in dogs clinically manifested by Anorexia, Dehydration, Temperature, Dullness/ Depression, Diarrhoea/Constipation, pale mucosa, Hepatomegaly, vomiting/nausea, Splenomegaly, distended abdomen/Ascites, yellow-colored Urine, emaciation/weight-loss, and ocular discharge. The diagnosis of Babesiosis was based on cytological evidence of *Babesia gibsoni* in freshly prepared blood smears. The dogs were treated with oral *Crotalus horridus* 200c, 4 pills four times daily for 14 days (n = 13) or Diminazine aceturate 5 mg/kg single intramuscularly dose (n = 20) All the dogs were administered 5% Dextrose normal saline at 60 ml/kg intra-venously for 4 days.

Initial clinical scores were similar in both groups and showed similar progressive improvement with the two treatments over 14 days. Parasitaemia also improved in both groups, but haematological values showed no change.

No untoward reactions were observed. It appears that *Crotalus horridus* is as effective in causing clinical recovery in moderate cases of Canine Babesiosis caused by *Babesia gibsoni* as the standard drug Diminazone. Large scale randomized trials are indicated for more conclusive results. [Always at the end is the rub. The results say that the homoeopathic potency 200 of *Crotalus horridus* has cured Babesiosis. All that is required for a homoeopathic physician is to administer the medicine in more cases of this disease if it occurs. Collect the cases and see; why a “large-scale randomized trials”? Foisting a method which is not well-suited for homoeopathic research is improper. Homoeopathy should not let it be judged by allopathic or other so-called “scientific” standards. If it is not taken for what it actually is, let it be so. Still Homeopathy will continue to cure, and that’s all that matters. = KSS]

4. Management of Gastroenteritis in Pups: A Comparative Clinical Study

Gastroenteritis is a common clinical entity in pups. In poorly managed, unvaccinated pups it is a common clinical manifestation of canine Parvo or Distemper virus infection. The present study was conducted to assess the efficacy of *Arsenicum album* 30c as a complementary and alternative medicine in the management of Viral Gastroenteritis in pups.

Twenty pups, aged two to four months, brought to Referral Veterinary Polyclinic of the Institute with clinical manifestations of vomiting just after eating or drinking, anorexia, loose, watery feces mixed with mucus and/or blood, dehydration, cold extremities, almost normal/slightly subnormal rectal temperature (98.8 to 101 degrees F), dullness, weakness, prostration, and no detectable cardiac changes, were included in the study. Epidemiological considerations – clinical signs of vomiting and loose, watery feces with or without mucus and/or blood, marked leukopenia due to lymphopenia – were suggestive of Canine Viral Gastroenteritis.

The pups were divided into two groups consisting of ten pups in each group. Pups of Group A were treated with Ringer’s lactate (60ml per Kg, b.i.d. for 3 days) and *Arsenicum album* 30c at the dose rate of 4 pills PO at thirty minute intervals x 2 and then q.i.d. for 3 days). Pups of Group B were treated with Ringer’s lactate (60ml/kg body weight, I.V., b.i.d. for 3 days), Ondansetron (0.5-1.0 mg per kg body weight, IV first dose, then PO, b.i.d. for 3 days), a suspension of Metronidazole (100mg per 5ml) and Furazolidone (25mg per 5ml) at half to one teaspoonful PO, t.i.d. for 3 days and Cefotaxime (30mg/kg body weight 1M t.i.d. for 3 days). Clinical response and recovery rate (Group A 80.0%, Group B 80.0%) in both the groups was comparable. Total cost of treatment in Group A was lower (Rs.35 to 40) than that of Group B (Rs.275 to 280).

From the preliminary clinical trial it appears that *Arsenicum album* was cost-effective as a complementary and alternative approach in the management of Gastroenteritis in pups.

5. A case of Inflammatory Bowel Disease in a Dog
OBANDO, Jacqueline Sehn
(HL. 18, 3 & 4/2005)

Hank, 17 months old Labrador Retriever with chronic loose, watery stools, halitosis, offensive flatus, pica, poor appetite and emaciated body condition .

From 9.4.02, his medications were tapered and stopped on 19.4.02 and put on gluten-free diet. In 10 days energy levels improved and gained weight *Mercurius vivus* 30 on 22.4.02.

30.4.02: Flatulence gone, breath much better, stools are much firmer and are large.

25.5.02: From 10/5, scratching around his neck. Large flaky dandruff and shedding lot of hair.
Appetite is great. Stools remain formed. Add new elements to diet.

No further improvement. Sulphur 200.

18.6.02: Lycopodium 1M.

8.7.02: Itching subsided, hair grown back. No diarrhoea.

21.8.02: Diarrhoea since 4 days. Lycopodium 1M.

13.1.03: Watery spurting diarrhoea. Lycopodium 10M.

4.4.03: Diarrhoea after Pasta. Lycopodium 50M.

29.11.03: He continues to do well.

7. Veterinary cases


1. Dog Rocky, 3 years with gross hair fall, nates with redness and itching on that part small wound in that part. Sulphur 200. Wound healed and itching less.

2. Softy, female dog, 8 years with vomiting once and blood-stained stool thrice, after eating chicken liver. Drinks ice cold water. Reduced appetite. Affectionate. Phosphorus 200. Alright within 24 hours.

3. A cow from one farm was transported to another farm in vehicle and since then refused its usual feed. On the surmise of travel trauma Arnica 1M and the cow started to eat.

4. Two cows had fever, reduced appetite. Ferrum phos.30 4 doses. A week later Gelsemium 30 for some weakness remaining.

5. A cow, 3 year-old was becoming weak and emaciated since a month. Violent, aggressive. Nux vomica 200, 3 doses 12 hourly. Started eating better than before and at times aggressive. Nux vomica M one dose and reports said that the cow has calmed down.

6. 5 year-old female dog became ill after eating too many bones on a party day. Offensive vomitus. Antibiotics precipitated diarrhoea. Lasted 3 weeks Dog became skin and bones, not thirsty. Nux vom. 1M. Vomiting and Diarrhoea stopped within 24 hours. 7 days later, still thirstless and hot and suspicious. Apis 200 4 doses. Completely recovered.

VI. RESEARCH

1. Prover Susceptibility and the Ascending Dose

MUELLER Manfred (AH. 12/2006)

“Did randomized, placebo-controlled trials disprove the homoeopathic Proving Hypothesis?”

Over the past decades scientists and medical researchers have used sophisticated research methodologies in order to prove or disprove the efficacy of Homœopathy. In applying modern quantitative methodology to the testing of potentized remedies, these researches have sacrificed several vital aspects of the original Proving protocol that negatively affected the outcome of their investigations. They fail to take into consideration (a) the susceptibility of the provers (b) the need to increase the dose systematically until symptoms develop.

The author reviews the premise and results of nine pathogenetic trials and concludes that the sophistication of the methodology used in investigating alternative systems is sometimes greater than the investigator’s grasp of the subject matter they set out to examine. [We have the LIGA representing the international community of homeopaths. This body should write clearly to such journals as the Lancet which publish ‘hate’ articles instead of scientific articles, that they are incompetent to judge Homœopathy and that they alone are not the keepers of the health of the people. They should separate their professional money-earning interests with what is truly scientific facts. The idea of hegemony over medical methodology should not be accepted, Unfortunately, many of the leaders in Homœopathy suffer from inferiority complex and behave sub-servient and attempt to satisfy bending backwards. Homœopathy is unique and has to be accepted so both by the ‘Hegemony medicine’ and homeopaths themselves. It is high time this is done. Reader, what do you say = KSS]

2. A Double-blind Study on the Comparative Efficacy of Influenza Vaccination and Influenzinum 7 cH.

FROST Crolyn, RAZLOG, TORLINE & DEROUKAKIS (AH. 12/2006)

The aim of this randomized, double-blind Study was to determine the efficacy of the Influenza Vaccine compared with homœopathic remedy Influenzinum 7 cH, as Prophylaxis, in reducing the occurrence and severity of symptoms of Influenza. The study also compared the adverse reactions in each group.

The results indicated that Influenzinum was equally effective as the Influenza vaccine in the prevention of Influenza.

[What about the ‘cost effectiveness’; also the homœopathic Influenzinum has more applications than merely as a preventive of Influenza. = KSS]
3. A Systematic Review of the Quality of Homoeopathic Pathogenetic Trials published from 1945 to 1995


(HOMEOPATHY, 96, 1/2007)

**Background:** The quality of information gathered from homoeopathic pathogenetic trials (HPTs), also known as ‘Provings’, is fundamental to Homoeopathy. We systematically reviewed HPTs published in six languages (English, German, Spanish, French, Portuguese and Dutch) from 1945 to 1995, to assess their quality in terms of the validity of the information they provide.

**Methods:** The literature was comprehensively searched; only published reports of HPTs were included. Information was extracted by two reviewers per trial using a Form with 87 items. Information on: medicines, volunteers, ethical aspects, blinding, randomization, use of placebo, adverse effects, assessments, presentation of data by an index including indicators of internal and external validity, personal judgment and comments of reviewers for each study.

**Results:** 156 HPTs on 143 medicines, involving 2,815 volunteers, produced 20,538 pathogenetic effects (median 6.5 per volunteer). There was wide variation in methods and results. Sample size (median 15, range 1-103) and trial duration (mean 34 days) were very variable. Most studies had design flaws, particularly absence of proper randomization, blinding, placebo control and criteria for analysis of outcomes. Mean methodological score was 5.6 (range 4-17). More symptoms were reported from HPTs of poor quality than from better ones. In 56% of trials volunteers took placebo. Pathogenetic effects were claimed in 98% of publications. On an average about 84% of volunteers receiving active treatment developed symptoms. The quality of reports was in general poor, and much important information was not available.

**Conclusions:** The HPTs were generally of low methodological quality. There is a high incidence of pathogenetic effects in publications and volunteers but this could be attributable to design flaws. Homoeopathic medicines, tested in HPTs, appear safe. The central question of whether homoeopathic medicines in high dilutions can provoke effects in healthy volunteers has not yet been definitively answered, because of methodological weaknesses of the reports. Improvement of the method and reporting of results of HPTs are required.

**References:** References to all included RCTs are available on-line at: www.sciencedirect.com/homp

4. Homoeopathic *Arnica montana* post-tonsillectomy analgesia: a randomized placebo control trial

ROBERTSON, A., SURYA NARAYANAN, R. & BANERJEE, A.

(HOMEOPATHY, 96, 1/2007)

**Objective:** To evaluate the efficacy of homoeopathic *Arnica* in reducing the morbidity following tonsillectomy.

**Methods:** Randomised double blind, placebo-controlled trial at a tertiary referral centre. 190 patients over the age of 18 undergoing tonsillectomy were randomized into intervention and control groups receiving either *Arnica* 30 c or identical placebo, 2 tablets 6 times in the first post-operative day and then 2 tablets twice a day for the next 7 days. The primary outcome measure was the change in pain scores (visual analogue scale) recorded by the patient on a questionnaire over 14 days post-operatively; Secondary outcome measures were: analgesia consumption, visits to the GP or hospital, antibiotic usage, the day on which their swallowing returned to normal and the day on which they returned to work.

**Results:** 111 (58.4%) completed questionnaires were available for analysis. The *Arnica* group had a significantly larger drop in pain score from day 1 to day 14 (28.3) compared to the placebo group (28.3) with \( p < 0.05 \). The two groups did not differ significantly on analgesic consumption or any of the other secondary outcome measures (number of post-operative visits to GP, use of antibiotics and secondary haemorrhage readmissions).

**Conclusion:** The results of this trial suggest that *Arnica montana* given after tonsillectomy provides a small, but statistically significant, decrease in pain scores compared to placebo. ['Researches' of this type have been endless, especially in the British Homoeopathy, hunting for statistics – evidences – to satisfy the 'scientific' medical world particularly the 'Allopathy'. It would be much more valuable if only a fraction of the time, money, efforts spent on these types verifications, in better educating our profession with regard to the actual bedside application of remedies and see the happy results which most of us, the Practitioners of Homoeopathy, enjoy everyday. = KSS]
5. The use of Homeopathic Combination Remedy for Dengue Fever Symptoms: A Pilot RCT in Honduras


A double-blind, placebo-controlled randomized trial of a homeopathic combination medication for Dengue fever was carried out in municipal health clinics in Honduras. Sixty patients who meet the case definition of Dengue (fever plus two ancillary symptoms) were randomized to receive the homeopathic medication or placebo for one week, along with standard conventional analgesic treatment for Dengue. The results showed no difference in outcomes between the two groups, including the number of days of fever and pain as well as analgesic use and complication rates. Only three subjects had laboratory confirmed Dengue. An interesting sinusoidal curve in reported pain scores was seen in the Verum group that might suggest that this combination homeopathic remedy is effective for the symptoms that are characteristic of Dengue fever. [Experiment of this kind are neither “scientific” nor “homeopathic” and also of no value to either; it could only say what should not be done. The experience of many colleagues here showed that Homeopathy alone without any other analgesic produced good results = KSS]

6. Outcomes from Homeopathic prescribing in Veterinary Practice: a Prospective, research-targeted, Pilot Study

MATHIE, R.T., HANSEN, L., ELLIOTT, M.F. AND HOARE, J. (HOMEOPATHY, 96, 1/2007)

Background: Targeted research development in Veterinary Homeopathy is properly informed by the systematic collection and analysis of relevant clinical data obtained by its practitioners. We organized a pilot data collection study, in which 8 Faculty of Homeopathy veterinarians collected practice-based clinical and outcomes data over a 6-month period.

Methods: A specifically designed Excel spreadsheet enabled recording of consecutive clinical appointments under the following headings: date; identity of patient and owner (anonymised); age, sex and species of patient; medical condition/complaint treated; whether confirmed diagnosis, chronic or acute, new or follow-case; owner-assessed outcome (7 point Likert Scale: -3 to +3) compared with first appointment; homeopathic medicine/s prescribed; other medicine/s for the condition/complaint. Spreadsheets were submitted monthly by e-mail to the project organizers for data checking synthesis and analysis.

Results: Practitioners submitted data regularly and punctually, and most data cells were completed. 767 individual patients were treated (547 dogs, 155 cats, 50 horses, 5 rabbits, 4 guinea-pigs, 2 birds, 2 goats, 1 cow, and 1 tortoise). Outcome from two or more homeopathic appointments per patient condition was obtained in 539 cases (79.8% showing improvement, 6.1% deterioration, 11.7% no change; outcome not recorded in 24% of follow-ups). Strongly positive outcomes (scores of +2 or +3) were achieved in: Arthritis and Epilepsy in dogs and, in smaller numbers, in Atopic Dermatitis, Gingivitis and Hyperthyroidism in cats.

Conclusions: Systematic recording of data by veterinarians in clinical practice is feasible and capable of informing future research in Veterinary Homeopathy. A refined version of the spreadsheet can be used in larger scale research-targeted veterinary data collection.

7. Randomised Controlled Trials of Homeopathy in Hyperactive children: Treatment Procedure leads to an unconventional study design – Experience with open-label homoeopathic treatment preceding the Swiss ADHD placebo-controlled, Randomized, double-blind, cross-over Trial

FREI, H., EVERTS, R., von AMMON, K., KAUFMANN, F., WALTHER, D., SHMITS Hsu, S.-F., COLLENBERG, M., STEINLIN, M., LIM, C. and THURNEYSEN, A. (HOMEOPATHY, 96, 1/2007)

Background: Treatment of patients with Attention Deficit Hyperactivity Disorder (ADHD) with Homeopathy is difficult. The Swiss randomized, placebo-controlled, cross-over trial in ADHD patients (Swiss ADHD trial) was designed with an open-label homeopathic treatment preceding the Swiss ADHD placebo-controlled, Randomized, double-blind, cross-over Trial. During the screening phase, the response of each child to successive homeopathic medications was observed until the optimal medication was identified. Only children who reached a predefined level of improvement participated in the randomized, cross-over phase. Although the randomized phase revealed a significant beneficial effect of Homeopathy, the
cross-over caused a strong carryover effect diminishing the apparent difference between placebo and Verum treatment.

**Methods:** This retrospective analysis explores the screening phase data with respect to the risk of failure to demonstrate a specific effect of a randomized controlled trial (RCT) with randomization at the start of the treatment.

**Results:** During the screening phase, 84% (70/83) of the children responded to treatment and reached eligibility for the randomized trial after a median time of 5 months (range 1-18), with a median of three different medications (range 1-9). Thirteen children (16%) did not reach eligibility. Five months after treatment start, the difference to Conners Global Index (CGI) rating between responders and non-responders became highly significant (p = 0.0006). Improvement in the CGI was much greater following the identification of the optimal medication than in the preceding sub-optimal treatment period (p<0.0001).

**Conclusions:** Because of the necessity of identifying an optimal medication before response to treatment can be expected, randomization at the start of treatment in an RCT of Homœopathy in ADHD children has a high risk of failure to demonstrate a specific treatment effect, if the observation time is shorter than 12 months. [Dr. FREI and his colleagues have published several articles before this too on ADHD. They have a structured approach to this problem. With BOENNINGHAUSEN’s Therapeutic Pocket Book they have been able to get excellent results. Their approach has been published in a book (in German, first edition in 2005) which has already gone into a second edition (2007). = KSS]

8. In vivo Study of the anti-inflammatory effect of *Rhus toxicodendron*
   dos SANTOS, AL., PERAZZO, FF., CARDOSO, LGV., CARVALHO, JCT.
   (HOMEOPATHY, 96, 2/2007)

**Background:** Homeopathic *Rhus toxicodendron* (*Rhus tox.*) is used in various inflammatory conditions. We screened its effect compared to succussed Ethanol controls and appropriate active controls.

**Method:** We initially experimented with *Rhus tox* 6, 12, 30 and 200 cH, using Carrageenan-induced Paw Oedema in rats. The 6 cH dilution appeared most effective and was used in subsequent assays. We used pre-treatment and single treatment regimes in Wistar rats, and mice.

**Results** We found significant reductions compared to control in Carrageenan-induced Paw Oedema, Vascular permeability, writhing induced by intra-peritoneal acetic acid and stress-induced gastric lesions.

**Conclusions:** *Rhus tox* in homoeopathic dilution appears to interfere with inflammatory processes involving Histamine, Prostaglandins and other inflammatory mediators. [It is important that we use the right word ‘potency’ and not ‘dilution’. In this article it should be ‘homoeopathic potency’. A dilution has no power in it to cure but a potency is quite powerful. = KSS]

9. Hypothesis: Do Homœopathic Medicines exert their action in humans and animals via the Vomeronasal System?
   McGUIGAN, M.
   (HOMEOPATHY, 96, 2/2007)

   There is significant debate on the nature of the active therapeutic ingredient in homeopathic medicines and whether the effect of homeopathic medicines is exerted locally. This paper accepts that there is an active therapeutic ingredient in homeopathic medicines that acts pharmacologically in the body and proposes a possible receptor site.

   The Vomeronasal organ (Jacobson’s organ) is the receptor site to the detection of non-odorant molecules, e.g. Pheromones, in reptiles, amphibians and mammals. The organ forms the main part of a chemo-receptor system known as the Vomeronasal system. This paper proposes that it is this system that constitutes the receptor for homeopathic medicines in both animal and human subjects.

10. Bayesian Homœopathy: talking normal again
    RUTTEN, ALB.
    (HOMEOPATHY, 96, 2/2007)

   Homœopathy has a communication problem: important homeopathic concepts are not understood by conventional colleagues. Homeopathic terminology seems to be comprehensible only after practical experience of Homœopathy. The main problem lies in different handling of diagnosis. In conventional Medicine diagnosis is the starting point for randomized controlled trials to determine the effect of treatment. In Homœopathy diagnosis is combined with other symptoms and personal traits of the patient to guide treatment and predict response.
Broadening our scope to include diagnostic as well as treatment research opens the possibility of multifactorial reasoning. Adopting Bayesian methodology opens the possibility of investigating Homœopathy in everyday practice and of describing some aspects of Homœopathy in conventional terms. [This article must be read with earlier articles in this Journal regarding ‘likelihood ratio’. = KSS]

11. Homeopathy and Epidemics – Possible Approaches – What History Can teach us
ROTTLER Gaby (AH. 12/2006)

The author discusses about the effective role of Homœopathy in the Epidemics of the past and suggests ways to find out the Genus Epidemicus.

A national/international homœopathic network for Epidemic Diseases should be established to collect cases and symptoms in new Epidemics. It should distribute experiences from different parts of the world, perhaps even be able to give the recommendations to homœopathic practitioners based upon the characteristic totality of symptoms as seen in an Epidemic.

12. Reporting Data on Homœopathic Treatments (RedHot): a Supplement to CONSORT
DEAN, ME., COULTER, MK., FISHER, P., JOBST, K., & WALSH, H.
(HOMEOPATHY, 96, 1/2007)

When Homœopathy is tested in clinical trials, understanding and appraisal is likely to be improved if published reports contain details of prescribing strategies and treatments. An international Delphi panel was convened to develop consensus guidelines for reporting homœopathic methods and treatments. The panel agreed 28 treatment- and provider-specific items that supplement the Consolidated Standards of Reporting Trials (CONSORT) Statement items 2, 3, 4 and 19. The authors recommend these for adoption by authors and journals when reporting trials of Homœopathy.

13. Outcomes from homœopathic prescribing in Dental Practice: a prospective, research-targeted Pilot Study
MATHIE, P.T. and FARRER, S.
(HOMEOPATHY, 96, 2/2007)

Background and Aims: A base for targeted research development in dental Homeopathy can be found on systematic collection and analysis of relevant data obtained by dentists in clinical practice. With these longer-term aims in mind, we conducted a pilot data collection study, in which 14 homœopathic dentists collected clinical and outcome data over a six-month period in their Practice setting.

Methods: A specifically designed Excel spreadsheet enabled recording of consecutive dental appointments under the following main headings: date; patient identity (anonymised); age and gender; dental condition/complaint treated; whether chronic or acute, new or follow-up case; patient-assessed outcome (7-point Likert Scale: -3 to +3) compared with first appointment; homœopathic medicine/s prescribed; whether any other medication/s being taken for the condition. Spreadsheets were submitted monthly via e-mail to the project co-coordinator for data synthesis and analysis.

Results: Practitioners typically submitted data regularly and punctually, and most data cells were completed as required, enabling substantial data analysis. The mean age of patients was 46.2 years. A total of 726 individual patient conditions were treated overall. There was opportunity to follow-up 496 individual cases (positive outcome in 90.1%; negative in 1.8%; no change in 7.9%; outcome recorded in 0.2%). Sixty-four of these 496 patients reported their outcome assessment before the end of the homœopathic appointment. Strongly positive outcomes (scores of +2 or +3) were achieved most notably in the frequently treated conditions of Pericoronitis, Periodontal infection, reversible Pulpitis, Sensitive cementum, and Toothache with decay.

Conclusions: This multi-practitioner Pilot study has indicated that systematic recording of Practice data in Dental Homœopathy is both feasible and capable of informing future research. A refined version of the Spreadsheet can be employed in larger-scale research-targeted data collection in the Dental Practice setting.

14. Individualized Homœopathic Treatment of Trigeminal Neuralgia: an observational Study
MOJAVER, Y.N., MOSAVI, F., MAZAHERINEZHAD, A. SHAHRDAR, A., & NABSGAEE, K.
(HOMEOPATHY, 96, 2/2007)

Objective: To evaluate individualized Classical Homœopathy in the treatment of Idiopathic Trigeminal Neuralgia (ITN)
Method: 15 patients with physician-confirmed Trigeminal Neuralgia were treated with Homeopathy. Patients received individualized homeopathic medicines as oral liquid 30c once per month and were followed-up at the end of first, second, third and fourth month. Visual Analogue Scale (VAS) was used for the evaluation of pain intensity and descriptive criteria were used for evaluation of attack frequency.

Result: All 15 patients completed treatment. The results for both the reduction of pain intensity and attack frequency were statistically significant (P<0.001) during the four-month evaluation. We observed overall reductions of more than 60% in pain intensity using homeopathic treatment.

Conclusion: The results suggest that homeopathic treatment is an effective and safe method in the treatment of ITN. [I am happy to read this ‘conclusion’ because generally the ‘results’ of almost all the ‘researches’ that have appeared in the BHJ and later Homeopathy would very cautiously concede that there is good scope for further researches; rarely is it admitted that Homeopathy was found effective and that it works. = KSS]

15. The Vital Sensation of the Minerals: reducing uncertainty in Homeopathic Prescribing
THOMPSON, EA., GERAGHTY, J. (HOMEOPATHY, 96, 2/2007)

The authors ‘illustrate’ the ‘vital sensation’ of mineral-based homeopathic medicines as revealed by an interview style based on a synthesis of the Bombay method and Scholten’s understanding derived from the Periodic Table. The ‘Bombay method’, described by Rajan SANKARAN (the ‘Bombay method’ is in fact, an invention of Rajan SANKARAN), builds on homeopathic teaching giving a structure to guide the gathering and synthesizing homeopathic data. The concept of ‘levels’ gives a route to the deepest reflection of the vital disturbance, the vital sensation. Moving through the levels of fact, symptom, emotion, delusion and finally vital sensation provides valuable prescribing information. These aspects are discussed in conjunction with the ‘Kingdoms’: Plant, Mineral and Animal, focusing on the Mineral kingdom. By synthesizing information relating to the concepts of vital sensation and kingdom we can reduce uncertainty in homeopathic prescribing.

The authors aver that they have found that the ‘Bombay method’ illuminated their Practice and when synthesized with more traditional information, it had improved their results significantly.

16. Can Homeopathy learn something from Psycho-analysis?
HOOTEGEM, Henk Van
(HOMEOPATHY, 96, 2/2007)

This paper attempts to demonstrate how some insights from Psychoanalysis can be useful in homeopathic treatment. Three concepts are discussed:
(1) The working alliance: comparing Medical alliance with a Psycho-Dynamic alliance.
(2) The dream-function: serious somatic disorders can be the result of a blocked dream function, the restoration of the capacity to dream may lead to the disappearance of these disorders, Homeopathy can help in this Process.
(3) The transgenerational influence: some traumatic, concealed events from the lives of ancestors can influence their descendants.

These concepts are illustrated with the case of a 23 year-old woman with Chronic Fatigue Syndrome.

17. A Qualitative Study to Determine the Efficacy of the Homeopathic Similimum in the treatment of Premenstrual Syndrome
KOMAR Tania, PECK, K.S. J.R., TORLINE, J.R., DEROUKAKIS Marilena
(AJHM. 99, 3/2006)

Premenstrual Syndrome (PMS) is defined as the cyclical occurrence of physical and psychological symptoms in the luteal phase of the menstrual cycle. It is characterized by irritability, mood swings, anxiety and depression, breast tenderness, breast swelling and weight gain. The study aimed to determine the efficacy of the homeopathic simillimum in the treatment of PMS. Eleven participants were recruited and nine completed the study. They participated in five homeopathic consultations over a period of four months. The researcher determined each participant’s individual homeopathic remedy by evaluating their unique symptoms. During each cycle participants were required to score their daily symptoms on a PMS chart, the results of which were analyzed using the one-way Analysis of Variance (ANOVA).

Breast tenderness was ameliorated in the first month of treatment, while irritability, depression, breast swelling, abdominal bloating and food cravings improved in the second month of
treatment. In the third month of treatment, the similimum was significantly effective in treating anxiety. The results of this study demonstrate that the homoeopathic similimum is one method of investigating homeopathic treatment in PMS.

VII. HISTORY

1. Blick in Geschichte
   (A Look into History)
   REIS Stefan (NAH. 2,1/2007)

I. Joseph von ZLATAROVICH was born on 9 April 1807, in Agram (today’s Zagreb). He graduated as Doctor in Vienna and married a sister of a homœopath WURMB and thus turned to Homœopathy. He entered into the Provers’ Union of Vienna and between 1834 and 1848 took part in almost all the Provings. He did not hesitate to take the doses for long time large doses. A Proving of Bryonia (on humans and animals) appeared in 1847 under his authorship in the Austrian Journal for Homœopathy (Vol.3, No.1). “Much of the symptoms in our Proving were in agreement with HAHNEMANN’s Materia Medica. . . . . some took Bryonia alba and some Bryonia dioica; there was not much difference in the action unlike the different Aconite”.

Because he was a homœopath he lost his Professorship. He then went to Zagreb, then Triest and lastly to Graz in 1861 where he died in 1874.

II. Paul WOLF (1795 – 1857); WOLF’s “Eighteen Propositions for Friends and Enemies of Homœopathy . . . . “with some annotation from Friedrich Jakob RUMMEL was published in 1837 in Ernst STAPF’s Archiv. The ideas were discussed in the meeting of the Central Union of German Homœopathic Physicians in Magdeburg in 1836 and accepted by the delegates. It was accepted in this Meeting that high potency use was not an essential point in Homœopathy.

WOLF had an extensive Practice which included “princely” and “crowned” persons. He passed away on 2 January 1857.

2. Zur Geschichte der Homœopathie und Alternativer Heilweisen (History of Homœopathy and Alternative Medicine)
   DROSS Fritz & RUISINGER Maria
   (Med GG. 25/2006)

This article is about history of Homeopathy in Franconia (Northern Bavaria). The research for this paper was initiated by an Erlangen exhibition project on the history of Homœopathy on the occasion of the 250th anniversary of Samuel HAHNEMANN’s birth in 2005. The founder of Homœopathic Medicine received his Doctor of Medicine degree at the University of Erlangen in 1779. As HAHNEMANN spent only four months in Erlangen, homœopathic physicians, patients and apothecaries in the region from HAHNEMANN’s time until today were investigated. The aim was to provide a concise survey of the general problems in the history of Homœopathy derived from regional cases which could be illustrated by objects suitable for an exhibition. Thus, the article is not only about the history of Homœopathy in Northern Bavaria (Franconia), but also about a shift in the use of media and about doing science the other round, viz., by starting at the presentation and ending with the sources. The outcome of the project was that most of the crucial topics of the history of Homœopathy could be covered on a micro-historic scale: Trials, Pharmacy, Hospital, Patients, University, National Socialism.

3. Medical Heresy Struggles for the right of “Otherness”; Homœopathy in the USSR
   KOTOK Alexander
   (Med GG. 25/2006)

Homeopathy in Russia was least mentioned in the World History of Homœopathy, until recently. A genuine reason may be that one who attempted to do this was confronted by obstacles. The half-legal status of Homœopathy in the Soviet Union, the permanent threat of either being banned from the practicing or abolishing it, punishment, etc., all led to a lack of trust-worthy sources and proofs. The motive for this article is only to write the history of Homœopathy in the Soviet Union. A complicated system of alternative relation-ships between medical “heretics” is perceived. The existence of such a System in a totalitarian State is impossible because the right to be “different” is not there.

After the reforms in 1980 by GORBACHEV, much of totalitarian order faded. And soon Homeopathy began to be revived. Since 1991 Homeopathy is recognized in the Soviet Union. It is the innate strength in Homœopathy, that although it was almost completely destroyed due to political events during 1914 – 1920 and further, it grew again. Today, the number of those doctors, licensed after finishing courses in Homeopathy in the post-Soviet Union countries, exceeds 17,000. This is a first Study and further will follow.
VIII. GENERAL

1. What is the Tradition?
   TESSLER Neil (SIM. XX/2007)

   [In the SIM. XIX/2006, the ‘I Part’ of the Interview which Neil TESSLER had with Jeremy SHERR was published. In the QHD, XXIV, 3&4/2007 a brief Abstract was given of this ‘Interview’. The clear ideas of Jeremy SHERR was like a flow of fresh clear stream while many of us were feeling suffocated in the polluted waters swirling about in the ‘homeopathic’ waters. It would be interesting to read the verbatim report of the ‘interview’. In Part II of the ‘Interview’, the views of Paul HERSCU is discussed. In his book published recently – two volumes – HERSCU criticizes Jeremy SHERR with regard to ‘Proving methodologies’. Our ‘source’ Materia Medicas, still, notwithstanding several new ones containing reams of ‘themes’, ‘dreams’, etc., are those of Samuel HAHNEMANN and his faithful followers like BOENNINGHAUSEN, HERING, and such other stalwarts who stood firm on the ground laid by the Master. Surely that methodology has not become useless for someone to draw-up separate methodology and for someone or the other come up criticizing it and putting up his/her own method! = KSS]. There are several interesting points on which SHERR gives his reply to HERSCU’s criticism. The book is about Provings and therefore the criticisms and response also relate to that. Individual susceptibility is not essential to develop symptoms in a Proving as explained in § 31 and 32. Proving by definition is never a Simillimum (as HERSCU opines). Proving makes healthy people sick, not sick people healthy. There are two reasons that Provings are stronger dissimilars. First, a stronger dissimilar artificial disease can be created by controlling the dose. Second, Group Provings are similar to epidemic, which are dissimilar every time. Provings on a well integrated group amplifies the Proving. The symptoms to be included or not has been described on the basis of the Organon and other historical sources. Choosing symptoms according to one’s perception of the remedy is simply prejudiced and unacceptable. There is much more to a Proving than symptoms directly related to toxicology. Doubtful symptoms are included only after much careful stages of elimination. § 138 is quoted. The old Provings are full of fleeting and momentary sensations and emotions of single provers, which later have become Key-notes. By Proving on many constitutions you get the whole array of totality. It is also true that many of the symptoms will come from deeper unseen layers of the Provers and do not belong to their uppermost. All of Nature’s chest can be used for Provings. It is good to prove remedies big and small. There is much diversity in Homeopathy today, so we should respect our differences while being able to discuss them openly.

   Jeremy SHERR ended the Interview with a story: There was a long-standing Jewish community in which everyone was arguing: “Should we say the main prayer standing up or should we say it sitting down?” They quarrelled and fought over the issue for years. It nearly came to violence and was threatening to tear the community apart. Finally, they decided to go and ask the old Rabbi to establish once and for all what the tradition was. So they went to the Rabbi, who was on his deathbed, and they asked: “Dear Rabbi, you have been our guide for many years. Please tell us the tradition.

   “The Rabbi agreed to tell them.

   “Immediately one group rushes forward and says “Please, Rabbi, tell them the tradition to stand up while we pray. That was always the tradition.” The Rabbi groans “No, that’s not the tradition.” Then the other rushes forward and says: “That’s right Rabbi. Please, tell them that sitting down was always the tradition! Tell them!”

   But the Rabbi, who can barely speak, mumbles, “No, that’s not the tradition either.” Both groups were confused and implored the Rabbi, “Please Rabbi, we can’t go on like this, we’re killing each other. The community is breaking apart.” And the Rabbi replied, ‘THAT’S the tradition!’

2. The Enterpreneurial Secrets of a Thriving Homœopathic Practice
   MASLAN Allison (AH. 12/20006)

   The author discusses about Homeopathy, the business or Homœopath, the Enterpreneur. The six qualities required are:
   1. Knowledge and Experience
   2. Self-confidence and decisiveness
   3. Developing and maintaining long-term patient
   4. Marketing
   5. Focus and commitment
   6. Finance

   3. Patients treated by Homeopaths registered with the Society of Homeopaths: a Pilot

**Background:** There is little information on the types of symptoms for which patients request homeopathic treatment from Society of Homeopaths (SoH) in the UK.

**Objective:** A preliminary study to gain information about characteristics of patients requesting treatment from SoH professional (non-medically qualified) homeopaths – including symptoms and general well-being.

**Results:** 37 homeopaths returned data on 482 patients covering 1419 consultations over a 2 year period. Patients were mostly female and predominantly aged 40 – 59.

**Conclusions:** As well as obtaining preliminary data about these patients, this study has also resulted in greater knowledge of audit and research methods in the profession. The results of this preliminary descriptive study will inform a future, larger prospective controlled observational study.

IX. BOOKS


   “Richard PITT’s terrific book focuses on Tobacco, but it is not always the Tabacum that we know, lest there be confusion. *Nicotiana tabacum* is an important facet of the story, but the homeopathic prism is particularly focused on *Nicotiana rustica*, which not only contains four times the Nicotine, but also contains the mildly hallucinogenic driver Harmaline, a monoamine oxidase inhibitor that potentiates the more potent tryptamine hallucinogens and, of course, inhibits the breakdown of serotonin. There is a terrifically interesting journey through the history, politics and psychology of Tobacco. The last half of the book is given over to the details of the Proving. . . In any case, it is a fine read and may turn out to be a valuable addition to the modern Proving records.”

2. Experience of Medicine – I. Three Homœopathic Provings from the Students of the Nature Care College, Sydney, Australia. Coordinated and compiled by Alastair C. GRAY. Pb. Publ. 70 Metres and Nature Care College. $ 38. (SIM. XX/2007): “The Provings in this Volume are *Chironex fleckerii* (Box Jelly fish), *Oampona cyclindrata* (White Tailed Spider) and *Ficus macrophylla* (Moreton Bay Fig).

   “The methodology employed in the completion of these Provings is Hahnemannian and essentially follows the guidelines laid out in Jeremy SHERR’s Book on methodologies.

   Three versions of each Proving are given. First Proving document solely consists of the Primary Symptoms only of the Provers that cannot under any criteria be questioned.

   The second document includes totality of the first but also vastly more information, which provides context for many of the symptoms, fills out the Proving and gives a feel for it, a flavour of it.

   The third gives a brief chronology which highlights the experiences of the first few days of the major Provers . . . .”

3. Monera. Kingdom Bacteria & Viruses, Spectrum Materia Medica Vol. I, Frans VERMEULEN, Emrys Publishers, Hardcover 800 pages. $81.75 (SIM. XX/2007) . . . . . . Frans VERMEULEN’s Monera is another fascinating and consummate work of scholarship from one of the most valuable modern compilers of Materia Medica and general source materials. This volume is somewhat similar in structure to MORRISSON’s *Carbon* volume. . . . . The Foreword is a comprehensive discussion of issues pertaining to classification generally and bacterial species in Homeopathy specifically . . . .

   The Volume is organized according to Genera and then Species. Available *Materia Medica* is given, as well as cases. Many bacterial remedies are known to us as common Nosodes such as *Medorrhinum, Syphilinum, Tuberculinum* and various tubercular species as well as *Hydrophobinum, Pertussinum, Hippozaenum, Malandrinum, Vaccinum, Variolinum*, etc. Many of these are discussed in depth and breadth.

   New remedies such as *AIDS, Botulinum, Johneinum* are also given thorough treatment . . . .”

4. Homeopathy: An A to Z Home Handbook, Alan V. SCHMUKLER. US $ 16.95. Pb. 352 pages. Llewellyn Publishers. (SIM. XX/2007): . . . . The usual introductory materials, the next 210 pages are an alphabetical list of conditions, followed by common remedies and their indications. The health conditions discussed are wide ranging. Headings such as Gun shot wounds, Hanta and Ebola virus, Gangrene . . . . . . and a wide variety of emotional states, stand out among the usual range of more common conditions.

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Following this there is a special section devoted to specific organ systems and common remedies associated with them. There is also a section devoted to Pregnancy and Childbirth. . . . . Plenty of First Aid information as well as “homeopathic vaccination” related information is offered. . . . . a worthy addition to the home-care library and maybe of some value to practitioners as well.”

5. *Homöopathie bei psychischen Erkrankungen, (Homeopathic in Psychic Diseases)* Claudia de LAPORTE; Stuttgart: Karl F. Haug: 2006. 312 S., geb. € 49.95. Review Stefan BRENNER. (German). (ZKH. 51, 1/2007): “…The book fills up a large gap in homeopathic literature. How Homeopathy and Psycho-therapy can complement each other in total is explained. . . . . Particularly valuable are the number of cases from actual practice. . . . . There are several important and interesting aspects in the treatment of the psychiatric patients homeopathically.”

6. *Miasms as Practical Tools: A Homeopathic Approach to Chronic Disease*, by John SAXTON, Beaconsfield Publishers Ltd., Beaconsfield, Bucks, UK, 2006. £15, ISBN: 0-906584-58-2. Review David LILLEY (HOMEOPATHY, 96, 1/2007): “This is a slim book with a hefty content. When I read a book from which I can profit, I have pencil in hand and I underline the sections that are of particular importance to me. In the case of this new book on the Chronic Miasms, I could have underlined almost the entire text; such is the richness of its material. Every paragraph is pregnant with observation and information; to lapse in concentrations for a moment is to miss some important point or nuance. Nonetheless, it is written with clarity and read with ease. “This book is a welcome, modern presentation of miasmatic theory and practice, lifting both from the sphere of contention and controversy to the central position they deserve in case and remedy analysis, strategy of therapy, case management, and interpretation of response. The concept of Miasms is presented as a practical therapeutic tool with which to enhance prescribing skills. . . . . The author gives an overview of how the concept of Miasms arose and how it has developed from HAHNEMANN’s original thinking to the more philosophical interpretations of today. Excellent pictures of the three primary, chronic miasmatic states – Psora, Sycosis, and Syphilis – are provided, with discussion and case histories, and, to refresh our memories, concise clinical pictures of the five miasmatic Nosodes with the addition of Schirrinum, and useful information regarding the miasmatic relationships of the Bowel Nosodes. . . . . The reader is encouraged to take hold of the theories and facts presented, and to use and develop them further in a clinical context. . . . . This is an important book. It is refreshing to revisit the theory of the Miasms under the guidance of a seasoned homeopath with modern insight and interpretation. . . . . I highly recommend this book to the homeopathic profession as essential reading. . . . . It is another fine feather in the Beaconsfield publishing cap.”


Tests can be wrong, people are made to worry unnecessarily, some are treated unnecessarily and some are even harmed by treatment. This book is meant for a symptomatic people who are considering Cancer testing. He suggests there should be more research about Cancer screening that looks at all the risks and benefits and looks at overall mortality. He concludes by recommending each patient to introspect to develop their own strategy for assessing the risks and benefits of Cancer screening to make an informed decision about screening.

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X. NEWS & NOTES

1. *Dispelling Myths about Homœopathic Practice*, Todd ROWE and Iris BELL: The American Medical College of Homeopathy, Deptt. of Research conducted a National Homeopathic Practitioner Survey to study the nature of the current homeopathic Profession which will help to assess its strengths and weaknesses. All homeopathic organizations in the United States participated and also 1200 individual participants. The number of homeopaths is roughly estimated.

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<th>Level</th>
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<tr>
<td>5</td>
<td>2200 Min.500 hrs. study</td>
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<td>4</td>
<td>6350 100-250 hrs. training</td>
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<td>3</td>
<td>32,500 30-60 hrs. course</td>
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<td>288,000 Week-end courses</td>
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II. Seminar by M. MANGIALAVORI: Panic, August 24, 2006: Report by Michael GLASS (SIM. XX/2007): “During the 1980s, I was much taken by James Tyler KENT. To me, he seemed the last of Homoeopathy’s giants, that is, until I met Massimo MANGIALAVORI, one of the new giants of our current homoeopathic renaissance. . . . . groupings are incredibly helpful. . . . . if one understands, for example, the Loganaceae to which Nux vomica and Ignatia belong, one can first discern general group characteristics in a case, and then hone in on the correct member of the group.” [HAHNEMANN took great pains to explain that the knowledge of what a medicine can cure be known only by proving it on the healthy and in no other way. We cannot follow half way HAHNEMANN and the other half or quarter SANKARAN or SCHOLTEN or MANGIALAVORI.= KSS]

At the start of the Seminar the word Panic was explored. The individual has no insight in the causation. He explains the causation of panic as repressed instinctual forces breaking free and causing somatic symptoms. **Case 1:** 37 year-old woman with severe auto-immune disease with multi-system symptoms: Collagen degeneration of veins, arthritic hip destruction and chronic Phlebitis. Capillary disorder with burning pains, neurological pains, ovarian cysts, breast nodules. Herpes with burning pains. Full blown panic disorder when her husband left.

Totally dependent on husband. Even after separation she would call him to ask his advice. First attack came when she was thinking about her failed marriage.

Her dependency and immaturity led to Sea animals (!= KSS). The repertorisation of numbness of lower limbs, Herpes on limbs, cramping, respiration difficult with drinking led to Limulus. **Limulus** Q 1. There was rapid relief of burning pains, but in 10 days aggravation. The patient was told to stop the remedy, but panic symptoms soon reappeared. Advised to resume the remedy 2-3 times a week – with good results.

Some features common to **Limulus** cases are given.

In an earlier Interview (SIM. XIX, 2006) recalls his earlier experiences – his first years with Homoeopathy: “What was interesting was that coming back from the first trip to the border of the Amazon jungle, I met a homoeopath who had moved from the Bogotá where he was a very famous doctor, to the jungle, in order to treat the Indians for free. He was very intelligent and spiritual person, a person who really touched my heart. He was born in Europe, and later studied Homoeopathy in Germany, then he moved back to Colombia. I had long talk with him and found that many of his ideas were a modern translation of what I had started to see with the Indians. It was the idea of the anima of all substances. …… I saw in these people (the Indians in the Amazon) that they were seeking one remedy to treat the person. Not a combination. Different preparations brought out different energies in the same plant. You could chew, cook, eat or just pray to the spirit of the plant to come to you. They look at the entire structure of the person, how much this person is in balance with his life, with the world, with his environment. According to how much he is not in tune with his system (which includes his whole world), they consider this a less or more severe pathology. If the pathology is more severe, it is not sufficient to boil the plant, you have to pray also. It was interesting to me that in some way it sounded pretty close to Homoeopathy, in a much more way, in a positivistic way, in a way that at the end, if you think of what happened at the time of HAHNEMANN, it was the beginning of positivism (a philosophical doctrine according to which sense perceptions are the only admissible basis of human knowledge and precise thought – editors). . . . HAHNEMANN had a very good alchemical background. No one could have been so good at Chemistry at this time without that knowledge. I think evidence that HAHNEMANN had this knowledge is also found in the ability to make remedies such as Hepar sulph. which is a clear alchemical preparation. What was great about his brilliant mind was his ability to translate something as sophisticated as a difficult chemical preparation into something a doctor could use, just by taking the mother tincture and potentizing the remedy.” “……… Another was to move away from the idea that the most important source of information was the Proving. I don’t believe this at all.” [This is a ridiculous assertion to say the least. Homoeopathy is based only on Proving. When someone says that he doesn’t “believe in this at all” then he has no right to call oneself as a Homoeopath.

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MANGIALAVORI takes pain to explain this; it is all words of no consequence, so better I leave them; interested persons may read it. = KSS]. “When is a Keynote, really a Keynote? More often it is a Keynote of a number of remedies.” [There are always only a limited number of such remedies, and one can differentiate and select; if ‘several’ remedies have the same ‘Keynote’, then it is not a Keynote. Von BOENNINGHAUSEN called it ‘genius’ of the remedy. = KSS]. The doctor says that now-a-days we do something more sophisticated unlike the older great names. [Let us honestly ask ourselves whether really we are doing better than our forefathers HERING, BOENNINGHAUSEN, KENT, DUNHAM, etc. Is sophistry a mark of right doing? = KSS].

III. Jan SCHOLTEN San Francisco Seminar, October 2006. Report by Elena CECHETTO (SIM. XX/2007): “Learning from Jan SCHOLTEN is like taking a trip to an unknown land. … The three-day Seminar had new Provings, new remedies and more insights into his classification system. The impressions of patients were discussed openly with the participants. The series and the stage of the patient indicates the remedy. The stage is where the problem is or what they do with it. The series how they handle it.

Case: A young man wanted to be a world champion fighter. Dreams of fighting. His goals are to have a girl-friend and lot of money. His fighting is about self-control. Lanthanides are about the self. He is young and left side of periodic table. Stage 6 has to do something dangerous. Stage 6 of Lanthanides is Neodymium.

IV. International Network for the History of Homeopathy (INHH) – (a Network under the auspices of the European Association of the History of Medicine and Health) Conference: The Conference is organized by the Institut für Geschichte der Medizin der Robert Bosch Stiftung, Stuttgart. The aim of the Conference is to collect further evidence about homeopathic hospital in history and to bring local and scattered experiences from different parts of the globe into a productive dialogue.

The Institution of the hospital plays a crucial role in the history of modern medicine as the “birth place” of clinical research, the medical gaze, the medical profession and as a specific setting for caring and curing.

The hospital was a benchmark for public recognition as a medical system both in the medical world as well as to the wider public.

Samuel HAHNEMANN was committed to the idea of establishing a hospital in Leipzig. Homeopaths partially succeeded in integrating their healing methods into hospitals in many countries. Homeopaths succeeded in establishing their own institutions in Munich, Madrid, Philadelphia, Rio de Janeiro, Benares during the 19th Century and in Stuttgart, India and Sri Lanka in the 20th Century.

V. The Zeitschrift für klassische Homöopathie entered its 51st year in 2007. A homeopathic journal surviving beyond 50 years is a long time. The journal began as ‘Zeitschrift für Klassische Homöopathie und Arzneimittel-potenziierung’ in 1957 as a journal devoted to Hahemannian Homeopathy. In those days in Germany there was no practice as such of the so-called ‘classical Homeopathy’ and it was mostly low-potency promotion. Such Homeopathy was ‘scientific’! There was no repertorisation and based on clinical indications. The influence of Dr. Pierre SCHMIDT of Switzerland who taught KENT’S Reperty and classical Homeopathy, began to draw several able Practitioners in Germany too. This soon grew into a larger group and now they are quite a number and perhaps the so-called ‘scientific’ school has gone down. Of course the Allgemeine homöopathische Zeitung (AHZ) was founded in 1832 and is still continuing – more than 175 years! We also have the British Homeopathic Journal – now titled Homeopathy – is also more or less as much old as the AHZ; and then the Journal of the American Institute of Homeopathy – since recent years titled as the American Journal of Homoeopathic Medicine (AJHM). There are several journals which have survived or still surviving in their 20th or a little later lives, but none touching 50. Sorry to comment, most of the journals are poor in every way while the world-over Homeopathy has seen ‘grand revival’ and the number of practitioners including the non-medical homeopaths has increased manifold! There is a classical journal from Switzerland in French language titled Cahier de Groupement Hahnemannien du Dr.Pierre Schmidt (CGH) of which Dr. Jacques BAUR a student of Dr. Pierre SCHMIDT like Dr. Will KLUNKER, was the Editor; this journal was a monthly and was of high quality. Unfortunatley, both Dr. KLUNKER and Dr. BAUR, are no more with us. The CGH has, after the passing away of Dr. Jacques BAUR become a ‘quarterly’! I was getting a copy of the CGH regularly as long as Dr. BAUR was alive and then it stopped and the new Editorial group did not reply my letters either. Thus I have lost touch with...
the French journal. The National Center for Homeopathy, USA has been bringing out a monthly journal of high quality, *Homeopathy Today* with Julian WINSTON as its Editor. Unfortunately for the Homeopathic World Julian passed away. Since then this journal has become bi-monthly! In so far as India is concerned the quality of the journals are wanting. How do you feel, dear Reader? In Seminars and other Meetings we speak sky-high of the great healing powers of Homeopathy and feel very upset and angry when the dominant School jeer at us and keep demanding ‘evidence’. Yet we do not have high quality journals with a large number of subscribers, contributors, etc.

The very few journals world-over which are maintaining quality should survive and grow. = KSS, QHD.]

VI. Das “Symptomen-Lexikon der Materia Medica” in der täglichen Praxis (The Symptomen-Lexicon of the Materia in daily Practice): a Seminar Report by Thomas MICKLER (German) (NAH, 2,1/2007): On the 25 and 26 November 2006 a Seminar was held in Mülheim by the Dynamis School in which the Homoeopath Michael KOHL presented “The Work with the Symptomen-Lexikon in the daily Practice”. A pre-condition was that the participants must have studied the book “Hahnemanns Working Method with the Symptomen-Lexikon” (“Hahnemanns Arbeitsweise mit dem Symptomen-Lexikon”). Michael KOHL said that his success increased tremendously after he began to apply the Symptomen-Lexikon (SL) in his Practice. He said that there are two different ways to find the remedy, namely either alone with the SL or with a selection with the Therapeutic Pocket Book (TPB) of Clemens von BOENNINGHAUSEN. After we obtain a pool of remedies with the help of the TPB the end differentiation may be made with the SL. KOHL presented cases in which he applied the SL.

It was not possible with this one-day Seminar to probe well into the SL.

VII. Community Building (Melanie GRIMES, Editorial, AH/2006): The Editor, *American Homeopath (an annual Journal published by the North American Society of Homeopaths)* writes appealing to the Profession to limit the conversations wherein we complain, criticize other colleagues. To grow, our attention should be directed outward. As patients who have been treated by different homeopaths adopting different strategies, methodologies based on new ideas, innovations, etc., are all getting better and move freely, there must be some kernel truth in what the others are doing. So, build a “supportive community”, she says. [People treated by fine doctors of Allopathy also are walking about happily; so do those treated by several other medical schools. We have seen several cures from ‘faith healers’ too. We do not quarrel with any of these. In the name of ‘innovation’ in Homoeopathy all strange practices dumped by HAHNEMANN are re-introduced; are we to let in those who say that there is no need for Provings? Should we quietly accept everything and anything called by anyone as Homeopathy? Or should we re-define Homeopathy? = KSS]

VIII. The President of the North American Society of Homeopaths, Manfred MUELLER, writes (Editorial, AH/2006) of the propaganda by many that Homeopathy is a fraud, etc. [It is surprising that still there are persons claiming to be ‘scientific’ who do not care to read carefully the methodologies in Homeopathy and then actually experiment it as it should be. Mere theoretic lambastings and caviling are not evidences. = KSS] The critiques also propagate that there are “toxic ingredients” in the homoeopathic medicines! [Statement like these are peaks of ignorance. Nothing can be more preposterous! Recently when Bob WOOLMER, the famous Cricketer, was found dead it was reported in some newspapers that he had been poisoned by ‘Aconitum poison’ and one Newspaper put a screaming headline that Homeopathy is using this “deadly” drug across the counter! A rejoinder sent to the Newspaper was not published. So where are we? The days of inquisitions are not over. = KSS]

Manfred MUELLER writes that he had been Stuttgart, Germany “years ago” to find ‘definitive’ answers to some questions. One such question was the word “attenuation” whereas the correct term should be “dilution” which is what the Organon meant. MUELLER feels that KENT’s direction to go higher and higher in potentisation was due to this ‘faulty’ understanding.

MUELLER visited late Dr. Georg von KELLER, considered the best homeopath then. Dr. von KELLER admonished that all the defect was due to not bothering to read the literature, the basic literature from the old masters. Study the History (of Homeopathy); study the Organon, the Chronic Diseases preferably in German; go to the source, the originals. “In order to stand up for the safety of Homeopathy, we need to guard its integrity.” [Amen. This answers Melanie GRIMES’ Editorial = KSS]
IX. Multitasking: An Interview with Jeremy SHERR by WARKOV, Denise Straiges (AH. 12/2006): Jeremy SHERR discusses about some of his ongoing homeopathic projects:

Dynamic Case Taker: is a Software tool designed to make the whole process of case-taking, Analysis and synthesis easier and more effective. Characteristic symptoms are grouped according to common themes and synthesized into one central idea to understand what needs to be cured.

The Software structures the thinking and organizes the information, index cases, compare consultations side by side, underline, access symptoms easily and locates elusive case. [So Jeremy SHERR works in my body and brain; it is not mine = KSS]

Another project is Repertory of Mental affinities – where each rubric contains all the remedies pertaining to particular subject.

Another project is working on a book of cases cured with the Dynamis proving remedies. With each remedy a list of confirmed and cured symptoms are constructed.

One of his main desires is to treat and research AIDS in Africa using classical homœopathic techniques. Desires to make a water-tight academic study which can be used to convince the powers that be of the usefulness of Homeopathy in this terrible pandemic. Also discusses about treating epidemics. [All good aims; we wish him best = KSS]

Proving database on www.provings.com has been redone and registering new Provings daily. Full texts can be read online. Trying to centralize the Proving data, to ease the many problems of Proving, new concepts are worked out and to be published in the new edition of “The Methodology”.

X. Homeopathy in South Africa. by Dr. Marilena DEROUKAKIS (AH.12/2006): Courses in South Africa can presently be taken through the two Universities, leading the award of a Masters Degree in Homeopathy (known a Masters in Technologiae). The degree allows to register with the Allied Health Professional Council and with the Board of Healthcare Funders which allows reimbursement.

Training consists of a five-year full time course, followed by one year internship. Homeopaths are also required to have a license in order to dispense and compound their medicines.

Homeopathy is carving its share of the healthcare market. Statistics about various aspects of practice are given. [Unfortunately there is much of complex medicine prescription by these licensed Practitioners in South Africa and it would be in the interest of all if that is nipped in the bud itself = KSS]

XI. Homœopathic Medicines: Safe, Accessible, Legal: J.BORNEMANN writes (HT. 26, 4/2006): Since 1938, homœopathic medications have been classified as ‘drugs’ by the Food, Drug and Cosmetics Act. The Homeopathic Pharmacopoeia Convention of the US (HPCUS) assures that homœopathic medications are safe and legal in the US. In 1978, HPCUS, produced compendium of Homeo therapeutics, which comprised a listing of all of the known homœopathic drugs at the time with their references in the literature. In 1990, compliance Policy Guide was implemented. www.HPCUS.com

XII. Health-food supplements and nutritional value may become more difficult and too much costly in the US and Canada and even in some European countries since they are likely to become ‘prescription’ items and can be purchased only with prescription by a doctor; thus it will become several times costlier, and would also take them away from homœopaths. It is also written that “powerful political figures have introduced or sponsored legislation that would regulate dietary supplements of all kinds……Integrative doctors and other medical professionals who use or recommend natural products are also under attack, with licensing boards do not like the idea of competition in medicine. Integrative medicine and supplements are even under assault at the United Nations and the World Health Organisation. (Front Inner Cover, HT. 26, 4/2006)

XIII. Homœopathic Educators Exchange Ideas. PITT RICHARD (HT. 26, 6/2006): North American Network of Homeopathic Educators (NANHC) held their second annual conference in Marin Headlands, just north of San Francisco in 28-30, April 2006. www.homeopathyeducation.org website was created where all educational institutions can post details about their programmes and link to their websites. This site is used as “Library of Ideas, Resources and Teaching Tools.

XIV. Delving into the Mysteries of Water. MATTHEWS Robert (HT. 26, 4/2006): In an article “The Quantum Elixir”, in the New Scientist April 8, 2006, Rustum ROY, a Materials scientist at Pennsylvania State University says water may have a “memory” through an effect known as epitaxy: using the atomic structure of one compound as a template to induce the same structure in others.
Shock waves generated by succussions can cause localized pressures inside the water to reach over 10,000 atmospheres, which may trigger fundamental changes in the properties of the water molecules.

**XIV. Homeopathy in Knee Surgery** (HT. 26, 4/2006): Dr. Leonard J. TOROK writes: “I have often used a simple and reliable plan for patients having knee surgery or following knee injury that greatly speeded the recovery process. Most of my surgical patients arrived unaware of Homeopathy, but they quickly learned to appreciate the benefits of this plan. I recommend using *Arnica montana* 30c, one dose the evening before surgery and one dose in the morning on the day surgery. Following injury or surgery take one dose of *Arnica* immediately and repeat at 20-min. intervals. Liberally repeat the dose as needed to control pain and swelling at first, and then lengthen the time interval between doses as symptoms subside.

Using a similar protocol, in a study at **Wadsworth Rittman Hospital** in Wadsworth, Ohio, we were able to demonstrate a reduction in the blood loss following total knee replacement surgery from an average of 800 cc without homeopathic remedies to less than 200 cc with the use of *Arnica* following knee replacement. The study focused on blood loss (recycled for reinfusion back to the patient), but similar improvements were noted in a decrease in the amount of post-operative narcotics required, and patients were more easily able to participate in a post-operative physical therapy programme.

**XVI. Angustura vera:** By way of introduction, the author describes a clinical case: a 47-year-old man who was overworked and depressed. Several medicines were tried (*Nux vomica, Natrum muriaticum, Medorrhinum*), without great benefit until *Angustura vera* was prescribed and completely transformed his life. The symptoms leading to the prescription were an irresistible desire for coffee and a strong feeling of bitterness.

The other main symptoms of this medicine are then recalled: unexpressed hypersensitivity and irritability, with an appearance of excitement and gaiety; vertigo on crossing a stream; cramp-like pains in the muscles, especially: masseters, abdomen, thighs and calves; trauma to the periosteum; feeling as if the uterus were beating against the right ovary and the right hip; chilly; feeling as if the heart were swollen, with fear of dying, worse lying on left side; fear of falling asleep. (Cahiers du Groupement Hahnemannien 2006; 4:236-238 in Homeopathy, 96, 1/2007)

**XVII. Ammonium muriaticum** by Bruno STAQUET: Three clinical cases illustrate the use of this medicine: a case of Sciatica worse sitting, a case of forearm pain also worse sitting, and a woman with digestive symptoms who was overprotected by her mother.

The Materia Medica of this medicine is then summarized: melancholy, desire to cry but cannot; antipathy to certain persons; nose obstructed or with acrid watery discharge; sore throat, burning hoarseness; menses too early, flow more at night; diarrhoea during menses; icy coldness between shoulders; backache or sciatica when sitting, constriction of hamstring tendons. Several unusual dreams are described; being lost in forest, falling into water, being bitten by a horse. (Cahiers du Groupement Hahnemannien 2006; 4:239-245 in Homeopathy, 96, 2/2007).

**XVIII. The Zincum child and its peculiarities,** Micheline DELTOMBE: The author, who is a Paediatrician, describes the peculiar symptoms of children who respond to *Zincum;* they are very nervous, very sensitive, slow to understand and to answer. They are exhausted but are constantly on the move or fidgeting either with their whole body, or only their legs. They cannot concentrate, are inattentive, moody, unruly, disobedient, and they provoke their schoolmates. They repeat everything said to them, have headaches when overtaxed at school. They are worse from retrocession of eruptions from sweating, from motions. They pick their noses, have diarrhoea and involuntary urination when sneezing, coughing or walking. They grasp their genitals whilst coughing and may have Hoarseness, Asthma, and Diarrhoea.

Two clinical cases end this article: A 5-year-old girl, who developed neurological symptoms after Measles without a rash, and a 3-year-old boy with Epilepsy and restless legs during sleep. (L’Homéopathie Européene 2006, 4:6-8 in Homeopathy, 96,1/2007)

**XIX. Clinical Cases according to the methods of Sankaran: Opuntia vulgaris:** by Ingrid van de Vel: A clinical case is described: a woman with varicose veins and dyspareunia. The main feeling was: she tried to not be shrunken and constricted, then accepted it. A second clinical case is quoted from Dr. Jayesh SHAH: a man who had migraine and stress; he always had his hands clasped, felt as if locked in a room, in a small box and tried to come out; he was between hope and hopelessness. The constriction feeling relates to the Cactaceae, the alteration between hope and hopelessness belongs
to the ringworm miasm; the medicine is therefore *Opuntia vulgaris*.

Then, Van de Vel quotes Materia Medica of this Medicine, from T.F. ALLEN and J.H. CLARKE: two species were proved. *Opuntia vulgaris* and *Opuntia alba spina*. The main symptoms are alternately praying and swearing; feeling as if head transfixed with a lance; bites inside of cheek on chewing; nausea extending from stomach down into bowels, with sensation as if diarrhoea would set in; urgency of urination; oppression of chest; pain in muscles of neck, first left, then right side; very chilly, cold feet; dreams of women. (La Revue Belge d’Homœopathie 2006:2:80-112, in Homeopathy, 96, 1/2007)

XX. Homeopathy, 96, 1/2007 carries a very important article about ‘Homoeopathic Pathogenetic Trials’ (HPT) [see Abstract in the Research section of this QHD = KSS]. This is a review of 156 HPTs in six languages, which reviews and criticizes the methodology used in HPTs. The authors discuss the rational for selection of substances to be tested in HPTs. It has been rightly said that the ‘Pillar of Homeopathy’. It is very important that all serious (and sincere) Homeopathy Practitioners should study this in detail and give their views.

XXI. ‘Guest Editorial’ by Tom WHITMARSH, in HOMEOPATHY, 96, 2/2007 writes about the several ‘methods’ of homeopathic remedy choice for example, the classical, the SCHOLTEN, the SANKARAN, the SEHGAL, etc. How could a homeopath become good in all these? “We should not neglect basic homeopathic theory and skills at our peril and “if the whole process of giving a remedy is to be reduced to simple formulae, we risk losing the human inter-action of the homeopathic consultation, which seems to be an essential part of our healing work.” [The claim by the different ‘sects’ – in Homœopathy – that theirs is the best and claim ‘cures’ is, to say the least, amusing. Rarely is follow-up of 3 or 4 years in any of the cases is given. Each one is a ‘guru’. In this, the one ‘guru’ from whom Homœopathy originated is ignored; his rules of importance to symptoms is thrown out, ranking of symptoms is also not there, the ‘direction of cure’ has never been verified, so on and on we can point out. And one question to all these ‘neo gurus’ – honestly do you believe that you cure with your method, in the sense of totally eradicating the disease with its roots, better? And do you think that the Homeopathy of HAHNEMANN was poorer in its success rates? = KSS]

XXII. (In HOMEOPATHY, 96, 2/2007): The author says that in ‘Modern Dentistry’ the catch-word is “minimum intervention and applying a natural approach to general dental practice”. In the early 1990s the British Homeopathic Dental Association was formed. The Association helped develop a Dental Diploma Programme from the Faculty of Homeopathy, and the first examination was held in October 1994. The Faculty has now an Intermediate course in Dental Homeopathy. Interest in Dental Homeopathy and membership is growing in the UK. Homeopathy is a useful adjunct to conventional dentistry and may be used effectively in the place of orthodox treatments which may have unpleasant side effects. However, in the past 25 years a few articles have been published on dental Homeopathy. In the current issue of HOMEOPATHY there are two articles.

XXIII. *Secale cornutum*: A Special Issue of L’Homéopathie Européenne is devoted to *Secale cornutum*. In three articles, M.TORK, P.COLIN and C.DUMONT describe its chemical and toxicological peroperties. Afterwards, C.SOYEZ recall the main symptoms described in the Materia Medica; great restlessness, sarcasm and contempt, indifference to everything, shameless, very hot yet the skin feels cold when touched, burning heat, dark discharges, green pus (boils, leucorrhoea), pustular eruptions, atherosclerosis, intermittent claudication, Raynaud’s disease, passive bleeding with dark, non-coagulable or mixed with dark clots of blood. (L’Homéopathie Européenne 2006 6: in the HOMEOPATHY, 96, 2/2007)

XXIV. *Aranea diadema* and *Aranea ixobola*, A. FLOUR: The Materia Medica of these two medicines is described very fully. *Aranea diadema* is well-known, with its peculiar symptoms: solitary and restless persons, with distorted sense of time (problems with appointments), or with deep despondency and longing for death; sensation as if bones are made of ice, marked sensitivity to cold and damp, sensation of enlargement or numbness of parts, nerve pains (electric shocks), exact periodicity.

The second part of the article describes a pathogenetic trial of *Aranea ixobola*. The main symptoms are restlessness (like other spiders), no periodicity, euphoria followed by depression, insolence, dreams of the death of his wife, sensitivity to cold and damp, feeling of general coldness, night sweat, digestive troubles ameliorated by stretching. (Revue Belge d’Homœopathie 2006: 1: in HOMEOPATHY, 96, 2/2007)

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XXV. A Case of *Ptelea*: A.FANCIOLA.: A 40 year-old woman suffered from constipation, Sciatica and Insomnia. She felt humiliated because of a family episode which remained taboo for a long time. *Ptelea trifoliata* was prescribed and alleviated all the symptoms. *Ptelea* is indispensible to mental or physical exertion, is confused, or has an unusual energy with disposition to hurry. There are digestive symptoms including burning or griping or weight in the epigastric region, even after a moderate meal, liver pains, constipation or diarrhoea, and pain in limbs. We might also encounter frontal headache or asthma. According to the author, *Ptelea* could suit patients who feel humiliated or misunderstood, because of a personal or family past, and who need to start a new life.

XXVI. *Carbo animalis*: a case series, by M. M.GUILLAUME-CARRIE: A 60-year-old woman had a complex medical history and her life was a long story of misfortunes. Her main feeling was she sacrificed herself to her family for nothing. Eleven other clinical cases responding to *Carbo animalis* showed serious pathologies (Hepatitis, Pancreatitis, Cardiomyopathies, Hypertension, Cancers, Scleroderma). All the patients had suffered neglect or were abused during their childhood, but, however, were nostalgic for their past. They are compassionate and neglect themselves. The basic feature of this medicine is sacrifice. (*Les Echos du Centre Ligeois d’Homéopathis 2006: 116; in HOMEOPATHY, 96, 2/2007*).

XXVII. Can Homœopathic Treatment slow Prostate Cancer Growth? JONAS WB,GADDIPATI, JP., RAJESH KUMAR NV., et al.: Background: Homœopathy is a complementary Medicine. We do not agree that Homœopathy is a “complementary” Medicine. Long ago Carrol DUNHAM has rightly titled it as *The Science of Therapeutics*: perhaps the authors who are not homœopaths give this “complementary” state condescendingly! = KSS], widely used around the world. Despite extensive use of Homœopathy for Cancer and other serious conditions with reported success, clinical and laboratory research has been equivocal, and no rigorous research has been done on Cancer. In 1999, the US National Cancer Institute evaluated the effects of homœopathic treatment of Cancer from a clinic in India and has released a request for protocols to conduct further research into this treatment. Therefore, the authors conducted a series of carefully controlled laboratory studies evaluating the effects of commonly used homœopathic remedies in cell and animal models of Prostate Cancer.

Study Design: One hundred male Copenhagen rats were randomly assigned to either treatment or control groups after inoculation with Prostate tumor cells.

Methods: Prostate Tumor cells DU-145, LNCaP, and MAT-LyLu were exposed to five homœopathic remedies. Male Copenhagen rats were injected with MAT-LyLu cells and exposed to the same homœopathic remedies for 5 weeks. In vitro outcomes included Tumor Cell viability and apoptosis gene expression. In vivo outcomes included Tumor incidence, volume, weight, total mortality, proliferating Cell Nuclear Antigen (PCNA) expression, apoptotic cell death (terminal deoxynucleotidyl transferase mediated d-uridine triphosphate nick end labeling), and gene expression (rAPO-multiprobe).

Results: There were no effects on Cell viability or gene expression in three Prostate Cell lines with any remedies at any exposure time. There was a 23% reduction in Tumor incidence (*P*<0.0001), and for animals with Tumors, there was a 38% reduction in Tumor volume in Homeopathy-treated animals versus controls (*P*<0.02). At time of killing, experimental animals with Tumors had a 13% lower average Tumor weight (*P*<0.05). Tumors in these treated animals showed a 19% increase in apoptotic Cell death (*P*<0.05) and reduced PCNA-positive Cells.

Conclusions: The findings indicate that selected homœopathic remedies for the present study have no direct Cellular anti- cancer effects but appear to significantly slow the progression of cancer and reduce cancer incidence and mortality in Copenhagen rats injected with MAT-LyLu Prostate Cancer Cells. (*Integrative Cancer Therapies 2005; 5: in HOMEOPATHY, 96, 2/2007*) We may therefore use the homœopathic remedies with greater success in Prostate Cancer of the Copenhagen rats! Great. = KSS]

XXVIII. Homœopathic medicines do not alter growth and Gene expression in Prostate and Breast cancer cells in vitro: R.L.THANGAPAZHAM, JP GADDIPATI, NV RAJESHKUMAR, et al.: Background: Homœopathy is an alternative medical system practiced in all parts of the World. Although several theories are proposed to explain the mechanisms of action, none are scientifically verified. In this study, the authors investigate the
effect of selected homeopathic remedies, often used to treat Prostate and Breast Cancer.

**Materials and Methods:** The authors investigated the effect of the homeopathic medicines *Conium maculatum*, *Sabal serrulata*, *Thuja occidentalis*, *Asterias*, *Phytolacca*, and *Carconisin* on Prostate and Breast Cancer Cell (DU-145, LNCaP, MAT-LyLu, MDA-MB-231) growth and on Gene expression that regulates Apoptosis, using MTT and multi-probe ribonuclease protection assay.

**Results:** None of the homeopathic remedies tested in different potencies produced significant inhibitory or growth-promoting activity in either Prostate or Breast Cancer Cells. Also, Gene expression studies by ribonuclease protection assay produced no significant changes in mRNA levels of bax, bel-2, bel-x, caspase-1, caspase-2, caspase-3. Fas, or FasL after treatment with homeopathic medicines.

**Conclusions:** The results demonstrate that the highly diluted homeopathic remedies used by homeopathic practitioners for Cancer show no measurable effects on Cell growth or Gene expression. ([Integrative Cancer Therapies 2006;5 in HOMEOPATHY, 96, 2/2007](https://www.journalhomeopathy.com/))

**XXIX. Effects of homeopathic preparations on human Prostate Cancer Growth in cellular and animal models:** BW Mac LAUGHLIN, B. GUTSMUTHS, E. PRETNER, et al: The use of dietary supplements for various ailments enjoys unprecedented popularity. As part of this trend, *Sabal serrulata* (Saw Palmetto) constitutes the complementary treatment of choice with regard to Prostate health. In Homeopathy, *Sabal serrulata* is commonly prescribed for Prostate problems ranging from benign prostatic Hyperplasia to Prostate Cancer. [In several cases of Prostate complaints, *Sabal serrulata* is not prescribed. There is no “common” medicine for such pathologies. May be some remedies come up more often, that’s all. = KSS] The authors’ work assessed the anti-proliferative effects of homeopathic preparations of *Sabal serrulata*, *Thuja occidentalis*, and *Conium maculatum*, in vivo, on nude mouse xenografts, and in vitro, on PC-3, and DU-145 human Prostate Cancer as well as MDA-MB-231 human Breast Cancer cell lines. Treatment with *Sabal serrulata* in vivo resulted in a 33% decrease of PC-3 cell proliferation at 72 h and a 23% reduction of DU-145 cell proliferation at 24 h (P<0.01). The difference in reduction is likely due to the specific doubling time of each cell line. No effect was observed on MDA-MB-231 human Breast Cancer cells. *Thuja occidentalis* and *Conium maculatum* did not have any effect on human Prostate Cancer cell proliferation. In vivo, Prostate Tumor Xenograft size was significantly reduced in *Sabal serrulata*-treated mice compared to untreated controls (P= 0.012). No effect was observed on Breast Tumor growth. Our study clearly demonstrates a biologic response to homeopathic treatment as manifested by cell proliferation and Tumor growth. This biologic effect was: (i) significantly stronger to *Sabal serrulata* than to controls and (ii) specific to human Prostate Cancer. *Sabal serrulata* should thus be further investigated as a specific homeopathic remedy for Prostate pathology. ([Integrative Cancer Therapies, 2006;5 in HOMEOPATHY, 96, 2/2007](https://www.journalhomeopathy.com/)). [Fellow homeopaths are requested to carefully read the three ‘researches’ given above, and see whether any of them have any worthwhile result at all with regard to homeopathic Therapeutics. One gives partially unfavorable, one totally unfavorable and another also somewhat favorable! In so far as the partially favorable ones are concerned James RANDI may declare them as fraud! You may do similar experiments for another 100 years and you will get only such insipid results. Money in millions are spent in the name of ‘research’ for these foregone results. This money could be spent for millions of malnourished, hungry children whose pictures we see in the News papers. At least experienced homeopaths should make it clear to these ‘researchers’ that Homeopathy researches requires first of all that they read the *Organon* and *Chronic Diseases*, understand, discuss with senior homeopaths (who do not routinely prescribe *Sabal serrulata* for Prostate, *Digitalis* for Heart, etc.) and then design the ‘research’. All the researches so far are used only as sticks mostly to beat Homeopathy with. The [Integrative Cancer Therapies must be advised appropriately. = KSS](https://www.journalhomeopathy.com/)]

**XXX. Models for the Study of Whole Systems:** IR. BELL, M.KOITHAN: This article summarizes a network and complex systems science model for research on whole systems of complementary and alternative medicine (CAM) such as Homoeopathy and traditional Chinese medicine. The holistic concepts of networks and nonlinear dynamical complex systems are well matched to the global and interactive perspectives of whole systems of CAM, whereas the reductionistic science model is well matched to the isolated local organ, cell, and molecular mechanistic perspectives of pharmaceutically based biomedicine. Whole systems of CAM are not drugs with specific actions. The diagnostic and therapeutically approaches of whole systems of CAM produce
effects that involve global and patterned shifts across multiple sub-systems of the person as a whole. For Homeopathy, several characteristics of complex systems, including the probabilistic nature of attractor patterns, variable sensitivity of complex systems to initial conditions, and emergent behaviors in the evolution of a system in its full environmental context over time, could help account for the mixed basic science and controlled clinical trial research findings, in contrast with the consistently positive outcomes of observational studies in the literature. Application of theories and methods from complex systems and network science can open a new era of advances in understanding factors that lead to good versus poor individual global outcome patterns and to rational triage of patients to one type of care over another. The growing reliance on complex systems thinking and Systems Biology for Cancer research affords a unique opportunity to bridge between the CAM and conventional medical worlds with some common language and conceptual models. (from Integrative Cancer Therapies 2006; 5, in HOMEOPATHY, 96, 2/2007)

XXXI. Homeopathic Arnica Therapy in patients receiving Knee Surgery: Results of three randomized double-blind trials, B. BRINKHAUSA, JM WILMENSB, R.LÜDTKEC, J.HENGERB, CM WITTA, SN.WILLICH (HOMEOPATHY, 96, 2/2007): Objectives: We investigated the effectiveness of homeopathic Arnica montana on post-operative swelling and pain after Arthroscopy (ART), artificial knee joint implantation (AKJ), and cruciate ligament reconstruction (CLR) Design: Three randomized, placebo-controlled, double-blind, sequential clinical trials. Setting: Single primary care unit specialized in arthroscopic knee surgery. Participants: Patients suffering from a knee disease that necessitated arthroscopic surgery. Interventions: Prior to surgery, patients were given 1 x 5 globules of the homeopathic dilution 30 x (a homeopathic dilution of 1:1030) of Arnica or Placebo. Following surgery, 3 x 5 globules were administered daily. Primary outcome measures: The primary outcome parameter was difference in knee circumference, defined as the ratio of circumference on day 1 (ART) or day 2 (CLR and AKJ) after surgery to baseline circumference. Results: A total of 227 patients were enrolled in the ART (33% female, mean age 43.2 years), 35 in the AKJ (71% female, 67.0 years), and 57 in the CLR trial (26% female; 33.4 years). The percentage of change in knee circumference was similar between the treatment groups for ART (group difference = -0.25%, 95% CI: -0.85 to 0.41, P = 0.204) and AKJ ( = 1.68%, -4.24 to 0.77, P = 0.184) and showed homeopathic Arnica to have a beneficial effect compared to placebo in CLR ( = -1.80%, -3.30 to –0.30, P = 0.019). Conclusions: In all three trials, patients receiving homeopathic Arnica showed a trend towards less postoperative swelling compared to patients receiving Placebo. However, a significant difference in favour of homeopathic Arnica was only found in the CLR trial. (Complementary Therapies in Medicine 2006; 14: in HOMEOPATHY, 96, 2/2007)

XXXII. Homeopathic and Herbal Prescribing in General Practice in Scotland: S. ROSS, CR SIMPSON, JS McLAY: Aims: To investigate the current levels of homeopathic and herbal prescribing in Scottish General Practice. Methods: Prescribing of homeopathic and herbal remedies in Primary care was assessed in 669 patients for the year 2003 – 2004, using computerized prescribing data retrieved from 323 General Practices in Scotland. Results: Forty-nine percent of practices prescribed homeopathic and 32% herbal remedies. A total of 193 homeopathic and 17 herbal remedies were prescribed, with 5% of practices accounting for 46% of patients and 50% of remedies. Four thousand one hundred and sixty patients (22/1000 registered patients) were prescribed at least one homeopathic remedy during the study period, with the highest prevalence to children under 12 months of age (95/1000 children of that age). Children under the age of 16 made up to 16% of the population prescribed homeopathic remedies (22/1000 registered patients of that age). Three hundred and sixty-one patients (0.2/1000 registered patients) were prescribed at least one herbal remedy during the study period, 44 of whom were children <16 years old. Patients prescribed a homeopathic or herbal remedy were also prescribed a median of four and five conventional medicines, respectively. Of patients prescribed an oral herbal remedy, 4% were also concomitantly prescribed a conventional medicine with which a drug-herb interaction has been documented. Conclusions: Our study reports that a substantial number of Scottish General Practitioners prescribe homeopathic and herbal remedies, with an approximate doubling in the number of children prescribed homeopathic remedies. The level of homeopathic and herbal prescribing raises questions about homeopathic/herbal provision in...

XXXIII. Homeopathic Medical Practice: long term results of a cohort study with 3981 patients. WITT, CM., LÜDTKE, R., BAUR, R., WILLICH, SN.

Background: On the range of diagnoses, course of treatment, and long-term outcome in patients who chose to receive homeopathic medical treatment very little is known. We investigated homeopathic practice in an industrialized country under everyday condition.

Methods: In a prospective, multicentre cohort study with 103 primary care practices with additional specialization in Homeopathy in Germany and Switzerland, data from all patients (age > 1 year) consulting the physician for the first time were observed. The main outcome measures were: patient and physician assessments (numeric rating scales from 0 to 10) and quality of life at baseline and after 3, 12 and 24 months.

Results: A total of 3981 patients were studied including 2851 adults (29% men, mean age 42.5 ± 13.1 years; 71% women, 29.9 ± 12.4 years) and 1130 children (52% boys, 6.5 ± 3.9 years; 48% girls, 7.0 ± 4.3 years). Ninety-seven percent of all diagnoses were chronic with an average duration of 8.8 ± 8 years. The most frequent diagnoses were Allergic Rhinitis in men, headache in women, and Atopic Dermatitis in children. Disease severity decreased significantly (P<0.001) between baseline and 24 months (adults from 6.2 ± 1.7 to 3.0 ± 2.2; children from 6.1 ± 1.9 to 2.2 ± 1.0). Physicians’ assessments yielded similar results. For adults and young children, major improvements were observed for quality of life, whereas no changes were seen in adolescents. Younger age and more severe disease at baseline were factors predictive of better therapeutic success.

Conclusion: Disease severity and quality of life demonstrated marked and sustained improvements following homeopathic treatment period. Our findings indicate that homeopathic medical therapy may play a beneficial role in the long-term care of patients with chronic diseases. (BMC Public Health 2005; 5. in HOMEOPATHY, 96, 2/2007)

XXXIV. Homeopathic Certification: Defining Our Profession. BELLO, Lia. (HT. 26, 5/2006)

Since its inception in 1991, the Council for Homeopathic Certification (CHC) has created a national standard that evaluates homeopathic and health science skills at a level appropriate for practice. The candidates must have a minimum of 500hrs each of theoretical and clinical training.


The finest teaching tool for pharmacists who want to learn about Homœopathy has been printed by – none other than the American Pharmacists Association (AphA). The fifteenth edition of the ‘Handbook of Non prescription Drugs, An Interactive Approach to self care (2006)’, includes a chapter entitled “Homeopathic Medicines” which treats Homœopathy with great respect and consideration.


XXXVII. Researcher, homœopath, creative thinker ... maverick: Interview of Iris BELL by BOYER, Nancy (HT. 26, 5/2006).

Iris BELL has been a researcher in complementary and alternative medicine for 30 years. After a personal experience in mid – 90’s, she felt how homeopathic remedies can positively affect the Vital Force. Now she is attempting the study of dynamics of cure at the whole person level. She believes that there will be observable, parallel changes both at the person level and at the various other lower levels – all the way down to the genetic and molecular levels. Correlating healing with patterns of gene activation and expression is possible.

Using the ambulatory monitoring technology, objective physiological markers like Pulse, Blood Pressure, Sleep, Physical activity, Body temperature can be measured on a round the clock basis which will document the patterns of biological rhythms and time – of – day effects of homeopathic treatment. She proposes the use of non-linear dynamical complex systems science (which includes Chaos theory and Network theory) to actually document the processes of healing. The funding remains a problem. Network of homœopaths are needed to observe and demonstrate these patterns of healing. Once practice-based Network comes together, the longitudinal studies at multiple offices across the country will be possible and can look at cost effectiveness and long term health outcomes. The applied research would focus on maintaining health.
through “constitutional” homoeopathic treatment, to potentially shift the dynamics away from the lesions before they appear in critical organs. The main outcomes would include lower cost, less work absenteeism, and higher quality of life.

She is confident as different researchers have arrived at these convergent ideas as well as other health sciences are also embracing Systems theory and Network theory.

System biologists and leaders in human Genome projects are beginning to write about individualization of treatment within their own frame work, the biochemistry of the person. These health researchers may be conceptually ready to meet the homoeopathic research community on the common ground of systems biology research.

We need to synthesize the concepts and practices of Homoeopathy with cutting-edge systems research.


Senior conservator Judy JACOB made a ten minute presentation about her completed work on the repair of the mosaic arch of the Hahnemann monument Washington D.C., in the Conference, Spotlight on National Park Resources sponsored by National Park Service.

Photographs of the monument and its various sections are given.

The bronze statue has been cleaned thoroughly and waxed. Lead T’s are inserted to prevent water damage in the joints at the top of the monument. Restoration still on.

XXXIX. “To improve the standard of Homoeopathy in the U.S., our energy should go towards legislation, education and research. One of the purposes of the AIH Journal is to provide education. We need to correct our scientific mistakes, some of them of historical proportions. Our ancestors didn’t believe in the need to prove that Homoeopathy was effective according to the scientific standards. It is sad even pathetic, that we went from 15,000 homoeopathic physicians before the end of the 19th Century to a few hundred now. We still need more fundamental and validated research. We need to get Homoeopathy upto date, not only scientifically but politically.” (President’s Message, Bernardo A. MERIZALDE, M.D., AJHM. 99, 4/2006).

XL. School of Homoeopathy, POTDAR, Swapna (CCR. 14, 3/2007)

School of Homeopathy, in Devon, England by Misha NORLAND has been training students since 26 years. It has its centres in Canada, USA and Australia. Their courses can be accessed from any part of the world. They maintain a continuous process of review and development of the teaching material and assessing the progress of the students. The school holds regular online chat room sessions discussing various topics.

www.homeopathyschool.com
www.alternative-training.com

XLI. This day that age. From the pages of The Hindu dated 20 July 1935. Homoeopaths’ Convention in the U.S.A.

The following piece is an extract from the latest number of “Our American Letter”, dispatched from Iowa City on June 20th:

“Last week, some 750 followers of the system of medicine put together by HAHNEMANN met in New York. They gathered together at the American Institute of Homoeopathy’s eighty-first Convention. It was shortly before the nineteenth century ended, that HAHNEMANN’s system of Homeopathy had reached a peak in the United States. At that time twenty-two Colleges of Homeopathy turned out annually graduates by the hundreds in that system of medicine and curing. Hospitals practicing the system treated tens of thousands of patients.

“But the popularity of Homoeopathy in this country has since dwindled considerably. At present one can count Homoeopathy Schools in America on just two fingers! There is New York’s own Homoeopathic Medical College, and, in Philadelphia, there is the Hahnemann Medical College. Only 39 of America’s 6,613 hospitals now practise Homoeopathy. For the 12,000 Homoeopathy doctors sprinkled among the U.S.A.’s 156,000 doctors, little remains of the original homoeopath. Of course there is reverence for the founder of the system - Samuel Christian Friedrich Samuel HAHNEMANN, to give him his full name. But even the Homoeopathy doctors, as they are called, do not practise Homoeopathy purely. They cannot practise the system without taking licences from the Government. And, in order to get the licence, they must have undergone the courses prescribed for all students of Allopathy, in addition to their own four specialized courses.

“Recently Dr. Morris FISHBEIN, the editor of the prestigious “American Medical Association Journal”, attacked the system of Homoeopathy mercilessly, and called Homoeopathy doctors nothing but quacks. Whether Homoeopathy is science-quackery or not, there is no doubt that to all homoeopaths Dr. FISHBEIN now is Enemy No. 1.
Those with absolute faith in Homeopathy also regard him as something worse – Public Enemy No. 1. At the meetings of the Homoeopaths’ Annual Convention last week some scientific papers were delivered. ....

XXXLII. The search for Paradise.


Analytical Psychology by Carl JUNG and his model for the evolution of consciousness has helped Alize in understanding a group of patients who wish to retrieve or recreate an idealized Eden-like state. They resist dealing with psychological challenges and spiritual conflicts that are necessary for normal development. She believes Psoric miasm has changed since Hahnemann’s time and expressing itself as “the helping miasm”.

Three cases treated with this understanding are presented. They received Zincum phosphoricum arrived by the analysis with Jan SCHOLTEN’s psychological map of the periodic table; Psorinum and Lac humanum.

XXXLIII. HAHNEMANN has spoken of treatment of natural diseases which evidently meant that diseases caused by wrong lifestyle, wrong food habits, etc., do not come under Therapeutics. What can be done for malnutrition, poverty, etc., which are man-made and not ‘natural’? Unfortunately, in the present-day world we have to reckon mostly with diseases due to environmental pollution, immediate and improper eating, etc., which tend to cause Diabetes, Hypertension, Renal diseases, Cancers, etc. In several western countries Obesity due to over-eating, junk-food eating because of economic prosperity (this ‘prosperity’ is by keeping others in ‘poverty’). The poor countries suffer from decades of continued ethnic wars and horrifying killings (remember Cambodia, Sudan, Senegal, Sri Lanka, etc.). It is the height of ‘insensitivity’ (or is it due to arrogance?) that the G8 leaders discussed food shortage and spiralling prices and starvation in the developing world “in an eight course, 19-dish dinner prepared by 25 chefs”. This after “an earlier emergency lunch measures – four courses washed down with Chateau-Grillet 2005”? (The Hindu, Chennai, Wednesday, 9th July 2008). [The Newspaper Report rightly recalls the French Revolution fame, Marie ANTOINETTE. We refuse to learn from History and repeat the same mistakes despite centuries of so-called emancipation, struggles of equality, and “social progress”. Man has not changed at all! Poverty, Hunger shall not be let go and aggrandizement, enslavery, armed suppressions shall prevail. Consumerism and Globalisation will ensure these. Surely a Mahatma GANDHI would never have attended such a dinner meet.

Homeopathy clearly demonstrates that a little goes a long way. It also demonstrates that without depleting resources, or money, healthy living is possible. Consumerism, Power-mongering, etc. are all pathologies really which Homoeopathy can with its remedies cure. = KSS]

XXXLIV. “Although several studies showed that Vaccination had any link with Autism, yet parents are not convinced.” However several studies have shown that vaccinations are linked to Autism, Attention Deficit Disorder and Hyperactivity. But the dominant Medicine does not accept it.

In the US, the Government has conceded that vaccine with Autism, and the Government has agreed to pay for her care. This is a “long overdue government recognition that vaccinations can cause Autism”. This decision of the Government gives people significant reason to be cautious about vaccinating their children.”

The story of Hannah is that when Hannah was 19 months old and developing normally, she received in 2000 five shots against nine infectious diseases. Two days later, she developed a fever, cried inconsolably and refused to walk. Over the next seven months she spiraled downward, and on 2001 she was given a diagnosis of Autism. [Extract from Deccan Chronicle, Sunday 9 March 2008, p.10.]

XXXLV. The connection between sacrifice and Cancer (The Hindu, Madras, 15 August 1982)

The psychic state may also play a part in the contraction of Cancer. This is the conclusion drawn from research into these correlations which has been stepped up in recent times. An examination of women with suspected breast Cancer carried out by Heidelberg University Gynecological Hospital seems to reinforce these findings. The latter point to the fact that persons who are easily hurt or ready to make sacrifices are apparently more exposed to processes which encourage Cancer than others are. They seem less capable of expressing aggression, tend to be strongly devoted to their family and are inclined to neglect illness symptoms.

In this study undertaken by Dr. Volker Hermes, 166 women with suspected Breast Cancer (but prior to final clarification through tissue analysis) were examined by means of a personal questionnaire containing 344 separate aspects of social attitudes.
In addition the women were asked about their sexual and partner relationships as well as on matters of educational style. Unlike earlier investigations which did not take place until the medical diagnosis of Breast Cancer had been concluded, this examination (at a time when the uncertainty in regard to the final diagnosis was the same for all concerned) precluded the possibility of the personal features established being the result of stress through the serious illness.

Although – as the Medical Tribune reports – the 34 women who were subsequently diagnosed as having Breast Cancer were on an average, ten years older, highly noteworthy findings emerged because of the very conspicuous differences between the two groups of women according to the personality analysis. Not only were clearly differing attitudes to be found in nine of the 25 examined personality scales, the style of the answers was also different. Whereas the women with a negative diagnosis acted in a pronounced emotional manner, the cancer patients tried to solve their problems rationally – German Research service.

LIST OF JOURNALS

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

1. **AH**: The Journal of the North American Society of Homeopaths, 1122 East Pike Street, #1122, Seattle, WA 98122, USA.
2. **AHZ**: Allgemeine Homöopathische Zeitung, Karl F. Haug Verlag, Hüthig GmbH, im Weiher 10, 69121 HEIDELBERG, GERMANY.
3. **AJHM**: American Journal of Homœopathic Medicine, 801 N. Fairfax Street, Suite 306, Alexandria, VA 22314, USA.
4. **CCR**: Homœopathic Clinical Case Recorder, Dr. Subhash Meher, Near Hotel Chanakya, Anandrishiji Marg, Burudgaon Road, AHMEDNAGAR-414001.
5. **HL**: Homeopathic Links, Homeopathic Research & Charities, F/s, Saraswat Colony, Linking Road, Santacruz (W), MUMBAI – 400 054.
6. **HOMEOPATHY**: Formerly British Homœopathic Journal (BHJ), Homeopathy, Faculty of Homeopathy, 29 Park Street West, Luton, Bedfordshire, LU13BE, UK.
7. **HT**: Homeopathy Today, National Center for Homeopathy, 801, North Fairfax Street, Suite 306, ALEXANDRIA, VA. 22314, USA.
8. **NAH**: Neues Archiv fuer Homœopathik,KWIBUS-Verlag, Hardenbergstr.2, D-45472 Muelheim an der Ruhr, Germany.
9. **SIM**: Simillimum, The Journal of the Homeopathic Academy of Naturopathic Physicians, P.O. Box 8341, Covington, WA 98042, USA.
10. **ZKH**: Zeitschrift für Klassische Homœopathie, Karl F. Haug Verlag, Hüthig GmbH, Im Weiher 10, D-69121 HEIDELBERG, GERMANY.

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PART II

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

1. MENTAL SYMPTOMS: ANALOGICAL GROUPING
   Ademar Valadares FONSECA
   (BHJ. Vol.81, Jan. 1992)

Abstract: The author has made a systematic study of the repertory’s mental symptoms, proposing a new organization of rubrics and sub-rubrics based on its analogical ordering, in order to help homeopathic medicine in the search for and in the differential diagnosis of symptoms.

The author concludes that analytical study of mental symptoms is of great value both in the repertorial study of consulting room cases as well as in semiological understanding of problems for effective use of the repertory.

KEY WORDS: Repertory, Mind symptoms, Modalities, Thematic grouping, analogical guide.

Introduction-background: In 1985 homeopathic physician Dr. Flora DABBAH visited Rio de Janerio as Guest Speaker at the Escola Kentiana Homœopathic Course. At that time Dr. DABBAH had been studying the MIND chapter of the homeopathic repertory, and her lectures were centered on “The Characteristic Mental Symptom”. Her purpose was to research in greater depth matters involving repertorizations using mental symptoms, the need for a systematic study of this section becoming fairly evident. On that occasion Dr. DABBAH told us that she and her colleague NORA CARAN had almost completed their project to publish a ‘Repertory of Modalities’ of mental symptoms. Unfortunately, we have not as yet had access to this study, except through the publication of certain chapters in the Actas del Instituto de Alotos Estudios Homeœopathicos James Tyler Kent, as mentioned in the bibliography to this report.

From 1988 onward Grupo de Estudos Homeœopaticos James Tyler Kent, sponsor of the Curso de Homeœopathia da Escola Kentiana do Rio de Janeiro, has been carrying out research projects in basic Homeœopathy teaching areas – semiology and philosophy – as part of course activities. This project falls within this context.

Since early 1988, under the direct supervision of Hylton Sarcinelli LUZ, MD, General Co-ordinator of the Course at this time, we have been carrying out tests and experimenting with methodologies leading to achievement of objectives already set by Dr. DABBAH.

We concluded that clinical use of the Repertory of Mental Symptoms has been hindered by the manner in which it is structured in alphabetical order. Even though the authors did some cross referencing, the physician feels the lack of distribution of symptoms that facilitates comparison with others analogous in meaning. We therefore put forward the idea of this project, whose main objective is the analogical grouping of the rubrics and sub-rubrics of psychic symptoms in the Repertory, in order to facilitate search and differential diagnosis among the various mental symptoms that exist.

Objectives

General objective: To group together Mind symptoms in the homeopathic repertory in such a way as to optimize repertorization and allow semiological study of mental symptoms.

Specific objectives: To group together repertory rubrics according to their significance, facilitating consultation and offering options in the choice of symptoms.

To group together symptoms on the basis of common modalities, forming a ‘Repertory Modalities’, in order to facilitate the search for the characteristic mental symptom.

To group together the ‘delusions’ sub-rubrics from the repertory according to their meaning, facilitating specific consultation for this symptom.

To clarify the significance of mental symptoms, highlighting the differences between very similar types, in order to optimize choice of the symptom that best represents the experience lived through by the patient.

Methodology

The methodology of this project is based on the rearrangement of symptoms and their modalities, breaking up the structure based exclusively on alphabetical order.

We can divide the mental symptoms in the Repertory into two major groups: thematic symptoms and circumstantial modalities.
Thematic symptoms are those that we can group under the same headings. If this is a rubric, it has one or more meanings intrinsic to itself. If it is a sub-rubric, it alters the meaning (theme) of the main rubric totally or partially, endowing the symptoms it represents with its own characteristic meaning. The theme is therefore the meaning(s) that a symptom carries with it, the final purpose of our observations in clinical practice regarding the symptoms that we are seeking to repertorize. Examples of thematic rubrics are: ANXIETY/CONFIDENCE, Want of Self; HELPLESSNESS, feeling of; FORSAKEN, feeling. Examples of thematic sub-rubrics are: ANXIETY, conscience as if guilty of a crime; CONTEMPTUOUS, self of; FEAR: accidents; etc.

Circumstantial modalities are those which objectively indicate the circumstance which triggers, improves or aggravates a certain symptom. As Dr. Flora DABBAH has already said, they are fundamental in homoeopathic practice precisely because they allow individualization based on an objective consideration of the symptom. Examples of circumstantial modalities are: FORGETFULNESS, headache, during; ANXIETY, menses, before; ANXIETY, bed, in.

The methodology that we are following in this study started out from the idea that grouping of thematic rubrics and sub-rubrics by their meaning as well as classifying circumstantial modalities according to the type of circumstance that generates the symptom would be a principle coherent with the practical and semiological needs of the study of the mental repertory.

We thus divide this study into three sections:

Section 1 is related to the study of CIRCUMSTANTIAL MODALITIES which, as a general rule, do not modify the meaning of the main rubric. The purposes of this study are:

- To facilitate access to the symptom when we know the modality that characterizes it;
- To allow differential diagnosis among rubrics that share the same repertory modality.

Circumstantial modalities were classified into eleven groups, by their general predominant character, and sub-grouped according to the specific characteristics of each group. (See the examples given under Results.)

In the sub-groups, the modalities were distributed in logical order, not always alphabetically, according to the similarity between their meanings. Thus, all modalities that suggest the appearance of symptoms, e.g. prior to sleep, will be together (SLEEP, before/SLEEP, followed by/SLEEP, on going to, etc.).

Underneath each modality are all the rubrics that form part of it, in alphabetical order.

Example: SLEEP, before
- anxiety
- delusions, images
- excitement
- fancies, laughable
- etc.

Section 1 is supplemented by a cluster of modalities that were grouped together under the description of the main rubric as being ‘as if’ feelings, or as being analogous to concrete situations (e.g. DULLNESS, as if drunken).

Finally, this section covers alternating symptoms that have been grouped together in the following manner: all modalities that are alternated were listed in alphabetical order, followed by all the symptoms that alternate with them in any part of the Repertory. We thus present the alternating items in inverse order to that presented in BARTHEL’s and KENT’s Repertory. In the example below we originally found:

ANGER, alternating, sadness.
CHEERFUL, alternating, sadness, etc.
In our work, one would find:
SADNESS, Anger/Cheerful/Eccentricity/
Ecstasy/Elated/Euphoria/ Irritability, etc.

Section 2 specifically studies the rubric DELUSIONS. The thematic grouping of this rubric takes on its own characteristics owing to the peculiarities of this symptom. This is why a separate study was a methodological option, respecting its hierarchical importance and its specific characteristics.

Section 3 studies thematic symptoms (rubrics and sub-rubrics), grouping them according to their meanings (themes). We decided to carry this grouping out from the Generals to the Particulars, starting with more general meanings and progressing to the more specific. This section is thus divided into three major groups:

Group 1: symptoms in relation to one’s own self;
Group 2: symptoms in relation to others;
Group 3: symptoms in relation to the surroundings.

Within each group various sub-groups and sub-subgroups were formed, seeking to decipher the intrinsic meanings of symptoms. A number of these were obviously placed in more than one group and even in more than a single section.

Results:

The practical use of this new proposal for the organization of rubrics is based on the idea that the observation of patients’ mental symptoms takes place from two different standpoints:
The main themes identified in the patient’s discourse (observation of a predominantly subjective nature);
- The circumstances that modalize the symptoms (observation of a predominantly objective nature).

In the former case we should resort to the groupings in section 3; in the latter, to those in section 1.

Section 2 is organized in such a way as to help the search of illusions based on the analysis of their inner structure, regardless of any subjective connotation they might have.

We will set forth a few examples concerning the practical use that each section would have:

**Section 1**: Let us imagine a situation in which we can clearly see the triggering circumstance of a mental symptom whose definition is not very clear; a patient who presents a symptom ‘after eating’. Eating is in this case a triggering circumstance. We could then look up in section 1, Chapter 5 (the chapter concerning the modality concerning physiology), Group 1 – eating – where we would find, classified according to their similarities, all the circumstantial modalities related to the act of eating, followed by all the rubrics shared by it in the homoeopathic repertory.

**Section 2**: Let us suppose that a patient reports the sensation that his body is too large. Regardless of considerations concerning the possible meanings contained in such a sensation, we could search for it through the structure and logic Section 2.

The logic of this section asks us to try to define the illusion according to its six Chapters: does it concern the person himself (Chapter 1)? Does it concern someone else (Chapter 2)? Does it concern the environment (Chapter 3)? Is the illusion specially derived from one of the five senses (Chapter 4)? Is it only a certain kind of illusion or a concomitance (Chapter 5)? Is it an illusion concerning the person himself (Chapter 1). He feels as if his body were too large.

After defining the Chapter, we must then define the group. In Chapter 1 there are four main groups: where one is (G1); how one is, how one feels (G2); what is going to happen to one (G3); what one is doing (G4). Evidently the sensation is related to Group 2.

In Group 2 there are three options: Concerning the person himself (2.1), concerning others (2.2), concerning the environment (2.3). Since, in the example, the patient claims that he feels large, and not larger than someone else, we have opted for Group 2.1.

**Group 2.1** then presents two subdivisions: regarding one’s own body (2.1.1) and regarding one’s self-concept (2.1.2). We select Group 2.1.1, which leads us to four options: Identity (2.1.1.1), Anatomy (2.1.1.2), functioning (2.1.1.3) and others (2.1.1.4).

Finally, the sub-division Anatomy contains three further sub-divisions: enlargement, diminishing, and change in quality. Specifically the sought Group is 2.1.1.2.1. It is an illusion about the person himself how he feels about himself and his body, the anatomy of that body, a sensation of enlargement.

The work would allow the assessment of all illusions that shared the sensation of anatomical growth of one’s own body.

**Section 3**: Let us suppose that, based on observation, we have concluded that a certain patient has as his main theme the question of ‘material security’. We could then resort to Section 3, once we have a theme (S3), concerning the person himself (Chapter 1) and his material security (Group 3). In this Group we will find three sub-groups: 3.1 hypersensitivity concerning material goods and business; 3.2 attitude – an endeavour to have more; 3.3. symptoms that suggest detachment, unconcern, indifference to material possessions.

We can define more clearly what we are searching for in our patients (together with our patients), we will have listed the rubrics that share this theme, which will permit a differential diagnosis within very similar cases and broader certainty in our reportorial work.

We present below partial results, the General Index for each Section, giving just a few indications of the content of each group.

**Semiologic Guide to the mental symptoms**

**Section 1. Repertory of Modalities**

**Chapter 1. Times**

- Group 1: Daytime
- Group 2: Morning
- Group 3: Forenoon
- Group 4: Noon
- Group 5: Afternoon
- Group 6: Evening
- Group 7: Night
- Group 8: Midnight
- Group 9: Day and night
- Group 10: Other times

**Chapter 2. Environmental conditions**

**Group 1** Temperature

- 1.1 Bed, warmth
- 1.2 Warmth
- 1.3 Cold
<table>
<thead>
<tr>
<th>Group 2</th>
<th>Humidity, rain storm</th>
<th>Group 2</th>
<th>Drinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humidity</td>
<td>Rain, storm, fair weather (clear)</td>
<td>2.1 The act of drinking. Thirst, drunkenness</td>
<td></td>
</tr>
<tr>
<td>3.1 Open air, walking open air</td>
<td>2.2 What is drunk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2 Closed space, crowded space (room, house, tunnel, (crowd)</td>
<td>Group 3</td>
<td>Menses, pregnancy and the like</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.1 Menses</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>3.2 Physiological periods related to menses</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>3.3 Pregnancy, delivery; puerperium</td>
<td></td>
<td></td>
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<td></td>
<td>3.4 Leucorrhoea; prolapse</td>
<td></td>
<td></td>
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<tr>
<td>Group 4</td>
<td>Moon, moonlight, sun, twilight</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Group 5</td>
<td>Light, brightness, darkness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group 6</td>
<td>Others (water, odours)</td>
<td></td>
</tr>
<tr>
<td>Chapter 3. Motions</td>
<td>Group 7</td>
<td>Breathing; sighing</td>
<td></td>
</tr>
<tr>
<td>Group 1</td>
<td>Movements of whole body: moving oneself; Walking, dancing, ascending steps; thinking about the movement, tossing about in bed; walking in circles.</td>
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<tr>
<td></td>
<td>1.1 Unspecified motions</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>1.2 Dancing</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>1.3 Ascending stairs</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>1.4 Walking</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.5 Turning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 2</td>
<td>Movements of parts of the body (head, arm)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 3</td>
<td>Passive movements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chapter 4. Positions</td>
<td>Group 8</td>
<td>Dentition</td>
<td></td>
</tr>
<tr>
<td>Group 1</td>
<td>Position of a part of the body causing or accompanying mental symptoms (eyes and arms)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 2</td>
<td>Position of the whole body</td>
<td></td>
<td></td>
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<tr>
<td>2.1 Rising and standing up. It is included here the modality ‘rising’ from bed, after waking up in the morning</td>
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<td></td>
</tr>
<tr>
<td>2.2 In bed</td>
<td></td>
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<tr>
<td>2.3 Lying down (in various positions)</td>
<td></td>
<td></td>
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<tr>
<td>2.4 Sitting; kneeling</td>
<td></td>
<td></td>
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<tr>
<td>2.5 Stooping</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2.6 Stretching the body</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chapter 5. Physiology</td>
<td>Group 6</td>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>Group 1</td>
<td>Eating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Eating in general and digestion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 Meals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 What is eaten</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4 When hungry, when fasting, anorexia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chapter 6. Clinical entities; body signs or symptoms</td>
<td>Group 1. Clinical entities; as modalities of mental symptom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Neurological</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1.2 Psychiatric; toxic</td>
<td></td>
<td></td>
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<tr>
<td>1.3 Traumatic</td>
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<td></td>
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<td>1.4 Infectious; parastic</td>
<td></td>
<td></td>
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<td>1.5 Urological</td>
<td></td>
<td></td>
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<tr>
<td>1.6 Cardiovascular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.7 Endocrine</td>
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<tr>
<td>1.8 Others</td>
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</tbody>
</table>

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Group 2   Body signs and symptoms which accompany or cause mental symptoms
2.1 Fever and temperature
2.2 Painful sensations
2.2.1 In general
2.2.2 Localized
2.3 Associated with the nervous system; involuntary movements
2.3.1 Convulsions and the like
2.3.2 Muscular spasms
2.3.3 Tremors and restlessness
2.3.4 Vertigo and fainting
2.3.5 Coma and fainting
2.3.6 Paralysis; ocular signs and symptoms
2.3.7 Illusions, hallucinations and delusions
2.3.8 Others
2.4 On the skin
2.4.1 Discoloration
2.4.2 Sensitivity
2.4.3 Eruptions
2.5 Digestive and located in the abdomen
2.5.1 Nausea and vomiting
2.5.2 Signs and symptoms located in the abdomen
2.6 Cardiovascular and located about the heart
2.6.1 Cardiac symptoms and pulse
2.6.2 Congestion
2.6.3 Blood loss
2.6.4 Haemorrhoids
2.7 Respiratory and located in the thorax
2.7.1 Cough
2.7.2 Suffocation, asphyxia, congestion, pressure, constriction, stitches
2.7.3 Coryza, sneezes
2.8 Other: exhaustion, heaviness, weakness eyes effort; alternating physical and mental symptoms

Chapter 7. Occupations, activities
Group 1 Intellectual activities
1.1 Mental exertion (unspecified)
1.2 Concentration studying; calculation; reading, writing

Group 2 Activities related to work and business
2.1 Work
2.3 Business

Group 3 Manual and physical activities
3.1 Manual activities
3.1 Physical activities

Group 4 Lack of activity or occupation

Chapter 8. Related to others
Group 1 Punishment, reproaches

Group 2 Listening to others/taking to others/speaking
2.1 Speaking
2.2 When being spoken to
2.3 Conversation
2.4 Other people’s talk

Group 3 Being disturbed or contradicted
3.1 Contradicted
3.2 Disturbed

Group 4 Company; touch; careless; consolation
4.1 Touch
4.2 Consolation
4.3 Company, approach of others

Group 5 Modalities related to love relationships: disappointments, jealousy

Group 6 Insults and offences

Chapter 9. Modalities related to Emotions and the like
Group 1 Associated with sadness
1.1 Weeping and the like
1.2 Sadness

Group 2 Associated with joy
2.1 The feeling
2.2 Laughter

Group 3 Associated with anger; anger; rage; ill-humour; irritability; impatience

Group 4 Excitement; emotions in general

Group 5 Associated with fear; anguish, anxiety, cares, fright, fear

Chapter 10 Causes
Group 1 Trifling causes
Group 2 Causes associated with hearing
2.1 In general
2.1.1 Music
2.1.2 Noises
2.2 Hearing negative facts
2.3 Other

Group 3 Causes related to hygiene
Group 4 Causes related to dressing
Group 5 Intoxications
Group 6 Cases in which the sub-rubric is something caused by the rubric
6.1 Walking, moving, jumping, positions, etc.
6.2 Related to bed and to lying down

Chapter 11. Modalities – age, sex, pathological groups, Physiognomy, modes of occurrence and periodicity

Group 1 Age
1.1 Children
1.2 Youngsters
1.3 Old people

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Chapter 12. In this Chapter we find the subrubrics which describe the ‘as if’ sensation, or analogy with some real circumstances

Group 1  ‘As if’ symptoms

Chapter 13. Alternating Symptoms

Group 1  Actual alternances

Group 2  Alternances depending on the time

Group 3  Alternances, using the expression ‘followed by’

Group 4  Other

Section 2. Study of Delusions

Chapter 1. Related to self

Group 1  Where one is

1.1  Localization in space

1.1.1  Related to death

1.1.2  Related to guilt

1.1.3  Related to loneliness

1.1.4  Related to space sensations

1.1.5  Related to home

1.1.6  Related to frightening place

1.1.7  Related to the place where one is

1.2  Related to time

Group 2  How one is, how one feels

2.1  Towards one’s own self

2.1.1  About one’s body

2.1.1.1  Identity

2.1.1.1.1  Related to the unity/totality of one’s body

2.1.1.1.2  Related to the unity/totality of one’s body

2.1.1.1.3  Identity itself

2.1.1.2  Body anatomy

2.1.1.2.1  Sensations of enlargement (size, weight, number)

2.1.1.2.2  Sensations of diminishing (size, weight, number)

2.1.1.2.3  Concerning the quality, state, position, composition

2.1.1.3  Physiological functioning

2.1.1.3.1  Physiology

2.1.1.3.2  Pathology, health, disease

2.1.1.4  Other sensations about one’s body

2.1.2  Concerning one’s own concept

2.1.2.1  Positive concept

2.1.2.1.1  Positive concept for commanding

2.1.2.1.2  Maintains, a relationship with divinity, immortality, power, wisdom, purity

2.1.2.1.3  Distinction; one is part of a caste (lineage); feeling of superiority

2.1.2.2  Negative concept

2.1.2.2.1  Concerning capacity

2.1.2.2.2  Concerning virtue

2.1.2.2.3  Concerning one’s destiny as a being (what one is)

2.2  How one is, how one feels, in relation to others

2.2.1  Feels as if he is not liked by others, forsaken, loneliness

2.2.2  Feels as if he pursued. Trusts others

2.2.2.1  Feeling of being attacked, murdered, people represent a risk to his integrity

2.2.2.2  Feeling that people are his enemies that they are conspiring against him, that they are pursuing him, spying him; they are against him and they will hurt him

2.2.2.3  Suspects that people think ill of him

2.2.2.4  Suspects that he will be betrayed

2.2.3  Feels accused, attacked, insulted, criticized

2.2.3.1  Accused

2.2.3.2  Attacked, insulted

2.2.3.3  Criticized, despised, depreciated

2.2.3.4  Feels aggressive or strange towards people

2.2.5  Physical relationship with people (enchantment, presence, absence)

2.2.5.1  Enchantment

2.2.5.2  Absence; relates to absent people; imagine nonexistent relationships

2.2.6  Feels superior

2.2.7  How one feels about one’s surrounding

2.3  The surroundings seem dangerous, frightening

2.3.1  How one feels about one’s surrounding

2.3.2  Altered relationship with surroundings
Group 3  What will happen to him. What is happening
3.1 What happens to his body
3.2 Misfortune
3.3 Related to money
3.4 He is to blame for what happens to him (punishment)

Group 4  What he must (and what he must not) do. What he has done. What he wants to do.
4.1 In relation to work
4.2 In relation to the wrong things he did, does or will do
4.3 In relation what he must do
4.4 In relation what he tries to do
4.5 What he is doing

Chapter 2. In relation to other people
Group 1 Where they are (time, space, in relation to himself)
Group 2 What they are like. Who they are
2.1 Negative impression of people
2.2 People have the appearance of something else (of animals, plants, etc.)
2.3 Positive impression

Group 3 What will happen to them; what is happening; what has already happened

Group 4 What they are doing

Chapter 1 In relation to surroundings
Group 1 What it is like
1.1 Altered in its dimensions
1.2 Altered in its properties or capabilities (movements of objects on the room)
1.3 Altered in its qualities (except its dimensions) (Seems beautiful, strange, dirty, dead or disorganized – Different from what it is in real life)
1.4 Other alterations

Group 2 What will happen to it

Chapter 4. In relation to the senses
Group 1 Visual
1.1 Animals
1.2 Sees figures, images
1.3 Sees persons
1.4 Concerning the Surroundings/objects
1.5 Religious

1.6 Money
1.7 In General

Group 2 In relation to the senses: auditory
2.1 Hears other persons speaking
2.2 Hears noises
2.3 Music
2.4 General

Group 2 Olfactory

Group 3 Tactile

Group 4 Gustatory

Group 5 Other

Chapter 5. Concomitant. Types of delusions
Group 1 Concomitant

Group 2 Types of delusions

Chapter 6. Frightful delusions

Group 1 Supernatural

Group 2 Natural

2.1 Animals
2.2 Facts; events

Section 3. Analogical groups

Chapter 1. In relation to one’s own self

Group 1 Symptoms concerning the future. What is to become of him, what is going to happen to him. Related feelings, attitudes, states, and specific susceptibilities.

1.1 Symptoms that indicate worries or fears in general
1.1.1 Worries or fear about the future
1.1.2 Worries or fear about a misfortune or danger

1.1.3 Non-specific worries or fear
1.2 States of restlessness, agitation, anguish, anxiety, fear and horror
1.2.1 States of anxiety or anguish
1.2.2 States of overpowering fear. Frightened
1.2.3 States of agitation and restlessness

1.3 Symptoms that indicate worries or fear in a more specific form

Oversensitiveness in relation to events (real or imaginary, causing worries, fear or a strong impression. Impressionable mind)

Concerning facts he is told about
1.3.1

Concerning what he sees
1.3.2

Concerning what he thinks or imagines (events he thinks or imagines)
1.3.3

Concerning day to day events and activities
1.3.4

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1.3.5 The place where he is or where he is going; the possibility of suffering a physical damage if he goes to certain places
1.3.6 Sensitivity to unusual situations or facts that may suggest physical damage
1.3.7 Concerning sudden events
1.4 Cautious attitude
1.5 Negligent, defiant attitude
1.6 Hopeful
1.7 Discouraged
1.8 Foresees the future
Delusions related to the themes of group 1

Group 2 Health
2.1 Clinical entities
2.2 Worries about health
2.2.1 Generic worries about health
2.2.1.1 Anxiety and fear
2.2.1.2 Thoughts
2.2.1.3 Discontented
2.2.1.4 Sadness
2.2.1.5 Scepticism and despair
2.2.1.6 Hope
2.2.1.7 Sensitivity to pain
2.2.1.8 Imagination
2.2.1.9 The talk, the speech
2.2.2 Specific worries about a certain disease or symptom
2.2.3 Specific worries about mental health
2.2.4 Specific worries about medical treatments and remedies
Events that he supposes may cause damage to his health
2.3 Feigning health problems; imaginary health problems
2.4 Negligence in relation to health. Denies his disease. Refuses treatment
Delusions related to the themes of group 2

Group 3 In relation to material security
3.1 Symptoms that indicate over-sensitivity in relation to material goods and business
3.2 Attitude. Tries to gather more
3.3 Symptoms that suggest detachment or indifference in relation to material goods/ riches
Delusions related to themes of group 3

Group 4 Concerning death
4.1 The idea of death causes him fear
4.2 The idea of death causes him joy, clam, indifference. Longing for dying
4.3 Prediction, sensation and thoughts about death

Delusions related to the themes of group 4

Group 5 Discontent. Non-acceptance
5.1 Non-acceptance of the external reality. Sensitive to the external reality
5.2 Attitudes that can indicate the desire of transformation or defiance
5.2.1 Rebellion. Revolt
5.2.2 Irritability; bad-mood; impatience
5.2.3 Critical. Complaining
5.2.4 Desire for changes

Group 6 Guilt; religiosity; mysticism
6.1 Types of guilt
6.1.1 Guilt in relation to past acts, real or imaginary
6.1.2 Guilt associated with discontent with one’s self
6.1.3 Attitudes of guilt atonement. Penance. Good deeds
6.1.4 Fear with possible guilt connotation. Punishment
6.2 Religious fanaticism (excesses of religiosity explicit in the own rubric)
6.2.1 About salvation
6.2.2 Religious fanaticism (excesses of religiosity explicit in the own rubric)
6.2.3 Attitudes related to religious practices (attitudes that can be considered as normal’)
6.2.4 Feelings of comfort with religious connotations
6.2.5 Lack of religiosity as a symptom
6.2.6 Mysticism, the supernatural
Delusions related to the themes of group 6

Group 7 Self-destruction
7.1 Suicide. Suicidal disposition
7.2 Physical self-aggressions (direct)
7.3 Indirect self-aggression
Delusions related to the themes of group 7

Group 8 Activities; commitments; responsibilities
8.1 Enterprising activity; industriousness; haste
8.1.1 Industriousness. Occupation
8.1.2 Haste
8.1.3 Speaks or thinks about his job
8.1.4 Agg. when unoccupied
8.2.1 Inactivity
8.2.2 Aversion to work and responsibilities
8.2.3 Fear of work
8.3 Responsibility
8.3.1 Serious, earnest disposition. Responsible, silent, calm
8.3.2 Responsible towards work and duty
8.3.3 Demanding. Wearisome
8.4 Irresponsibility
8.4.1 Irresponsible attitude in general, heedlessness
8.4.2 Irresponsible in work or in business

Delusions related to the themes of group 8

Group 9 The self-concept and self-image; feelings, attitudes and susceptibilities that indicate one’s self-concept
9.1 Oversensitive about himself and his position
9.1.1 Oversensitive. Easily offended
9.1.2 Over-sensitive about his social position
9.2 Positive self-concept; self-esteem, self-centredness egotism
9.3 Attitudes or behaviours that demonstrate a positive concept of one’s self-assertiveness
9.3.1 Assertion through will. Intolerant to contradiction; dictatorial persevering; obstructate; prejudiced; disobedient
9.3.2 Assertion through power. Ambition
9.3.3 Behaviours indicating self-confidence
9.3.4 Assertion through appearances. Appear to be or have more (exhibitionism)
9.3.5 Self-confidence. Does not want to show weakness
9.4 Over-sensitive about real situations that can shake his self-concept
9.5 Want of self-confidence. Depreciation
9.5.1 The feeling of lacking value
9.5.2 Dissatisfaction with one’s self
9.5.2.1 Self-depreciation
9.5.2.2 Concerning his condition or his social position
9.5.3 failure
9.5.4 Lack of courage, determination, decision
9.5.4.1 Lack of decision
9.5.4.2 Lack of courage, determination. Necessity of being supported by others. Difficulty in asserting himself. Problems in facing difficulties, lack of determination in itself
9.5.5 Timidity. Symptoms of timidity, shame, insecurity, fear of being brought to shame, etc.

Delusions related on the themes of group 9

Group 10 Violent, aggressive and destructive behaviour
10.1 Aggressive in speech
10.2 Aggressive. Destructive in acts and gestures
10.2.1 Aggressive in acts and gesture
10.2.2 Threatening acts and gesture
10.3 Aggressive in thoughts and desire
10.4 Aggressive dispositions
10.5 Talks about violence

Delusions related to themes of group 10

Group 11 Strange and peculiar behaviour, attitudes and facts
11.1 Sounds
11.1.1 Common sounds
11.1.1.1 What is said (or not). Contents. Language
11.1.1.2 How one talks (the way one talks, the intensity of it)
11.1.1.2.1 Quickly or excitedly
11.1.1.2.2 Loudly
11.1.1.2.3 Low slowly, gently
11.1.1.2.4 Talks a lot, talks too much
11.1.1.2.5 Talks in a confused way
11.1.1.2.6 Other
11.1.1.3 To whom one speaks
11.1.1.4 Shrieking
11.1.1.5 Crying
11.1.1.6 Singing. Whistle
11.2 Uncommon sounds
11.2.1 Crawling, rolling
11.2.2 Dancing. Jumping
11.2.3 Walking; running; wandering; moving
11.2.4 Movements of the whole body
11.3 Movements of parts of the body
11.3.1 Moving the hands
11.3.2 Moving the head or parts of it
11.3.3 Moving the limbs (except hands)
11.3.4 Gestures ‘as if’
11.4 General classification of the gestures
11.4.1 Attitudes concerning objects or natural elements
11.4.2 Hygienic habits
11.4.3 Physiologic habits

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11.9 Specially strange or marginal behaviour

11.10 Childish, ridiculous behaviour

11.11 Confused or insane behaviour

11.11.1 Escape

11.11.2 Confuse

11.11.3 Strange or insane acts

11.12 Positions of the body

11.13 Thoughts

Delusions related to themes of group 11

15.2.1 Difficulty in reading

15.2.2 Difficulty in oral expression. To speak, to answer and understand for answering

15.2.3 Difficulty in intellectual work, reasoning and calculation

15.2.4 Difficulty in thinking

15.2.5 Difficulty in moving

15.2.6 Difficulty in concentrating

15.2.7 Problems with perception. Disturbed perception of reality

15.2.8 Problems with memory

15.2.9 Consciousness level and general mental activity

15.2.10 Consciousness level and general mental activity

15.3.1 General

15.3.2 Consciousness level and general mental activity

Delusions related to the themes of group 15

16.1 Identity

16.2 Will

16.2.1 Inconsistent will

16.2.2 Contradictory actions. Contradicting one’s will

16.2.3 Involuntary actions, attitudes and thoughts

Delusions related to the themes of group 16

17.1 Sexuality provoking mental symptoms

17.2 Diminished sexuality

17.3 Thoughts, feelings and behaviours of exacerbation and alteration of sexuality

17.3.1 Related to dressing

17.3.2 Other

18.1 Affectionate and mild attitude

18.2 Fraternal social attitude

18.3 Lascivious approach

18.4 Submissive attitude

18.5 Sensation of being apart from people. Loss of affection or confidence

18.6 Necessity of being admired or recognized

Group 12 Socially condemned behaviour

12.1 Deceitful, dishonest, feigned, malicious, disobedient

12.2 Cruel

12.3 Intrigueur, gossip, slanderous

Delusions related to the themes group 12

Group 13 Introspective, isolated behaviour; autistic like

13.1 Absorbed in his own thoughts. Absent-minded, dreamy

13.2 Indifferent to the eternal world

13.3 Desire to be alone. Aversion to being disturbed

13.4 Quiet, silent disposition

Delusions related to the themes of group 15


14.1 Pleasure

14.1.1 Joy, euphoria, good humour, vivacity, contentment, state or behaviour that shows it

14.1.2 Laughter and the like

14.1.3 Plays, amusements

14.1.4 Verbal jesting. Irony, sarcasm, jokes, etc.

14.1.5 Extroversion, Loquacity

14.2 Displeasure. Incapacity to feel pleasure, to laugh or play. Desires

14.3 Desires

14.3.1 Capricious. Full of desire

14.3.2 Desire for repose and tranquility

14.3.3 Desire for amusement, new things, excitement, turmoil

14.3.4 Desire for physical or mental activities

14.3.5 Desire for movements

14.3.6 Others

Delusions related to the themes of group 18

Group 15 Intellect

Pathologies of the intellect

15.3Positive intellectual capacity

15.3.1 General

15.3.2 Consciousness level and general mental activity

Delusions related to the themes of group 15

Group 16 Identity; will

16.1 Identity

16.2 Will

16.2.1 Inconsistent will

16.2.2 Contradictory actions. Contradicting one’s will

16.2.3 Involuntary actions, attitudes and thoughts

Delusions related to the themes of group 16

Group 17 Sexuality

17.1 Sexuality provoking mental symptoms

17.2 Diminished sexuality

17.3 Thoughts, feelings and behaviours of exacerbation and alteration of sexuality

17.3.1 Related to dressing

17.3.2 Other

Group 18 Past

Delusions related to the themes of group 18

Chapter 2. In relation to others

Group 1 Symptoms that indicate want of affection or lack of protection

1.1 Affectionate and mild attitude

1.2 Fraternal social attitude

1.3 Lascivious approach

1.4 Submissive attitude

1.5 Sensation of being apart from people. Loss of affection or confidence

1.6 Necessity of being admired or recognized
1.7 Necessity to be protected, caressed
1.7.1 Desire for company, agg. when alone
1.7.2 Seeks a physical contact; protection. Compassion
1.7.3 Seeks to talk to people. Consolation.
1.8 Problems with the (objective) loss of people or the threat of a loss
1.8.1 Jealousy
1.8.2 Love disappointment
1.8.3 Circumstance that suggest separation; quarrels, sensations, attitudes

Delusions related to the themes of group 1

Group 2 Rough, aggressive attitude; aversion to company
2.1 Aggressivity
2.1.1 Aggressive by means of words
2.1.2 Aggressive by means of acts
2.1.3 Aggressive by means of thoughts, desires and sentiments
2.1.4 Cruelty
2.2 Aversion to people
2.3 Feels disturbed by the interference of others
2.4 Introspection; aversion to company; disturbed by other people’s presence
2.5 Lack of interest in people. Forgets them. Does not recognize them
2.6 Envy
2.7 Disturbed by conversation. Does not want to talk
2.8 Avoids or is not interested in being touched, caressed and loved
2.9 In relation to relatives and friends

Delusions related to the themes of group 2

Group 3 Sarcastic, haughty, provocative attitude
3.1 Critical towards people. Intolerant
3.2 Sarcastic towards others
3.3 Defiant. Provocative
3.4 Superiority

Delusions related to the themes of group 3

Group 4 Fear of people
4.1 Fear from insecurity about what people might do against him
4.1.1 Symptoms that indicate fear, in general, of people
4.1.2 Fear that people might do something against him
4.1.3 Sensation of being pursued. Suspicion
4.2 Fear from insecurity about himself. Intimidation by others. Timidity

4.2.2 Fearful of the approach of people. Touch; company; sex
4.2.3 Intimidated by confrontation with people. When he speaks, debates, when he is interrupted
4.2.4 Intimidated by the public
4.2.5 Intimidated by strangers
4.2.6 In relation to absent persons (supposedly intimidation by their presence)

Delusions related to the themes of group 4

Group 5 Symptoms relate to the feeling of being disrespected and its consequences
5.1 Criticized, reprimanded
5.2 Offended
5.2.1 When the oversensitivity to offences is the symptom
5.2.2 Past offences
5.2.3 Consolation as an offence
5.3 Contradicted, checked
5.4 Disappointed

Delusions related to the themes of group 5

Group 6 Worries about other people

Delusions related to the themes of group 6

Chapter 3. in relation to surroundings

Group 1 Colours, lights; darkness
Group 2 Home, bedroom

Delusions related to the themes of group 2

Group 3 Bed

Delusions related to the themes of group 3

Group 4 Perception of the surroundings (including localization in space)

Delusions related to the themes of group 4

Group 5 Objects

Delusions related to the themes of group 5

Group 6 Animals

Delusions related to the themes of group 6

Group 7 The components of nature: fresh air; coldness; lightning; rain; water; wind; fire; heat; moonlight

Delusions related to the themes of group 7

Conclusion: The objectives described at the beginning were achieved, with the exception of clarification of the meaning of the symptoms and differences between them (differential diagnosis). This objective is being pursued, as the project mentioned in the Introduction of this report remains active. We decided to publish the General Index
first and then release the complete contents of this task in the form of a book entitled ‘Semiological Guide To The Homoeopathic’s Mental Symptoms’ with the full content of the work, so that we may receive contributions to this task, as Herculean as it is necessary, clarifying and differentiating the meanings of mental rubrics and sub-rubrics of the homoeopathic repertory.

In our experience, such study of the mental symptoms has been of much use both in the repertorial study of consulting room cases as well as in the semiological understanding of problems for the effective use of the repertory. Logical distribution of the rubrics according to our efforts, aimed at a thematic understanding of patients’ symptoms, facilitates the search for symptoms and increases accuracy in the choice thereof, as all similar types are grouped together, allowing comparative study of the rubrics which in repertories could be applied to the theme of the suffering of the patient.

On the other hand, advanced study of the thematic groups and circumstantial modalities allows a consistent semiological approach to the repertory, seeking enhancement of the art of questioning, based on its real content, although with the reservation that the repertory will always be an unfinished book, subject to corrections and additions as demanded by experience and experimentation.

Bibliography:


DABBVH F. El Capítulo Mente: Ese Desconocido. Actas del Instituto Internacional de Altos Estudios Homeopaticos James Tyler Kent, 2; March 1987, No.5.

DABBVH F. Sintomas Mentales Caracteristicos. Actas del Instituto Internacional de Altos Estudios Homeopaticos James Tyler Kent, 2; March 1987, No.5.

DABBVH F. CARAN, N. Repertorio de Modalidades Mentales. Introduction. Actas del Instituto Internacional de Altos Estudios Homeopaticos James Tyler Kent, 2; March 1987, No.5.


DABBVH F. CARAN, N. Repertorio de Modalidades Mentales. Actas del Instituto Internacional de Altos Estudios Homeopaticos James Tyler Kent, Theme: Eating, Drinking. June 1988, No.6


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2. Hydrocyanic acid
Roger MORRISON
(AJHM. 99, 4/2006)
(Excerpted from Dr. MORRISON’s new book Carbon)

Abstract: Dr. MORRISON presents the Materia Medica of Hydrocyanic acid, the key components of which include: collapse, fear, betrayal, desire for company, distress during cardiac symptoms, confusion, aggression, cyanosis, spasms, tetany.

Hydrogen cyanide was discovered in 1782 by Scheele, who extracted this compound from the dye, Prussian Blue. (Thus the relationship with blue produced the name “cyanic” from the Greek “kyanos” which means simply, “blue”. From this same root, we have the word cyanosis). At room temperature, Hydrogen cyanide is a colorless, highly volatile liquid which boils at 26º Celsius (79º Fahrenheit). While it has many useful chemical properties, hydrogen cyanide is one of the most dangerous substances known to man. It inhibits cellular metabolism by poisoning cytochrome oxidase and other metabolic pathways. Sixty-nine percent of all hydrogen cyanide produced is used industrially in the preparation of acrylonitrile and acrylic fibres, synthetic rubber and plastics. Cyanides are also employed as fumigants (nine percent of all produced), in case hardening of iron and steel, and in electroplating. These innocent uses belie its truly infamous history and its less savory present-day employment.

Mining
Vast amounts of Cyanide are used annually in mining operations. A typical mine will use twenty
tons of cyanide monthly – thousands of tons over the life of a mine. The hazard of bringing the cyanide to the mining site alone is very considerable and indeed trucking and rail accidents have occurred. The mines use cyanide to extract the precious metals. Cyanide binds selectively with silver, gold and copper and helps to extract them from ores. The cyanide is then cleaved from the precious metal and the residue solution is dumped – usually into depleted mine shafts. From the mine shafts, the cyanide often finds its way into ground waters. Alternatively, the residue is held in reservoirs – the number of large scale leaks into streams and then rivers in the past decades is in the hundreds (utterly destroying habitats). Cyanide is also a powerful solvent that breaks down heavy metals – such as mercury, cadmium, chromium and lead – that end up in the reservoirs or shafts. Mixes of cyanide with other metals and chemicals can be just as toxic as cyanide itself, but they are not routinely monitored or carefully regulated. About thirteen percent of all cyanides produced are used for gold extraction.

**Natural History**

Hydrogen cyanide is found naturally in bitter almonds, the kernels of apricots, cherries and plums, in peach-flower, nectarine and laurocerasus leaves (*Laurocerasus* is one of our most famous remedies for cyanosis), in the bark of the cherry-laurel, in sudan grass and sorgum. The poison was used in essence of bitter almonds” and “cherry-laurel water” since Egyptian times. It is reported that the Egyptian priests used it to poison initiates who had divulged occult secrets. Thus its use for murder extends back into antiquity.

**Agent for Murder**

Hydrogen cyanide is sometimes listed as a chemical warfare agent though there are only unconfirmed reports that hydrogen cyanide was used by Iraq in the war against Iran and against the Kurds in northern Iraq during the 1980s. It is of little value as a chemical warfare agent because of its great volatility; that is, it evaporates too rapidly. Hydrazenic acid was initially used as a fumigant, killing insects and rodents. By placing the articles requiring fumigation in closed chambers and inserting the volatized gas into the chamber, vermicide was completed.

In the 1920s, searching for a more humane method of executing condemned criminals, hydrogen cyanide or “gas chambers” were created. It is the usual method for carrying out execution in five states, notably California. The most important route of poisoning is through inhalation (though gaseous and liquid hydrogen cyanide, as well as cyanide salts in solution, can also be taken up through the skin). The initial symptoms are restlessness and increased Respiratory rate, Giddiness, Headache, Palpitations and Respiratory difficulty. These are later followed by vomiting, a variety of convulsive symptoms, respiratory failure and unconsciousness. If the poisoning occurs rapidly with extremely high concentrations in the air, there is no time for symptoms to develop and exposed persons may collapse suddenly and die.

Contrary to the hopes of the inventors of this system, death is apparently neither rapid nor painless. A review of 113 execution records at California’s San Quentin prison showed an average time to unconsciousness was reached after nearly four minutes of asphyxia, agonizing spasms and chest pains. Major motor seizures (which indicate unconsciousness) are rarely described in these records. Medical observers note “gasping,” “grimacing,” “twitching,” “writhing,” and “violent head movements” frequently. Howard Brodie, veteran journalist for *Life Magazine* described the execution of Aaron Mitchell in 1967: “As the gas hit him, his head immediately fell to his chest. Then his head came up and he looked directly into the window. For nearly seven minutes he sat up that way, with his chest heaving, saliva bubbling between his lips. He tucked his thumbs into his fists, and finally his head fell again. I believe he was aware many minutes. He appeared to be in great anguish...” (The official time for consciousness from Aaron Mitchell’s record was five minutes). California’s first gas-chamber victim (as lip-read by a reporter for the *San Francisco Chronicle*, December 10, 1938) pronounced with his last words: “Too slow.”

From here the history of hydrogen cyanide brings us to perhaps the lowest moment of human moral history – the Nazi concentration camps. Hans Stark, a registrar of new arrivals, Auschwitz, describes the procedure: “At another, later gassing – also in autumn 1941 – Grabner ordered me to pour Zyklon B in to the opening because only one medical orderly had shown up. During a gassing, Zyklon B had to be poured through both openings of the gas-chamber room at the same time. This gassing was also a transport of 200-250 Jews, once again men, women and children. As the Zyklon B – as already mentioned – was in granular form, it trickled down over the people as it was being poured in. they then started to cry out terribly for they now knew what was happening to them. I did not look through the opening because it had to be closed as soon as the Zyklon B had been poured in. After a few minutes there was silence. After some time had passed, it may have been ten to fifteen
minutes, the gas chamber was opened. The dead lay higgledy-piggledy all over the place. It was dreadful sight.” Of the estimated six million deaths during the holocaust probably less than one third were due to hydrogen cyanide. Researching these statistics is a seriously depressing activity.

**Toxicity**

The lowest concentrations of cyanide gas (20-40 ppm) produce dysphoria and panic, nausea or vomiting, vertigo, headache, tachypnea and tachycardia. A few prisoners appear to stop breathing and slump the head forward in the first thirty seconds – the “apoplectic form” of cyanide poisoning. Most exhibit signs of global dysautonomia, with hyperventilation, alkalosis with vomiting, vertigo, headache, tachypnea and incapacitation; the heart rate may drop to the point that the individual “dims out” in the first one to two minutes, sometimes to recover in a state of asphyxiation.

Richard TRAYSTMAN, M.D., Professor of Anesthesiology at Johns Hopkins Medical School, has written: “During this time (several minutes of hypoxia), a person will remain conscious and immediately may suffer extreme pain throughout his arms, shoulders, back and chest. The sensation may be similar to pain felt by a person during a massive heart attack. In some, the tetany is probably painful as carpal-pedal spasms were noted in the records. To this must be added the well-documented terror associated with asphyxiation.”

Cardiac arrhythmias are frequent. Although technically flawed, the Masson execution EKG is consistent with other reports of the cardiac effects of cyanide; anticipatory tachycardia is fleeting followed by bradycardia. By inference from comments on other standard report forms, bradycardia may be quite profound and rapid [15 seconds – 2 minutes], but is sometimes transient. Arrhythmias, heightened T waves, loss of P waves and decreased myocardial contractility are apparent. Electromechanical dissociation may have occurred in the two most recent cases accounting for the fact that when the EKG monitor rather than a stethoscope was used to determine death, survival was apparently lengthened by several minutes.

The most important toxic effect of hydrogen cyanide is by inhibiting the metal-containing enzymes. One such enzyme is cytochromoxidase, containing iron. This enzyme system is responsible for the energy-providing processes in the cell where oxygen is utilized, i.e., cell respiration. When cell respiration ceases, it is no longer possible to maintain normal cell functions, which can lead to cell mortality.

Common Name: Hydrogen cyanide. Prussic acid. Zyklon-B. Ittner’s acid.
Scientific Name: Hydrocyanic acid
CAS: 74-90-8
EINECS: 200-821-6
MW: 27.03
MP:-13.4º
BP: 25.6º
VP: 400@10º
SG:.699 (liquid)
Formula: HCN

Structure: This compound is a single carbon atom triple-bonded to a nitrogen atom with a single hydrogen atom occupying the final carbon bonding site. The nitrile (cyanide) ion acts in almost every way like a halogen. In fact, it has been called the “false halogen.” Thus we can relate the cyanide salts to the other halogens.
Group: Nitrile (cyanides).

Proving: Proved first by Jorg (also written Joerg) in 1825. This proving (and all the subsequent twenty or more other provings) was made by ingesting or inhaling the unpotentized substance. A recent proving of Hydrocyanic acid was made in Brazil by Rogerio Rodriguez of the Sociedade Caúcha de Homeopatia, in potentized form. Some of the new symptoms appear in the Millenium edition of the Complete Repertory.

Abbreviation : Hydr-ac.

**Homeopathic Picture**

Hydrocyanic acid has been used most extensively in cardiac conditions. SCHMIDT recommended it in angina, cardiopulmonary collapse and cyanosis. These characteristics are well documented in the toxicity noted in the introductory paragraphs. Also notable use has been made of the remedy in Convulsions, Tetany, Respiratory infections, Pertussis and Cholera.

D.COLLINS of New Zealand has presented a fascinating case of a woman with debilitating weakness who was cured with Hydrocyanic acid. A startling aspect of the case centered around the woman’s firm conviction that she had been a Jewish victim of the Nazi gas chambers. COLLINS noted that it is not necessary to believe in past-life memories to make use of the patient’s imagery relating to cyanide gas in prescribing.

As mentioned above, nitriles are identical to the halogens (the cyanide ion is termed the “false halogen”) in their actions chemically. Thus we can suppose that the halogen theme of betrayal will be reflected in the nitrile group. Here the betrayal is closest to the Iodine feeling of being stabbed in the back; that is, the betrayal is of a life and death nature. The Cyanide group brings with it the feeling of murder, betrayal and tremendous fear. The first compensation is to cling to those around him. If this proves ineffective, or if the perceived threat comes from those near to him, he combats...
the threat with anger and abusiveness, biting, struggling and violence. If this is ineffective, he gives in, loses hope, loses touch with reality or becomes suicidal.

Though the patient may act rather cheerful, the mental state of Hydrocyanic acid is centered upon fear. SCHMIDT called it “a great frightener, fear of everything.” A type of agoraphobia is seen. Especially famous is the fear of cars approaching him on the street – even though he knows logically that the vehicle is far away, he must run across the street. There is fear of death, dreams of dead bodies, fear of houses collapsing upon him and fear to go to sleep. The patient feels a strong sense of imminent threat. The threat causes a strong desire for company and a fear to be left alone. Thus the patient falls into a relieving fantasy that he is with friends – he reaches out to them and calls them by name.

Especially noted during angina or heart symptoms, there is great distress or even anguish. The patient may shriek out in pain and fear. With this apprehension may also be the typical organic chemical confusion. When this is extreme, the patient is lost and disoriented. There can be difficulty of thinking and absent-mindedness, forgetting of appointments. To understand the state we can reflect upon the consciousness of a condemned prisoner, strapped in a chair, left alone in a dismal room, knowing that death is seconds away. He may call out for help, weep violently, rant or bite at those confining him.

Mental

Fear of death.
Fear of approaching cars. Fear to fall asleep.
Delusion he is surrounded by his friends.

General

Cyanosis is the hallmark of the remedy.
Great weakness or faintness. Sudden attacks of weakness. Collapse.
Complete anesthesia.
Coldness; aggravation from cold and amelioration warm applications.
Hysterical convulsions.
Eyes turned upward and to the right side during convulsion.
Tetanus. Tetanic spasms.
Ailments from shock or injury, Sunstroke.

Head

Vertigo and falling.
Face and lips cyanotic. Or flushed, red face.
Puffy or bloated face.

Jaw clenched and painful. Bruxism.
Froth from mouth or excessive salivation.
Paralysis or protrusion of tongue – especially in brain affections (Pladijs)
Cherry red coloration mucus membranes. (toxic symptom = t)

Eyes

Paralysis of eyelids; half-open lids.
Pupils dilated and at times poorly reactive to light.
Transient blindness.
Hemianopsia. (toxic symptom)
Optic atrophy (Leber’s type). (t)

Throat

Unable to hold up head; head feels too heavy.
Goiter (emphasizing the relationship to other halogens). (t)

Gastrointestinal

Cramming or neuralgic pains in stomach.
Vomiting of food at onset of convulsion.
Gurgling of liquids as they roll down the esophagus.
Cramping in abdomen.
Worse: Before stool. While eating. (Ronhaar)

Respiration

Rapid or gasping respiration.
Asthma. Respiratory arrest.
Dry, irritating, tickling cough.
Pertussis.
Constriction in the throat. Scraping of mucus in larynx.

Exterimities

Opisthotonus.
Clenching of thumbs (Cuprum).
Hyper-reflexia. (t)

Painful spasms of the hands of feet. Twitching.
Paralysis beginning in lower extremities and moving upward
Hemiplegia. (t)

Clinical


Miasm: Possibly Syphilitic

Cases

M. CASH

A farmer, aged 45, had sunstroke three years ago, since which he can bear no thought or worry:
“a feeling as if cloud were going over the brain.”
“Face red and bloated; eyes nearly closed, and cannot bear the light: congestion of conjunctiva heavy and sleepy all day. Abdomen full and flatulent after meals. [cured] after twelve days treatment by Hydrocyanic acid 3x.

Stonham
H.C.F., aged 73, had Rheumatic Fever many years ago, and much worry and anxiety from business losses in late middle life. He consulted me in January, 1899, for attacks of angina, which would come from excitement or anger, or from sitting or standing in cold air, and involved the cardiac region and back, the pain sometimes extending down the left arm. The pain came on gradually, attained a maximum, when it was like a hot iron going through him, and then subsided. Relief was obtained from simply standing still in an upright position and lying down. The heart was enlarged: apex beat a little outside the nipple line. A faint systolic murmur at apex. Loud systolic and diastolic murmurs over base and second right costal. A faint systolic murmur at apex. Loud systolic and diastolic murmurs over base and second right costal cartilage; a water-hammer pulse and visible pulsation in the carotids, especially on the right side, where the artery was thickened and dilated. Cuprum arsenicosum 6x given night and morning completely cured the attacks of pain, and he went on very well for three years till the winter of 1901 – 2, when he began to be more breathless, being often obliged to stop in the middle of anything he was doing, and I was sent for to see him on January 19. The heart was beating very irregularly, there was slight edema of the feet, the breathing not much embarrassed when I saw him, though attacks of dyspnoea were complained of, but unaccompanied by pain, and the bases of the lungs were clear. I ordered Cuprum arsenicosum 6x. On January 20 he felt better.

January 21. I was sent for urgently, as the patient was thought to be much worse. He was found sitting upright in a chair rather cyanosed and gasping for breath. The breathing was then, and for several following days, of an exaggerated Cheyne-Stokes’ character. There would be an interval of from 20 – 30 seconds, in which no respiratory movement could be observed, and in which the patient would begin to doze; he would then suddenly woke up with a sense of impending suffocation, each breath becoming more and more struggling and gasping till all the accessory muscles of inspiration were brought into play their fullest extent, the eyes staring the patient often rising to the standing position, supported by his nurses, and then the violence of the respiratory efforts would gradually subside till they again became imperceptible and ceased altogether for another 20 to 30 seconds. This kind of respiration continued day and night and prevented him from getting any sleep beyond the few seconds between the respiratory exacerbations, when he dropped off from sheer exhaustion. He was given hypodermic injections of strychnine of 1/100 gr. Every three hours.

January 22. Not better. A specimen of urine taken was found to contain a large quantity of albumen, but the proportion of urea (viz., 3%) was good, and the total quantity of urine equaled about 20 ounces in the 24 hours. The injections of strychnine were continued, though they had only a temporary effect for a short time following each injection. The character of the breathing remained the same and no sleep had been obtained through the night. pulse was very irregular and at times flickering. I thought he would not live through the night. Liquid nourishment taken frequently in small quantities.

At midnight of January 23-24, I was sent for and found him apparently in extremis. The pulse could scarcely be felt. The breathing continued of the same character, but not quite so violent as strength was giving out.

January 24. The next morning he was much the same as on the previous day before the collapse in the night. It seemed impossible that he could hold out much longer. The feet and legs were very edematous, the urine high-coloured, albuminous, but of about the same quantity and still containing plenty of urea; there was ptosis of the left upper eyelid. Liquid nourishment taken by teaspoonfuls frequently. Remembering the powerful influence Hydrocyanic acid has on the respiratory functions, I decided to try its effect, and he was given Hydrocyanic acid 2x m iv. Every hour. Oxygen continued.

January 25. A little better. Some short snatches of sleep had been procured, and the breathing was not so distressing. It was during periods of diminution in the violence of the respiratory paroxysms that the sleep had been obtained, but the character of the breathing persisted during sleep.

January 26. A good deal better. Pulse improved. Breathing not so distressing. Again some short sleeps. Urine when examined found not to contain any albumen and the quantity a little increased. Taking food better. Continue Hydrocyanic acid 2x.

January 27. Breathing improving and more sleep, but not more than half an hour at the time. Woke from his last sleep very cyanosed and with feeble pulse. A single hypodermic injection of
Lachesis 30 given. Continue Hydrocyanic acid 2x. m.i.v. every hour.

January 28. Much better. The breathing much more natural. The tongue which had been dry and much furred was clearing and he began to take bread and butter. Continue Hydrocyanic acid 2x.

He continued to improve in every way and to gain strength so that at the end of a month he could get out of bed and amuse himself with reading. He has good nights and a good appetite. [Patient also received Strophanthus and Strychninum arsenicu during the convalescence. RM]

Payne
A case of Hysteria

The patient, a lady of 23 years, had been ill a long time, the attacks lasting as long as nine months, and had endured a severe surgical operation, under the supposition that she was laboring under pressure upon the brain from exostosis under the right frontal protuberance. The doctor at last found her lying in an apparently unconscious state, the limbs and jaws rigid, the forearms bent on the arms, which were pressed firmly against the sides; the eyes fixed and drawn somewhat upward and to the right; the eyeballs slightly sensitive to touch; a constant succession of tears were rolling down the cheeks; the beats of the heart were very irregular and feeble. She would occasionally utter a groan or sigh, and press her hand forcibly over the region of the heart, as if suffering pain there; at these times the limbs would become more relaxed, and she would frequently raise herself in bed and gaze vacantly about the room for a minute; then, if not restrained, she would throw herself forcibly upon the pillow again, or filing herself from one side of the bed to the other. Her husband was frequently obliged to exercise great force to prevent her from injuring herself; if any means were used to extend the contracted arms, or to open the clenched teeth, she would exert greater force to prevent it. This lasted some 24 hours, and then tonic contractions ceased. She now became very busy in packing and folding her bed clothes, and placing them under her head or elsewhere about the bed, at the same time guarding them with watchful eyes, allowing no one to touch or take them. If this were attempted, she would strike with her full strength. She seemed to notice no person in the room, unless they interfered with her plans, but if any one entered the door, she would seize a pillow or anything within reach and throw it forcibly at the intruder. At other times, she would fix her eyes on a particular spot on the wall, or on a picture, or follow an imaginary figure or object with her eyes, as if watching its motions.

She was frequently talking, laughing loudly, or scolding vehemently; she would imagine herself surrounded by many friends, shaking hands with them, and calling them by name, as they appeared before her. She asked no questions and would return no answers. During this time which lasted four days before relief was given, she took no nourishment voluntarily, and only such as could be put into her mouth, after forcibly prying open the clenched teeth. The pressing of the hand over the heart, and the repeated groans while doing so, led me to think she was suffering sharp pains, probably of a stitching character, in that locality. The irregularity and feebleness of the heart’s action drew my attention to Hydrocyanic acid, which was given in the 30th potency with the most favorable results.

[Comment: The marked suspicion and striking at those who attempted to touch her demonstrates the sensation that anyone could betray or attack her. The destructiveness indicates the Syphilitic Miasm. RM]

D.COLLINS
Female, 43 years.

The patient and her husband came together into my practice room, and upon seeing her I assumed that she was the patient, as she looked so very ill. She has very short, sparse hair, like someone whose hair is growing back after Chemotherapy. She wore dark glasses, as the light was too bright for her eyes. She was thin and pale, with bluish lips and icy cold bluish hands. But it turned out that she was not the patient after all – she had simply come to accompany her husband. Still, she launched into her story when she saw my mistake, saying that everyone seemed to assume that she was dying, from the way she looked. She was already under homeopathic treatment elsewhere, but was making no progress. She had been very ill all her life, had been to multiple specialists, who could not help her either, and had finally told her that they thought she was just a hypochondriac. She was personally convinced that her problems stemmed from a past life, and she wanted to visit my husband, a past-life regression therapist.

Under regression (a light form of trance, not hypnosis), she experienced several different lives. It was during the second session that the source of her present problems was tracked down, the first session often being one in which the client establishes a feeling of safety with the therapist. She experienced herself as a “he”, a six year-old Polish boy named Jarich. “He” found himself in a train, all jammed in with other people in terrible distress and discomfort. Going back in time he was
at the family home, where his parents were engaged in heated discussions about whether or not to flee, and to where. They were rounded up and pushed into a train with uncertain destiny. On disembarking from the train he was momentarily blinded by very bright lights, especially disorienting after all the time in the darkness. He lost his parents in the chaos, only clinging to his teddy bear. He was hustled along in a group, and finally told to undress to take a shower. Many naked people were jammed together into a large room, and then they started to scream and to tumble down on top of him. Being shorter than most, he was one of the last to breathe in the deadly fumes of the gas, Zyclon B (cyanide). He died in terror and pain.

The healing part of the session comes not merely by reliving the trauma, but by being able to understand it in its context in order to be able to release it. The person is encouraged to round off any unfinished business on earth, and is then free to go to a place of “oversight,” from where he can gain understanding and healing. “He” realized that he had been a Jewish boy, dying in the gas chambers of Auschwitz during the Holocaust. When asked if this short life had any connection with the complaints of our patient in this life, the answer came: “the gas, the gas,” the gas (Zyclon B) turned out to be already available as a homoeopathic remedy, 

Hydrocyanic acid.

One dose of this remedy in C30 potency brought about dramatic changes in the woman. She started to gain weight, which had previously been impossible. Her hair began to grow back, and soon she had a full head of hair, as well as a great increase in energy. She used to be so exhausted that she could do little more than the daily chores around the house, needing frequent rests. Even short trips in the car would leave her drained. We made a list of the many complaints that she had had throughout her life and watched them gradually decrease in the course of continued treatment.

“I have been sick my whole life. I’ve had breathing problems, Asthma, and a blocked nose. My digestion didn’t work at all, I had a nervous, over-reactive stomach. I am allergic to almost any kind of food – it is easier to ask me what I can’t eat. My esophagus has always been too narrow and has always caused problems with swallowing. Almost anything I eat makes me bloated sometimes even drinking plain water does the same thing. At four years of age my tonsils were removed, as they were always swollen and infected, but I was still sick. At seven years I had a kidney inflammation with blood in my urine. After that it became difficult for me to concentrate and to learn at school. I’ve had a lot of very high fevers, but I never wanted to stay in bed; I was too restless. My ears were always cracking, making a rushing sound and I couldn’t hear properly. I felt like I always had the ‘flu’. I got a very enlarged gland on the right side of my neck. my eyes were always sore and itchy and irritated, with sticky mucus. My thyroid got swollen and lumpy. On the right side of my neck one artery is thick and swollen, making it difficult to turn my head properly. I seem to be allergic to all sorts of chemical things, like the smell of turpentine, paint fumes, or gas smells. I can sniff out the tiniest gas leak long before anybody else notices it.

“I was sent to a health farm for sick children, but my parents didn’t tell me before hand. They just brought me there and left me, and I felt so abandoned.

“As a child I used to play ‘concentration camp’ even though I didn’t know the word. I would dress my doll in as many layers of clothing as possible, to make sure that ‘she’ would be ready to flee, able to survive even the worst times. I used to dream about being in a place full of soldiers, and singing songs to make them like me. I get ‘flash-backs’ about being pushed up against the bare, stinking buttocks of people, and being disgusted by the smell. I have always had a ‘thing’ with the Jewish people and the Hebrew language. (Even though there are very few Jews in her part of Holland and she herself is Protestant.) It is as though I would be able to understand the language if I could just hear it a bit better. Every year on Memorial Day in Holland (May 5th), I make a special commemoration. My parents don’t do this, for them it is just a vacation. But I have always wanted it to be a day of silence and respect. My parents don’t understand my fascination with the second World War – I have always wanted to read everything about it. If I was well enough and had the money, I would go on vacation to Israel, not for the fun, but because I need to be there.”

Slowly but surely her complaints began to ease. Her eyes (diagnosed as M. SJOGREN), began to produce tears, and became less irritated and crusty. She could gradually eat more and more different foods without suffering the consequences of palpitations and indigestion. Her breathing became easier, her nose unblocked. Her hair continued to grow. She felt that she was becoming psychologically more stable, able to undertake more now that she had more energy. She had enough energy to finally make her trip to Israel, and said that it was like “coming home” to be around so many Jews. She was good at monitoring her own needs, and knew when to ask for another dose –
when her back became tense, as though she would bend over backwards (opisthotonus). At these times her circulation would slow down as well, and she would have a hot head and icy cold feet, and low Blood pressure. During these times she was also especially sensitive to the smell of any gas – it would make her nauseous.

At a certain point there seemed to be a need for *Ignatia* instead of *Hydrocyanic acid*. She was weepy and depressed, saying “I feel like I always want to call out to my mother, and she isn’t there. I feel like a small child who is abandoned.” This was possibly triggered by the fact that I was moving from Holland to New Zealand. It could have inadvertently been re-stimulating her feelings of abandonment as a child in this lifetime, away from home in the health farm for children. This feeling in turn echoes back to the extreme abandonment of the Little Jarch, wrenching from his parents in the concentration camp. *Ignatia* helped her through this feeling, although on looking back I wonder if *Hydrocyania acid* might have done the same thing.

It is interesting to note (for those who claim that any “collapse remedy” like *Arsenicum album* or *Carbo vegetabilis* would have worked), that she had previously been treated with *Arsenicum* and many other such remedies, to no avail at all.

[Comment: The image of a disoriented, abandoned, isolated and terrified child points toward an organic compound. The emaciation, exhaustion and the chemical sensitivity also reinforce this conclusion. The images of brutality, intentional extermination, the shooting pains and numbness were the guiding features. The sense of fullness, the heaviness of the suffering parts and the shooting pains and numbness were the guiding features.

Authors on homoeopathic therapeutics tell us that *Aesculus* is useful only in functional heart ailments. Here again we must revert to Hahnemann’s axiomatic paragraph: “If the physician clearly perceives what is to be cured in diseases.” To restrict the prescriber to either functional or pathological conditions is to limit the

3. Some Clinical Aspects of *Aesculus hippocastanum*

Dr. Harvey FARRINGTON
(The Homœopathic Recorder, Vol. XLVI, No.1)

If the physician clearly perceives what is to be cured in each individual case of disease, and what is curative in each individual medicine, and if he knows how to adapt what is curative to what is undoubtedly morbid, according to clearly defined principles, then he understands how to treat judiciously and rationally, and he is a true practitioner of the healing art. These few lines taken from the third paragraph of the *Organon* present the essentials of correct homoeopathic prescribing. Unfortunately, they are ignored by the majority of those who claim to be loyal members of the homœopathic school or are given an interpretation so liberal, that they would appear to admit of any system of treatment that appeals to the mind of the prescriber. Thus have arisen keynote and pathological prescribing, indifferent results, and the necessity for resorting to unhomeopathic methods.

*Aesculus hippocastanum* furnishes us with an excellent confirmation of this. A brief study of its pathogenesis will reveal a wide range of action and many clear-cut characteristics. Yet, to the routinist, it usually spells hæmorrhoids. He may have read somewhere that people used to carry a horse-chestnut in the pocket as a cure for rheumatism, but would not think of prescribing it for that disease unless there was an accompanying portal stasis. To give *Aesculus* in neuritis would seem to him a waste of time. But here is a typical case:

Mrs. A.E., Æt. 52, light complexioned, rather stout, cheerful and vivacious. For two weeks she had been suffering with an intense neuritis of the right shoulder and arm which felt full and heavy. Shooting pains of great severity, started from the spine, passed to the point of the shoulder, and followed the course of the circumflex down along the radial nerve into the thumb and adjacent fingers. There was numbness of the hand which increased with the severity of the pains, especially acute in the tip of the thumb. Worse from motion and cold, better from applied heat. Always worse from emotion and excitement.

On August 19, 1929, she received one dose of *Aesculus hipp.* 45M. Relief was almost immediate and in less than a week she was almost entirely free from pain, but the numbness and heaviness persisted. On October 17th she reported aching and bruised soreness in the forearm, numbness of the tip of the thumb, caused, apparently, by apprehension over sickness in the family.

She has been afflicted for years with Psoriasis which is now improving rapidly under *Petroleum*.

It will be noted that this patient was not despondent and irritable, which is the usual mental state of the *Aesculus* subject, nor did she have piles or venous plethora in the slightest degree. She was unaffected in general, by either heat or cold. The sense of fullness, the heaviness of the suffering parts and the shooting pains and numbness were the guiding features.
range of remedies he has at his command and to cause him to miss the simillimum in a large percentage of cases. Doubtless this is the reason that the horse-chestnut is not considered as a heart remedy.

Mrs. IRENE A., 68 years of age, dark complexioned, obese and flabby. A long life of grief and anxiety resulted in heart disease. Diagnosis: mitral regurgitation.

Despondent, apprehensive, somewhat petulant but not irritable.
Flushes of heat in the face, with anxiety.
Pulse regular but soft and rapid, increased by slight exertion.

Palpation and dyspnœa < on walking, climbing stairs and eating, > by belching; accompanied by anxiety and flushes, often driving her out of bed at night.

Shifting pains, especially in the Cardiac region, left ear, temple and the knees.

Numbness and tingling in the forearm and hand on the side lain on, with full feeling, > letting the part hand down.
< morning, walking, from cold air.
> warm weather.
Craves acids; bowels slightly constipated, but no hæmorrhoids.

February 13, 1927, she received a dose of the remedy in the CM potency with marked relief of all symptoms. The same potency was repeated on June 22 and July 20. she improved in general health until the following January when the symptoms changed somewhat, a distinct aggravation after sleep was added and Lachesis was given. A complete cure could not be expected in a case of this character and no doubt other remedies will be required in the future, but were the patient here now she would testify to the comfort the Aesculus gave her.

One more case completes the group I have culled from my records. Mrs. L.V.R., æt. 60, had been a patient of mine for over twenty-five years. She was always bright, cheerful and energetic. But, after her house burned down and her business of corset making declined, she became despondent, indifferent and lazy, neglected her family of seven children, continually made mistakes in fitting corsets and even neglected her own personal cleanliness and attire. Her husband made a small salary but it was sufficient for a modest living. She refused medical treatment, saying that it could do no good. Finally her husband persuaded her to come to the office. She presented the following symptoms and conditions:

Rheumatism for years.

Bruised soreness all over, but more marked in the cardiac region and down the whole right side.
Numbness of the side lain on.
Sensation of fullness in the region of the heart, alternating with a feeling of emptiness, the latter worse at night, and relieved by eating. Heart seems to stop, then start with a thump; pulse 64.
Fullness in the right side of the head and face.
Palpitation on slight exertion, lying on the left side and after a full meal.
Stoped feeling in the right ear; noise as of a waterfall. This troubled her more than the more serious symptoms. metallic taste in the mouth.

October 23, 1929, Aesculus hipp. 10M.

At her next visit, February 4, 1930, she reported great improvement and noted with great satisfaction, that the ear had entirely cleared up. But as the heart symptoms were beginning to return, she was given another dose of Aesculus, this time in the 45M. It was repeated in the CM on April 10th. Soreness, numbness, strange full feelings, palpitation and all symptoms referable to the heart had entirely vanished by June 2nd. This was indeed gratifying to both patient and doctor, but the change in mental state, her increased energy, and the return of her old neatness in personal appearance and interest in the wonted activities of her life, showed a deep and radical action of Aesculus.

CHICAGO, ILL.

Discussion

Chairman J. HUTCHINSON: It is most helpful and gratifying to have new things brought out as to the authentic values of remedies, and I think this paper is a good example of that. Will you discuss it?

Dr. A.H. GRIMMER: I think perhaps there is one phase of this paper that we ought to be thankful for and that is the point the doctor stressed about Aesculus covering a greater ground than what it is so commonly used for, hæmorrhoids. The doctor has shown how we should study our remedies, in relation to the patient, regardless of pathological conditions. And while it is true that remedies do have affinity for certain organs, parts, and tissues, still I want to thank the doctor for bringing that point to the fore.

Dr. D. MACFARLAN: What the doctor just said is interesting. We have certain predilections for certain remedies. I know my father, who knew Dr. LIPPE very well, said he was fond of Silica. he used Silica very often. Dr. BOGER probably uses Phosphorus too often. And I think probably I use Sulphur too often. But I think we all have special predilections.
Dr. C.M. BOGER: I want to confirm what has just been said. The reason for it is that we get used to using certain tools, we get to be a little more proficient with that particular tool and we use it more than others. That is all.

Dr. C.A. DIXON: I wonder if the same thought occurs to others that this paper brings to me. Sometimes I start in at the office at two o’clock in the afternoon and the first case say, offhand, is a Nux or Calcarea case. Before the day is over I have prescribed that three or five or ten times. It seems as though everything I see is Calcarea or whatever it is that I prescribed for the first case. Is it psychological, or what is the reason for it? I noticed, as Dr. FARRINGTON read those papers and dated them, that last fall he was especially interested in Aesculus.

CHAIRMAN J. HUTCHINSON: Dr. FARRINGTON ought to be allowed to answer that, but before he does I should like to say that I think at times the same weather, even in different localities, brings out in patients the need of the same remedy. I find sometimes of a winter day when there are indications of a scourge of grippe that patients (I may not know of those patients) from the environs come in, and although one may be from Mount Vernon and another from New York they seem to require the same remedy. And then I know that the grippe is coming, or whatever it may be. Personally, I think that temperature and weather have an enormous effect on our patients’ complaints, and on their complaining, and those conditions help us select a remedy. I am not so sure when we prescribe Calcarea carb. six times in a morning but what it is a similar remedy, at least.

Dr. C.M. BOGER: Dr. ROYAL has opened up something here. It is quite the custom to deride diagnosis at some of our meetings, but all who do so should read Hahnemann’s Preface to the Pathogenesis of Colocynthis in the Materia Medica Pura, and see what he says there about the minor symptoms. I am not going to talk a whole lot about what he says there because you can read it yourself. But, he distinctly intimates that the minor symptoms must be in the picture. That brings up the other end of the subject and that is the thing that I discussed with Dr. ROYAL last night. we have in every proving the reaction of the system to the potency from the highest down to the lowest, and then the gradient all the way down to the lowest potency and down into the toxic effects. You will find that even in the Chronic Diseases.

You will find in acute diseases like Pneumonia and Typhoid, and so on, that the provings of the potencies exhibit the symptoms which come in as concomitants in acute disease. If you come down the scale to the mother tincture and then to poisoning effects you will find the toxic effects
from the medicine and the toxæmia in the disease. Did you ever think of that?

The toxæmia of the disease is the basis upon which the allopath makes his diagnosis mostly, not entirely. He takes into consideration the toxic effect of the disease and from that draws his diagnosis.

So we should not deride these men too much who base their prescription on the toxic phase of the disease.

In talking with the doctor last night I asked what was the first indication which led us to prescribe Merc. cyan. in Diphtheria. It was a toxic case, right here in the city of New York, where the patient died and a post mortem showed a membrane on the velum palati. That was the first thing that drew us to the use of cyanide of mercury. And we know now that that is one of our main remedies in Diphtheria.

Take Arsenicum. The toxic symptoms of Arsenicum are the toxæmic symptoms which you see in Diphtheria and Typhoid fever, for instance. That is the way it is in every disease.

So that a knowledge of toxicological effects is quite helpful in finding the remedy, especially when you are up against a very acute disease. In other words, you must bring in everything. You can’t limit yourselves to high or low potencies. If you take a high potency and make a toxicological effect it is purely coincidental and occurs only once in a while, such as in the case LIPPE pointed out the thirst of Arsenicum. That symptom occurs frequently in toxic effect of Arsenicum, rarely from a potency.

Dr. G. ROYAL: May I have just a second more? I know it is against the rules but I want to emphasize one point. Dr. BOGER said if you give a potency.

Dr. D. MACFARLAN: What I believe is important is to get reliable symptoms. When an ophthalmologist wants to operate on a case of cataract he injects homatropine sulphate and he gets a dilatation of the pupil. He gets it not once out of a hundred times but one hundred times out of a hundred. That is the beauty of making provings; you know what you are doing and you get it firsthand. Then there is an intimacy between yourself and the man who makes the proving. I made a proving of China on a man once. In my relationship with him I talked to him every day, while I was making this proving; he gave me an indelible proving as to what China would produce, which I never would have gotten from reading HAHNEMANN, because there is a personal touch in making the proving that you never can get otherwise.

And you prescribe so fast. Dr. GRIGGS makes provings. I used to work with him in the hospital. We would often prescribe for thirty-five cases in an hour or two.

I remember a case, for instance, that Dr. GRIGGS had, and the cure that he made. The case had been treated by an old homœopathic doctor, a fine old fellow, but he only used three and four x’s. He didn’t believe in high potencies and hadn’t made any Provings.

The case was a child. It was a very bad skin case, the worst Eczema I ever saw. He had a new colour salve on about twice a week, but he was always sick. Dr. GRIGGS prescribed for it and in a month the child had a beautiful complexion.

That is the way you can get those results: from making Provings. I don’t see how anyone can practise Homeopathy unless he makes Provings. My father had no confidence at all in anyone who didn’t make Provings.

Dr. C.M. BOGER: As an addendum to what I said a little while ago I want to point this out; some months ago a neighbour of mine came to me after having been to many physicians with no relief at all. He had this symptom, an uneven contraction of the muscles of the abdomen. The abdomen was growing into little hillocks, as it were, all over.

The rest of the symptoms were rather nondescript. And on the strength of that symptom I gave him Plumbum, but I made a mistake. In a short time he came back and said that he wasn’t any better. In the meanwhile I had looked up his case a little more in my spare time—and it is a good practice when you have spare time to look up old cases that are not getting well—and I found that symptom as a toxicological symptom under Arsenic. I gave him a dose of Arsenic and now that man is getting well.

CHAIRMAN J. HUTCHINSON: We will return to Aesculus and I will ask Dr. FARRINGTON to close.

Dr. H. FARRINGTON: I want to thank you for your kindly remarks. Though you did not discuss Aesculus directly it is of no particular moment because I think the points that have been brought out are interesting and useful.

I want to especially thank Dr. ROYAL for what he has said because I think that many of his contentions are really true. We are perfectly justified in using a diagnosis in helping us select our remedies. All that we ask is this: that we do not
make it the principal thing unless it is (and that is a matter of individual judgment) because our provings have not been made on diagnosis and whatever we know about remedies that will cure certain diseases has been obtained only by clinical experience.

Pathology is also important but we must be careful also not to make this the principal thing as I tried to point out in the beginning of my paper. I wanted to say that a remedy is useful practically only in a certain, pathological condition, and to limit the use of that remedy. As the doctor suggested, pathology may be important and often is, when it is of a peculiar nature and different from pathologies in similar cases or similar diseases.

For instance, you will note that provings in the potencies will often show pathology that is exactly the same as the chemical or even the escharotic action of a drug. Kali bichromicum will produce round, punched-out Ulcers. Arsenicum will produce flat, shallow Ulcers. Argentum nitricum will produce ulcers that go no deeper than the surface of the mucous membrane and so on.

We do not know all there is to know about our Materia Medica and I brought these cases forward because I thought that they were unusual and contained certain things that were not to be found in the Materia Medica. I might have taken the time to point out those things that are not to be found in the books but I have left this to you, and Aesculus is not used as often as it should be.

I have passed over numerous cases of Follicular Tonsillitis, mentioning diagnosis and sore throats and colds that cannot be given any special name which Aesculus will cure promptly and completely. I have passed over many other conditions such as lumbago, hemorrhoids (which I merely mentioned); Rheumatism I did not emphasize but it is a useful remedy of course in that connection.

Whenever I get a case that is peculiar and has unusual symptoms, sometimes apparently trivial, I dig around in the unusual remedies and sometimes get great enlightenment.

Several years ago a woman came to me from Pittsburgh. She had been under the care of two different homœopathic physicians. Each one of them had insulted her almost as she claimed by telling her that she was neurasthenic; there was nothing the matter with her. She had a long range of most striking and I might say “high falutin” complaints. A careful study showed they were all contained under the remedy Agaricus; and that cured her, made a new woman out of her.

I think that is all I have to say, except in regard to favourite remedies. In that connection I would just like to say that when you find you are prescribing a remedy too often get busy and study it.

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4. The perennial challenge of anomalies at the frontiers of science  
BEVERLY RUBIK, Ph.D.

Introduction

Scholars have documented the resistance to novel scientific discovery by various groups, such as economic and religious groups. However, there has been less attention given to the resistance of the scientific community itself to challenging scientific discoveries. Nonetheless, we find it in the history, philosophy, and sociology of science and especially in the writings of scientists who have personally suffered obstacles due to this resistance. The scientific community believes that it deals with novel controversial discoveries in a rational manner, yet this is rarely the case.

The history of science, medicine and technology is full of rejections of novel discoveries that seemed anomalous in their time. Contemporary scientists laughed when BENJAMIN FRANKLIN proposed that lightning was a form of electricity. SEMMELWEISS, a Viennese physician who documented that washing one’s hands before obstetrical assistance would prevent childbed fever, was scorned and rejected by his contemporaries. William CROOKES, the noted British Scientist and member of the Royal Society who discovered the element thallium, was bitterly attacked by his colleagues for his research in parapsychology. Lord KELVIN said that X-rays were a hoax. HELMHOLTZ, who was not a physicist, but a physician who formulated the theory of energy conservation and who was opposed by the physicists of his time, noted how the ‘greatest benefactors of mankind usually do not obtain a full reward during their lifetime’. LISTER warned medical students against blindness to new ideas in science, such as he had encountered against his own theory of antisepsis. Long after their time, many of these scientists whose ideas were rejected were regarded as formative thinkers who made significant contributions or even launched new scientific paradigms.

The scientific paradigm

In 1962 Thomas KUHN published a seminal work, the Structure of Scientific Revolutions, which addresses the manner in which science advances. KUHN’s main thesis is that science is
not a slowly growing body of knowledge approaching a true description of the world. Instead, science is characterized by periods of quiet research activity leading to a crisis, which may last for years to decades. During this transition period, scientific problems appear that cannot be reconciled with current theory, may occur. Such anomalies are critical to progress in science. In fact, each new major advance in science starts with an anomaly that is unacceptable at first.\(^4\) Therefore, anomalies are valuable because they inspire new ways of thinking. Conventional scientists attempt to explain the anomalies within the framework of the dominant paradigm, while a smaller, usually younger group of scientists develop an alternative paradigm. The crisis is resolved by a dramatic change of perspective, a paradigm shift. A struggle typically ensues that may result in the overthrow of the old paradigm. After the triumph of the new paradigm, the old paradigm eventually disappears in a time frame necessary to provide stability and confidence in the new paradigm. What was an anomaly earlier now becomes the expected result. Textbooks are rewritten in such a way that they even disguise the very existence of the revolution that generated them. Eventually, new research uncovers problems with the new paradigm. Then the process repeats itself.

KUHN noted how unconsciously ingrained the dominant paradigm is. He wrote: 'Scientists often work from textbook models acquired through education and through subsequent exposure to the literature without accepting a community paradigm.\(^5\) They work to fit their data into the ruling paradigm. The usual peer review process in science provides an adequate forum for evaluating new ideas and discoveries, but this is only true if those ideas and discoveries do not challenge the paradigm. As was mentioned previously, those considered incomprehensible or too challenging to current scientific understanding are typically rejected. Michael POLANYI, in defending this conservative nature of science, wrote: “There must be at all times a predominantly accepted scientific view of the nature of things, in the light of which research is jointly conducted by members of the scientific community. Any evidence which contradicts this view has to be disregarded, even if it cannot be accounted for, in the hope that it will eventually turn out to be false and irrelevant.”\(^6\)

Although the neglect of other possible conceptual categories is not malicious in intent, it can become malicious in effect because the dominant paradigm discourages, and is intolerant of, competitors. That is, scientists prefer their work to appear as an integral, growing body of knowledge under the auspices of a single paradigm. Perhaps this is because scientists are encouraged to demonstrate what they know rather than to raise truly novel questions that challenge what they think they know.

KUHN recognized an ‘essential tension’ within science because it must preserve its accumulated knowledge by acting cautiously and conservatively and on the other hand remain an open system ready to take in novel, potentially revolutionary data and concepts.\(^7\) This balance is maintained in a number of ways. In the first place, science places the burden of proof on those who claim to discover scientific anomalies or otherwise make revolutionary scientific claims. Secondly, the proof must be commensurate with the claim; that is, extraordinary claims require stronger than usual proof. (This relates to the principle of parsimony in science in which the simplest adequate theory is the most acceptable.)

It is interesting to note that KUHN believes that science generally progresses in a positive direction,\(^8\) but that some paradigm shifts have reversed concepts such that aspects of an even older paradigm may return in the form of new input, reshaping old models.\(^9\) It is a common conviction that the world is progressing in one direction scientifically and socially, but as KUHN points out, very often the clock is turned back with new scientific developments. For example, Relativity and Quantum Theory, two of the most significant scientific paradigm shifts in the 20\(^{th}\) century, both turned back the clock in certain ways. The gravitational aspects of Einstein’s General Relativity reflects back to Newton’s predecessors, and Quantum Mechanics has reversed some of the methodological prohibitions that had occurred in the earlier chemical revolution. Needless to say, the reshaping of older views into a new paradigm would have significance for Homeopathy and low dose bio-effects. Many scientists today have the attitude that these phenomena from an era predating modern Molecular Biology have been overthrown, or that at best they represent a placebo effect. These scientists are victims of historicism who refuse to accept anything from an earlier time as bearing any modicum of truth.

**Scientific anomalies**

According to science sociologist Marcello TRUZZI, an anomaly is something that:

- actually occurs (that is, something both perceived and validated);
- not explained by some accepted scientific theory;
- is perceived to be something which is in need of explanation;
- contradicts what we might expect from applying our accepted scientific models.

... I would suggest that the anomaly’s lack of fit with accepted theory is the necessary element common to any real anomaly. It is a fact in search of an explanation.10

In the field of anomalistic observations, or anomalistics,11 that is, enquiry into anomalies and their role in science, there are different types of scientific anomalies, at least in retrospect. There are those that are recognized in their time by the scientific mainstream and become the subject of legitimate research activity, and those that go ignored by the mainstream because they are apparently too threatening. Many of the latter come from the ‘frontier sciences,’ that is, whole areas of scientific enquiry that have not yet been incorporated into conventional science. These areas are ignored or even considered irrelevant by the mainstream, in some cases, because they are often residues of older systems of knowledge that have been denounced as pseudo-science, as, for example, Parapsychology and Astrology.

The history of science shows that the most challenging anomalies, those that seriously challenge the dominant paradigm, are ignored by the scientific mainstream until they are explained, and only then are they recognized in retrospect. The term retro-recognition has been given to this type of recognition which is given only after there is a compelling explanation for the anomaly.12 Such anomalies make the scientific community uncomfortable, as it likes to think of science as an integral body of knowledge that is nearly complete. These unexplained facts are either ignored, reduced in importance, or merely accepted as ‘givens.’

Several factors are behind this attitude, such as the sheer intellectual difficulty of recognizing anomalies, the tendency to ignore a problem that cannot be easily solved, and the conservatism of science. But there is something more. The recognition of what were once anomalies under an older paradigm only after they are reconciled with a new paradigm clearly shows that the scientific community is unable to live with ambiguity and cognitive dissonance (psychological inconsistency). However, frontier scientists whose work challenges the paradigm appear to be of a different psychological makeup, with a higher tolerance for ambiguity and cognitive dissonance. It is interesting to note that such tolerance correlates highly with creativity scores in psychological testing.13

Furthermore, frontier scientists may be working from dimensions other than rationality and logic, for KUHN has written, ‘The man who embraces a [new] paradigm at an early stage must often do it in defiance of the evidence. … A decision of that kind can only be made on faith.’14

The role of scepticism

Indeed, it is rare to find scientists who are true skeptics, that is, without prejudice, open, and tolerant of uncertainty. It is unfortunate that the term ‘sceptic’ is being used by many who are disbelievers or debunkers whose aim is to remove the anomaly, rather than true nonbelievers.10 This appears to be particularly the case for organized so-called skeptics groups such as the Committee for the Scientific Investigation of claims of the Paranormal (CSICOP), which sponsors unusual critiques and other activities to discredit anomalous scientific claims, undermining the usual processes of replication attempts and peer review. In some cases this has involved members outside of the scientific community such as professional magicians in a process analogous to inquisitors for a dogmatic church.15 Unfortunately, this has the effect of creating fear among those who would have an interest in trying to replicate the anomaly, thereby blocking real scientific inquiry.

Where there are anomalies and frontier areas of science that seriously challenge the paradigm, the scientific community must be polarized into two categories; believers and disbelievers. Although the scientific community may consist largely of disbelievers, sometimes the frontier scientists or proponents of an anomaly act as ‘true believers.’ In some cases there are societies of ‘true believers’ centred around maverick scientific claims that do not welcome open dialogue. In my opinion, they are no better than some of the mainstream scientists they criticize. Sometimes the discoverer of a challenging fact overstates his claims, jumping to conclusions about the importance of his discovery without adequate data. On the other hand, the ‘essential tension’ of the scientific process renders it very difficult to find the right balance in reporting anomalous claims. If the discoverer understates his claim, it may go ignored; if he stresses its revolutionary character, it may gather more attention and resources for further study. From my own work aiming to facilitate new research and greater open-mindedness in frontier areas of science. I find that it is difficult to stand firm on the fine line that separates the believers from the disbelievers. In my opinion this is the best viewpoint to encourage an attitude of non-belief that stimulates new questions and further experimentation. Apparently this viewpoint is not well understood or liked by most, as I am often accused of being ‘the enemy’ of one group or the other. However, openness and a healthy level of

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skepticism are crucial in order to avoid pathological science.

The power of new questions and approaches in science

Scientists must approach Nature by asking questions of her, and it is impossible to pose a question without some expectation or anticipation. Clearly, from the analysis of KUHN and numerous other scientific historians and sociologists, science is not context-independent. Scientific objectivity does not reside in theory-free perception. It lies in the flexibility to reject a cherished theory when an anticipated observation cannot be confirmed, and a contrary event or fact is perceived instead. Scientists may say that they see the data with their own eyes, but in fact, they see it through their brains. They cannot bypass this central focus and filter full of biases, products of both evolution and society. It is very difficult to ‘see’ scientifically beyond the context of theory or expectations.

As an example, consider the following. Before Darwinism, the paradigm that preceded evolutionary theory was natural theology, in which each creature was considered to be perfectly adapted to its environment and designed for full functionality. While natural theology dominated, no one noticed that some organisms were less well adapted to their environment. Natural theology would not permit such questions. Ducks with webbed feet that could not swim, birds with wings that could not fly, and bats with eyes that could not see, went unnoticed. DARWIN asked new questions and noticed that some animals were less well adapted for their environment. He explained these anomalies on the basis of natural selection, an ongoing evolutionary process. The point here is to show the power of asking new questions that take us outside the present scientific theory or paradigm. These offer the possibility of a breakthrough to a new way of seeing nature. As physicist Werner HEISENBERG noted, ‘What we observe is not nature itself, but nature exposed to our method of questioning.’

Another historical example of this goes back to microscopy of the 17th and 18th centuries. The great microscopist Van LEEUWENHOEK and his contemporaries claimed they saw minute forms of complete babies inside sperm under the microscope. Their observations were shaped by the 2000-year-old idea that women contributed nothing to conception but the womb as an incubator. In this case, too, preconceived ideas determined what was scientifically observed.

In another historical example involving microscopy, different methodological approaches of observation based on different philosophies led to a scientific debate. In the 1940s the bacteriologist Adrianus PIJPER maintained that bacterial flagella are not true motor organs, but are essentially insignificant, being merely cell wall by-products of bacterial motility. From his observations of live bacteria under the dark-field microscope, he claimed that he saw small changes in the body forms of the bacteria, a slight undulating motion, which he proposed as a theory of bacterial motility. As it turned out, his view was unpopular because he was far outnumbered by those who fixed and stained dead bacteria for light microscopy or electron microscopy, which was newly introduced at that time. The majority of scientists then claimed that flagella were indeed the organelles of motility and showed evidence via microphotography of sites of flagellar attachment to the cell body. PIJPER rejected these physical approaches, emphasizing that studies on the living state itself were critical to understanding cellular motility, and that the approaches using dead cells might yield arte-facts. This lead to an ongoing debate, as both schools refused to ‘see’ any evidence beyond their own viewpoints. In the end, PIJPER lost the debate. His refusal to acknowledge the ‘superiority’ of the electron microscope was held against him by the scientific majority.

Beyond the specifics of this historical debate, the latter case is important for us to consider because it reveals the perennial struggle between the naturalist and the mechanist in Biology. It shows how naturalists’ observations of living systems were replaced by a modern Biology tightly linked to physico-chemical reductionism as new powerful, expensive, prestigious, technological tools came into being. These new physical methods require an often insensitive manipulation of organisms that distorts or even kills them in order to study them. The naturalists’ approach came to be regarded as old-fashioned and even reminiscent of vitalism by the new biologists, who were led by several physicists-turned-biologists in the 1940s and 1950s. These were the people who ushered in a new scientific era, the revolution that became the dominant paradigm of Molecular Biology and biotechnology in recent decades.

Resistance of scientists to new discoveries

Studies on the psychology of science suggest that scientists have a resistance to acknowledging data that contradict their own hypothesis. In one study on falsifiability, a simple experiment was set up to compare the performance of a group of scientists and a group of clergymen. A false hypothesis was given to all the participants. The
means was provided for them to test the hypothesis, which they did not know was false. The results showed that most of the scientists refused to declare the hypothesis false, clinging to it longer despite the lack of evidence. The clergymen, however, more frequently recognized that the hypothesis was false. This and other studies show that scientists are at least as dogmatic, authoritarian, and irrational as non-scientists in resisting unexpected findings.

The historical examples cited earlier illustrate only a few reasons why resistance to novel discoveries in the scientific community occurs. Analysis of many other examples shows numerous ways in which scientists resist discoveries that are old paradigm breaking and new paradigm making. One of these mentioned earlier is the loathing of ambiguity. Most scientists prefer to elaborate what they think they know rather than focus on what they do not know; perhaps this is simply human nature. Along with that is fear of novelty. New discoveries require restructuring older ideas and ways of doing science. Change, whether it is personal, social, or intellectual, is difficult and may even cause a lifetime of work to become unimportant and obsolete. Related to this is the fact that older scientists have a tendency to resist the novel work of the younger. Innovative ‘outsiders’ may also be rejected by the ‘insiders,’ especially if the new discovery comes from outside the field, as in the case of cold fusion. There is also a faithfulness to old models, reflecting a belief in scientific concepts or simply conservatism. When Thomas YOUNG proposed a wave theory of light, the scientific community remained faithful to the older corpuscular theory for some time. This tendency sometimes reveals a dogmatism or scientism. Paul FEYERABEND accuses contemporary science of being a ‘church’ in which scientists play a role that is in many respects similar to the role bishops and cardinals played not too long ago. Another mode of resistance, also illustrated by the example cited earlier of van LEEUWENHOEK and his colleagues, is blindness due to preconceptions. It is extraordinarily difficult to ‘see’ what may lie beyond one’s paradigm, which delimits all questions posed of nature and ways of perceiving her. Anomalies without ‘causes’ or an adequate explanatory model are rejected because they do not fit neatly into the body of science. If an anomalous claim pertains to an area reminiscent of mysticism, religion, older paradigms that have been overthrown, or pseudo-science, this may be grounds for rejection by those who feel threatened by these associations. Occasionally conflicting personal religious ideas may be another reason for rejection. That was the case for both GALILEO and COPERNICUS, and it also appears to be a factor in the debate between creationists and evolutionists. Scientists evaluating an anomalous finding sometimes take into account the relative professional standing of the discoverer as well as the number of prestigious followers of the new claim, and these are primarily political concerns. Concerned about their reputation, scientists are reluctant to take the lead in helping to advance a new claim. In relation to this, publications about the new scientific claim in other than the most prestigious peer-reviewed journals are taken less seriously and may be grounds for rejection or simply neglect. Finally, and perhaps most important to contemporary science, it is true that where substantial funding is involved, patronage to those ideas endorsed and funded to the exclusion of others is overwhelming.

Today, because of large economic interests in science, biomedicine, and technology, and the increasing overlap between academia and industry, the resistance to new discoveries or ideas that challenge the dominant paradigm goes well beyond ideological concerns. Challenging ideas can be seen as threatening to big business interests, including the interests of industries waging war against Cancer or AIDS. Anyone who is a proponent of ideas that threaten large-scale economic interests can expect even harsher backlash from the scientific community, which in mainstream biology and medicine, is now closely linked to pharmaceutical and biotechnology firms. Surely that is one of the most significant reasons for rejection of novelty in biology and medicine today. Moreover, the many different fields of biology with their varied orientations to life that existed before big business science are presently extinct, at least in the US.

It is simply taboo to offer a serious challenge to the dominant paradigm, and those who propose such maverick ideas or findings suffer extraordinary obstacles. Similar to the acceptance of novel discoveries, the obstacles are especially severe for those whose work threatens big economic interests that are now coupled to mainstream science.

**Obstacles faced by scientists who challenge the paradigm**

There are a number of serious, even extraordinary obstacles that scientists presently face as proponents of paradigm-challenging discoveries or where their reputation becomes associated with research on unconventional topics. These obstacles are not characteristic of a particular culture; they appear worldwide. These are:
difficulty in obtaining funding, as there are simply no usual sources
- difficulty in publishing, and there is no real peer review
- loss of camaraderie (colleagues fear a loss of reputation by association with a scientist who is deemed an outcast)
- loss of reputation in the scientific community regardless of one’s stature
- obstacles to promotion, retention, and tenure
- possible critical backlash from the scientific community
- possible loss of employment and future employment opportunities.

The pursuit of research in frontier science areas such as Homœopathy and extremely high dilution bio-effects, novel medical therapies or diagnostics, new energy technologies, and consciousness studies – research in any area that challenges the dominant paradigm – presents extraordinary hardships for scientists. Merely expressing an interest in these can affect one’s reputation as a serious member of the scientific community. Whether one is a post-doctoral researcher, a junior professor, a member of a distinguished national academy of science, or a Nobel laureate, essentially the same obstacles remain. For those who have seemingly overcome these hurdles, publication of challenging scientific results may bring about unforeseen backlash in the form of discrediting the discoverer or the claim without really disproving it, prohibiting it from being tested by others. Moreover, this may prevent consideration of similar challenging claims in the scientific literature, textbooks, and education. The proponent of the anomalous claim is thus isolated from further debate and interaction with rest of the scientific community.

Many people associate such repressiveness with earlier times, but there are living examples today. One illustrious example – a case where big economic interests in biotechnology and medical testing are threatened is that of Peter DUESBERG, Professor of Molecular Biology at the University of California at Berkeley. His work identifying the first oncogene to cause Cancer and also decoding the first retrovirus genes earned him an outstanding international reputation as a Molecular Biologist and Virologist. However, because of his recent criticism of the oncogene theory of Cancer and especially his criticism of HIV as the cause of AIDS, he has essentially been silenced by the scientific community. No one will debate his arguments either in writing or in person. DUESBERG is unable to publish in prestigious peer-reviewed journals, not even the Proceedings of the US National Academy of Science, despite his stature as a member of the National Academy, because they rewrote the rules especially to prevent him from publishing. He lost his annual $300,000 Special Investigator Grant from the US National Institutes of Health, which was expressly for the purpose of asking novel questions, and as a result, his students and technicians have had to leave. DUESBERG has been excommunicated from the scientific community. Needless to say, the review panel who refused to renew his grant included scientists who earn their living from the theories that DUESBERG is undermining, and many others in the mainstream also earn their living from these theories.

Strategies toward progress in the frontier sciences

With all those obstacles and resistances, how can we help to facilitate rational, objective criticism and fair peer review of anomalous claims? What strategies can we implement to bring progress to a frontier science area such as Homœopathy and low dose bio-effects?

- We must recognize that there is no single critical experiment that can prove an anomaly. This is ridiculous from the scientific viewpoint, as the history and philosophy of science has shown that there is no such thing as a critical experiment.
- More empirical studies need to be undertaken by more researchers, and we need to work together at least to provide peer review of each others’ work, if not outright collaboration. All too often, the work of pioneering frontier scientists represents isolated, individual efforts. By contrast, most quality science involves collaborative efforts. It is important to build on one another’s work. Just as cooperative or collective phenomena in nature have unusual stability, there is also a strength in collective scientific efforts that is harder to dismiss.
- An interdisciplinary approach to anomalies is absolutely necessary, because we do not know ultimately where an anomaly will fit. In the case of Homœopathy or high dilution bio-effects, interdisciplinary group collaboration with experiments performed in tandem on the same high dilution would be worth while, because for the first time it would reveal physical, chemical, and biological information about a single preparation. This could develop into an international task force, a global cooperation, to address the problem.
- We must produce well-designed experiments that are well communicated in the scientific literature, which will presumably continue to
demonstrate the effect in a wide variety of biological systems.
- We must show replication of phenomena, especially by skeptics.
- We must also discover and document where no such anomalous effects are observed, so that the boundary conditions of the effect are clear.
- Conceptual work toward achieving a theoretical explanation for the effect is crucial for its recognition.
- We must keep communication flowing between those working in the field who don’t agree on the details. A diversity of opinions is extremely important because it drives the formation of new questions. Good science requires good and effective criticism. Furthermore, failures in communication from splinter groups in frontier areas of science only weaken the case, as their presence makes a statement to the scientific community that there is weakness or irrational behaviour associated with the anomaly.
- One of our best strategies would be to serve as mentors and inspire younger scientists to conduct research in novel areas of science. For one, it is most likely that presently established scientists will have to retire before a paradigm shift is completed, and most of them will not change their viewpoint. As physicist Max PLANCK sadly noted, ‘… A new scientific theory does not triumph by convincing its opponents and making them see the light, but rather because its opponents eventually die, and a new generation grows up that is familiar with it.’
- Retired scientists, who have less to lose in terms of their reputation or funding, are occasionally more open to new ideas or discoveries. Moreover, they may still wield political power in the scientific community. Therefore, communications with or other involvement of retired colleagues may be a viable strategy.
- Another strategy that may be used to advance scientific recognition of a challenging anomaly is to identify and align with social, political, or economic interests that would very much like this particular piece of scientific unorthodoxy to be true, or at least to be highly interested in resolving the issue. When Robert O.BECKER, medical researcher in bio-electromagnetics, had the unorthodox idea in the 1970s that electromagnetic fields from power lines might be a health risk, he found no sympathetic ears in the scientific community or the electric power industry. However, he communicated the issue clearly in his popular writings and launched a public campaign in which the people demanded unbiased research to test his ideas. Within less than two decades, substantial US government funds became available for this purpose.
- Another approach related to this strategy is to develop a successful application for the anomaly that will bypass the scientific community altogether. Once the application is adopted, scientists will be naturally drawn to the fundamental discovery underlying it.
- Finally, we should attempt to foster true skepticism - neither denial nor disbelief, but a balanced state of openness. The best way to do this is by personal example, by maintaining a level of healthy skepticism ourselves, with an emphasis on further questions. This is crucial to keeping science an open system inquiry.

Role of Homoeopathy and low dose bio-effects in the future of science

The observations of low dose biological effects challenge the dominant paradigm of mechanical reductionism, of viewing life as a collection of bio molecules responding to molecular stimuli. The enhanced potency of very low doses as in Homoeopathy appears to challenge molecular theory, one of the pillars of modern chemistry. On the other hand, it may demonstrate that something else is occurring at these very low doses that does not involve molecules.

Biological effects of low doses have been demonstrated in a growing number of studies world-wide, and we are now in the midst of a paradigm struggle. As KUHN predicts, an intellectual and emotional battle is occurring: there have been nasty editorials, tenure battles, debates and arguments, splinter groups, the rejection of papers, frequent denial on the part of the scientific community, and many questions that have been raised for further research. From a historical perspective, the accretion of anomalies or numbers of anomalous observations in themselves are not enough to produce a paradigm shift. Further effort is required. Conceptual work toward new theories and a paradigm what would reconcile them is critical to their recognition by the scientific community. No one other than the proponents of the anomalies will accomplish this. It remains for us, the frontier scientists, to design the theories, elaborate the new paradigm, and show how they explain our anomalies.

One of the best examples of a conceptual revolution is found in a 19th century science fiction classic: E.A. ABBOTT’s Flatland. The inhabitants of Flatland live on a two-
dimensional surface and have no concept of our third dimension. When a sphere visits Flatland, he is perceived as an anomaly: a circle that first grows bigger and then smaller. The sphere then lifts the leader of Flatland into the third dimension where he can see his whole world. This novel perspective not only clears up the anomaly, but offers a new perspective for everything. We need a similar major conceptual breakthrough for Homeopathy and low dose bio-effects. When it occurs, it may reframe our ideas of matter, energy, life, and information in a radically new perspective.

Presently the greatest challenge to those working on Homeopathy or low dose bio-effects is to develop a proper theoretical context for their observations. We need a theory of very high dilutions in the context of the organism. This would enable us to form testable questions that move the research from an accumulation of anomalous observations to a sequence of facts that fit together like pieces of a puzzle. It is becoming more apparent that molecular theory offers nothing but conceptual limitations for this field of inquiry, and that an alternative that goes beyond it must be sought. Moreover, I anticipate that a breakthrough toward a radically new view of chemistry is in the making, and it is long overdue. Quantum chemist H. PRIMAS, wrote:

The richness of chemical phenomena renders it impossible to discuss them exhaustively from a single point of view. The molecular view is just one of these views and has no privileged status. … While the molecular theory fell on fertile ground, the further development of a theory of chemical substances was deprived of intellectual incentive. Even today, chemical thermodynamics and chemical kinetics are still in a rudimentary state of development achieved at the turn of the century. … The molecular idea flourished and degenerated into a dogma, requiring unqualified faith.  

He also wrote, ‘Our vision of the world will be severely limited if we restrict ourselves to the molecular view. Molecular theories describe some aspects of matter, but it is not wise to think that they give us a description of reality “as it is”. If questions of a different kind can be asked, nature will then respond in a new language.’

As to the future of science, research on Homeopathy and other low dose bio-effects offers the gift of new questions to the greater scientific community - not only for Homeopathy and solution chemistry, but for the entire theory of condensed matter with ramifications for Biology, Chemistry, and Physics. Chipping away at the molecular dogma and raising uncertainty about what scientists thought was bedrock truth should be seen as healthy for science. As physicist Louis de BROGLIE warned us, ‘The advances of science have always been frustrated by the tyrannical influences of certain preconceived notions that were turned into unassailable dogmas, and for that reason scientists must periodically re-examine their basic principles.’ Research on Homeopathy and low dose bio-effects may lead to a revision or a refinement of molecular theory, or it may show that something other than molecular theory is involved at these low doses.

There is theoretical work in physics toward a new theory of matter that may hold promise for application to Homeopathy and low dose bio-effects. Del GIUDICE and PREPARATA propose a novel theory of condensed matter based on quantum electrodynamics in which collective or cooperative phenomena are critical to its structure and properties. They show that conventional molecular theory works well for gases, but falls short in explaining the phenomena of liquids and solids. A system of molecules kept together by purely static forces becomes dynamically unstable beyond a certain density threshold. Therefore the system enters a lower energy configuration where molecules oscillate in tune with a self-produced coherent electromagnetic field. The energy gain is proportional to the particle density, and then matter is forced to condense. The theory predicts the appearance of coherence domains in solids and liquids such as water. Because the living cell and its structural subcomponents have dimensions of the same order of size of the calculated coherence domains in liquid water, it is expected that electrodynamic coherence may be relevant to the living state, in terms of enhanced stability and novel energy and information transactions. Such novel energy and information transactions, if they exist, may be relevant to Homeopathy.

The results of many low dose experiments suggest new features of matter such as information that may be conveyed by more subtle properties of matter than molecules. It comes as no surprise that living systems which are well known to involve many levels of order and different types of informational exchange, appear to be sensitive to what may be ‘informational’ properties of very high dilutions of bioactive substances. Experiments from another frontier area of Biology suggest that there may be subtle non-chemical bio-
informational transfer in cellular systems.\textsuperscript{24, 25} Still other experiments suggest that the zero point energy of the quantum vacuum may be involved in subtle informational transfer in biology.\textsuperscript{26} Perhaps an appropriate explanation for low dose bio-effects awaits us in a bio-physics that is yet to be invented.

Whereas conventional science maintains that biological information is stored and transferred via biomolecular structures such as DNA, there is some indication that more subtle informational signals may elicit biological effects. In bio-electromagnetics there are many observations that extremely low-level non-ionizing electromagnetic fields whose energy content is below the physical thermal noise limit can produce biological effects, sometimes robust. There is no agreed molecular mechanism for these effects. It has been postulated by some that they may act on the organism in such a way that they affect the organism’s endogenous electromagnetic field, which may be bio-regulatory. That is, they act at the level of the whole organism to provide bio-information or disrupt it rather than at the level of energy or power intensity directed to molecular receptors. Furthermore, it is possible that several other phenomena that elicit biological effects, such as very high dilutions, Homœopathy, Healer treatments, Acupuncture and other types of ‘energy medicine’, may mediate their effects by means of coherent excitations, forms of electromagnetic bio-information that might interact primarily with the organism’s endogenous fields. Endogenous electromagnetic fields, which are properties of the entire organism rather than of specific biomolecules, may be involved in self-regulation of the whole organism, and sensitive to a variety of subtle informational signals from the environment. These speculations not only challenge the concept of molecular mechanisms, but also the dogma that mechanical reductionism is the fundamental principle underlying the living state. However, much work needs to be done to develop these speculations into testable hypotheses and theories.

There are a number of other attacks on the mechanistic view of life which those working on Homœopathy or low dose bio-effects should be aware of. Richard STROHMAN, a leading molecular biologist and Professor Emeritus at the University of California, has recently presented some serious challenges to the genetic paradigm. He argues that the information for cellular activity is not in the individual genes, but is holistically located.\textsuperscript{27} In his view, biological research is presently lacking this integral programme. The creativity of the organism, which is perhaps life’s most salient feature, involves the interplay of the integral design and function of the organism with its environment. STROHMAN raises the argument for an epigenetic rather than a genetic view of life, whereby environmental interactions produce hereditable changes. This means that interaction between the organism and its environment is non-linear, with the temporal sequence of events determining the complexity that unfolds even in the simplest organism. Of course, it is much easier to ask questions within the mechanistic reductionist framework by studying the fragments of a dead organism. It is much more difficult to study the interaction of genetic and environmental factors in a living organism and develop a science of life at this level. However, most biologists fail to see the limitations of their paradigm and the importance of aiming for this larger context.

There is a popular anecdote based on a Sufi story of a drunk who lost his keys somewhere in a dark street and was groping for them only under the street lamp. Asked where he lost them, he replied that he didn’t know, but he was looking there because the light was good. Similarly, the dominant paradigm of mechanical reductionism has prevailed because the biology community has asked only the questions where the ‘light is good,’ and the results are clear-cut and reproducible. Biologists explore, for the most part, those dynamic possibilities for life only where organisms ‘obey’ the paradigm.

They have missed the enormous creative potential of life in its subtle interactions and interrelationships. Furthermore, the genetic approach has not permitted ‘other’ questions to be addressed, which, in fact, challenge the conventional approach and the dominant paradigm. Moreover, there is a terrible confusion in contemporary biology between the ontology of life, its epistemology, and the methodology. That is, the methodology used (mechanical reductionism) has frequently been equated with life itself or the model of how it functions. This is particularly true in the US where higher education in science does not typically include course work in the history or philosophy of science.

The whole organism may be a biological fundamental that cannot be reduced to its parts: the whole may be self-governing by virtue of its long-range electromagnetic fields that are the summation of many electrically charged component species and their interactions. This is reminiscent of the words of Claude BERNARD, ‘The Vital Force directs phenomena that it does not produce; the physical agents produce phenomena that they do not direct.’\textsuperscript{28} In 1839, when BERNARD wrote this statement, the ‘Vital Force’
was taken to mean a metaphysical concept beyond the scope of science. However, the ‘Vital Force’ may indeed be a property of the whole organism, a time-varying electromagnetic field summation of all the electrically charged molecular events occurring within it. Subtle biological effects may be mediated through this subtle informational network at the level of the whole.

Conclusions

The dominant paradigm of mechanical reductionism that shaped science for the past few centuries but was overthrown by developments in modern physics earlier this century, still governs modern biology and medicine. Mechanical reductionism, which was developed for the inanimate physical world, determines the scope of questions that can be posed for living organisms, and conventional biology is the collection of theory and results based on those questions. However, frontier scientists are exploring other features of life by asking new questions that go beyond the dominant paradigm. Their questions come from various frontier areas of science and medicine such as epigenetic heredity, bio-electromagnetics, Homeopathy, and low dose bio-effects. The results of their investigations, which may be regarded as individual anomalies by the mainstream, may be taken together as evidence for the need of a bigger paradigm to accommodate them. Biology, it appears, may be entering a crisis.

Not only do these ‘anomalies’ challenge our present view of life, but collectively they point to the necessity for a holistic view of life to complement the reductionist view. Whereas conventional science maintains that biological information is stored and transferred via biomolecular structures such as DNA, the anomalies show that other informational signals not stored in chemical structures may elicit biological effects by possibly altering the subtle informational signals involved in biological regulation of the whole organism.

Major changes in science have never been brought about by isolated experimental findings, but by collective evidence. Thus, it is crucial for scientists who dare to venture into tributaries of the mainstream or into uncharted terrain to come together to enter into dialogue and share their data, to find that what may seem as isolated anomalies fit together to form the rudiments of an emerging paradigm. It is important to look at the problems of our science and the gaps in our knowledge. We must continually ask new questions and never be satisfied with the old ones, nor with the answers that have come to pass. Scientists must continually be motivated by the ‘mother’ of all questions: what facets of nature remain undiscovered because what we consider to be theoretical certainties prevent the posing of new challenging questions?

References and notes

4. In this regard, it is interesting to note that in Chinese, the character for ‘crisis’ also means ‘opportunity.’
5. KUHN, loc. Cit. p.46
8. KUHN. *The Structure of Scientific Revolutions*. P.205.
14. KUHN. *The Structure of Scientific Revolutions*. P.158.
17. The Princeton Plasma Fusion physicists said of cold fusion, when it was first announced. ‘What would you do if you were working to develop a propeller airplane that did not yet fly and somebody else from outside the field suddenly invented a rocket ship?’
ON SCIENTIFIC TRUTH

Answers to questions of a Japanese scholar, published in Gelegentliches, 1929, which appeared in a limited edition on the occasion of Einstein’s fiftieth birthday.

I. It is difficult even to attach a precise meaning to the term “scientific truth.” Thus the meaning of the word “truth” varies according to whether we deal with a fact of experience, a mathematical proposition, or a scientific theory. “Religious truth” conveys nothing clear to me at all.

II. Scientific research can reduce superstition by encouraging people to think and view things in terms of cause and effect. Certain it is that a conviction, akin to religious feeling, of the rationality or intelligibility of the world lies behind all scientific work of a higher order.

III. This firm belief, a belief bound up with deep feeling, in a superior mind that reveals itself in the world of experience, represents my conception of God. In common parlance this may be described as “pantheistic” (Spinoza).

IV. Denominational traditions I can only consider historically and psychologically; they have no other significance for me.

(From Ideas and Opinions by Albert EINSTEIN)
PART III
(While Part II features articles from other journals, Part III contains the editor’s own contribution and other original articles.)

BOOKSHELF

1. SAMUEL HAHNEMANN – His Life and Memory, by Fernando Dario FRMCOIS-FLORES, B. Jain Publishers (P) Ltd., New Delhi 110055. 1 Edn. 2007: There have been several biographies of Samuel HAHNEMANN, the founder of the Science of Therapeutics, Homœopathy, in several languages. My knowledge is limited to English and German biographies; I believe I have all of the biographies in these two languages and every one of them has given added information on HAHNEMANN, adding to his glory. There are several papers of HAHNEMANN in the History of Medicine, Robert Bosch Foundation, including several letters from and to HAHNEMANN which when scrutinized closely will reveal other facets of the Master. I feel that many colleagues have taken “unhomeopathic” or “half-homeopathic” Practice because they had not read in detail the life of the Founder of Homeopathy – the severe trials, tribulations and privations he had to endure to establish Homeopathy. Although there were, before HAHNEMANN, great personalities like HIPPOCRATES, and later Albrecht von HALLER, STAHL, PARACELSUS who did experiments to find out the symptoms produced by substances and had the idea of applying that knowledge in Therapeutics, it was only HAHNEMANN who put all: – the investigation of substances on the healthy, the recording of the Symptoms and Signs, the case-taking methodology, the hierarchy of the Symptoms, the importance of the mental state, the method of preparation of the medicine and his greatest discovery the like of which no other scientist has done so far, - the diminution of the drug transcending the molecule, the serial succussion, - organizing all these into a complete discipline (none of these can be removed without making the whole fall down), gave it to us. To this extent HAHNEMANN alone deserves full credit and attempting to run down his discoveries by saying that before him some had already given the Law of Similars is not correct history. Give due credit. We learn from this book that it was not only KLOCKENBRING who was treated for his mental illness, but HAHNEMANN treated Johann Karl WETZEL of Hamburg also.

How did HAHNEMANN react to the vilifications? Here is what the Master himself has said in a letter to STAPF “In my situation, I do not lack persecutors who have been sent to me by the Lord from up there, in order to purify my heart. But I will vanquish with my silence and through continuous healings that call their attention, with medication that is free of odor and taste and that normally help permanently and without producing fatigue. Besides I realize that I have got all the necessary and, additionally, I have the secure feeling of peace of having made unhappy individuals happy.”

Some modern writers have written that HAHNEMANN was intolerant of criticisms. These persons do not know the abuses hurled at HAHNEMANN, the names that they called him, etc. Yet very tolerant he was and only sometimes he gave them back. For instance he advises STAPF “Do not get so restless, now that they are shooting so many big bullets against us. They will not reach us; besides they are so light and cannot do us any harm since we are honest, and much less will they harm the good cause, because that what is all right is alright, and alright it remains. . . . . . That what is real cannot be sealed as a lie, even if the writer has the counseling of some famous Professor, or a counselor who has a lot of studies . . . . I laugh at all this, and our cause advances forward unhindered.”

There are one or two errors. In p.57 it is said that SCHWARZENBERG died in the year 1813; it was 1820.

There are 125 beautiful colour pictures; of almost all the places where HAHNEMANN lived. For the first time, I am seeing some pictures of some book shelves of the von Brückenthal Library, some pages from two/three books, also a commemorative plaque announcing that HAHNEMANN was there during 1777 – 1779.

The author has based his work on a hitherto not -well-known-source – a 150 pages illustrated booklet by Richard HAEHL in connection with the 150th birth anniversary of Samuel HAHNEMANN (1905), in custody of the Robert Bosch Institute, Stuttgart. The repeated study of this book has given me great joy.

Well-printed, paperback, with very few printing errors. Do purchase and read it.

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Online Tool Helps Instructors Develop Anatomy Teaching Materials
Thieme Publishers today announced the launch of the “Thieme Teaching assistant: Anatomy” (www.thiemeteachingassistant.com), an interactive online presentation tool featuring more than 2,000 illustrations from the new “Atlas of Anatomy” by Anne M.Gilroy, Brian R. MacPherson, and Lawrence M. Ross. The new site supports anatomy instructors by giving them the ability to customize illustrations for multiple classroom purposes.

The presentation tool allows for the smooth incorporation of images into lectures and presentations. Instructors, who desire to focus on a specific topic within a particular image, have the option of either turning the individual leader lines and labels on or off, to modify an illustration. Once customized, each image is easily exported as a Power Point slide, a PDF file or a stand alone JPEG file. Users are able to create unlimited personalized folders to save and store their edited images. These high-quality anatomy illustrations create effective handouts, study-aids as well as visually dynamic lectures.

The “Thieme Teaching Assistant: Anatomy” is an innovative platform that allows users to search for anatomical structures and browse chapters modeled after the book, “Atlas of Anatomy.” A handy zoom feature allows users to see an exquisite level of detail in each image. A free demo section lets visitors sample the platform’s features.

This cutting-edge, web-based tool provides every instructor with the opportunity to enhance the learning experiences of their students by incorporating stunning illustrations into lectures and course materials to present complex concepts with unprecedented clarity.

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OLD QUARRIES

Man makes an end of darkness
when he pierces to the uttermost depths
the black and lightless rock….

Man attacks its flinty sides,
upturning mountains by their roots,
driving tunnels through the rock,
on the watch for anything precious.

He explores the sources of rivers,
and brings to daylight secrets that were hidden.

But tell me, where does wisdom come from?

Where is understanding to be found?

- JOB 28 : 3, 9 – 12
Part I Current Literature Listing

I. PHILOSOPHY

1. Psychosomatik und Homöopathie
   (Psychosomatism and Homeopathy)
   WHITMONT Ronald D. (AHZ. 252, 1/2007)

   The difference between Allopathic Medicine and Holistic Medicine is discussed. Allopathic Medicine considers the chronic diseases as incurable and therefore only symptomatic or palliative treatments are applied. This method simply sweeps the dirt under the carpet. Homeopathy on the contrary considers the emotional and physical aspects as a Totality. Homeopathy cannot therefore be integrated in any way into allopathic frame, or into any other ‘alternative’ medical discipline.

   With a practical case the author demonstrates the above mentioned. The case is a Mixed Connective Tissue Disorder, in a 49 year-old female.

2. Pros zur Psora – 50 Jahre Miasmen in der ZKH
   (Pros to Psora – 50 years Miasms in the ZKH)
   GENNEPER Thomas (ZKH, 51, S1/2007)

   Over the past 50 years the Miasms have been, as expected, discussed in the pages of the ZKH by several authors, particularly the sense and purpose of the Miasms. HAHNEMANN’s original concept

   linked a pathological and phenomenological aspect. Later on the ‘modern’ concept departed from HAHNEMANN and went much far from him. In the ZKH in the past 20 years particularly the phenomenological viewpoint was predominant. The all too speculative ideas are analysed critically.

   3. “Die erkennbare Leibes-Beschaffenheit” – Anmerkungen zu Paragraph des Organon
      (The perceptible Constitution” – Observations to Paragraph 5 of the Organon)
      REIS Stefan (NAH.7 2, 4/2007)

      The Organon cannot be judged by studying its Paragraphs as independent or isolated but only with regard to each other. There have always been such expositions [paragraph 211 to witness as approval of the ‘Sehgal- method’ = KSS]. The §5 is shown to be of no more value than to indicate the choice of the homeopathic therapeutic method and kind of introduction to the intervention by Homoeopathy.

4. The unprejudiced observer: Suicide and the Miasms
   BIRCH, Kate (AH. 13/2007)

   Suicide is among the more profoundly difficult events to reconcile. There are many life situations that can lead someone towards suicidal thoughts. Miasmatic influences will steer these individuals either towards seeking help, or not. Individual response to stress is dependant upon the Miasm.

   The miasmatic aspects are discussed and also about the remedies that are likely to be indicated.

   Homeopathic remedies indicated for specific ætiologies can make a tremendous impact on suicidal thoughts and help the individual regain the equilibrium necessary to expand the possibilities in choices they have, including that to stay alive. 

   Aurum metallicum, Antimonium crudum, Camphor, Anhalonium are discussed.
5. The Itch Miasm

DIMITRIADIS, George (AJHM. 100, 2/2007)

DIMITRIADIS, writes that Hahnemann’s Psora has been misunderstood as ‘Scabies’ eruptions due to mistranslation, which in fact is itch eruptions. The primary itch eruptions which HAHNEMANN pointed out were Herpes, Tinea capitis, and Tetter. Instead of itch eruptions it has been translated as Scabies eruptions.

According to HAHNEMANN, the real basic eruption was known to him by
1. An itching vesicular eruption which compels the patient to rub violently enough to open up the vesicles and infect surroundings.
2. The peculiar sweet-bitter itching which began with a voluptuous itch (sweet) compelling the patient to rub and resulting in a long continued burning (bitter) sensation.

These form the determinants of psoricity of the primary disease.

The author says that we should therefore exclude Eczema, Psoriasis, milk crust etc. from primary itch eruptions. [If Eczema, Psoriasis etc. which have been observed as ‘chronic’ are to be excluded from ‘Psoric’ diathesis, where will we include these chronic complaints in which Miasms = KSS]

DIMITRIADIS says that KÜNZLI, DUDGEON, William BOERICKE all have wrongly included ‘Scabies’ in HAHNEMANN’s itch Miasm.

It is probable, that the Universal, ubiquitous nature attributed to the Psoric Miasm by HAHNEMANN is not an accurate assessment; and there is no doubt that such universality was postulated on an inadequate data base. [HAHNEMANN has said that he was collecting data, observations, cases etc. for over 12 years and after considering a large number of these, he came to his conclusion. How can we say, “insufficient database” = KSS].

Today we know that non-infectious (sterile) vesicular eruptions can occur and such history should not be taken as infection with itch Miasm.

6. Hardening of the categories: Taxonomy in Homoeopathy

SHEPPARD, Joel (AJHM. 100, 2/2007)

The homoeopathic medicines are divided into categories determined by sciences of Zoology, Botany or Mineralogy. Though this seems to excite the speakers and audience, there are numerous significant limitations when these traditional scientific categories are applied to homeopathic Materia Medica.

LINNAEU’s system of classification of plants based on genus and species and of animals based on the number of auricles, ventricles color of its blood and thermal state.

This led men to judge wholes on the basis of parts, to assemble arbitrary groups and to divide nature at points where she was indivisible. Morphological characteristics are abstractions and are a view of the plant through a particular conceptual lens. This is one reason why different scientists studying the same taxon describe different characters.

Abstraction is an attempt to leave out many of the concrete details of the subject by creating a simpler figure whose structure is still roughly analogous to the original. That is why abstractions cause trouble in Homoeopathy. It is the concrete symptoms that we want in Homoeopathy, not stereotypes or archetypes.

Even in classification based on Darwin’s evolutionary history small number of common ‘pet’ characteristics are emphasized and minor characteristics that contradicted them are ignored.

By applying this in Homoeopathy, common characteristics are emphasized and unique symptoms are ignored.

All classification schemes are hypotheses. As we learn more we may rearrange groups. The division of life into kingdoms continues to shift, evolve and produce uncertainty.

How can a homoeopathic physician say that each kingdom’s remedies has a different pathology? No such static agreement exists about kingdoms in mainstream science. Homoeopaths cannot claim such a generality.

There are no consensus for the concept of species. There are 7 to 22 concepts which differ from each other. This points out the uncertainty of categories and they do not lead to reliable information about homeopathic remedies.

Animalism of animals and the planthood of plants concern biologists, but have no relevance to how the derived substance reacts homoeopathically.

The classification to understand the common symptoms, pathology among a group is against our discipline which trains to see the unique and individual.

HAHNEMANN specifically and in detail discusses the classification of remedies in his “Essay on a new principle for ascertaining the curative powers of drugs.”

He cites many examples of opposite or at least very different powers, in one and the same family of plants and in different parts of the same plant.
The form and function of living organisms cannot be a reliable indicator for medicinal use: “In all ages the mania for simplification has been the chief stalking horse of system manufactures of the first rank.”

The reasons against any classifications are explicitly explained in § 119 & § 120.

7. Examining the Analytical Approach
   WANS BROUGH, Charles (HL.19, 1/2006)

The ongoing debate between the ‘classicists’ and the ‘neo-classicists’ within Homeopathy can be approached by actively examining models in ‘cognitive psychology’ that were designed to understand how ‘experts’ make decisions within the confines of a normal working day. In other words, how ‘experienced homeopaths’ under the pressures of a normal working day faced with inadequate or ambiguous information were able to find ‘the correct remedy’. The article discusses what qualifies ‘expertise’ and the essential problems that ‘analyzing a case’ presents when faced with years of expertise. ['Expertise’ depends upon the individual homeopath’s mastery of the Materia Medica and personal clinical experience. One develops one’s own expertise; it cannot be transposed on another compromising with so-called ‘innovations’ and what are considered ‘mode’ or ‘vogue’ which go against the basic structure, is an escape route for those who would like everything ‘made easy’. This in the light of experience of several years. = KSS].

II. MATERIA MEDICA

1. Proving of Stangeria eriopus, Natal grass cycad
   GRIMES, Melanie (SIM. XX, 2007)

Stangeria eriopus, one of the first seedplants on earth, it is a Gymnosperm. Proving was conducted in a double blind pure Hahnemannian manner. 14 provers on three continents, from five nations. Only mental, dreams and generals are given. For full information: usahomeopath@aol.com [Why call HAHNEMANN to witness what is un-hahnemannian? Only mental, dreams & generally is not hahnemannian = KSS.]

2. The Insect remedies
   FRASER, Peter (SIM. XX, 2007)

   The insects are the largest and most diverse group within the animal kingdom. The author has attempted to elicit and classify the common features of Insect remedies. Industrious. Tendency to irritate. Fastidious in personal relationship. Restless. Benevolence. Irresolution. Physical exhaustion with mental energy and alertness. Laziness, ennui and lack of motivation. Desire to be seen, to be looked at and to be recognised. Hair loss. Alopecia. Duality. Tremendous sensitivity. Promiscuity and sexual dreams. A feeling of shame and being despised. Sense of vulnerability. Canine or ravenous appetite. Burning pains. Worse for heat and better for cold air. Swelling and constriction in the throat. [All about insects in general. There are poisonous ones and there are quite harmless ones. Knowing something about insects in general (and there are thousands of insects) is not knowing a remedy, a proving. Pages and pages of writing does not add one was bit to the knowledge of Materia Medica = KSS].

3. Toxopeustes pileolus (Toxop.)
   HILDERANDT Jörg (AHZ. 252, 2/2007)

   Proving of the poisonous Sea urchin (Toxopeustes pileolus). The remedy was prepared from a part of the fresh animal taken from the shores of Bohol (Philippines), potentized to C 30 and C 200. 14 healthy Provers (8 Women, 6 Men) between 21 and 49 years age provided Symptoms. Selected Symptoms are presented in the Head to Foot Schema and compared with cured symptoms. For one Prover the remedy was her Simile. A patient’s case is presented in which antinuclear antibody levels could be normalized.

4. Arzneimittelprüfung von Gallae turcicae (Drug proving of Gallae turcicae)
   BLEUL Gerhard (AHZ. 252, 2/2007)

   Two hitherto unproved medicines were taken up for a double-blind Proving in four groups. The results of one of these, Gallae turcicae are reported. Gallae turcicae is Oak apple, which is a hard ball of 11-25 mm. diameter. The young Oak wasp, Andricus gallae-tinctoriae lays egg on the tender leaf-bud of Quercus infectoria. After 5-6 months the young insect comes out and flies off. The whole Gall is used for the preparation of the tincture and then potencies are run up.

5. Aurum phosphoricum (Theorie und Praxis)
   TREBIN Ernst (AHZ. 252, 2/2007)
Complete salts (all-inclusive) give, according to the author’s experience, better results in the treatment of chronic-miasmatic diseases than single elements, perhaps because they respond to several Miasms. These remedies are chosen not only in relation to the individual symptoms but also in consideration of the miasmatic base. It is well-known that Gold and its salts are used to treat syphilitic Miasm. Aurum phos., a nearly unknown mineral from old stock, whose effects are only construct from its components, has proved to be a very successful remedy. A case illustrates the treatment as also the application of the theory of Miasms in actual practice.

6. Verifikation und klinisches Symptom in 50 Jahren ZKH
 Verification and clinical Symptom in 50 years of ZKH
 GENNEPER Thomas (ZKH, 51, S1/2007)

This article is a recapitulatory analysis of topic “verification” and “clinical symptom” considerations are made concerning the relevance in homeopathic practice and the further activity of the journal “Zeitschrift für Klassische Homöopathie” is within this context. As counterpart for verification, the author suggests “falsification”.

[The reliability of the Materia Medica is fundamental to the day to day practice of Homeopathy. With a vast treasury of ‘symptoms’, where correctness of each Symptom is equally important, the need to ensure an error-free source of verification cannot be over-emphasized. Due to various reasons, mostly due to the enormity of the printed words that have carefully been gone through, the translation from the source language to others – mainly German to English, several errors have crept in. It is up to the members of the Profession to make it their daily work in the course of the comparison of the patient’s Symptoms with those of the Materia Medica to locate these errors. This is not difficult if most of the regular Homeopath Practitioners make it their duty. Unfortunately with the recent trend to depend only upon the Repertory without recourse to verification of the Materia Medica, and the prescription of the hitherto non-existent medicine, for example, speculate and prescribe Lac equinum because the patient dreamt horses – there are several such prescriptions in ‘world-wide’ journal like the Homeopathic Links – the question of a carefully carried out Proving and a Materia Medica based on it does not arise. Thus it is all a game of one’s imagination not answerable to anyone’s scrutiny. = KSS]

7. Aurum muriaticum natronatum – Four Case Reports
 SEVAR Raymond (HOMEOPATHY, 96, 4/2007)

Four cases treated with Aurum muriaticum natronatum are presented using the patients’ own words; two cases of Fibromyoma of Uterus and Thyroid disorders, and two of Eczema and Depression with suicidal ideation after disappointed romantic love. The case analysis and management are discussed and distilled into the Materia Medica of Aurum muriaticum natronatum with the creation of a heuristic.

8. Gavia Immer: A Modern Proving in the Making (Common Loon Feather)
 HUENECKE, Jason – Aeric (AH. 13/2007)

This article offers an insight into the preparation and organization of a “modern” proving. The author discusses about his feelings and dreams while he was preparing the medicine and also while proving. The dream themes from the provings have been given. The proving was done with 25 provers and 25 supervisors double blind format. The full ‘Proving’ data is expected to be published in a future issue of The American Homeopath. [Unless the full ‘Proving’ is published as also the source from which we can get the potentised remedy so that we can verify the Proving Symptoms clinically, this article is of no purpose = KSS]

9. A lightness of Spirit, the Ova Branta Canadensis Proving
 SCHURDEVIN, Kathy (AH. 13/2007)

The egg was processed by Eric SOMMERMAN and medicine was processed by Michael Quinn at Hahnemann Pharmacy. The Proving was double blind. The physical symptoms, mental symptoms, Fears, Delusions, Visions and Dreams are given. [There are no details what the ‘processing’ of the eggs were, what potencies were used for the Proving; how many Provers and how long the Proving and the symptoms lasted, etc. In cases of Goose and such ‘birds’ the Provings earlier were done from the feather, for example the ‘Gavia immat’. In this case of Branta Canadensis why the egg and not the feather? = KSS].
10. *Spirostachys africanus* Sond. : The Tambootie Tree: A Proving and cured cases
OLSEN, Steven (AJHM. 100, 1/2007)
The Proving of African sandalwood brought out the central themes of Loss in purpose of life, indifference to life, a loss of sensory perception; especially for vision, taste and hearing.
Cases cured on the basis of above themes are given.
The *Materia Medica*, Remedy comparisons and Repertory additions are given.

11. Homeopathic Proving of *Titanium metallicum*
SPADA, M.F., ARENA, G., NOCIFORA, R., MATERA, M.
(HL. 19, 1/2006)

**Materials and Methods:** For an extensive description of the methodology of this Proving and the preparation of the remedy please contact the authors.
The substance *Titanium metallicum* was supplied by the pharmaceutical company Carlo Erba Italia and potentised by the homoeopathic company IMO in Trezzano rosa (MI).

**Trial protocol**
The Proving was blinded. Eight volunteers received Verum in a 30CH, eight in a 200K and eight received Placebo.

**Mind**
In four subjects who took 200 K (071), very clear mental symptoms were noted. Prover 010 (G.R.) experienced a panic attack in a closed environment (N.S.), from the 10th to the 13th day, a symptom that was noted once again in a parking lot (claustrophobia), with a sense of oppression in the chest, suffocation, and great agitation. Prover 017 (G.P.) noted a marked irritability in the morning, from the 7th to the 10th day, and restlessness accompanied by tension in the solar plexus, without any plausible reason, and a crowding of thoughts regarding unimportant situations (O.S.). Prover 020 (E.D.C.) noted a physical, and especially a mental, improvement after the menstrual cycle, which continued for at least one week. She wrote: “I feel more serene in facing daily problems, with a greater self-control and assurance”. This symptom was also noted in the following cycle. Prover 021 (G.A.), noted from the 10th to the 14th day a decrease in the hurry and anxiety which characterized his nature, with a kind of mental peace, he wrote, “I had the feeling of being less hard in various attitudes, specially with my wife and with those who were closer to me”, this sensation remained for at least twenty days after discontinuing administration of the remedy (O.S.), and this was also associated with an improvement in remembering the names of people. We may observe that mental symptoms were noted only the case of 200K.

**Eyesight and Vertigo**
Most of the provers, ten out of sixteen, who took 30 CH and 200 K experienced problems focusing on objects, and had a feeling of disorientation. Some wrote that they had the feeling of being on a boat. The symptom was associated with eyesight disorders and disorientation. Two provers, after discontinuation of the remedy, experienced the same disorders when started taking the remedy again.

**Head**
From the 10th to the 12th day, Prover 017 (G.P.) reported very severe left frontal Cephalalgea which then disappeared on the 16th day. Prover 010 (P.R.) reported moderate cephalea in the front part of the head, from the 8th to the 12th day. Prover 020 (E.D.C.) pointed out frontal Cephalalgea, more towards the left, from the 4th to the 8th day, with a state of mental confusion (O.S.).

**Mouth**
Prover 002 (L.G.) complained of a bitter taste in the mouth from the 7th to the 12th day, and dryness of the mucosae with a burning sensation and the desire for refreshing drinks such as lemonade or fresh water. Prover 008 (P.G.) suffered from Aphthae in the mouth from the 6th to the 12th day, with a severe burning pain, which disappeared and appeared newly in different areas of the mouth. The most common location was on the mucosa of the upper lip, to the left (N.S.). Furthermore, prover 018 (T.T.) reported burning Aphthae during the entire research study, which healed and formed again on the mucosa of the mouth, particularly localized on the tip of the tongue.

**Back**
Four provers reported marked pain in the Cervical region, with irradiation of the pain to the Occipital area, and heaviness in the whole head from the 10th to the 14th day (O.S.)

**Abdomen and rectum**
About eleven provers out of sixteen noted marked abdominal disorders, such as diffused abdominal swelling, Diarrhoea with liquid stools, especially after meals, even though particularly irritating foodstuffs had not been taken (002 [L.G.], 010 [P.G.] 013 [R.G.], etc.). Two subjects reported haemorrhoidal symptoms with bright red blood in the stools.

Extremities (upper and lower limbs)

Almost all the provers, those who took 30 CH and those who took 200 K, described a sense of marked heaviness in the lower and upper limbs, with tiredness that limited their daily actions, often associated with articular pain, especially in the hips and the left glenohumeral joint. For example, prover 006 (R.N.) wrote that from the 5th to the 9th day she felt her arms and legs heavy, as if they were of stone, with a feeling of swelling, even if in the physical check everything appeared normal; she further described a marked heaviness in the left ankle and right hand (4th finger) (N.S.). Prover 013 (R.G.) reported that between the 7th and the 14th day he had a feeling of heat, heaviness in the feet and restlessness at night when he went to bed.

Male genital apparatus

Three male provers, two taking 200 K, 017 (G.P) and 021 (G.A.) and one taking 30 CH, 007 (M.S.), reported decreased libido and premature ejaculation, noted on more than one occasion. Two of them had experienced decreased libido only rarely in their life, but the more serious aspect was the premature ejaculation which they had never had previously (N.S.); this symptom disappeared only one month after discontinuing the remedy. Prover 021 (G.A.) stated that premature ejaculation improved in the two months following administration of the remedy (C.S.), while the other two subjects confirmed that the symptoms of decreased libido and precocious ejaculation were noted for at least 40 days after administration of the remedy.

Skin

Prover 003 (A.A.) reported that one week after administration of remedy 30 CH he experienced a rash with itchy wheals (Urticaria) which started in the evening after sunset, accompanied by swelling in the concerned location, migrating, accompanied by much itching, and soothed with cold water. Diarrhoea, 2-4 bowel movements a day, relieved the itching symptom. The symptom was present for four days.

Two other provers, 008 (G.P.) and 011 (A.F.), noted diffused itching towards the end of the research study (from the 12th to the 15th day).

Sleep

Two provers, who took 200 K, 006 (R.N.) and 010 (P.R.), reported agitated sleep with restless dreams, from the 7th to the 9th day, which according to both was not attributable to specific causes.

12. Leycesteria Formosa

A proving of the Himalayan Honeysuckle

SEVAR, Raymond (HL. 19, 1/2006)

A single blind homoeopathic proving of Leycesteria formosa (the Himalayan Honeysuckle) in 30 CH potency using 7 provers yielded 62 symptoms with concordance of symptoms between provers. The pattern of symptoms correlates well with symptoms of other members of the Caprifoliacae plant family.

The outstanding symptoms were of:
- Sensations as if stomach expanded like a balloon
- Sensations as if stomach is rippling with waves passing from stomach to pelvis, worse lying on back and better lying on abdomen.
- Return of pain in sites of previous fractures and joint/spine injuries
- Rapid healing of current injuries
- Changes in menstrual flow, length of cycle and pain
- Watery diarrhoea.

13. An insight into Taxonomy

A companion to SANKARAN’s “An insight into Plants”

SCHILLER, Julia (HL. 19, 2/2006)

This article provides an overview of Plant Taxonomy with other analysis and commentary to enable readers to make better use of the information in Rajan SANKARAN’s “Insight into Plants”, published in 2002. SANKARAN has made a convincing case that the taxon called the family is relevant from the homoeopathic perspective since patients needing plant remedies from the same family share common sensations. Most of SANKARAN’s groupings are supported by contemporary botanical classification, but five of the groupings are problematic from the taxonomic viewpoint, probably because he has relied on outdated sources to draw them together. His Conifers, Violales, Hamamelidae, Magnolianae, and Liliflorae groupings, which are composed of plants sharing higher taxa in common than the botanical family, are shown to have overlap, potentially premature generalization and/or other problems. Continued work is encouraged to
address these shortcomings. [Where is Taxonomy in Homeopathy? HAHNEMANN has given several examples pointing out the ‘family’ knowledge does not lead to the right selection of ‘homoeopathic’ remedy = KSS].

14. The toxic Effects of the African Pitocine
Leucas capensis in relation to the Law of Similars
MOILOA Robert (HL. 19, 2/2006)

In South Africa traditional healers have used the roots of Kgaba, Leucas capensis, in pregnant women and cases of maternal toxicity due to overdosage have been reported. Based on the principle that ‘like cures like’ a proving was conducted to unravel the homeopathic picture of this plant. The results are discussed in this article together with a differential diagnosis with other remedies for pregnancy-related pathology.

15. *Pestinum*
A remedy for future Plague?
STEFANEK Josef & STEFANKOVA Jozefina (HL. 19, 2/2006)

The authors present a proving of *Pestinum*, a Nosode of the plague. A short overview of history and pathophysiology of the disease is included. Main symptoms at a physical level are quite similar to the symptoms of the disease. At the mental level there are fear of unknown, feelings of surprise, unreality and isolation.

16. Clarity and Intoxication
The Proving of *Amethyst*
SEIDENECK Barbara (HL. 19, 2/2006)

Five different groups of students of the Homeopathy School of Colorado proved this remedy over a period of five years. A strong resemblance to the substance was evident in dreams of caves, crowded rooms, levels of high and low, up and down and openings with light. Mental themes relating to the substance include extreme clarity, a feeling of being drunk, and excessive mental energy. The list of physical symptoms is substantial; the proving showed Amethyst’s strong affinity for head pains, female symptoms and nerve involvement of the extremities.

17. *Psorinum*
MORRELL, Peter (HH. 30, 11/2005)

[This article is very interesting. The author opens the article stating that he has been working on this for over three years and also spent lot of time collecting fresh data. He further says that there are many original observations about *Psorinum* in this article = KSS].

The article also considers the Psora theory. Peter MORRELL himself had Scabies in 1971 along with 5 other members of his family. “Since then I have watched with fascination, not only the unfolding of myriad illnesses and symptoms within the members of the family and their offspring, but I have also seen the profound and curative effects of *Psorinum* as a remedy. *Psorinum* is a very full remedy, with a very large symptomatology, much larger than is indicated in any Materia Medica. It could prove to be as vast as to include all the antipsoric medicines within its “sphere of action.”

Many symptoms have been linked to history of Scabies.

Peter MORRELL says that the Hebrew BIBLE has no concept of original sin, a later Christian concept. Tsorat, a general word in Hebrews which meant trouble, also groove or stigma, is transliterated to Psora, meaning Scabies in Greek. [The article is short and thought-provoking. It is interesting to observe, in this context, the article by George DIMITRIADIS in the American Journal of Homoeopathic Medicine, Vol.100, No.2/2007 titled “The Itch Miasm” wherein he concludes that Psora has been ‘misunderstood’ as ‘Scabies’ eruptions due to mistranslation! (Abstract in p.82 of this QHD) I would rather invoke HAHNEMANN’s spirit and seek his clarification! = KSS].

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III. THERAPEUTICS

1. Ode to cold
Folklore or Fact: Can exposure to cold cause illness?
LOCKWOOD, Amy E. (HT. 26, 6/2006)

Based on 200 years of clinical experience applying the homeopathic method of treatment, homoeopaths are likely to agree that exposure to cold and other environmental factors can contribute to lowering a person’s resistance to illness.

The indications for Aconite, Hepar sulphuris calcareum, Nux vomica for ailments due to cold, dry weather and wind and of Rhus toxicodendron, Arsenicum album and Dulcamara in cold, damp weather are given.

2. When winter Hats “Aren’t cool”
Remember this remedy
3. Wrap up those Babies  
ROTHENBERG, Amy (HT. 26, 6/2006)

Leslie, 18 months, with low grade fever and flushing of face. Crying and in bad mood. She was treated with Calcarea carbonica for colic and sleep problems in the first year.

A day before she was taken on a bike ride. During the first part of the ride, sweat on her head. Then exposure to wind on damp head for an hour. Hot head with cold extremities, large wide – open pupils.

Belladonna 30. Slept off immediately and had woken up back to her perky self.

4. Sensitive to Drafts? Wear a scarf on that Bike!  
Or visit a homœopath to treat this susceptibility  
COWARD Steven  (HT. 26, 6/2006)

Karl, 35, with headache and stiff neck since he moved over to U.S. The pains were worse in the evening and when he lay down. Pain centered in sub occipital area. Pains from cold drafts on neck would alleviate. Sweat during sleep. Raw itchy skin between toes. Easily tired.

Silica 200. For the first two days, his neck became more stiff and from third day great relief. In the next few months, repeated few more doses and he became completely well (except for the itching in between toes!)

5. It’s more serious than just “cold feet”.  
Homeopathic help for Raynaud’s Disease.  
SUBOTNICK, Seven I. (HT. 26, 6/2006)

Frances, a middle aged school teacher with coldness of toes in Fall and Winter. First they turn white and cold, then blue and numb and finally turn red, prickly, hot and painful. The toes were beginning to ulcerate. Secale 30. Within 2 weeks her symptoms had resolved without any other medical intervention. Relapse after 2 years subsided with Secale 200.

Indications for Aconite, Secale, Sulphur and Sulphuric acid are given.

Three other cases which responded to their constitutional remedies are reported.

6. Will Bird Flu Spread Its Wings?  
Homeopathic help for Flu Season.  
MEDHURST, Robert (HT. 26, 62006)

Nux vomica appears to be the most strongly indicated Genus Epidemicus remedy for Bird Flu.

Other remedies are Aconite, Anas barbariae, Baptisia, Bryonia, Camphor, Eupatorium, Gelsemium, and Rhus tox.

Anas barbariae and Influenzium can prevent it.
China, Phosphoric acid and Tuberculinum aviaire helps in recovery after infection.

7. Never Thin Enough  
Eating Disorders and Homœopathic Treatment  
MASLAN, Allison (HT. 26, 6/2006)

An eating disorder reflects an extreme obsession with body image and food. Then they struggle with the emotional and physical repercussions that follow. These patients need a lot of reassurance and support.

Case: Nancy 59, suffered from eating disorders since the age of nine. High anxiety and acid – alkaline imbalance with burning pains in stomach. Cravings for fatty food. 102 pounds.


8. A Dancer’s Dilemma  
Battling Bulimia  
ALLEN, Karen (HT. 26, 6/2006)

Cheryse, presented with recurrent vaginal infections and warts on extremities. Bulimic since her dreams of becoming a dancer did not materialize. She vomited atleast once a day. This created a sense of failure and helplessness about her life.

Affected by damp weather and Garlic. Thuja occidentalis 1M.

9. Sweet relief for Shingles  
SHALTS, Edward (HT. 27, 1/2007)

Peter was HIV+, had crop of small, pink, blisters in right lower chest. He consulted and received antiviral drug and topical cream. No relief even after a week. The blisters were painful and
itchy. Hot showers and moving about relieved pain. *Rhus toxicodendron* 30. Next day symptoms subsided significantly. Within 5 days, pain and itchiness completely gone and rash dried up.

89 year-old lady recovering from a long Chemotherapy treatment for Cancer had severe Shingles on the left side of her trunk.

One month of treatment, brought no relief.

Pain from change of weather. Rash painful and stinging. *Ranunculus bulbosus* 30 and then 12c daily for a week. The pain and discomfort quickly dissipated and rash dried up.

Indications for the use of *Ran-b., Rhus-t., Apis-m., Ars-alb., Mez.* and *Iris-v* are given.

10. The Lovely Man in the Fedora
A cured case of post-herpetic neuralgia

ROTHENBERG, Amy (HT. 27, 1/2007)

Frank, 90 years suffering with post herpetic Neuralgia since 3 months. Stabbing, intermitted with relentless dull ache in left chest. Depressed and losing interest in life.

Five months earlier, he had lost his beloved wife of 72 years. One month later he had an heart attack and severe Pneumonia. Few days later had Shingles.


11. Seeds of change – Nurturing Homoeopathy in clinics and Hospitals

HARRIS, Jill (HT. 27, 1/2007)

Dr. Brian BERMAN, founded the *Center for integrative Medicine* at the *University of Maryland* School of Medicine in 1991. Since then many individuals are spearheading efforts to bring the benefits of Homoeopathy into such settings as medical Schools, Hospitals, Clinics and Residential addiction treatment centres. One such facility is *Southwest Naturopathic Medical Centre* (SNMC) in Arizona.

**Case:** Life or death decision

After her husband’s eleventh stroke, a woman confronted the choice of whether or not to continue his life support. The Internist counselled that all hope was lost. Homeopath Stephen MESSER was called and he found the patient was unresponsive except for a little movement in his fingers. When he told the patient he was going to leave, the patient squeezed his hand harder. *Phosphorus* 200. Next day signs of improvement. Less than a week later he was off the respirator. After two months and eight different homeopathic remedies, he was able to go home.

It is good news that more future doctors are being exposed to the potential of Homoeopathy through these hospitals.

In The Center for Complementary Medicine, Chicago, Dr. Clifford KEARNS provides 5-6 hours of lectures on Homoeopathy to the residents.

In one case, patient chipped her tooth and assumed swallowing it. X-rays did not reveal it. On inquiry, it was found out that she had recently lost her dog and started crying. *Ignatia* removed the sensation of tooth struck in throat.

Thirteen year-old Alice was woken up by Stomach Pain for the second night in row, with Vomiting, Diarrhoea and increasing pain. A surgeon opened her abdomen to reveal a jet-black stomach, half of it dead. Two weeks post-surgery, cause could not be found out and high fever inspite of three antibiotics.

The parents requested for help from SNMC and they observed fever, without chill, heat in face, stitching pains in abdomen and dry mouth with thirst for cold water. Aggravation from any motion.

*Bryonia* 200, every 2-3 hours. By next morning temperature dropped significantly. Her mood improved. Four days later, fever began with a chill in the chest and descended to legs and her back and occiput were sweating. *Sulphur* 200 every 2 hours. After this no fever for few days and again fever with breathing difficulty and peeling of fingertips. Thirst for ice cold water steadily increasing. *Phosphorus* 200, 4 times a day. Her fever broke entirely, energy increased and her improvement was continuous.

A residential addiction treatment center in Boston requested the *Teleosis School of Homoeopathy* to train its entire paraprofessional staff so that Homoeopathy could be consistently available to its clients.

The programme hopes to help to resist a relapse in their struggle against addictions.

**Complementary strategies for Katrina**

In New Orleans, Homeopath Karyn SCHWARZ worked with an M.D. and a Nurse to treat patients affected by Katrina, using Complementary Strategies for each patient based on different kinds of knowledge.

12. Wound finally heals – after 25 years

MOSKOWITZ, Richard (HT. 27, 1/2007)
30 years after a radical mastectomy for Breast Cancer, a 70-year-old woman sought help to close an open, draining wound in her chest. Extensive X-ray treatment resulted in Osteomyelitis of left lower ribs. In the ensuing 25 years, old wound reopened several times but recently not healed for over a year. A fistula, oozing a woody mucopurulent discharge. Three years, many homœopathic remedies – including Calc-sulph. and Silica; also seemingly constitutional like Lycopodium and Phosphorus; then Radium bromatum and X-ray – did not help. Gun powder 30, daily for a few weeks closed the fistula and the scab fell off. Reopened briefly later, but few doses of Gun powder 200 healed it.

13. Real Homœopathic “Magic”
Severe liver trouble agonizing Kidney stones respond to homœopathic treatment
CARPENTER, Bonnie (HT. 27, 1/2007)

Jason, 32, had grossly abnormal liver enzyme levels for which no cause could be detected. He was advised Liver transplant. He was angry, impatient, workaholic – striving for excellence. Compulsive about his work.

Craved highly spicy food, chilly and desired warmth. Exhaustion from overwork. Nux vomica 30 once a week for two months. Blood enzyme levels all came back to normal. He took Nux vomica 30 monthly once for another two years and his attitude to life completely changed.

Jaimie, 23 years, with Kidney stones since 14 years of age. Undergone Cystoscopy, Lithotripsy. Recurring Uric acid stones.

Extreme pain with nausea and fever during the episode but constant back and Stomach pain.

Painful and heavy menstrual periods accompanied by hot flushes. She was anxious, depressed, moody and had panic attacks. Terrified of Snakes and Spiders. Could not stand Sun, Jealous and Sarcastic. Lachesis 1M. A week later pain in stomach and back gone. In next 3 months frequency of stones decreased.

Lachesis 1M was repeated many times and she was symptom free for one year. Relapse and one more repetition cured her.

14. Mumps. It’s Back! And it’s not just for kids any more
LOCKWOOD, Amy. E. (HT. 27, 2/2007)

The biggest outbreak of Mumps in U.S. was in 2006. Most of the affected were teens and young adults – inspite of two doses of MMR Vaccine. The clinical symptoms and the possible complications are discussed. Epidemics treated homœopathically are ‘quoted’.

15. Modern Mumps strikes Young Adults
An experienced homeopath tell us what works
TREUHERZ, Francis (HT. 27, 2/2007)

Indications for Mercurius solubilis, Phytolacca decandra, Aconite, Belladonna and Pulsatilla are given.

In the last eleven years of intensive practice on an emergency telephone helpline service, by the author, Jaborandi has been the most useful one for Mumps. J.H. CLARKE’s description of the remedy is given. It can be helpful when Mumps have metastasized to testicles, breasts and elsewhere.

16. Preventing Mumps - Homœopathically
LOCKWOOD, Amy. E. (HT. 27, 2/2007)

Parotidinum 30 or 200 - J.H. CLARKE
Pilocarpine 6c - Dorothy SHEPERD
Trifolium pratense & Trifolium repens 3c or 6c - Will TAYLOR

17. A dizzying Disease
ROTHENBERG, Amy (HT. 27, 2/2007)

POLLY was suffering with Mèniére’s disease. Severe dizziness with loss of balance, nausea and vomiting. With this illness, her life had become severely restricted. She had to lie perfectly still wih her eyes closed during vertigo. Much anxious about health, sweats easily on exertion and tendency to constipation. Chilly. Neat freak. Calcarea carbonica 200, one pellet. Four weeks later; not a single episode of dizziness. Six weeks later : Easier menstrual cycle. Over the next seven years, 3 doses of 200 and two doses of 1M. She never again had a severe bout with the dizziness.

To the amazement of her ENT doctor, Polly’s hearing returned to normal and the ringing in ears also stopped.

Indications for Cocculus, Phosphorus, Conium maculatum and Argentum nitricum are given.

REICHENBERG-ULLMAN, Judyth ULLMAN, Robert (HT. 27, 2/2007)

Adopted children may be more likely to suffer from inadequate bonding, separation, anxiety, attachment disorders, malnutrition, chronic disease, fetal alcohol and drug syndromes, neurological
problems, ADHD and developmental, learning and speech delays.

1. JOEY, seven year-old boy, was adopted at 18 months from an Orphanage in China. He liked to kiss, hug. Involved in two incidents of explorative, sexuality with younger girls. Diagnosed with ADHD. Liked music and sensitive to noise. Sucking his fingers. Intense desire for sweets.

2. LUCY, now 9, removed at age 3, from parents due to severe abuse and neglect. Possible sexual abuse. Difficulty with social interactions at school. Still sucked thumb. Tells lies. Insensitive to pain. Tendency to sneak candy and sweets.

Both of them had experienced parental abandonment or neglect before their adoptions. This led to insecurity, social problems, difficulty with school performance, thumb and finger sucking and an inordinate desire for sweets.

- Saccharum officinalis

LUCY experienced improvement in focus, much less fighting, lying and thumb sucking and a gradually reduced craving for sweets.

JOEY became less aggressive and hyper. Focus improved and was able to get along well with kids in school. Completely stopped sucking his fingers. Sugar craving decreased dramatically. Maintained their improvements over the next few years.

19. A new home and a New Chance

Bulgarian survives

COWARD, Steven (HT. 27, 2/2007)

Sam, 8 years, was adopted at 5 years from an orphanage in Bulgaria, by Vicki and Eddie who had 4 children of their own and adopted six children from other countries.

He was irritable, full of rage, striking at others over trivial matters. He wet his bed consistently and used urination and defecation in a malicious way. Facial tics worse when reprimanded. Fear of big dogs and being alone. Thrice hospitalised under Psychiatrist.

Anacardium 200 one dose. His behaviour improved for several days and then became worse and had to be admitted in a Psychiatric facility. Another dose. Within 5 days he was discharged with dramatic improvement in behaviour. He apologized when he told something unkind. Maliciousness virtually gone. Facial tics greatly diminished. He was discharged from regular Psychiatric care.

20. The “Stepford Child”

ASPINWALL, Mary (HT. 27, 2/2007)

QUENTIN, an adopted child, had repeated Kidney infections with pain and crying after urination. Night fevers, bedwetting and restlessness. He hates being observed. Can’t bear anyone touch his toes. Slow to make a decision. Likes to have his boots laced very tightly. Thuja 200. Within 2-3 weeks, had a nose bleed and broke out in a lot of itchy spots. [Exteriorization of disease from a correct medicine. Indication of curative process. = KSS]. Thereafter his indecision improved markedly and a month later, his other symptoms cleared up as well. Repeated whenever there was relapse.

21. Healing Adoption – Trauma

SHEPARD, Maureen (HT. 27, 2/2007)

Adopted children may have experienced being unwanted by one or both of their parents and loss of the deeply satisfying mother-infant bond.

The remedies which can help in this situation are Anacardium, Gallic acid, Hura, Lac humanum, Magnesium carbonicum, Magnesium muriaticum, Natrum muriaticum, Pulsatilla and Saccharum officinale. Indications are given.

22. Case of Hyperpyrexia: 107º Fahrenheit

PANCHAL, Manish (SIM. XX, 2007)

25 year-old man in 1992 with fever and chills daily since 10 days. Chills were followed by heat. No sweat. Severe Head ache during heat and chill. Bodyache, tiredness and desire to lie down. Pain and tenderness in right chest due to coughing. No desire to eat. Thirst increased during fever. Dull and apathetic. Did not like to be disturbed or spoken to. Sadness in eyes.

Bryonia 200. Next day, no change. Thirst now decreased. Chills started at 11 a.m. and lasted till 4 p.m.

Gelsemium1M. Within two hours the fever rose to 107.4ºF. Cold sponging was advised. Gradually the fever came down to 103.8ºF in three hours and again rose to 106º. Cold sponging continued and fever came down. He ate bread. Headache was only slight and dryness of mouth decreased. Next few days very mild problems and then became normal. [The significant point in this case seems to be the rise of fever to such great heat on 107.4ºF. Cold sponging is a “contrary” method not conducive with Homeopathy. Dr. PANCHAL has drawn an attention to “unknown symptoms of Gelsemium. Restlessness, active memory, suicidal
disposition jumping from heights”. These are in CLARKE and not in other Materia Medica. = KSS].

23. Parkinsonism: Risperidone and Homeopathy
AMIN, Ruhul (SIM. XX, 2007)

Risperidone is used in reducing the negative symptoms of Schizophrenia but the side effects are more or less same as Parkinsonism.

Dr. Ruhul AMIN potentised this drug and proved on himself and the symptoms are given. [What potency was taken and how soon or late the symptoms developed? Was the Proving drug repeated? The author say that several “fine symptoms appeared but were not strong”. The fine symptoms are not to be ignored = KSS].

He became amithermal after the proving. Earlier he was hot.

A patient with Parkinsonism for 15 years was given potentised Risperidone. Symptoms of Hyperkinesias, trembling finger and difficulty in speech were reduced.

The author concludes: the many crude drugs have various side effects and can be used to manage the natural diseases (Symptoms as well as the side effects) after its homeopathic preparation.

24. Drawing conclusions
MARRS, Iain (SIM. XX, 2007)


Through the rubrics “inflammation of sinuses” and “swelling of glands” and through “themes” Hekla lava was arrived at. (What about Materia Medica study in Hekla lava). From the next day incredible anger reduced. Two weeks later again Sinus problem. Hekla lava 30. His nose started to run. No pain legs. Hekla lava 200. X ray Sinus – No congestion at all. Adenoids shrinking in size. Over the next two months piles of crap came out of nose. Relapse 2 months later. Another dose. Over the next 2-3 years, he improved but was not cured.

25. Butterfly, Raven, Wolf
MURRAY, Beth (SIM. XX, 2007)

Three cases are presented in which animal remedies were chosen based on the feelings of each remedy through the patient’s own words. [!!! not based on Proving! What can one learn from these? To speculate, let one’s imagination take full flight. Nothing to do with hard facts = KSS].

1. Limenitis brodowii californica - Butterfly
2. Corvus corax principalis - Raven
3. Lac lapinum - Wolf

26. Patients with Hysterical Reactions:
Thoughts on Hysteria with a case by Massimo MANGIALAVORI
HERON, Krista (SIM. XX, 2007)

Conversion Hysteria is a condition which presents symptoms that mimic organically based illness. It is defined as wandering and mutable symptoms that are more a product of mimesis or unconscious intention than disease.

Hysterics have disorganised emotions. They cannot understand and interpret what is important. Through symptoms they try to capture attention of others.

Silvano, 60, with variety of chaotic symptoms with extreme description and needs to hold attention. Different kinds of pain. Dependency on others with an intention to make them suffer. Fruitless restlessness, unable to become independent, desire to eat little. Desire for fruits and liquids.

Latrodectans mactans did not help. Loxosceles reclusa Q/1. Over the next 2-3 years, he improved but was not cured.

27. Case of Hearing Loss
SHARSTEIN Catherine (SIM. XX, 2007)

Male, 67 years with Hearing loss in right ear. During sequential questioning, comes up with fear of poisonous Snakes and talks energetically about Snakes. Elaps.

[It is not good Omen that a whole journal is filled with Case reports of this nature. You talk of horses and lo! The remedy is Lac equinum; of snakes and it is a snake remedy; about a Spider or climbing, etc and it is a Spider. And so it goes on!! Throw away all Provings, Materia Medica, use a computer so that you feed all the patient’s symptoms and you get some remedies. Fit a remedy that fits your imagination, it may be an unheard of remedy, may be Anaconda! If we raise our voice against such imaginary Materia Medica we are besmeared with such words as Fundamentalist, anti-innovations, etc. etc. Whither
28. Psychische Erkrankungen in der homöopathischen Praxis
(Psychic diseases in the homœopathic Practice)
De LAPORTE Claudia (AHZ. 252, 1/2007)

Psychic and especially neurotic Symptoms are cured more by self-acceptance and by the integration of unloved parts of the personality as well as by the support of a deep and universal sensation of security. Many people are able to perform this process of Healing and getting more Conscious by themselves. Others need support and stimulation from the outside. The most frequent way to give this kind of help nowadays is by Psychotherapy. But the impulse can also be given by a classical homœopathic treatment which does not take away so much of self-responsibility from the patient. This effect can be enhanced by a deeper and more psycho-dynamic understanding of the process of disease and healing from the Practitioner’s side. The homœopathic remedy as well as a good technique of case-taking work together as stimuli to become more aware. The patient is free to develop his own findings in his speed.

Three different cases show how the choice of homœopathic remedy can be sustained by a more psycho-therapeutic conceptions can be integrated easily in the normal course of a homœopathic treatment.

29. Herpes ist ein wenig wie Reue
(Herpes is a little like Remorse)
APPELL Rainer G. (AHZ. 252, 1/2007)

Herpes may give a view on a deep existential dimension which is shown by two exemplary episodes. Emphasis is put on the importance of seduction and remorse and on a holistic way of consideration.

30. Homöopathie: mehr als nur Placebo
(Homœopathy: more than just a Placebo)
MÖLLINGER Heribert and SCHNEIDER Rainer
(AHZ. 252, 2/2007)

The results of a Homoeopathic Pathogenetic Trial of two Polychrests, *Natrum muriaticum* and *Arsenicum album*, are presented. It was randomised, three-armed, placebo-controlled, double-blind Study differentiates between Verum and Placebo. The Study claims highly significant evidence. [As in similar ‘researches’ undertaken over the decades in which positive results were obtained, the researchers declare that further similar researches would be rewarding. And so on it goes, never ending. In spite of all these, those with a mind tightly shut against Homeopathy will never agree. Who needs these ‘researches’, to satisfy whom? And whose approbation are we craving for? Or are these just to keep occupied some interested in laboratory researches? If that were so, let them have their fun. For us who actually practice the art we know well the differences between a placebo response and a homœopathic medicinal response. = KSS]

31. PC 1 als homöopathische Arznei bei AIDS
(PC 1 as homœopathic medicine in AIDS)
SCHUSTEREDER Klaus (AHZ. 252, 3/2007)

The actual clinical Practice in the Africa against AIDS shows that treatment with appropriate Antiviral substances has no chance of healing the complaints. The reasons for this are several. After much trials Peter CHAPPEL has found a substance, a combination drug, which in his experience and also in the experience of some others, has been found to be of great benefit. This remedy has been named as PC 1. In this article the experience in Central Africa has been discussed. The socio-cultural background of a disease like HIV in Africa is examined, the resulting difficulties in treatment are analysed.

32. “Über die Liebe” – Infektion mit dem Humanen Papilloma-Virus in der Gynäkologie
(Infestation with Human Papilloma Virus in Gynecology)
ENGELSING Anja Maria (AHZ. 252, 3/2007)

Infections by Human Papilloma Virus, HPV, are widely spread. In sexually active persons, a prevalence of 60-70% is assumed. In the West sexual activity begins at earlier age and also there are more sexual partners. The Human Papilloma Virus is transmitted almost always through sexual activity. The infection is mostly asymptomatic but can, besides Condylomata, cause Cytometaplasia in the Cervix uteri up to Cervical Carcinoma. Since the vaccination was put to market in October 2006 Human Papilloma Virus is a current topic.

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The problem can be understood and treated homœopathically only in the background of the Sycosis that is being expressed by it.

32. Wesen, Erkennung und homöopathische Behandlung der Borreliose
The nature of Bacteria in general and *Borrelia burgdorferi* in particular has been explained. Examples are given for a possible meaning of Epidemics on the informational level. From this an approach was derived for the analogus/homoeopathic treatment of Epidemics in general and *Lyme disease* in particular. Various homeopathic strategies are discussed. An exhaustive reference is given at the end.

33. Interdisziplinäre Behandlung bei Rückenschmerzen
(Interdisciplinary Treatment of Back Pains)
EICHLER Roland and ALFEN Florian
(AHZ. 252, 3/2007)

Back Pain is a very common complaint. The causes are manifold; and important problem is an insufficiently developed deep dorsal musculature. Strengthening the muscles seems to be the right way first. Nevertheless Symptoms often remain in spite of all appropriate efforts. Here the homeopathic treatment plays its part in an ideal way to trace the real causes “behind the causality of the muscles”, by taking the Totality of Symptoms and work out the characteristic individuality. A case is presented to show this. [Margaret L. TYLER has said that many headaches could be cured if a Chiroparactitioner sets the Atlas right. In respect of back pain, the ‘Alexander technique’ would go a very long way in relieving many people of this nagging complaint. In fact ‘back pain’ is pain to the homoeopath; the causes are so many and most of them do not get cured by a medicine, but needs to be rectified by the sufferer; here, for example riding a two-wheeler over very bumpy roads every day will maintain the pain, no matter what medicine I give. = KSS]

34. 50 Jahre Gemütssymptome in der ZKH
(50 years Mental Symptoms in the ZKH)
WEGENER Andreas (ZKH. 52, S1/2007)

HAHNEMANN gave a high rank to the ‘Mind’ symptoms for the choice of the appropriate curative remedy. This may be seen in the several case reports that have appeared in the ZKH over the years. There have been discussions in the articles about the reliability of the interpretations of the Mind symptoms; also about the remedy ‘pictures’ drawn on the basis of the Mind symptoms alone. How much of these are right? These are discussed on the basis of the articles that appeared in this journal over the past 50 years.

35. Ein Fall von Schizophrenie und seine Heilung mit *Cenchris contortrix*
(A Case of Schizophrenia and its cure with *Cenchris contortrix*)
CÁMPORA Carlos N. (ZKH. 52, 2/2007)

The author presented several cases in the LIGA Congress in 2005, as evidence for the action of the homeopathic medicine. The case presented here is one out of them. Although the patient had been previously treated with conventional Medicine, psychologic treatment, she showed no improvement. The author demonstrates that the exposition of the verbatim expressions of the patient and their precise translation into repertorial rubric, the analysis of the case and the approach to the strategies and the course of treatment, would lead to a successful result. The author stresses the importance of high-quality case reports in research in Homeopathy. [Certainly the case is interesting. Certainly the journals must insist on high-quality articles. Most of the cases in the journals appear to be written only to impress the writer’s ingenuity; exact dates of the prescriptions are not given; why some prescribe as in this case of Dr. CÁMPORA, a high potency, a XM, repeatedly over several weeks? Why 10 globules every time, and twice a day? Did not HAHNEMANN say that repetition of the same potency is to be avoided? Yet, most of us give the same potency, be it a 30 or 200 or a 10M even, for several days/weeks! Is there a rule or is it only on the basis of the individual prescriber’s experience (which we do respect surely). Several questions rise? Can homeopathic therapeutics be ‘fixed’ according to the ‘scientific’ laws? Can anyone of us repeat the result of anyone else among us? And are we searching for ‘evidence’ for the action of the homeopathic remedy to answer the ‘critics’ or to ‘streamline’ our methodology? = KSS]

36. *Ignatia*, *Phosphor*, *Pulsatilla*:
Mammakarzinom mit Knochenmetastasen
(*Ignatia*, *Phosphorus*, *Pulsatilla*: Breast Carcinoma with Bone metastasis)
HADULLA Michael (ZKH. 52, 2/2007)

This is the case of a young, beautiful and slim woman with a child. Because of a Breast Cancer during the pregnancy her breasts, both, were surgically removed. She was a successful actor,
was in love with a married man with two children and became pregnant through him. As a consequence she suffered threats from the wife, psychological stresses, fights with the family.

During the pregnancy she had severe back pains, which many pregnant women colleagues considered usual during pregnancy, or psychosomatic. This became clearly worse during the latter part of the pregnancy and ultimately an x-ray showed the fearful diagnosis of bone metastasis of bilateral Breast Cancer. As a result the breasts were removed surgically as also a healthy child was delivered by a caesarean section. (Contrary to the postulates of Psychology and developmental psychology, the child, until date, is healthy and has developed well.)

The patient consulted me at this stage and said that the infant was lying quietly like a mouse. Mrs. M herself could not rise from the bed to go to toil etc. She was then in love with a married man with two children and had been pregnant through him. As a result the breasts were removed surgically as also a healthy child was delivered by a caesarean section. (Contrary to the postulates of Psychology and developmental psychology, the child, until date, is healthy and has developed well.)

The patient consulted me at this stage and said that the infant was lying quietly like a mouse. Mrs. M herself could not rise from the bed to go to toil etc. She was given Ignatia 200.

Days later, because of the bone metastasis she was given and after consultation of the homeopathic literature at hand, the constitutional aspects Phosphorus Q6 daily for some weeks. With this the patient was clearly comfortable, the Tumor marker also went down well. Therefore Morphia was reduced and Tavor stopped.

The subsequent changes indicated Pulsatilla and it was given in Q6 potency one dose daily. Parallelly the allopathic drugs were also being taken. The patient could sit up again and go to toilet on her own and even go up steps.

An intervening state of much weakness was set right with Phosphoric acid and later impatience, anger with Nux vomica.

In November 2001 a new metastasis in the costal region; Phosphorus and few weeks later Pulsatilla Q6, Q7 brought her to a better state; parallelly the allopathic medicines also on.

Several months later, the patient visited me and she came up the stairs to my office in the first floor, with her child in her arm! The child appeared to be a picture-book model of a healthy baby. After this on 21.9.2006 she rang me up to say that she was well, her son is now 5 year-old and goes to the Kindergarten. Whenever she felt unwell she took a dose of Pulsatilla Q6 and she became well. She jogs, plays sport and goes regularly to Fitness Studio.

The patient’s spontaneous expression: “The conventional medicine helped me to stabilise the physical effects! Homœopathy helped in general to a better/stable constitution and in particular the ailments which cannot be overcome by self alone” (Original citation).

37. Symptom oder Interpretation – ein Psychiatrischer Fall (Symptom oder Interpretation – a Psychiatric case)

KLINKENBERG Carl (ZKH. 52, 2/2007)

The case is treated by the Boger-method. A point which is very important and peculiar to Homœopathy is pointed out with this case. That is, that the physician need not and indeed cannot, know exactly the real cause of the disease. (Refer to FN to § 12 of the Organon). Symptoms and interpretations must be differentiated. A case is presented to demonstrate this.

With another case the choice of symptoms in frequently recurring paroxysmal diseases is demonstrated.

38. Die homöopathische Datenermittlung nach Bönninghausen (The homeopathic Data collection according to Bönninghausen)

STEINER Urs (ZKH. 52, 2/2007)

This article is very interesting and thought-provoking. The basis of what HAHNEMANN called ‘Dynamis’ is for BŒNNINGHAUSEN the biologically inseparable networking of all its symptoms which therefore need to be recorded separately. The appearance of disease is modified individually by “modalities”. The identification is carried out systematically using a ‘hexameter’. [Readers are urged to read, if one has not, the relevant article in the book “Lesser Writings of Boenninghausen” = KSS]. Special attention must be paid to record complete symptoms; “complete symptom” consists of at least one ‘general’ symptom (sensation), modality, and location of the complaint. The most recent symptoms of the patient weigh more, but most important are the modalities. Drugs have bi-polar signs and modalities, which contain contra-indications, and therefore have to be taken into consideration for the exclusion or affirmation of the medicine in question. Every medicine has its ‘Genius’ – an individual ‘character’ – which is mirrored in the entirety of its signs and modalities. The ‘genius’ of a medicine has to be found again in the ‘character’ of the disease.
39. Gemütssymptome unter dem Maß des Charakteristischen - Silicea ohne die Furcht vor Nadeln
(Mental Symptoms as criterion as characteristic - Silicea without the fear of needles)
MÖLLER Bernhard (NAH. 2, 3/2007)

In five clear steps, this article illustrates how a case can be worked out and analysed and solved especially where quite often now the emotional and mental symptoms seem to dominate and mislead. It is also shown that the psychic symptoms must also be only in consideration with the characteristics of the medicine’s action and the mental and emotional symptoms are to be used only to decide the right similar remedy. At the same time the author points out that with Bœnninghausen’s Therapeutic Pocket Book the case could be worked out to get the same remedy.

In the NAH, 1, 1/2006, Stefan REIS has clarified how the symptom “fear of needle” entered the Materia Medica and thence into the Repertory. [It is a much rewarding work to search for the source of the symptom and understand the tendency of the drug so that one may perceive the ‘Genius’ of the remedy = KSS]

40. Ein klinisches Lycopodium-Symptom
(A clinical Lycopodium-Symptom)
MORITZ Jürgen (NAH. 2, 3/2007)

With the example of a case the author highlights the application of a Lycopodium Symptom, with reference to the 19th Century homeopathic literature. A Symptom is characteristic and/or peculiar in the context of the totality of the case. The fan-like motion of the alae nasi, a characteristic symptom of Lycopodium is taken up; this Symptom is to be considered in the context of Pneumonia.

41. A case of Salix nigra
JOHNSON, David A. (AH. 13/2007)

A 58-year-old female with Asthma, Hypertension and Depression. While describing her emotions, she repeatedly used the words swamp and willow. The search of these words led to the Black Swamp Willow – Salix nigra. Because of this the remedy was prescribed inspite of the limited indications in the text. Over the next 2½ years, she progressed gradually from LM2 to LM12. [David A. JOHNSON has followed Rajan SANKARAN’s method of questioning. The texts indicate this remedy as having a positive action on the generative organs of both sexes. Hysteria and nervousness …. None of the symptoms which the patient complained of are seen in the text book. There is no pathogenesis to match the symptoms of this patient. In spite of the fact that the patient became better, can this be fitted into Homeopathy? The prescriber searched ‘Swamp’ and ‘Willow’ in a computer. For some of us who do not use these gadgets but still use the God given brain, this is not possible. Does it mean that we wouldn’t have found a curative remedy in this case? = KSS].

42. A chronic case of Belladonna
SADOVSKY Valerie (AH. 13/2007)

In this case Belladonna generally considered as an ‘acute’ remedy, did very well in a ‘chronic’ case.

5 year-old boy brought in for Enuresis and frequent Epistaxis. Aggressive behaviour towards his little sister. Bites his dad, no fears except of dark. Forsaken feeling after the birth of his sister. Dreams of monsters. Belladonna M. 6 weeks later – bedwetting every third day. Epistaxis once. High fever for 4 days, a week after last visit. No scary dreams. Sweats terribly at night. SL.

2 months later – Not cranky. Since 2 weeks wetting bed daily. Salivating a lot on his pillow. Sleeps on knees and belly and snoring loudly. No Headache and no epistaxis. Comprehension much better. Belladonna 1M.

6 weeks later: Bedwetting once in 5-7 days. No sweat during sleep. Not bullying sister. SL. 3 months later: No bedwetting and continues to do well.

43. A Case of ADHD of Chronic Neck Problems
SHANNON, Tim (AH. 13/2007)

A 58-year-old female sought help for issues of feeling scattered and purposeless and self criticism, Intractable neck pain and jaw pains. The patient began talking about owls and nostalgia of Nature and environment. The idea of self-consciousness was expressed like watching a movie of herself. Bubo virginianus (Bubo-v) aqueous doses.

Over the next three years there was consistent positive response with few more doses of 30 and 200.

The themes of bird remedies are given and differentiated with Bubo-v. [Here again is clearly what is not Homeopathy. There is no relevance to the Organon, Chronic Diseases, Rules governing the cure, Materia Medica, Repertory, etc. The
patient spoke of owl and lo! All symptoms fall into that! In what way is HAHNEMANN or the Homœopathy he founded relevant in these practices? I don’t know. Do you, dear Reader? = KSS].

44. Asthma: Miasmatic Understanding and Treatment
SHAH Jawahar J (AH. 13/2007)

Asthma can be managed easily only after understanding the disease. The miasmatic aspects are discussed and indicated remedies are given. A Flow Chart of related remedies is presented.

45. An Explosion of Psora: Rocky Mountain Spotted Fever (RMSF)
HYDE, Rosemary (AH. 13/2007)

The author had a Tick bite for which she took Ledum 200. A week later she was down with fever and all the symptoms of Tick bite. Ledum 200 and 1M with several doses of Borrelia (Lyme Disease). Nosode, 30, 200, and 1M. Relief for a short while. Diagnosed as Rocky Mountain Spotted Fever (RMSF). Admitted and was unconscious for 5 days with Multiple Neuropathies. Arnica 1M for illusions after injury to head from a fall in hospital. For her frightened expression, Aconite 1M.

Copious and frequent urination at night alternating with no urination during the day. Fiery red tongue. Belladonna 30 and next day a dose of 200 helped the above two problems. Finally Rhus tox 30 in water dose. One dose each on two consecutive days. By third day uncertainty of balance and proprioception disappeared and could walk without walker. Several symptoms from the beginning of illness returned briefly and subsided.

46. True colors: A case of Chameleon and Remedies from the Lizard family
BROWN, Doug (AH. 13/2007)

A 42 year-old FBI agent with Idiopathic Thrombocytopenic Purpura (ITP). Conventional medication did not help much. Bedbug bite was a probable cause. The themes of family, fear of death, embarrassment and deception emerged and he told of his Chameleon role. Chameleon 1M. Relapse 12 days later. Again another dose. A month later count was 150,000. Better in all aspects. Chameleon 1M. He continues to do well.

47. Homœopathic Treatment of Acute Gout
CARA, Raakhi; TIKLY, SOLOMON, DEROUKAKIS (AJHM. 100, 1/2007)

The study focused on the homœopathic Law of Similars where a single most similar remedy was chosen according to the unique characteristic symptoms displayed by each participant suffering with acute Gout. Participants who complied with the criteria for Gout of the American College of Rheumatology were selected.

The Serum Uric Acid (SUA) levels were tested on Day 1 and Day 6 to assess hyperuricemia. Treatment efficacy was evaluated on Days 1, 3 and 6 based on daily subjective impression of participant, objective analysis and comparative analysis of SUA.

In this study, the homœopathic simillimum resolved all acute symptoms within 6 days. The levels of SUA were also reduced.

The remedies indicated were: Benz. ac., Arn., Bry., Caust., Rhus-t., Led., Berb-v., Colch., Bell., and Calc. carb.

48. Anacardium: Sins from this and many lives …
LALOR, Liz (AJHM. 100, 1/2007)

35-Year-old female, with weight and diet issues. Candida. Food allergies. Stomach bloating. Feeling of being rejected by parents. Clairvoyant ability to see her crimes of past lives which led to the guilty feeling. Her true calling was in her spiritual work and trained with a spiritual teacher.

Anacardium 30, thrice a week. 2 months later – doing extremely well with her weight and sugar cravings. Sense of rejection reduced. Started to exercise.

The shame about her body and past life was easing. Six months later: Setback due to a catastrophic event. Criticized by her teacher. So ceased contact with her. Anacardium 1M.

A month later : Coping well with the situation and returned to her classes with her spiritual teacher. 2 more doses of 1M.

This case is from a lecture series in which LALOR is concentrating on the Delusions of original sin. In these cases the patients feel they deserve their disease or emotional pain. The Delusion rubrics mirror the psycho dynamic crisis that is both the cause and cure of the patient’s illness. If we can delve into the original crisis that created the first delusion, we have the remedy
picture and we have the cure for the crisis of the person’s existence and subsequent disease.

49. Shaken Baby Syndrome  
LALOR, Liz (AJHM. 100, 2/2007)

A 44 year-old woman with overweight, Diabetes, Kidney function problems, PCOD, History of Bronchitis and Asthma. Takes cold easily. Meningitis at 7 years age and feeling of abandonment as father was away and mother was sick. So none visited her at Hospital. Could not speak till 10 years of age. Low energy. Could not read longer than 30 minutes. Slow in speech and in responding. Father violently abused mother. They divorced when she was 13. Currently studying Theology. Lack of confidence.

Baryta carbonica 30 once a day. From 25.4.06.

12.6.06: Normal kidney function test. Lost 5 Kg. ‘Brisk’. Less chilly. Able to read for upto two hours. Baryta carbonica 30, once a day.

6.10.06: Immune system far better. Better focus. Assertive.

7.11.06: Cold did not develop. Realized no need of a protector. Sensitive to noise. From 25.4.06 till 7.11.06 daily one dose of Bar. c. 30. [For nearly seven months more than 210 days, 210 doses of a 30 potency! Is it not mocking at a potency? Case Reports of this type teach us what should not be done. = KSS].

50. A case of Meningeal Inflammation  
C SEAK Karin, (AJHM. 100, 2/2007)

CH, 50 year-old woman with high Fever and Headache since 3 days. She appeared quite uncomfortable. Meningeal signs mildly positive. A day before the Headache, accidentally bumped hard by her partner in neck and shoulder area felt her “brain had really gotten jostled”. Osteopathic examination revealed excess of myofascial tension and diminished amplitude of cranial rhythmic impulse. Arnica 1M. Within 10 minutes, significant increase in amplitude cranial of rhythm. Mild pain relief. Headache relieved by redosing of Arnica 1M. she recovered fully needing occasional dose of Arnica 1M and few more Osteopathic treatment.

51. Why the correct Remedy Doesn’t always work  
ROBERTS, Ernest (HL. 19, 1/2006)

The possibilities when a seemingly indicated remedy no longer acts are discussed.

The levels of health as explained by VITHOULKAS are referred to and relationship of remedies explained.

List of Acute-Chronic remedies and the Remedy Relationship Sequences (triads) are listed.  
[If the Correct remedy doesn’t work, it is not the correct remedy; that’s all to it. Much has already been said on this subject by many, earlier = KSS].

52. Cures at the Second Attempt  
Three cases of Hyperthyroidism  
AMBERGER, Anton (HL. 19, 1/2006)

Case 1: 42 year-old male diagnosed with Hyperthyroidism, with an excessive irritability for trifles since 6 months. Teeth grinding at night. He had lost much weight inspite of eating much. Trembling of hands. Profuse sweat of palms. Striking rash on his chest and back. Slept with feet uncovered. Sleepless after 4 a.m. Desires milk; shell-fish and oysters aggravated. Felt humiliated by the accusations of his immediate boss, which were later proved wrong. Allergic to heat of Sun. Nat.mur.LM 6 three drops a day.


After 4 months: His state remained more or less unchanged. Mood was more balanced. Ability to listen to people patiently. Refreshing sleep. Sleep position changed. Rapid pulse during day and accelerated breathing at night. Thyroid hormone levels unchanged. Expressed grave doubts as to whether homœopathic treatment would really be able to heal his illness.

His wife described him as an extra-ordinary ambitious man. He wanted to rise to even more influential and much better paid position in local government. His mother told he had nightly perspiration of head and neck. Repertorisation was reviewed and Calcium carbonicum LM 6.

A month later – Eccellent general state. He was calm. Refreshing sleep. Blood hormone levels were beginning to normalize. Calc-c. LM 7. Two months later. Fine. Eating less but gaining weight. Though he was refused promotion, it did not upset him. Hormone levels were completely normal. In the next one year Calc. c. Q9, 12 & 15. Allergy to Sunlight disappeared. Rashes persist. Rashes vanished during vacation at the Dutch seaside. Tuberculinum XM, within 2 weeks eruptions completely dissolved.

In the next 3 years no relapse.
**Case 2:** Mrs. L, 44, suffering from Hyperthyroidism since 2 years. During the course of treatment she developed Rheumatism which gradually worsened and suppressed with cortisones. Lapsed into Hypothyroidism due to excessive dosage. Then took Lach. 30 and Iod. 30 daily for a month and felt worse than ever before.


Within a week relieved of her throat pressure and menstrual complaint vanished. Ascending potencies given. While on Q4, hormone levels normal. During Q8, cervix cells level Pap II.

No relapse thereafter.


Inspite of thyroistatic drugs and mounting doses of beta blockers, palpitations turned into tachyarrhythmias. Agg. at night and from lying on left side. Mammae sore before menses. Worse from stormy weather. Remarkable desire for salt. Sadness profound. Natrum muriaticum Q1. Worse. Nat.mur.Q3 to take from the third glass. After the 2nd dose improvement which persisted. So medicine was stopped. A complete restitution by May 02.
A 45 year-old woman struggling with depression and *Aurum* not helping. It all started with a shock when her fiancé revealed his intention of not having children. In regression visions of being rejected by mother as she was not a boy. Post natal depression. Sighing Perfectionist. Memory of past life – being in a tunnel, high spiritual ideals, disaster and torture. Mother committed suicide.

Diamond immersion 200, 3 doses.

Six months later: Depression gone dramatically. Much focused. Menopausal flushings completely went away and came back only recently. Also Hay Fever returned. She had control over emotions. Dreams of protecting her child.

Diamond immersion M, 3 doses.

5 months later: No complaints. Feeling of having moved to another state energetically and spiritually.

56. A case of Idiopathic Thrombocytopenic purpura (ITP)

SHAH, Neerav (HL. 19, 1/2006)

A 13 year-old boy with ITP for about an year consulted in Jan. 1993. Undergone steroid therapy with partial relief and was advised splenectomy.


From May 25, 1994 to 1998 Platelet counts were normal.

But still no control over stools.

8 Jan. 1999: Purpuric patches since a week, Platelet count 12,000 only.

*Erbium* 30 based on the themes of Lanthanide series – Feeling of being dominated, dependence upon authorities and feeling of not powerful enough to get things done by others.


57. A clinical study of the Role of Homoeopathy in Cerebral Palsy Syndrome

MOHAN GR (HL. 19, 1/2006)

It is a small beginning to treat the Cerebral Palsy Syndrome as even the latest homoeopathic articles on its treatment were available neither on the Internet nor in the journals. In my study, 29 cases of various types of Cerebral Palsy were treated with homoeopathic medicines and gave good, encouraging results, whereas in other systems treatment efficacy is very meager except symptomatic treatment and Physiotherapy. In the majority of cases, there were few symptoms. Prescription is based on objective symptoms, developmental history, and gestures of the affected children. Even miasmatic evaluation was carried out. In this study, causes of the various types of Cerebral Palsy were as follows: 5 premature, 6 neonatal jaundice, 10 birth asphyxia, 9 neonatal seizure, 2 children were due to consanguinous marriages, 8 children were due to health problems in mothers during antenatal period, 1 child birth trauma (forceps), and in 18 children the cause was not known. The types of Cerebral Palsy were: spastic type 14, athetoid 1, ataxic 1, mixed type 13. The front-line remedies were *Calcium phosphoricum* in 48.27%, *Arsenicum album* in 37.93%, *Baryta carbonica* in 24.13%, *Agaricus* in 20.68% and *Tuberculinum* used in 41.37% of cases. In a total of 29 cases, 6 cases dropped out at various stages; in others overall improvement was good. A comparison was also made with and without physical exercise.

[This is a useful study. Perhaps other colleges should also take up this which will really help = KSS].

58. Collateral Damage – Side effects of Homoeopathic Therapy

AMBERGER, Anton (HL. 19, 2/2006)

Contrary to most opinions Homoeopathy is not a healing method which is completely free of undesirable side effects. Besides some examples given in reference to side effects, this article asks whether homoeopathic remedies may cause serious illnesses. The work of HAHNEMANN and KENT concerning the issue of side effects is shown. Possible reasons for side effects are suggested. As a rule side effects depend on the remedy, its potency, dose, repetition and status on the one hand, whereas they also depend on the state of the patient, being normo-, hypo-, or hyper-reactive and on the state of his health, whether healthy, slightly altered, seriously altered or even incurable. It is intended to stimulate a productive discussion upon this topic in order to offer the possibility of learning from one’s mistakes.
The examples given are cases where high potencies/large no. of diseases were given injudiciously which HAHNEMANN is against.

59. A Drunk at the Wheel. Is it Dr.JEKYLL or Mr. HYDE?
PITT, Richard (HL. 19, 2/2006)

The following article makes the case that the current President of the United States needs the remedy Alcoholus. It postulates this idea based on specific behaviour characteristics, character analysis, personal history and existing knowledge of the homeopathic remedy, suggesting that to some extent an accurate homeopathic evaluation can be made in this way.

Symptoms of Alcoholus: Witty, jesting; cruelty, hard-hearted, Malicious. Lack of morality, mistakes in speech, violence, liar.

60. Identifying with Society
A case of Kali carbonicum
MANGIALAVORI, Massimo
(HL. 19, 2/2006)


Further 4 years of follow up. Lost 35 Kgs, is off antidepressants and no more palpitations and is doing very well.

61. Metal for strength and protection against corrosion
A case of Niccolum metallicum
SHAH Priti (HL. 19, 2/2006)

19 year-old boy with Acne Vulgaris with heavy scar marks. The themes emerged were: Intolerance of contradiction; feeling that he is always right; Desire to help and protect weaker sections of society; Maliciousness; Feeling lonely and dreams of fights. Niccolum metallicum 200.

He started improving, scar marks reduced and mental state became normal over a period of 2 years. He was given one dose of 200 and 1M in that interval.

62. A Chronic case of Eczema
GHOSH Alok. Kr. (HH. 30, 12/2005)

18 year-old girl; chronic Eczema over the right foot since about three years, and has been under homeopathic treatment and then allopathic. Carcinosin 200 on 24 May 2001; then Placebo. 21 Oct. 2001: Natrum muriaticum 200 – two doses 2 March 2002: Calcarea phosphorica 200 – two doses.

7 April 2002: all skin lesions have disappeared. 12 May 2002: Patient well in every way.

63. The Unit Dose – Some Experience
ADIGE, R.R. (HH. 30, 12/2005)

The author recalls from the past several complete cures with a single dose. He cites cases of Margaret TYLER and Gibson MILLER.

64. Acute Respiratory Failure
DATTA, Amiya Kumar (HH. 30, 12/2005)

68 year-old man with breathing difficulty since 10 years. Occasional exacerbation and remission. 10 years ago Pulmonary Tuberculosis, treated allopathically which gave some palliation. Then recurrence of respiratory distresses. All antibiotics and broncho-dilators were refractory. Offensive sweat. Very weak. Chilly patient. Mentally depressed. Hopeless of recovery.

Psorinum, Calc-sil., Calc-ph. were prescribed and patient improved.

[This is a ‘case report’ without dates and not ‘cured’ but symptomatically better. Perhaps the author should have ‘followed-up’ for some good length of time. = KSS].

65. Common Diseases of Nose and Preventive Measures

The common conditions like Epistaxis, Injuries to Nose, Sneezing, Rhinitis and Ear Infections, Foreign Body in the nose, have been discussed briefly.

A ‘Short Repertory for Epistaxis’ is also given.

66. The Reluctant Patient

21 year-old male; Chronic Headache in orbital and temporal region since 2001, lasting 2-3 hours.
Dull and heavy head. Agg. in cold weather, 10 a.m. Sun, fasting, aerated drinks, on waking in morning. 
Irritable, short-tempered, brooding. Fear of dog, dark, very rude to talk with. Obstinate. Fastidious. Loves to be in company. 
Acute remedy: Bryonia 200 
Constitutional: Natrum muriaticum 200 
Intercurrent: Tuberculinum bovinum 1M

This is Dr. Dhawale’s ICR methodology. = KSS

IV. REPERTORY

1. 50 Jahre Rezeption und Anwendung der Repertorien in der ZKH 
Reception and application of Repertories in 50 years in the ZKH 
HOLZAPFEL Klaus (ZKH, 51, S1/2007)

From the earliest volumes of the ZKH, repertories have been used and their value and difficulties for the homoeopathic practitioner have been discussed. A survey through the varying reception of four of the large repertories, together with a prospect is presented and commented upon with the aid of quotation from all volumes. [All the errors pointed out in the ZKH during the years 1982 to present date were translated wherever required and put in the QHD for the benefit of the Practitioners so that they may make the corrections in their personal copies of the Repertory. Only Dr. R.P. PATEL has used them to bring out his corrected version of the KENT Repertory. My personal enquiries revealed that colleagues did not take the trouble to make these corrections in their copies of Repertories. Similarly several corrections in NASH’s ‘Regional Leaders’ were pointed out in the ZKH and this too I had put in the QHD with the relevant page numbers in the Indian Prints of the book. No one seems to have taken note of it either! The Profession should shake itself out of its “Rip-van-Winkle”ian slumber. = KSS]

2. ‘Bogus’ Bönninghausen: The fundamental flaw in ‘Boger’s Bönninghausen’ 
DIMITRIADIS, George (AHJM. 100, 1/2007)

The author describes the basic conceptual flaw in Boger’s attempted integration of Bönninghausen’s disparate works into a single volume, Bönninghausen’s characteristics and Repertory (BBCR) and points out incompatibilities of grades and discrepancies of construct and of translation – due to fundamental differences between the various works of BÖNNINGHAUSEN. He feels BBCR confuses and misrepresents both the methods and intentions of BÖNNINGHAUSEN. [The BBCR has been in use by several well-known Indian Homeopaths since several years and they have taught it. May be there are defects. No Repertory is free from defects. Ultimately prescription of a medicine is dependant upon the Practitioners’ comprehension of the remedy. What is very disturbing is not ‘defects’ pointed out by the learned author, but the blasphemous word he has used – “Bogus” – which is indicative of fraud, falsity. Surely BOGER’s work is not to be labeled so. It tastes very bad and whatever may be the merits of the argument we are not inclined to read this article = KSS].

V. PHARMACOLOGY

1. Application of HPTLC in the standardization of a Homoeopathic Mother Tincture of Nux vomica 
SHANBAG & SUNITHA Jayaraman (AJHM. 100, 2/2007)

In this study, we have chosen HPTLC (High Performance Thin Layer Chromatography) as a method of analysis to develop a standard procedure based on fingerprinting characteristics for the evaluation of homoeopathic formulations. A simple and accurate HPTLC method has been developed for the quantification of Brucine, one of the chief active chemical components of Nux vomica (along with Strychnine), and the fingerprinting of the in-house mother tincture of Nux vomica, considered here to be a standard, with that of different marketed samples available from manufacturers of homoeopathic medicines in India. This HPTLC method was quantitatively evaluated in terms of stability, repeatability, and accuracy.

VI. VETERINARY

1. When wild animals refuse to eat: 
Help for wild animals harmed by people 
CASEY Shirley J. (HT. 26, 6/2006)

A growing number of licensed and trained wild life rehabilitators are using Homoeopathy as an
essential tool to treat the physical and emotional problems of wild animals in their care.

Understanding the natural history of the species, identifying the potential problem of the animal and ensuring effective rehabilitation and care practices, will help a wild animal eat. When this fails homeopathic intervention can often help.

A Turkey Vulture in trouble

A Turkey Vulture with a gaping wound in its wing. Veterinarian cleaned and surgically repaired the fracture. Antibiotics and pain killers were given. The Vulture refused to eat on her own. When fed forcefully she regurgitated for the next 3 days. Rapid breathing, seemed frightened and anxious. Aconite 1M in distilled water and a drop of it in he bird’s mouth. Few minutes later, she became calm and ate eagerly and fully recovered.

Rescuer causes problems for baby squirrels

Three juvenile Fox Squirrels were handed to a rehabilitator, after being improperly fed by cow’s milk. They were kept in a soft bedding in a small cage and given Aconite 200 dissolved in water. Rehydrated with isotonic fluids. One drank willingly. Other two were not interested in fluids.

On closer examination one had bruises on her chest and back. Pain when touched. Arnica 200.

Other one had rapid louder and difficult respiration. Suspected Pneumonia. Phosphorus 30. an hour later, breathing was normal.

They all ate well. 10 weeks later, they were released in the wild. [What more ‘evidence’ do you want?  All kinds of animals including squirrels, vultures restored. Great. = KSS]

2. Gunpowder

Little-known remedy packs a wallop against wounds

CASEY, Shirley J. (HT. 27, 1/2007)

Gunpowder is of tremendous help in the treatment of wounds of wild animals and their rehabilitation, as they get wounded in a variety of ways.

J.H. CLARKE’s assertion that Gunpowder was helpful to both obvious existing infections and that were expected due to the nature of the wound, created an enthusiasm among Wildlife Rehabilitators and Veterinarians as there are increasing concerns about problems related to antibiotics.

Gunpowder has been used successfully in hundreds of cases of wounded animals. Few cases are given.

A Golden Eagle with a few day’s old Gunshot wound in it’s wing was given Aconite 1M. The wound was thoroughly cleaned and bandaged and conventional protocol followed. Arnica 1M to address the trauma. 6 hours after this Gunpowder 1M. The eagle ate well and improved. The veterinarians were amazed by the rapidity of healing.

It took more than a year of care in rehabilitation for the eagle to molt and new feathers to grow back and was released back into the wild. [There are nice photographs of the wound and it later healing = KSS].

A squirrel’s stubborn abscess

A juvenile Golden-Mantled Ground Squirrel with three deep punctures on shoulder and left leg, was cleaned and antibiotics given. Two days later wounds inflamed and swollen. In the next four days, leg became hard and swollen and painful. By eighth day serious inspite of antibiotics.

Hepar sulph 30 and Lachesis 200 too did not help. Gun powder 200. Within eight hours, the swelling softened and cream colored discharge started draining. Improvement slowed at 48 hours. Another dose was repeated and improvement continued steadily. In four days all signs of infection gone. In another month released back into the wild.

Blue Jay with a bone infection

A young Blue jay which was harded over to a rehabilitator was given Aconite 1M as it appeared much frightened. Swelling and bruising related to a fracture of the left leg.

Arnica montana 1M for the pain. Few hours later, Symphytum 200 to reduce pain from fracture and accelerate bone healing. In two days the fracture was healed but an infection in a scratch wound with swelling. Gunpowder 200, and next day swelling and inflammation subsided.

Chimney Swift nabbed by a Cat

A Chimney Swift was soaked during a rainstorm and was grabbed by cat. He was cool, with shallow breathing and dull eyes – signs of shock. Aconite 1M. An hour later, he was warm, strong and alert. As it was grabbed by a cat, likelihood of punctures. Gun powder 30 as a prophylactic, within a day normal and after 14 days released into wild.

Rubrics in which Gun powder is mentioned and the author’s additions are given.
Cases of three rehabilitators helped by Gun powder after a bug bite, Squirrel bite and a laceration are given.

[The late Dr. S.P. KOPPIKAR who practiced until he was past 93 years age, used to say that in the first two decades of his practice (preantibiotic era) Arnica and Gun powder accounted for more than 50% of his earnings. Until ten years ago, we had occasion to use Gun powder 3x trituration and rarely 30. It is clear from the cases here, even if they are animals, that Gun powder in potencies of 200, M are all relevant even today; it must be given great ranking in Injury remedies = KSS]

3. Baby season for wild Animals
   Homeopathy can help orphaned wild life
   CASEY, Shirley J.  (HT. 27, 2/2007)

   Roughly 80% of wild animals delivered to rehabilitators are orphans i.e. dependent young, who can’t make it on their own. They may have bruises, punctures, fractures or infections or may have been poisoned. They show signs of fright, shock and dehydration. Using their specialized knowledge and working closely with veterinarians rehabilitators strive to reduce the stress and fear of animals. Some use homeopathic remedies.

   Crow falls from nest
   A young fledgling Crow with a broken leg was splinted and wrapped. The Crow had rapid breathing, tense muscles and wide eyes. Aconite 1M dissolved in water to the bird’s mouth. Immediately it started breathing normally.

   One hour later Arnica 1M. Within few hours, the Crow was in less pain. Ate only when forced. Ignatia 200. Within one hour ate willingly but seemed restless. Ruta 200. Less restless later by that day. After 2 months released into wild.

   The frequently indicated remedies in orphaned wild life are Aconite, Arnica, Arsenicum album, Carbo vegetableis, Ignatia, Natrum muriaticum, Nux vomica, Phosphorus.

4. Kicking all the way: Sudi the Giraffee
   MURRAY, Beth (SIM. XX, 2007)

   Ten year-old Giraffe Sudi is lame in her right leg. She usually stands with legs crossed, she constantly lifts her forelegs and kicks. At one year of age, multiple surgeries to correct a contracture of right rear flexor tendon. Arthritis in distal phalanges. She is stubborn, defiant and destructive. Sexual desire increased. Belladonna 200. She was more lame for 3days, then her lameness completely ceased for a week and then returned briefly. Belladonna 200 one dose. No lameness. In the next few months 4 more doses during relapse and then no lameness at all.

   [This is a beautiful case. The interpretation of the signs and Case analysis are very good. That animals who are captives in zoo should be treated with gentle medicines which is Homeopathy cannot be stressed. = KSS].

5. Atrial Paroxysmal Tachycardia in Dogs and its Management with Homeopathic Digitalis - Two Case Reports

   Homeopathic Digitalis 6c was evaluated in two clinical cases of Atrial Paroxysmal Tachycardia are common cardiac problems in dogs, and Atrial Paroxysmal Tachycardia is a serious Cardiac Arrhythmia that may lead to Syncope. Both adult dogs (Labrador and German Shepherd) were treated with Digitalis 6c, four drops orally four times daily for 7 days. Following treatment with Digitalis 6c heart rate stabilised and synchronized Atrial and Ventricular electrical activity was restored in 7 days.

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   VII. RESEARCH

1. A Study of Like Cures Like: Senecio latifolius
   LEWIS, GEORGE, RAZLOG, Radmila STEWERT,D EROUKAKIS, Marilena (SIM. XX, 2007)

   Senecio latifolius can damage hepatic cells due the presence of alkaloids known as pyrrolizidines. The study aimed to assess the effect of homeopathically–prepared Senecio latifolius on unpoisoned hepatocytes (Group C).

   Cell pathology was studied by measuring the viability of cells using the trypan blue method and by measuring serum transaminase levels of aspartate, a known indicator of hepatocellular damage. A time study was conducted at the following time intervals: 3, 6, 18, 24 and 48 hours. The potencies utilized were 5X, 10X, 15X and 20. All data were recorded and statistically using the two-way ANOVA.

   The outcome of the research was to determine whether homeopathically–prepared potencies of Senecio latifolius could protect the cells and enhance self-recovery. The study also indirectly examined the sinusoidal activity said to exist in homeopathic potencies.
The results showed that homoeopathic potencies of the herb did not affect cells that had not been poisoned. At 24 hours, the cells poisoned with the mother tincture of the herb showed a statistically significant effect. At 48 hours, there was a statistically significant effect on the cells poisoned with the alkaloid. These results suggest that homoeopathically-prepared herbs have an affinity for the protection of the cells of the organ and that mother tincture of the herb causes toxicity.

2. The Memory of Water: an Overview
   CHAPLIN Martin F.  
   (HOMÉOPATHY, 96, 3/2007)

   The Memory of Water is a concept by which the properties of an aqueous preparation are held to depend on the previous history of the sample. Although associated with the mechanism of Homoeopathy, this association may mislead. There is strong evidence concerning many ways in which the mechanism of this ‘memory’ may come about. There are also mechanisms by which such solutions may possess effects on biological systems which substantially differ from plain water. This paper examines the evidence. Much research work remains to be undertaken if these real and observable facts are to be completely understood.

3. The History of the Memory of Water
   THOMAS Yolène  
   (HOMÉOPATHY, 96, 3/2007)

   ‘Homoeopathic dilutions’ and ‘Memory of Water’ are two expressions capable of turning a peaceful and intelligent person into a violently irrational one, as Michael SCHIFF points out in the introduction of his book ‘The Memory of Water’. The idea of the memory of water arose in the laboratory of Jacques BENVENISTE in the late 1980s and 29 years later the debate is still ongoing even though an increasing number of scientists report they have confirmed the basic results.

   This paper first provides a brief historical overview of the context of the high dilution experiments then moves on to digital Biology. One working hypothesis was that molecules can communicate with each other, exchanging information without being in physical contact and that at least some biological functions can be mimicked by certain energetic modes characteristics of a given molecule. These considerations informed exploratory research which led to the speculation that biological signalling might be transmissible by electromagnetic means. Around 1991, the transfer of specific molecular signals to sensitive biological systems was achieved using an amplifier and electromagnetic coils. In 1995, a more sophisticated procedure was established in record, digitize and replay these signals using a multimedia computer. From a physical and chemical perspective, these experiments pose a riddle, since it is not clear what mechanism can sustain such ‘water memory’ of the exposure to molecular signals. From a biological perspective, the puzzle is what nature of imprinted effect (water structure) can impact biological function. Also, the far-reaching implications of these observations require numerous and repeated experimental tests to rule out overlooked artefacts. [But there have been experiments in other parts of the world. In the light of past experience right from the inception of Homoeopathy, no experiment is accepted by the conservative ‘science’. The moment there is a suspicion that these experiments may be favourable to Homoeopathy, the ‘scientific’ world sits up and finds all kinds of defects. If ‘Homoeopathy’ is removed from this they may be accepted. This is the reality and there is no hiding it. = KSS]. Perhaps more important is to have the experiments repeated by other groups and with other models to explore the generality of the effect. In conclusion, we will present some of this emerging independent experimental work. [There is a beautiful colour picture of Jacques BENVENISTE, in this article = KSS]

4. Can Water possibly have a Memory? A Sceptical view. 
   TEIXEIRA José 
   (HOMEOPATHY, 96, 3/2007)

   Homoeopathic medicines are currently used in medical practice, despite controversy about their effectiveness. [What controversy? That they are not effective in removing sicknesses? They do it in several hundreds of patients every day all over the world. Verify whether to these people the homoeopathic medicines were effective. It is immaterial to the ill patient whether they were effective in the laboratory or not. = KSS]. The preparation method is based on extremely high dilutions of many substances in water, far beyond any detectable level. For this reason, it has been suggested that water could retain a ‘memory’ of substances that have been dissolved in it before successive dilutions. The paper stresses the fact that this idea is not compatible with our knowledge of pure water. If an explanation on physical grounds is to be found, research must focus in other
aspects of the preparation, such as the presence of other molecules and dissolved gases.

5. Can Low-temperature Thermoluminescence cast light on the Nature of Ultra-high Dilutions?
REY, Louis (HOMEOPATHY, 96, 3/2007)

Low-temperature Thermoluminescence has been used in attempt to understand the particular structure of ultra-high dilutions. Samples are activated by irradiation after freezing at the temperature of liquid Nitrogen (77 K). Experimental results show that, in the course of rewarming, the thermoluminescent glow is substantially different between dilutions of different substances. It is suggested that the dispersed gas phase might play a role in this process. The author concludes “...the materials science perspective provides a possible translational bridge from the emerging complex systems/network science models for clinical responses to homeopathic medicines themselves. Given the holistic quality of clinical diagnosis and remedy selection in Homeopathy, the articulation of holistic (complex network) rather than reductionistic models for both the clinical healing process and the nature of homeopathic medicines is heuristically appealing.”

VYBIRAL, Bohumil and VORÁČEK (HOMEOPATHY, 96, 3/2007)

We discovered a previously unknown phenomenon in liquid water, which develops over time when water is left to stand undisturbed, and which made precise gravimetric measurement impossible. We term this property autothixotropy (weak gel-like behaviour developing spontaneously over time) and propose a possible explanation. The results of quantitative measurements, performed by two different methods, are presented. We also report the newly discovered phenomenon of autothixotropy on the degree of molecular translative freedom. A very important conclusion is that the presence of very low concentration of Salt ions, these phenomena do not occur in deionized water. Salt ions may be the determinative condition for the occurrence of the phenomena.

7. The Silica Hypothesis for Homoeopathy: Physical Chemistry

The ‘Silica Hypothesis’ is one of several frameworks that have been put forward to explain how homeopathic remedies, which often are diluted beyond the point where any of the original substance remains, might still be clinically effective. We describe here what the Silica hypothesis says. From a physical Chemistry viewpoint, we explore three challenges that the hypothesis would have to meet in order to explain Homeopathy: thermodynamic stability of a large number of distinct structures, pattern initiation at low potencies. We juxtapose current knowledge about silicates with some of the conventional wisdom about homeopathic remedies, to see how well the latter might be a consequence of the former. We explore variants of the hypothesis including some speculations about mechanisms. We outline laboratory experiments that could help to decide it.

8. The possible Role of active Oxygen in the memory of Water
VOEIKOV, Vladimir L. (HOMEOPATHY, 96, 3/2007)

Phenomena of long-term Memory of Water imply that aqueous systems possessing it remain for a long period after initial perturbation in an out-of-equilibrium state without a constant supply of energy from the environment. It is argued here that various initial perturbation initiate development of a set of chain reactions of active Oxygen species in Water. Energy, in particular high grade energy of electronic excitation, released in such reactions can support non-equilibrium state of an aqueous system. In principle, such reactions can continue indefinitely due to specific local structuring of water with even minute ‘impurities’ that are always present in it and by continuous supply of Oxygen amounts due to water splitting. Specific properties of several real aqueous systems, in particular, homeopathic potencies in which such processes could proceed are discussed. The role of coherent domains in Water in maintenance of active Oxygen reactions and in emergence of oscillatory modes in their course is considered.

ANICK, David J. (HOMEOPATHY, 96, 3/2007)
Several hypothetical explanations for Homœopathy posit that remedies contain a concentration of discrete information-carrying units, such as water clusters, nano-bubbles, or silicates. For any such explanation to be sustainable, dilution must reduce and succession must restore the concentration of these units. Succussion can be modelled by a logistic equation, which leads to mathematical relationships involving the maximum concentration, the average growth of information-carrying units per succussion stroke, the number of succussion strokes, and the dilution factor (x, c, or LM). When multiple species of information-carrying units are present, the fastest-growing species will eventually dominate, as the potency is increased.

An analogy is explored between iterated cycles dilution and succussion, in making homeopathic remedies, and iterated cycles of reseeding and growth, in bacterial cultures. Drawing on this analogy, the active ingredients in low and medium potency remedies may be present at early dilutions but only gradually come to ‘dominate’, while high potencies may develop from the occurrence of low-probability but faster-growing ‘mutations’. Conclusions from this model include: ‘x’ and ‘c’ potencies are best compared by the amount of succussion; the minimum number of succussion strokes needed per cycle is proportional to the logarithm of the dilution factor; and a plausible interpretation of why potencies at approximately regular ratios are traditionally used (the Octave potencies convention).

10. The ‘Memory of Water’: an almost deciphered Enigma. Dissipative structures in extremely dilute Aqueous solutions

In the last decade, we have investigated from the physicochemical point of view, whether water prepared by the procedures of homœopathic medicine (leading inexorably to Systems without any molecule different from the solvent) results in water different from the initial water? The answer, unexpectedly, but strongly supported by any experimental results is positive. We used well-established physiochemical techniques: Flux Calorimetry, Conductometry, pHmetry and Galvanic cell electrodes potential. Unexpectedly the physicochemical parameters evolve in time.

The water solvent exhibits large changes in measurable physicochemical properties as a function of its history, the solute previously dissolved, and time. In particular we found evidence of two new phenomena, both totally unpredicted, in homœopathic dilutions: the presence of a maximum in the measured physicochemical parameters vs sample age, and their dependence on the volume in which the dilution is stored. These new experimental results strongly suggest the presence of an extended and ‘ordered’ dynamics involving liquid water molecules.

11. Conspicuous by its absence: the Memory of Water, macro-entanglement, and the possibility of Homeopathy
MILGROM, LR. (HOMEOPATHY, 96, 3/2007)

In order to fully comprehend its therapeutic mode of action, Homœopathy might require both ‘local’ bio-molecular mechanisms, such as memory of Water and non-local’ macro-entanglement, such as patient-practitioner-remedy (PPR) descriptions. In this article the application of the Quantum Theory is discussed.

12. The Nature of the Active Ingredient in Ultra-molecular Dilution
WEINGÄRTNER Otto (HOMEOPATHY, 96, 3/2007)

This paper discusses the nature of the active ingredient of homœopathic ultramolecular dilutions in terms of quantitive Physics.

First, the problem of the nature of an active ingredient in ultra-molecular dilutions is analysed leading to the recognition of the necessity of characterizing the active ingredient as a non-local quality. Second, non-locality in Quantum Mechanics, which is used as a paradigm, is formally presented. Third, a generalization of Quantum mechanics is considered, focussing on the consequences of weakening of the axioms. The formal treatment leads to the possible extension of the validity of Quantum theory to macroscopic or even non-physical systems under certain circumstances with a while maintaining non-local behaviour. With respect to the survival of entanglement in such non-Quantum Systems a strong relationship between Homœopathy and non-local behaviour can be envisaged. I describe how several authors apply this relationship. In conclusion, the paper reviews how Quantum Mechanics is closely related to Information Theory but why weak Quantum Theory and Homœopathy have not hitherto been related in the same way.
13. The Defining role of Structure (including Epitaxy) in the plausibility of Homeopathy
LATA RAO Manju, ROY Rustum, BELL Iris R., HOOVER Richard
(HOMEOPATHY, 96, 3/2007)

The key stumbling block to serious consideration of Homeopathy is the presumed “implausibility” of biological activity for homeopathic medicines in which the source of the material is diluted past Avogadro’s number of molecules. Such an argument relies heavily on the assumptions of elementary Chemistry (and Biochemistry), in which the material composition of a solution, (dilution factors and ligand-receptor inter-actions), is the essential consideration.

In contrast, Materials Science focuses on the three-dimensional complex network structure of the condensed phase of water itself, rather than the original solute molecules. The nanoheterogenous structure of water can be determined by interactive phenomena such as Epitaxy (the transmission of structural information from the surface of one material to another without the transfer of any matter), temperature-pressure processes during succession, and formation of colloidal nanobubbles containing gaseous inclusions of Oxygen, Nitrogen, Carbon dioxide, and possibly the remedy source material. Preliminary data obtained using Raman and Ultra-Violet (UV-VIS) Spectroscopy illustrate the ability to distinguish two different homeopathic medicines (Nux vomica and Natrum muriaticum) from one another to differentiate, within a given medicine, the 6c, 12c, and 30c potencies. Materials Science concepts and experimental tools offer a new approach to contemporary science, for making significant advances in the basic science studies of homeopathic medicines.

14. Classification of Systems and Methods used in Biological Basic Research on Homeopathy
WIJK, R Van., and ALBRECHT, H.
(HOMEOPATHY, 96, 4/2007)

The HomBRex Database indexes basic research on Homeopathy indexes studies on biological Systems including animal, human, plant, fungi and microbial organisms. Its objective is to index Proving and Therapeutic experiments on the Similia Principle and the role of dilution and succession of substances in experimental biologic Systems. The database was analyzed when it contained more than 1100 experiments in more than 900 original articles.

The database provides information on 732 experiments using healthy human, animal and plant Systems. These experiments were divided into “ideal” model Proving (475) and prophylactic (257) categories. It also includes 397 therapeutic experiments, in which an effect of a substance was tested in a diseased or disturbed system. A large number of substances were used, including high and low dilutions and potencies – 191 substances in Proving, 130 in Prophylactic and 112 in Therapeutic experiments.

In general, basic research in Homeopathy does not directly investigate the Similia Principle. We conclude, that from the overwhelming variety in organisms, diseased states, and substances, only a limited number of Biological Systems and States should be selected to study the Similia Principle.

15. Proving and Therapeutic Experiments in the HomBRex basic Homeopathy Research Database
WIJK, Van R. and ALBRECHT H.
(HOMEOPATHY, 96, 4/2007)

The HomBRex Database provides information on 732 experiments using healthy human, animal and plant Systems. These experiments were divided into “ideal” model Proving (475) and prophylactic (257) categories. It also includes 397 therapeutic experiments, in which an effect of a substance was tested in a diseased or disturbed system. A large number of substances were used, including high and low dilutions and potencies – 191 substances in Proving, 130 in Prophylactic and 112 in Therapeutic experiments.

In general, basic research in Homeopathy does not directly investigate the Similia Principle. We conclude, that from the overwhelming variety in organisms, diseased states, and substances, only a limited number of Biological Systems and States should be selected to study the Similia Principle.

SHERR Jeremy and QUIRK Tina
(HOMEOPATHY, 96, 4/2007)
In the HOMEOPATHY, 96, 1/2007, thirteen learned authors, F. DEANTAS et al published an article titled ‘A Systematic Review of the Quality of Homœopathic Pathogenetic Trials published from 1945 to 1995’. (See QHD, XXV, 1 & 2/2008 for the ‘abstract’ of the article). Not unexpectedly of Homœopathic Pathogenetic Trials published article titled ‘A Systematic Review of the Quality learned authors, F. DEANTAS et al published an [In the HOMEOPATHY, 96, 1/2007, thirteen of the reports. . . . . “ The best proof of validation the ‘conclusions’, of the reviewers says “The of Homœopathic Pathogenetic Trials” (HPT) were central question of whether homœopathic generally of low methodological quality. . . . . The medicines in high dilutions can provoke effects in healthy volunteers has not yet been definitely answered, because of methodological weaknesses of the reports. . . . . “ The best proof of validation of the HPT is for these thirteen authors to join together and take a high potency and see whether they produce any change or not! Arm chair debates are not facts; what is called for in Homœopathy is personal experience. = KSS]

In this response Jeremy SHERR and Tina QUIRK say “The authors’ proposition that ‘the theory of linking symptoms detected in healthy volunteers to those treated in the sick is wrong’, flies in the face of everything Homœopathy represents.” [Perhaps it is right to link the symptoms produced in laboratory mice and monkeys to the human sufferings! = KSS]. SHERR and QUIRK further comment “. . . One of the most disconcerting conclusions of the authors is that historical Provings, including Hahnemann’s, are flawed in methodology, . . . . We find this a rash conclusion on the part of the authors.” [HAHNEMANN went through the Prover’s Day Book carefully and questioned to “the left and right” to be sure that the symptoms were those which came on only during the Proving” = KSS] [It is very important that Homœopaths read the articles, indeed all the articles in these issues – as may be see from the ‘abstracts’ provided in 1 to 14 above in this column – and see how much trouble is taken by the ‘scientists’ to dump Homœopathy, finding flaw in everything! They ruined Jacques BENVENISTE. Unfortunately, I do not know how many of these thirteen authors actually practice Homœopathy. I urge upon everyone to carefully read these learned writings and think and respond. = KSS]

Flavio DANTAS et al, the authors of the original article under response by Jeremy SHERR and Tina QUIRK, respond further: DANTAS refers to an article by Antony CAMPBELL in the Br. Hom. Jl. 1981 on Lycopodium. [Certainly CAMPBELL was not quite right; there were other articles by CAMPBELL, all of them harshly critical making a regular Homœopathy Practitioner who gets good results wonder at the conclusions of CAMPBELL. Of course we agree that there are several additions to the Repertory which are doubtful. = KSS]

In another article “We need repetition of HPTs” by Andrea SIGNORINI (HOMEOPATHY, 96, 4/2007) clarifies his views when he wrote the Guest Editorial in HOMEOPATHY, 96,1/2007.

In another article “Response: potential non-local mechanisms make placebo controls in Pathogenetic Trials difficult”, by H. WALACH (who was also a contributor to the article in HOMEOPATHY, 96, 1/2007, along with DANTAS). WALACH has said “It is a well-known lore of homœopathic Proving that those in control groups, relatives, or even the pet dog may develop Proving Symptoms although they have not taken the remedy. This lore, although anecdotal and not scientific evidence at all, is valuable since it suggest patients that Placebo controls might not be adequate.” [This ‘lore’ came for the first time, to the best of my knowledge, only after Dr. Rajan SANKARAN’s reports. There have been so many Provings reported in the well-known journals where no such events have been found.= KSS]

17. Expectations and Effectiveness of Medical Treatment and Classical Homœopathic Treatment for Patients with Hypersensitivity Illnesses – One-year Prospective Study LAUNSO Laila, HENNINGSEN Inge, RIEPER Jonas, BRENDEHEN Henriette, SANDO Finn and HAVENGAARD Anne (HOMEOPATHY, 96, 4/2007)

**Objective:** To describe and compare characteristics of adult patients who received treatment for Hyper-sensitive illnesses by General Practitioners (GPs) and classical homeopaths (CHs) over a period of 1 year and examine the statistical Predictors of self-reported outcomes.

**Material and Methods:** We conducted a Survey on 151 Danish adult patients with Hypersensitivity illnesses, who chose treatment from one of 13 GPs or one of 10 CHs who participated in the Project. The treatments were given as individual packages in the naturalistic clinical setting. Patients completed questionnaires at start of treatment. Response rates for the first, second and third questionnaire were respectively 68%, 98%, 95% for the GP patients and 82%, 98%, 94%, for the CH patients.

**Results:** Patients seeking CH treatment in this study are significantly different gender and education from patients seeking GP treatment. We did not find significant differences in terms of occupational training, occupation, sickness absence
due to hypersensitivity illnesses, diseases other than hypersensitivity illnesses, symptoms severity due to hypersensitivity illnesses before treatment and expectation of the ability of the treatment to alleviate symptoms.

88% of GP and 21% of CH patients were continuing treatment after 1 year. Regression analysis showed that the only significant independent variables to explain the probability of obtaining very positive effect or cure for the GPs and CHs were that the patients were in ‘maintenance treatment’, and had high expectation before treatment of the ability.

18. Interview with Professor A.R. KHUDA – Bukhsh MUELLER, Manfred (AH.13/2007)

Prof. Dr. KHUDA-BUKHSH has done the maximum number of researches to my knowledge with reference to his articles published over several years. These are loads of scientific evidence reg. the potentised drugs. The entire article may be read in Part II of this QHD.

19. Effect of Low Level Laser Therapy and Calendula officinalis 3 CH on Wound Healing in Human Skin Fibroblasts
BRESLER, Annelise, HAWKINS Denise, RAZLOG Radmila, ABRAHAMSE Heide (AJHM. 100, 2/2007)

Objective: This study aimed to determine the effectiveness of Low Level Laser Therapy (LLLT) and Calendula officinalis 3 CH or a combination of both treatment modalities on wounded human skin fibroblasts (HSF) in vitro. Background data: LLLT is a form of phototherapy, involving the application of low level monochromatic and coherent light to injuries and lesions to stimulate healing. LLLT has been used to examine the influence of laser radiation on the healing process of wounds. Calendula preparations are mainly used for the treatment of wounds as it has anti-inflammatory, antibacterial and immunostimulating properties.

Methods: Changes in normal and wounded fibroblast cell morphology were evaluated by light microscopy. Cellular responses to treatment were evaluated by assessing the cell viability and cytotoxicity.

Results: The results demonstrate that Calendula officinalis 3 CH facilitates wound healing in the following two respects; it accelerated wound closure and increased cell viability. Laser irradiation improved the rate of wound closure in injured HSF cells in vitro while laser irradiation followed by Calendula officinalis 3 CH demonstrated a normalizing effect on wounded HSF cells.

18. CFS Trial in Leuven with CFS – Pc: conclusions after one year
VERVARCKE Anne (HL. 19, 2/2006)

When, at a guest lecture in Leuven by Peter CHAPELL on the treatment of AIDS with PC1, it appeared nobody was interested in participating in a trial Anne Vervarcke proposed that Peter design a remedy for another disease. Using the same method as he used to design PC1, a remedy was designed for Chronic Fatigue Syndrome. This article discusses the results after a one year follow-up.

20. Importance of Diagnostic Methods in establishing pathways of Radical Cure

In this paper the author demonstrates how diagnostic methods are useful as pointers to the process of understanding pathways of natural cure. Achieving cure by iterative process of attacking and removing the toxins from various locations of the body. [The author is Physicist with the BARC, Mumbai and has presented severe research papers in Homeopathic Seminars. Readers interested must read the full article = KSS]


The one major obstacle for acceptance of Homeopathy by the general, ‘Scientific’ world is the “non-existence of medicinal substance” in the higher potencies. This “non-existence of medicinal substance prohibits the use of robbing energy such as used in Nuclear Magnetic resonance or Infrared spectroscopy, for characterizing the homeopathic preparations” [However Nuclear Magnetic Resonance (NMR) and ultrasonics to study serial dilutions and successes, have been carried out earlier. Please see ‘Modern Instrumentation for the evaluation of homeopathic drug structure’ by Rudolph B.SMITH, Jr., M.T. and Garth W. BOERICKE, in the Journal of the American Institute of Homeopathy, Vol.59, Nos. 9-10/1966 = KSS.]
Biomedical Instrumentation Section of Electronics Division, Bhaba Atomic Research Centre has developed an instrument, called Medical Analyzer, which is used for the assessment of autonomic nervous system (ANS) of the body. This system records a number of physiological parameters such as Heart Rate (HR), respiration rate (RR), Stroke Volume (SV), Cardiac Output (CO) and Peripheral Blood Flow (PBF) in the right and left upper extremity for a duration of approximately 5 minutes and then analyses the variations in these parameters thus obtained, gives an insight into the contribution of sympathetic and para-sympathetic components of the ANS. Our pilot study on more than 200 subjects, has shown that different diseases modify the functioning of ANS specifically.

Encouraged with the above study, we have recorded the variability spectrums of HR and PBF in 10 control subjects, before and after the intake of Sulphur 1M (8 subjects) and Phosphorus 1M (2 subjects).

VIII. HISTORY

1. Klassische Homöopathie in Deutschland (Classical Homœopathy in Germany)
   DINGES. Martin (ZKH. 51, S1/2007)

   The great success of the label “Classical Homœopathy” does not astound us in the present time. Looking back at the state of Homœopathy in Germany until 1950, the later development was not that evident. In this article that author presents a reconstruction of the 1950s to 1970s which would help us understand the development of Classical Homœopathy and the role of the Journal, the “Zeitschrift für klassische Homöopathie” in promoting this. Well-known “Classical Homœopaths” of Germany are gratefully recalled.

2. Homœopathy in the USA
   PITT, Richard (AH. 13/2007)

   About ten schools offer 3-4 year part time programs in Classical Homœopathy, meeting one weekend a month throughout the year. A couple of new schools are developing, one in Seattle and the other in Rhode Island. The main development recently is the plan to develop a full-time homeopathic medical school in Arizona. The standard of education has improved with clinical experience in the curriculum. Legally, in most U.S. States, the practice of Homœopathy has an ambiguous status.

   Enacting health freedom laws has had a significant impact in helping legitimize Homœopathy. The Council on Homeopathic Education defines accreditation standards for homeopathic schools.

3. Homœopathic Education in the UK
   WICKS, Linda (AH. 13/2007)

   The National Health Service (NHS) in the UK established in 1948 ensures homeopathic treatment on a small scale. The Society of Homeopaths (SH) is the largest professional organization for homeopaths in Europe. In 2000 House of Lords Select Committee has recommended an independent Accreditation Board for Homeopathy and were advised to work toward establishing degree - level equivalence in our courses. Student numbers have fallen considerably over the last two years as the supply has exceeded the demand in terms of number of courses available. It is difficult to balance the regulatory and developmental aspects of the education department of SH. Homeopaths involved in education have a great deal to contribute to each other.

   The article does not say anything about the M.F. (Hom.) courses.

4. The Buried Treasure State
   WEIS, Sarah (AH. 13/2007)

   There are only three homeopaths practicing in the entire state of Montana USA including the author. Montana is the final resting place of James Tyler KENT. The author made her pilgrimage to his grave at the Sunnyside Cemetery and visited the house built by him in Stevensville. “Since my visit, I have spoken with three Stevensville Historical Society staff members, none of whom have ever heard of James Tyler KENT and all of whom were certainly confused about Homœopathy. Most of Homœopathy’s history in Montana is six feet under these days which makes me happy just be alive and practicing. [America should hold National or International Meets in this place so that this place will get its due place in the history of Homeopathy = KSS].

5. Hahnemann’s First Provings
   MORREL, Peter (AJHM. 100, 1/2007)
Peter MORRELL has made a very interesting study of HAHNEMANN’s ‘first provings’ which began with ‘Cinchona’ in 1790. He has also made a comparative study of those remedies with those appearing in the ‘Fragmente viribus …’, the MMP and CD.

The tribute at the end of the article is quite warm “… Hahnemann’s work in the creation of Homœopathy mostly from observation and experiment, especially in the Provings of Medicines, has to be regarded as a truly scientific enterprise and this renders HAHNEMANN a true scientist and Homœopathy a true Science”.

IX. GENERAL

1. A woman of courage
   on the Road with Faye Allen
   MERRON Myrna W. (HT. 27, 1/2007)

Faye ALLEN travelled 3000 miles from Alaska to attend homœopathic training at Florida. When she was treated by a Naturopath, for Hepatitis C, she got introduced to Homœopathy and started helping herself, family and friends of her tribe. Her knowledge of remedies has been primarily through self-study. She is exploring options for distance learning. Faye is taking classes to become an Emergency Medical Technician and working to expand her knowledge of Homœopathy and gain credentials as a homœopathic practitioner.

She has dreams of working with a team in Eyak Medical facility. The tribal council helps her to attain her goals and to ensure that tribal members obtain the best possible all round health care.

2. Homœopathy, sustainability, and Environmental Healing
   KREISBERG, Joel (HT. 27, 2/2007)

Preventing illness and protecting our Environment can and should be mutually inclusive. To that end, Ecologically sustainable Medicine (ESM) offers a clear agenda by codifying the tools and resources that lead to economically sustainable healthcare and environmental healing. Homœopathy is an excellent form of ESM.

The production of homœopathic medicines does not create any toxic waste. In ecological terms, homœopathic remedies never exhaust natural resources. Remedies meet the criteria for both renewable and sustainable sources of medicine. The homœopathic remedies stimulate the homeostatic healing response that continues for extended periods.

The homeopathic proving reveals the hidden nature of medicine, i.e. accessing the inner nature of the world’s material phenomena.

3. Setting Standards in Homœopathic Practice –
   A Pre-audit exploring motivation and expectation for Patients attending the Bristol Homœopathic Hospital
   THOMPSON, EA., DAHR, J., SUSAN, M., & BARRON, S.
   (HOMEOPATHY, 96, 4/2007)

Objective: To set a standard of routine goal setting with patients within their package of care at the Bristol Homœopathic Hospital. We hope goal-setting will improve communication with our patients and health professional colleagues, focus outcome and improve targeting of problems. We therefore explored motivation for and expectation of hospital attendance from a patient perspective.

Materials and Methods: Questionnaire based pre-audit survey. The questionnaire was administered to 110 consecutive patients attending outpatients and 20 parents of children attending with Asthma and Eczema to gain understanding of motivation and expectation and more specific information for two of the commonest conditions.

Results: Seventy percent of patients had used some form of Complementary and Alternative Medicine (CAM). 35% had used Homœopathy and only 10% had had specialist homœopathic care, the majority of use being over the counter. The majority of patients had been encouraged by their General Practitioners, themselves and by word of mouth with family and friends. Few patients cited the media as a major influence. “Pull” factors such as “treating the whole person” were given greater emphasis except for parents of children with Asthma and Eczema for whom “Push” factors such as fear of Steroid side effects predominated. In the main patient expectations were reasonable with the majority hoping to see improvements in their conditions. A fifth of patients hoped to reduce conventional medications.

Conclusions: Patients had used CAM in general but not Homœopathy in particular. Encouragement from doctors, self-motivation and word of mouth most motivated patients to come and might suggest more direct communication with General Practitioners would be worthwhile. Being treated as a whole person was the most significant motivating factor, with a significant number of patients wishing to reduce medication. Goal setting and direct communication with other healthcare
professionals is essential for safety, to focus outcome, and to value the role of Homœopathy in patient’s Healthcare. As a result we have set a standard whereby treatment goals are agreed with patients and communicated by referring Health care professionals at each outpatient visit. This could be audited.

4. Vaccine Damage – Prevention and Treatment with Homœopathy
ISSAC, Golden (AJHM. 2/2007)

Vaccine damage is a real and constantly present problem in all highly vaccinated communities. It is under-reported and its significance is not accepted within the orthodox health system and even by many CAM practitioners.

Homœopathy has much to offer. Working within the Law of Similars, we can offer parents a safe and comparably effective immunization option to vaccination. We can help them lessen potential damage if they decide to vaccinate. We can assist them with constitutional treatment to promote the overall health of their child.

XI. BOOKS

1. LAPORTE Cd.: Homöopathie bei psychischen Erkrankungen (Homœopathy in Psychic Diseases), Stuttgart: Haug; 2006: 300 S., geb., E 49.90 (German) review Rainer G. APPELL (AHZ. 252,1/2007): “. . We have a book that is possible of becoming a standard work. . . . . . LAPORTE gives a solid base Introduction in the Psychoanalytical and Psychotherapeutic conceptual basics, gives the neuro theory clearly and easily understandably and gives cases. . . . . .”

2. SCHROERS, FD: Lexikon deutschsprachiger Homöopathen (Lexicon of German-speaking Homoeopaths), Stuttgart: Haug; 2006: 171 S., geb., E 39.95 (German) review Rainer G. APPELL (AHZ. 252,1/2007): “A book that I wished for since long. If not a Lexicon of all important Homoeopaths – a Lexicon of only the German-speaking exponents. A Who’s Who, which brings the history alive and helps lay the texts in order. . . . . It is hoped that soon in the next revised edition the left-out would be covered.”

3. GAWLIK, W.: 275 bewährte Indikationen aus der homöopathischen Praxis. 3., M. WISCHNER überarbeitete Auflage (275 reliable indications from homeopathic Practice, 3rd Edition, revised by M.WISCHNER), Stuttgart: Hippokrates; 2006: 401 S., kart., E 39.90 (German) review Rainer G. APPELL (AHZ. 252,1/2007): “Although the concept of reliable indications is not the best way of restoring health, still it seems to be so. It is based on exact observation and intimate knowledge of the Materia Medica. . . . . .”

4. DAUBENMERKL, W.: Homöopathie bei Pferden, Praktische Empfehlungen für die Behandlung (Homoeopathy for Horses, Practical instructions for Treatment), Stuttgart: Wissenschaftliche Verlaganstalt; 2006: 316 S., geb., E 29. (German).

5. GERWECK, G.: Pferde homöopathische behandeln (Treating Horses Homoeopathically), Stuttgart: Sonntag; 2006:164 S., geb., E 34.95 (German) review Rainer G. APPELL (AHZ. 252,1/2007): “. . . . . The books are useful . . . . .”

6. PFEIFFER, H., DRESCHER, M., HIRTE, M. (Hrsg.): Homöopathie in der Kinder-Jugendmedizin (Homoeopathy in Children and Youth Medicine); München: Elsevier; 2004; 1176 S., geb. E 89.95 (German) review Karl-Heinz GEBHARDT (AHZ. 252, 1/2007): Twenty authors have taken part in this work. The basics of Homœopathy including the Miasms and its place in the General Medicine are discussed. This is followed by chapters on children diseases. The Epidemiology, diagnosis and conventional therapy and then Homœopathy. . . . . cases are presented to impress the instructions. A Materia Medica is given at the end. Under each chapter the important literature with regard to the discussion in the foregoing parts are given. . . . . The book can be recommended.

7. SCHUSTER, B.: Caulophyllum – Frauenwürzel: Arzneimittelprüfungen, Materia Medica, Praxisanwendung (Caulophyllum - Medicinal Proving, Materia Medica, Practical application) Weilburg: Verlag für Homöopathie; 2005: 160 S., kart.; E 9.98 (German) review Gerhard BLEUL (AHZ. 252,2/2007): “Until now only one person indeed who has proved in 1864 Caulophyllum upon himself, and this medicine belongs of course to obstetrical practice, established as it is upon the Indian Folk Medicine and observations in clinical practice by homœopaths. The gaps in the knowledge especially the lack of a Proving
particularly in Females has been filled by SCHUSTER now. 11 Females and 1 Male proved Caulophyllum in Q6, C12 or C30. The symptoms have been thoroughly protocolled. . . . 480 new Symptoms have been added to the existing 242. As in his earlier Provings of Bambus, Cola, Harpagophyllum, SCHUSTER has carefully prepared a solid ground for better choice of Caulophyllum . . . .

8. VAKIL, P.: lehrbuch der homöopathischen therapie, Band III: Erkrankungen von Hals, Nase, Ohr und Respirations tract: (Text book of Homoeopathic Therapy, Vol III, Ear, Nose, Throat and Respiration tract) Leer; Grundlagen und Praxis; 2006; 497 S., kart.; E38. (German) review G.BLEUL (AHZ. 252, 2/2007): “After his “Diseases of the Central Nervous Systems” and the “Diseases of Heart and Circulatory Systems” is now the 3rd Volume in the series of Prakash VAKIL who passed away 10 years ago. His great knowledge and complete clinical experience is evident in every page of this book. . . . . An astounding work with full details, clear clinical references, exact characterisation of the disease state and the remedy; a great help in the daily Practice.”

9. WELTE, U.: Colors in Homoeopathy, Zweispachige Ausgabe, (bi-lingual edition); Kandern: Narayana; 2003; 68 S., Spiralbind, E 58, review Gerhard BLEUL (AHZ. 252, 2/2007): “That the color liking by a person could lead to a remedy has been an observation by Dr. H.V.MÜLLER. Some authors subsequently have theoretically supported by cases and accepted it. . . . . This book is the first and a good beginning.”

10. GEBHARDT C., HANSEL J: Glucks fälle? Erstaunliche Heilungsgeschichten mit Homöopathie; (Lucky hits? Astounding Reports of homœopathic Cures), München: Goldmann, 2006: 287 S., Leinen, E 18 (German), review Rainer G.APPELL (AHZ. 252, 3/2007): “. . . book which would make the political and medical functionaries sit up so that more patients could be treated at less cost . . . .”

11. WURSTER, J.: Homöopathische Behandlung und Heilung von Krebs und metastasierter Tumore (Homeopathic Treatment of Cancer and metastasizing Tumors), Buchendorf: Verlag Peter Irl; 2006: 252 S., geb, E 39. (German) review Rainer G APPELL (AHZ. 252, 3/2007): “The homeopathic treatment of patients with malignant Tumors has been detailed in a masterly manner by BURNETT, SCHLELGEL et al. which lay in the background because of the progress of Oncology . . . . Jens WURSTER has in the recent years with Dario SPINEDI done much work in the treatment of malignant Cancer patients in the Santa Croce hospital. He has specialised in this and has produced this book which consists of his experience. . . . . A notable book . . . which would stimulate further . . . .”


13 Monera. Kingdom Bacteria & Viruses. Spectrum Materia Medica. Volume 1. Frans VERMEULEN. Emryss bv Publishers: Harlem, The Netherlands, 2005. Price 44.00, ISBN: 90-76189-15-3. review by Tom WHITMARSH (HOMEOPATHY, 96, 4/2007): “This is the first volume of a bold new Materia Medica. Frans VERMEULEN, with categorising and cataloguing zeal, aims to give us an encyclopaedic work, including all the remedies we know, those we think we know at least a bit about and those we have never even heard of. This first volume is concerned with remedies made from Bacteria and Viruses and so includes most Nosodes (including all the Bowel Nosodes). Subsequent books on non-vascular Plants, Plants, Minerals and Compounds, Gases, Imponderables and Animals of air, sea and land will follow in due course. . . . . . It is hard to imagine that anyone but Frans VERMEULEN could have the vision, the stamina and the literature-searching resources to undertake the massive task that is this Materia Medica. . . . . . All in all though, you will not find such a treasure trove of homoeopathic microbiological material anywhere else and I strongly recommend this book.”

“This is the book serious homeopaths around the world were waiting for, a reference book dedicated to the Bird remedies, one of the fastest growing group of ‘new remedies’ introduced to Homœopathy over the last decade. . . . . Overall, I think this is a very helpful book about an increasingly important group of remedies that are very much part of our time. . . . .”

[I am really surprised at the review: “fastest growing”? What is this classification? Birds, Insects, Viruses, Bacteria, etc: Are all these really helpful in our day today practice? = KSS].


This Book is organized in 3 parts: “Getting Started,” “The 7 Remedies” (with a dozen backup remedies), and an alphabetical list of “Acute Illnesses and Conditions” (from Allergies to Wrist). Part I is required reading for beginners, and a good refresher for those who have been using Homœopathy for a while.

Part II has sub-chapters with “Focus Points” and clever mnemonics for each of the 7 remedies:
- Aconite: Your Homœopathic Emergency Services Unit
- Arnica: Your Homœopathic Surgeon
- Belladonna: Your Homœopathic Pediatrician
- Chamomilla: Your Homœopathic Babysitter
- Gelsemium: Your Homœopathic Neurologist
- Ignatia: Your Homœopathic Therapist
- Nux vomica: Your Homœopathic Gastroenterologist

Part III is entitled “Helpful Hints and Easy Solutions.” In it, Dr. SHALTS lists specific health conditions alphabetically, and then gives advice on remedies that are known to help each of these conditions.

This is a very good book for beginners or as an addition to your “homœopathic first aid” library.

15. Colors in Homœopathy, Ulrich WELTE, ISBN:3.921383-90-0. Pages: 68. (review by Markus KUNTOSCH) (HH. 30, 12/2005): “The color preference as a reliable and easy-to-obtain symptom to find the simillimum….. The idea to use the color preference of a patient in Homœopathy was first detected by the German Homœopath Dr. H.V. MÜLLER from Cologne (1921 – 2001). He had a Conium patient who was soothed by darkness and gave black as his favorite color. He could confirm with his other Conium patients. Through comparing the color preference of successfully treated cases, he defined about 450 remedies and their corresponding colours in a sort of color repertory. MÜLLER used a color book for artists and stamp collector with about 1200 color varieties. This book is out of print and is no more available. For the first time Ulrich WELTE, who closely collaborated with MÜLLER during the last 11 years of his life, presents in this book the color repertory together with a new color standard and other valuable tools (color circle, gem collection). This makes the book a practical tool . . . I think that every homeopath could benefit from this work, . . .”

XII. NEWS & NOTES

I. The author, 83 years, traced his recurrent allergies and hay fever history to his implantation of dental prosthesis due to an auto accident at 18 years of age – many homœopathic remedies which were indicated did not help. By the use of remedies Chamomilla, Phytolacca, Calcarea phos, Podophyllum and Hypericum based on indications over dentition problems, the virulent attacks stopped. He opines that dental extractions, root canals and other extensive dental procedures may induce a “Constitutional Susceptibility” to Hay Fever/Allergies. SECKELMANN, J.D. in Letter to the Editor, HT. 26, 6/2006)


Distracted patients are forming a group to save the Homœopathic Hospital in Tunbridge Wells, UK, which is threatened with closure due to National Health Service (NHS) cut backs. The local NHS primary care trust that manages the hospital has a deficit of ten million pounds. The trust Medical director Jonathan COE cited the weak evidence for homœopathic medicines as the reason to put homœopathic medicine lower down the list. [JONATHAN COE himself should take homœopathic medicine and then think whether homœopathic medicine should be put lower down or up above the conventional medicine = KSS]

III. Obituary – Christine LUTHRA, M.D. – 1951 - 2006

Born in Belgium, educated in Philosophy and Medicine, with far ranging interests and also in
esoteric fields, Christine LUTHRA was a skilled physician and homœopath, faithful to the essence of the old teachings yet ever seeking to expand her horizons and deepen her knowledge. She was a dedicated physician, who always put the interests of her patients well ahead of the purity of any doctrine. Her very sensitive and empathic nature became apparent when she was hospitalized with intestinal obstruction in the aftermath of terrorist attacks and the U.S. invasion of Iraq. She overcame the illness but later had an aggressive cancerous lump in her breast. Her last days were peaceful and serene.

IV. Check out the all-new NCH Website! LANSKY, Amy L. (HT. 27, 2/2007). After one and a half years of hard work the website for NCH www.nationalcenterforhomeopathy.org was renovated. Many features like NCH services tab, Articles tab, Homœopathic Resources Tab, Members forum Tab, Handy searchable databases, The Remedies and symptom database, cross indexing and Teaser boxes are found. Many more additional features like updated chat Software, Audio and Video content, Blogs and Topic specific message boards are planned.

V. Pharmaceutical pollution – An emerging concern. LOCKWOOD, Amy (HT. 27, 22007).

Several thousand tons of medically active substances used world-wide each year sneak through sewage treatment plants and sweep out into rivers with potential environmental consequences. The Portland Press Herald reported on 6 Nov. 2005 that fish downstream of Denver’s sewage plant were found to have both male and female sex organs due to oestrogen spill. Male fish in Potomac River in Maryland were carrying eggs. Prozac in waterways linked to smaller frogs.


The Council for Homeopathic Certification (CHC) has announced a pilot project to facilitate the certification of experienced homeopaths. The goal is to evaluate a level of competency and strengthen the profession.

VII. It changes everything. A brief conversation with Rajan SANKARAN. TESSLER, Neil (SIM. XX, 2007)

In a Conversation with Neil TESSLER during an afternoon break of a seminar in Vancouver, Rajan SANKARAN opines that understanding of the Kingdoms and the Systems makes Homeopathy very interesting, helps to incorporate the discreet symptoms of Materia Medica and should be taught in parallel to the traditional teachings and they complement each other in the most harmonious way. This would interest students and give solid grounding of our symptoms and rubrics. With this approach one goes one step deeper into the sensations and makes things much more alive and many small remedies come up in the analysis.

By experiencing the experience behind the Sensations one gets certain immunity from developing physical problems.

VIII. Homeopathy on the Moon. GRIMES Melanie (SIM. 27, 2/2007).

Homœopaths Dr. Prashanta BANERJEE and Dr. S. DAS were invited to a symposium on Lunar settlements by Rutgers University, New Jersey on June 3 to 8, 2007. This was endorsed by NASA and organized by the Center for Structures in Extreme Environment at Rutgers.

The homeopaths made a presentation on the “possible use of Ultra-diluted medicines for health problems during lunar missions”.

Allopathy has not been effective on lunar missions as there are problems related to absorption and solubility of medicines as there is no gravity. In lunar settlements, conventional medicines release toxic by-products, where as homœopathic medicines are easily absorbed.

Encouraged by the positive response, they proposed a complete package of medicines to be administered during pre-flight, on board, lunar settlement and post flight phases of the trip.

Complete text at: http://cities.expressindia.com/

IX. Richa Christine ELAND is the new chief Editor of The American Homeopath. (AH. 13/2007).

X. The Nature of Eric SOMMERMANN An interview with Valerie OHANIAN – by ELAND, Richa Christine (AH. 13, 2007).

Eric SOMMERMANN loved nature and was creative in natural settings since the young age. After reading EINSTEIN he was convinced that understanding the universe would be found in understanding nature. Eric was an avid walker and he loved the thinking time that walking allowed. His love of nature, coupled with his passion and commitment to healing, brought him to Homeopathy. He already had a Ph.D. in Biochemistry. He studied in the Hahnemann College. He would spend eighteen hours a day for his study. He always focused on making connections between
what he had already studied and any new material that presented itself to him. He taught students to observe and was brilliant at prescribing remedies that have not yet been proved. Eric cultivated his own ability to be present, to BE with elements of the natural world and to perceive that element or mineral or plant in the human being who sat before him. Together with Valerie OHANIAN he set up the North Western Academy of Homeopathy (NAH).

This Issue of The American Homœopath, No.13/2007 is dedicated to the late Eric SOMMERMANN.

XI. Eric’s Light: An Interview with Lurie DACK – CARPENTER, Bonnie (AH. 13/2007).

Eric had a big vision for Homœopathy. He had the motivation, the Will, and the ability to take steps to make that vision a reality. His unique vision was to have Homœopathy be woven into the very fabric of peoples’ lives. The unique quality of his Academy is the emphasis on clinical training and the amount of time students have in the clinic and also nature walks and perception exercises. He felt that there were not enough homœopaths or opportunities for homœopaths to be trained. North Western Academy of Homeopathy was created to solve this problem.


In the province of Ontario, Canada, Homœopathy had been regulated in 1869 and deregulated in 1960. in 2007, the Health System Improvements Act, concerned with the regulation of Homœopathy and a number of other health professions was passed. Non-licensed homœopaths will have to conform to the regulatory provisions under the Regulated Health Professions Act (RHPA). For this Governemt has mandated a Transitional Council. The article dwells on all the details.


This is an excerpt from a soon to be released book, “The Homœopathic Revolution: Why famous people and cultural Heroes chose Homœopathy”, by Dana ULLMANN.

The association of Rockfeller with Homeopathy is discussed in detail.


The 61st Congress of the Liga Medicorum Homeopathica Internationalis was held on October 11-14, 2006 at Lucerne, Switzerland. The 150th anniversary of the Swiss Association of Homœopathic Physicians was also celebrated. (It has 412 members as on that date) The umbrella organization for the entire Swiss medical profession is called the FMH.

The Executive Council Meeting was held on 9th October 2006. The Council was called to order by the President Corrado BRUNO, where the National Vice-Presidents for each country presented their reports. In Mexico Dr.ORTEGA’s National Academy of Hahnemannian Homœopaths continues certification of Physicians. In Belgium Michael WASSER-HOVEN is hard at work promoting “Evidence based Homeopathy”.

Several researches are going on in Germany.

In respect of UK it was told that the Lancet article had a definite negative effect, but the people in general know that Homœopathy can be effective. Therefore the Lancet article was “a cloud passing over”.

In Austria homœopathic treatment is available in several hospitals.

In Romania homœopathic treatment has been legal since 1981. In Bulgaria big changes for Homeopathy was expected.

In France more physicians are being attacked by legal and medical authorities because of their allowing patients to utilize Homeopathy instead of Chemotherapy for Cancer. Nonetheless Homœopathy is doing well in France.

In Ecuador Homeopathy has been approved by the Health Ministry since 1983. The Ecuadorian Government has even donated a house for the Ecuadorian Homeopathic Medical Society.

In so far as India is concerned, it is a shining light in Homeopathy and very deserving of the admiration it receives. Homeopathy is quite officially approved with numerous hospitals, medical Schools and thousands of homœopathic practitioners.

In Italy there are bureaucratic difficulties about the legal status.

Regarding Ukraine: it is strange that the Government of a country with so many homœopathic Associations, Pharmacies and numbers of Practitioners still does not recognize Homeopathy officially.

The over 100 year-old Hahnemann Monument in Washington D.C., U.S.A. is being restored fully. There are a number of homœopathic organizations in the USA.

In Armenia there is steadily rising interest.
Transactions: Dario SPINEDI elaborated on Anamnesis; Sanjay and Yogesh SEHGAL presented the importance of understanding the essence and meaning of what a patient is trying to say. Two workshops, one on toxicology and other on the dynamization of a medicine were only in German. Then a short boat cruise to an IMAX film on coral reefs.

Urs STEINER, elaborated on the Bönninghausen method emphasizing Polarity and Concordants.

Jan SCHOLTEN discussed the themes, Groups and Families in concepts of Remedies.

Nicolas STEELING is a Dentist, explored areas of research that may be practical for all dentists.

Monique ALTENBACH looked at Cantharis from a variety of angles.

Dietmar PAYRUBER examined the pathological data to see the more hidden aspects of a patient’s illness.

Robert PETRUCCI gave a humorous account of the possible approaches one takes to discovering the remedy behind the surface.

Antonella RONCHI talked about posology.

Variety of subjects on Veterinary medicine including case studies involving emergency prescriptions with certain restrictions.

Frank NAGER, emphasized a truly holistic approach to medicine encompassing the four psychological functions of C.G. JUNG: Thinking, Feeling, Sensation and Intuition.

Michael von WASSERHOVEN has been enthusiastically working for Evidence-Based Homœopathy.

Sunit SHANGLOO gave three cured cases of fibroids.

Vangelis ZAFIRIOU discovered a series of characteristic responses to a correct homœopathic remedy that he felt have been overlooked since the beginning of Homœopathy. 1. Increased sleep; 2. Fatigue; 3. Increased appetite; 4. Decreased libido; 5. Decrease in Menstrual Periods. The rationale behind these responses seems to be a conservation of energy so that the diseased areas can recover.

RAO, Srinivasulu felt that a variety of medical disciplines have provided some evidence of a correlation between emotional and mental functioning and certain body organs.

There was panel discussion on Research in Homeopathy and on Veterinary medicine.

“Illustrated comparative Materia Medica Pura” is a series of lectures presented by Andre SAINÉ. The first part was from 18th to 22nd June 2006, held at Montreal.

The design of the course is based around 24 Key medicines, all Polychrests, four of which were considered in this session. From those four 62 smaller remedies which have symptoms in common with the polychrests, but accompanied by symptoms that are contradictory to keynotes of that polychrest under consideration.

The individualizing symptoms of each remedy, besides the symptoms shared by the remedies, will determine which of the medicines is most similar to the state of the patient.

The core symptoms of the medicine is referred to as “fingerprint” of that medicine. The seminar was intensive with very little digressions, with an invitation to discipline ourselves to look carefully at the information from our cases, to make careful comparison of the pathogenesis of the patient with the pathogenesis of the medicine and to look deeper and study the basic Materia Medica if the data doesn’t seem to fit correctly.

cah@videotron.ca

XVI. Homeopathic Medicine and the New York State office of Professional Medical conduct (OPMC) WHITMONT, D. Ronald (AJHM. 100, 2/2007).

The role of the office of Professional Medical Conduct (OPMC) is reviewed in light of its history and several recent disciplinary actions taken against New York State physicians practicing Homœopathy and other Complementary and Alternative Medicine (CAM) modalities. The author’s personal experiences with the OPMC are also reviewed and recommendations made.

XVII. In the HL, 18/2005 Julian WINSTON had referred to errors in our books – Materia Medica, Repertory, etc. There are errors in translation from German to English.

Referring to this article, a correspondent Jurgen SEIPER of Germany says that it is very essential that translations are done with great care. He gives some examples.

[What a word actually ‘means’ to the person who said it may mean something different to another. For example the word “Beruf” which comes from the root “rufen” (to call), in §1 of the Organon has been translated as “calling”, by one (WESSELCHOEFT and Wenda BREWSTER) and “Mission” by another (DUDGEON). There have been several discussions on words (Envy, Jealousy) we can cite many such. To dissect these and ‘find’
a meaning will not be of great help in selecting a remedy.

[The purpose of ‘Proving’ is to know the ‘tendency’ of a substance to cause some hitherto not experienced sensation in him/her. The homœopath has to understand this ‘tendency’ in the Proving and in the patient. ‘Hair-splitting’ will cause greater confusion = KSS].

XVIII. Call for introspection and Awakening.

Letters to the Editor, SHAH, Rajesh (HL. 19, 2/2006).

In response to The Lancet Article (August 2005) which suggested that Homœopathy equals placebo, the author suggests introspection on another perspective.
1. Research based documentation is the key means to establish the efficacy of Homœopathy.
2. The application of homeopathic principles needs to be scientific rather than speculative.
3. Adequate medical education.
4. Responsible teaching.

The detrimental tendencies that have penetrated the practice of Homœopathy are: a. Extended dream-analysis and theorizing; b. Overstretched mentals; c. Kingdom prototype and extended doctrine of signature; d. Tele-medication; e. Prescribing on the basis of past life; f. Potentising the spirit; g. Paper remedies; h. Interpretational and delusion based Materia Medica.

The greatest danger to Homœopathy seems to be more from within in the form of above mentioned dubious practices. [The Homœopathic Links itself is guilty of the ‘detrimental tendencies’ mentioned by Dr. Rajesh SHAH. Read the case of Dr. Chetna SHAH in HL. 19, 1/2006] = KSS].

XIX. Clinical Training Course in Homœopathy 2004 with Rajesh & Rupal Shah.
(HL. 19, 2/2006)

A group of ten South African Homœopathic Students had three weeks course with Dr. Rajesh SHAH, in The Life force centre, Mumbai.

XX. Eat Less, Stay Healthy (Taken from the World Science) (S & C. 73, 1-2/2007)

A new study which associated a low-calorie diet with delayed signs of aging in humans appeared in the Jan. 17, 2006 issue of the Journal of the American College of Cardiology. Rather than try to randomize volunteers to different diets, the researchers compared 25 people who already had been following caloric restriction for an average of six years with 25 similar control subjects with typical western diet.

Hearts of the people on Caloric restriction appeared more elastic than those of the control subjects and several heart disease risk factors and inflammatory markers were lower.

Calorie restriction is associated with longevity only when is coupled with optimal nutrition with a healthful balanced diet with at least 100 percent of the recommended daily intake of each nutrient, providing approximately 1,671 plus or minus 294 kilo calories per day.

Overweight and obese people have a low-grade chronic inflammatory state.

XXI. Smoking during pregnancy may Deform fingers, toes.


Pregnant woman’s cigarette smoking raises the risk that her new born will have extra (polydactyly), webbed (Syndactyly) and absence/missing (adactyly) of fingers or toes. The risk is proportional to the number of cigarettes smoked.

XXII. Brain Scans Betray our Joy in other’s suffering


Researchers say they have captured images of the brain activity that accompanies “Schadenfreude” (Schaden – harm, Freude – joy) – the satisfaction we feel if someone we dislike suffers.

Both men and women empathize with the pain of people they perceive as co-operative types. But among men, at least, the empathy disappears if they see someone else behaving selfishly. Then, they may even feel good if the other person receives physical pain.

XXII. Love and Madness not that different?


People experiencing romantic love have a chemical profile in their brains similar to that of people with Obsessive-Compulsive Disorder, noted the author, Psychologist Lauren SLATER. Both have low levels of the brain chemical Serotonin. Thus Love and mental illness may be hard to tell apart.

Oxytoxin, a chemical thought to be plentiful in long term couples with warm, comfortable relationships, is a hormone that promotes feelings of connection and bonding.

International college of Nutrition, formed in 1999, comprises of Physicians, Dieticians, Nutritionists, Food Scientists, Biochemists and Post graduate students, organized a seminar on 27 – 29th October 2006.

The seminar defined clinical nutrition cutting across various clinical disciplines has emerged as a very important clinical discipline.

The crucial factor is not merely prescribing the most scientific diet for the patient but its compliance.

Specialists dealt with topics on Obesity, Diabetus, Gout, Hepatic Diseases, Renal diseases, Cardio vascular diseases.

XXIV. The Journal of Alternative and Complementary Medicine (JACM), Oct. 2005, “which commemorates the 250th anniversary of the birth of Samuel HAHNEMANN, the founding father of Homœopathy, makes it very clear that Homœopathy works and is far from dead. Presenting very clear evidence from leading Scientists and Clinicians, JACM shows that there is something very real going on in Homœopathy Medicine. … This issue of the JACM, a MEDLINE, peer reviewed journal published by Mary Ann LIEBERT/Inc; presents the state-of-the-Art of Homœopathy, with all the scientific papers and editorial perspective available free online at www.libertpuls.com/acm. … The issue includes a seminal paper by Spence et al. entitled “Homœopathic Treatment for Chronic Disease: A 6-year University Hospital Outpatient Observational Study, “the largest study of its kind ever published, which presents the results of the six-year study involving more than 6,500 consecutive patients in which more than 70% reported significant positive health changes associated with homeopathic intervention and consultation…….” (HH. 30, 12/2005).

XXV. [Note: We use the term ‘Individual’, ‘Totality’, ‘Wholeness’ ‘harmony’, etc. These words are very important with reference to the Homœopathic Philosophy. Here is a short extract from discussion between Renie Weber and David Bohm – Refer to the book ‘Dialogue with Scientists and Sages’, by Renie Weber (1986). = KSS]

RENE WEBER: What is the relationship between the wholeness and relatively independent sub-wholes? Is there any justification for claiming that I am an individual or is it pure illusion, what the east calls Maya?

DAVID BOHM: It depends on the level at which you operate. Clearly the body has a certain individuality, it’s a relative sub-whole which has it’s own self-referential order but its also highly dependent on the environment in order to exist. Any person has some degree of difference from another – his own background, ideas, tendencies. So in a relative sense we have some individuality. But the question is how deep is it, what is the ground of it all? … Everybody has got his own interests and background, and his own special way of putting everything together, which may have its value. …. Everybody has some unique potential. You can’t state what his unique role is because he has a range of potentials. Given another circumstance he could probably have carried out another role, but he has a certain potential that is different from anybody else’s. While you have a potential, the energy doesn’t come out from your predispositions. They must serve the whole. The energy comes from the whole, from the insight. … Each person in his being has a particular unique character and quality, but its whole meaning is to write with all the others into something greater. … Individuality is possible only if it unfolds from wholeness. Ego-centredness is not individuality at all. Ego-centredness centres on the self-image which is an illusion and a delusion. Therefore it’s nothing. In true individuality a true being unfolds from the whole in its particular way for that particular moment. It is impossible to have true individuality except when grounded in the whole. Anything else is ego-centredness. Anybody who is self-centred must be divided, because in order to become self-centred he must establish a division between himself and the whole. Not only that he has not understood himself, he is fragmenting himself, shattering his individuality, and turning it into a collective mish-mash. By contrast, the true individual understands that he is an out-growth of the whole at every moment. There is nothing fixed about him. He is eternally unfolding his potential as the ancient saying goes, continually flowering as Krishnamurthi likes to say revealing more and more deeply what he is. …”

LIST OF JOURNALS

Full addresses of the Journals covered by this Quarterly Homœopathic Digest are given below:
1. AH: The Journal of the North American Society of Homeopaths, 1122 East Pike Street, #1122, Seattle, WA 98122, USA.
2. AHZ: Allgemeine Homöopathische Zeitung, Karl F. Haug Verlag, Hüthig GmbH, im Weiher 10, 69121, HEIDELBERG, GERMANY.
6. HL: Homoeopathic Links, Homoeopathic Research & Charities, F/s, Saraswat Colony, Linking Road, Santacruz (W), MUMBAI – 400 054.
7. HOMEOPATHY: Formerly British Homeopathic Journal (BHJ). Homeopathy, Faculty of Homeopathy, 29 Park Street West, Luton, Bedfordshire, LU13BE, UK.
8. HT: Homeopathy Today, National Center for Homeopathy, 801, North Fairfax Street, Suite 306, ALEXANDRIA, VA. 22314, USA
9. NAH: Neues Archiv fuer Homöopathik, Hardenbergstr. 2, D-45472, Mülheim an der Ruhr, GERMANY.
12. SIM: Simillimum, The Journal of the Homeopathic Academy of Naturopathic Physicians, P.O. Box 8341, Covington, WA 98042, USA.
13. ZKH: Zeitschrift für Klassische Homöopathie, Karl F. Haug Verlag, Hüthig GmbH, Im Weiher 10, D-69121 HEIDELBERG, GERMANY.

(Dr.H.GROSS’ COMPARATIVE MATERIA MEDICA).

REMARKS BY THE EDITOR

Constantine HERING

“. . . . To compare all our proved medicines with each other, (if we calculate that there are about three hundred, more or less proved and applied), and to compare, respectively, each one with the other, would require about 50,000 diagnoses! But, of course, the greatest number of them, if worked out, would be useless in practice and a burden to our literature. Still a beginning had to be made in order to find out which comparisons we had to make only in our own mind (as we do in other natural sciences.) This is our great aim, and to come nearer to it the work of GROSS is a stepping-stone, a transition. As a selection had to be made, it seems that Dr. GROSS took Aconitum and Pulsatilla on the one hand, and Sulphur and Arsenicum on the other, and added gradually what he considered next to most important.

Here are about five hundred comparisons of one hundred of our most generally used drugs. Another similar volume, as a continuation of this present one, is ready if wanted by the profession, and that would satisfy all the demands of theory as well as of practice for the rest of this age.

Such a result is certainly encouraging, since, although we are still a decided minority among physicians, we have proved already nearly all the elements of chemistry and about one-hundredth part of all that is offered by nature! This gigantic work had to be done by a few slandered men, within fifty years. It is by far more than any other natural science can boast to have accomplished in so short a time, and, as our increase in number is equally satisfactory, our sons and grandsons may reach the climax.

[The second Volume mentioned by HERING did not appear. Evidently the Profession was not interested!] = KSS]
PART II

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

1. **COLCHICINE – EXPANDING HORIZONS**

   Ami SCHATTNER


   To say that the once very limited indications for Colchicine have undergone a subtle but definite and dramatic change in recent years would not be an over statement. This old drug, which has been known for centuries, was used for relieving and preventing acute attacks of Gouty Arthritis for over 200 years, but until recently, no other clinical uses had been established. The 1985 edition of Goodman & Gilman’s standard textbook of Pharmacology for example, states that ‘…..Colchicine is largely effective only against Gouty Arthritis’, and devotes no more than five lines (of the two pages discussing the drug) to its possible effect in other conditions. However, intriguing data have been obtained since, which suggests that Colchicine may be highly efficacious in several common and important though diverse clinical syndromes for which no other equally effective therapy is known.

   In Gouty Arthritis, its classical indication, the role of Colchicine has been recently questioned since serious toxicity may be associated with its use, and since other agents such as Indomethacin are as effective, and may be better tolerated. However, long experience has shown that the drug is remarkably well tolerated, and that cases of severe systemic toxicity are rare and often reflect inappropriate use of the drug (intravenous administration which exceeded 4 mg. for a single course of therapy). The most common adverse effects of Colchicine are relatively minor gastrointestinal symptoms, which are useful early signs of impending toxicity. Colchicine produces a striking response in acute gout where 0.5mg is usually given orally, every 1-2 hours to a maximum of 8-10 mg., until relief of gastrointestinal symptoms occur. Pain and swelling usually abate within 12 hours of starting therapy and a major objective improvement of joint inflammation is evident within 48 hours and can be used as diagnostic aid. The drug reduces the inflammatory reaction to urate crystals without causing analgesia or affecting uric acid metabolism. Colchicine is also highly efficacious for the long-term prophylaxis of recurrent Gout and the prevention of acute attacks during the first few months of treatment with Allopurinol or uricosurics. One to two mg/day of Colchicine may also be effective for prophylaxis of pseudo-gout and treatment of Sarcoid Arthropathy, Psoriatic Arthritis, and Paget’s disease of bone, though at present the amount of information is inadequate for definite conclusions.

   In recent years, however, additional indications for the use of Colchicine have been identified, for which no known alternative exists. Best established so far is the role of Colchicine in Familial Mediterranean Fever (FMF), an acute recurrent Polyserositis of unknown aetiology affecting primarily Sephardic Jews and Armenians and leading to renal AA amyloid deposition with progressive Proteinuria and renal failure. Daily administration of Colchicine (1 to 2mg), which appears to be well tolerated and safe in large numbers of patients of all ages, not only prevented or markedly ameliorated the acute painfully disabling feeble attacks in over 90% of FMF patients, but was also able to prevent the development of Amyloidosis or halt its progression in patients who were already affected. This conclusion is not based on a double-blind study, yet the comparison with noncompliant patients and those studied before Colchicine was used, the large numbers of patients and the long-term follow-up, make the results highly credible. Among FMF patients without overt renal disease only 4/906 developed Proteinuria, as opposed to 16 of the 54 non-compliant patients (about 30%). The effectiveness of Colchicine is more limited in patients who already have clinical Amyloidosis; however, most of the patients who were proteinuric when treatment was commenced (but with no nephrotic syndrome or Uraemia), remained in stable condition. These effects of Colchicine, which have already improved both the quality of life and survival in thousands of FMF patients are based on observations in vitro (Colchicine inhibits the secretion of Serum Amyloid A protein, an acute phase reactant synthesized by hepatocytes which is the precursor of AA amyloid) and in experimental animals. Thus the beneficial effects of Colchicine may extend to AA Amyloidosis complicating other inflammatory diseases such as Ulcerative Colitis, and Colchicine improves median survival (according to an open trial based on comparison with historical controls), and can be highly beneficial in selected cases.

A
randomized study and several case reports suggest that it may be more effective in conjunction with melphalan/prednisone. The mechanism of the anti-amyloid effect of Colchicine remains unclear, but, interestingly, it appears to be independent of the suppression of attacks or of the suppression of SAA secretion. The effect of Colchicine in FMF has been mainly linked to its anti-inflammatory activities which are discussed below.

No less intriguing are the accumulating data on the possible effects of Colchicine in immune mediated disorders. Several uncontrolled studies and case reports suggest that patients with BEHCET’s syndrome may show a 60-70% response rate to Colchicine. Oro-genital and ocular lesions seem to respond best, but the drug may also be effective for the associated articular and cutaneous manifestations and in prophylaxis. Controlled trials of Colchicine in BEHCET’s syndrome are few and have not demonstrated unequivocal effect. Leukocytoclastic Vasculitis may also be amenable to Colchicine therapy.

The basis for the use of Colchicine in these conditions is its effects on Polymorphonuclear Leucocytes (PMNL), but Mononuclear cells are also affected. By binding to a micro tubular protein and other mechanisms which are incompletely understood, Colchicine interferes with many basic cellular functions, including mitosis and PMNL chemotaxis and adhesiveness. It also increases leucocyte CAMP levels, thereby inhibiting lysosomal degranulation and enhances release of Prostaglandin E which suppresses leucocyte functions. In additions to its antimitotic and anti-inflammatory effects, Colchicine impairs collagen synthesis and enhances collagenase activity – antibiotic effect.

More recently, important inhibitory effects on cell-mediated immune responses have been noticed. These include inhibition of Immunoglobulin secretion, interleukin-1 production, Histamine release and interferon-induced expression of HLA-DR.

Though most of these observations have been obtained in vitro, a therapeutic value for Colchicine has been demonstrated in at least two animal models of autoimmune diseases. Colchicine reduced Proteinuria in passive Heymann Nephritis in rats, an analogue of Membranous Glomerulo Nephritis in humans. The drug can effectively prevent the development of clinical signs and histological lesions of acute experimental Allergic Encephalomyelitis in mice, an analogue of Multiple Sclerosis, possibly by interrupting effect or responses to myelin basic protein-primed T cells.

The growing understanding of the pleiotropic actions of Colchicine and the realization of the important interactions between lymphoid components and Fibroblasts at inflammatory sites which produce a vicious cycle of inflammation and fibrosis have led to trials of Colchicine in two human autoimmune diseases in which there is prominent and contiguous fibrosis and inflammation, in the absence of any effective therapy. In progressive Systemic Sclerosis and localized Scleroderma, long-term Colchicine therapy was claimed to be beneficial to most patients, especially when the duration of the disease was less than 5 years. More accurate data are available in Primary Biliary Cirrhosis, where Colchicine was compared with placebo in two large double-blind controlled trials. Although there was no histological improvement over 2-5 years, patients at all stages who received Colchicine (0.6mg twice daily) significant improvement or stabilization in Liver function tests as compared to the placebo group, and mortality was also decreased by half. Colchicine has also been tried in Cirrhosis with no autoimmune features (alcoholic or postnecrotic cirrhosis) and the results have also been potentially exciting affording a measure of hope for yet another large group of patients whose 5 year survival once the complications of Cirrhosis develop is below 20% and for whom effective therapeutic approaches are scarce. In a 14 year double-blind, placebo controlled trial of Colchicine (1mg per day, 5 days per week) in 100 cirrhotic patients in Mexico, a striking improvement in median survival was found in the treatment group (from 3.5 to 11 years), with significant reduction in deaths from liver failure and a possible improvement in liver histology. Though these results are open to several criticisms, they are nevertheless highly encouraging and supported by an effect of Colchicine in the treatment of experimental Cirrhosis in animals and by the findings of other groups. Overall, Colchicine was well tolerated and the drug’s ‘Excellent Safety Profile’ was noted by investigators in many different studies.

There are numerous other anecdotal reports suggesting the usefulness of Colchicine in diseases such as refractory Idiopathic Thrombocytopenic Purpura, relapsing polychydrons, Sclerosing, Cholangitis, recurrent Aphthous Stomatitis, Dermatitis, Herpetiformis, and recurrent Endocarditis, idiopathic or Systemic Lupus Erythematos related. In some cases a rapid and ‘spectacular’ response was observed and a possible effect of Colchicine in prophylaxis of these immune-mediated disorders should be evaluated. Efficacy of Colchicine has also been suggested in the prevention and treatment of
abdominal pains in patients with Hepatic Porphyria. However, all these results should be interpreted with caution since the treatment was uncontrolled and has been tried in very few patients so far.

Lessons from animal models indicate that Colchicine may be utilized to advantage in several other situations for great clinical significance. Pretreatment with Colchicine protected the liver of rats against Carbon Tetrachloride or D-galactosamine induced toxicity, possibly by acting as a free radical scavenger and by inhibiting drug-induced lipid peroxidation. Its possible value in human toxic Hepatitis remains to be determined (prevention of halothane hepatitis?), though one trial of Colchicine in alcoholic hepatitis showed no effect. A significant inhibitory activity of Colchicine on peritoneal adhesion formation or on proliferative vitreoretinopathy following abdominal or retinal surgery in experimental animals was also found, but no comparable human studies have been reported so far. Paraquat-induced lung injury appears to be related mainly to free radical mediated lipid peroxidation and to a stage of excessive collagen synthesis that follows. As the models discussed above suggest, Colchicine may inhibit both mechanisms suggesting a possible efficacy in a model of paraquat lung damage in rats.

Colchicine confers the dual advantages of being both an inexpensive and a usually safe and well tolerated drug, despite its pleiotropic activities. However, adverse effects may occur and should be recognized. The most frequent are those involving the gastrointestinal tract which may be associated with the antimitotic action of Colchicine. Often, Diarrhoea, nausea, vomiting and abdominal pain are the first signs of toxicity and indicate that Colchicine therapy should be stopped, or the dosage reduced. Other adverse effects include Cytopenias, Myoneuropathy (particularly in patients with altered renal function), rashes, Alopecia and incidental cases of decreased sperm count or function have also been described. Thus, care should be exercised of treating patients at special risk (e.g. pregnancy, reduced renal function) and a periodic monitoring of patients undergoing prolonged Colchicine treatment is recommended, especially when renal or hepatic dysfunction exist. However, the overall safety record of the drug in large and diverse groups of patients is remarkable and further controlled studies will probably establish its use in several important diseases, either alone or as an adjunctive treatment.

References:


40. TANNER, M.S., JACKSON, D. & NOWAT, A.P., Hepatic collagen synthesis in a rat model
of cirrhosis and its modification by Colchicine. 
Hepatology 1989, 10: 630.
42. NICOLAESCU, T., BITTMAN, E., BORDEIANU, A.et al. Colchicine in the treatment of liver cirrhosis. 
Digest Dis Sci 1986, 31: 191S.
44. ASKARI, A.D., Colchicine for treatment of relapsing polychondritis, 
47. SILVERS, D.N., JUHLIN, E.A., BERZCELLER, P.H. et al. Treatment of dermatitis herpetiformis with Colchicine. 
50. MOURELLE, M., VILLALON, C. & AMECUA, J.L. Protective effect of Colchicine on acute liver damage induced by tetrachloride. 
J. Hepatol 1988, 6: 337-342.
51. MOURELLE, M., FRAGINALS, R., RODRIGUEZ, L., FAVARI, L. & PEREZ-ALVAREZ, V. Protective effect of Colchicine against acute liver damage. 
52. MIYACHI, Y. & NIWA, Y. Effect of potassium iodide, Colchicine and dapsone on the generation of polymorphonuclear leukocyte-derived Oxygen intermediates. 
53. TRINCHET, J.C., BEAURAND, M., CALLARD, P. et al. Treatment of alcoholic hepatitis with Colchicine. Results of a randomized double blind trial. 
56. SHAHAR, E., KEIDAR, I., HERTZEHG, E. & BARZILAI, Z. Effectiveness of vitamin E and Colchicine in amelioration of paraquat injuries using an experimental model. 

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2. Lac caninum: Anxiety, Yearning and Inability Eight case histories 
GNAIGER Jutta (BHJ. 81, 1/1992)

Abstract: Lac caninum-the best-known milk remedy-points to milk allergy but much more to the early conflict in the mother-child relationship. Any further relationship is ambivalent and unfulfilled. Likewise, the patient remains insecure towards himself, experiencing many fears. These eight case histories are intended to help understand this forgotten medicine which has now become really opportune.

Lac caninum is a neglected and barely understood medicine with a fascinating ‘signature’.

Milk constitutes the very first earthly food during the period of emotional and physical symbiosis of mother and child - the image of absolute security. Milk allergy has been recognized in recent years and is now a topic of great interest.

Dog’s milk is a medicament that comes from animals, the world of physical urges and instincts. The dog, the tamed wolf, is both a devoted servant and a fierce and unpredictable guardian: a remedy for hidden, ‘tamed’ aggression.

These themes can indeed be detected in the drug picture of Lac caninum as well as in corresponding clinical cases as confirmation.

Clinical cases
Three women

**Ingeborg H., aged 35**

An insecure, apprehensive nervous, very delicate woman, full of fears, with a hasty, inaccurate way of expressing herself. She presents with sudden attacks of fear with trembling and cardiac palpitation. She is insecure, restless, hasty, indecisive, hypertensive; she is moved by everything, pained by everything, she weeps over her helplessness. Her fears: of severe illness, of doing something wrong.

Her anxieties started with an acute illness of her mother. Her mother dominates her life although the patient is married.

**Physical symptoms**

Goitre with a feeling of pressure, difficulty in swallowing, craving for milk, constipation, premenstrual breast swelling, hair loss, hypersensitive sense of smell.

*Lac caninum* M, given twice at an interval of six weeks, has helped the patient to self-assurance. For three days, the Goitre flared up. For one year now, there have been no more problems; the patient can cope well with life.

**Sigrid B., aged 39**

An insecure, timid, worried, gentle woman, mother of three children. She speaks in a low and strained voice. She presents with chronic Sinusitis, retronasal catarrh and frequent pharyngalgia, alternately occurring on one side. She has suffered from these symptoms for five years. She is tired, feeble and has a heavy menses. She feels insecure, unhappy, discouraged, dejected. She describes a ‘profound feeling of not being good enough’. ‘I am worthless’, she feels excluded from life.

As a child, she had many fears, found it extremely difficult to make friends, was very shy and ashamed, suffered from enuresis. Her father was reserved, aloof, reprimanded her frequently. He had wished for a boy. Her mother was depressive all the time; nevertheless, the daughter still orientates herself far too much towards her.

*Lac caninum* 12x, then 200, has given her physical and mental stability during one and a half years follow-up.

**Gunda C., aged 33**

She behaves like a spoiled, bored, sophisticated lady. Her face seems tense and like a mask, her answers are short, coquettish, seem rejective, insecure. She is depressive, discontented, sleepless, sexually apathetic without any apparent reason. She is afraid of people, weeps a lot. Distraction does her good. She cannot travel enough and has several times been abroad for a year.

Her father died when she was three years old. Being the youngest of four children, she had - due to the cramped conditions they lived in – to share her mother’s bed up to the age of 14. Today their relationship is very distant.

*Lac caninum* 200, then 1M, has changed the patient completely, neither she nor her husband has had any complaints since then. This has now been the case for nine months.

These three women reveal the fear of *Lac caninum*, behind which lies the yearning for security and appreciation. The striking fact in these cases is the difficult mother-daughter relationship.

Three boys

**Roland J., aged 13**

A quiet, thoughtful, sensitive boy with a concerned face, tense forehead, slack posture, yet of powerful build. He seems insecure, inhibited. He presents with Hay Fever and generalized Eczema. His performances at school vary greatly, he is dreamy and slow, forgetful and distracted. He lacks staying power, makes a lot of spelling mistakes. He is very wary in all matters, is afraid of everything new, afraid of making a fool of himself. He is easily discouraged. At school, he is frequently subjected to teasing as he is extremely quick-tempered and seethes with rage, yet remains helpless and harmless. He never gets down to action.

Roland was given three doses of *Lac caninum* (200, M). In the course of the last nine months he has become more free, more open, livelier, more self-assured, which has been noticed both by his mother and teachers. His class-mates now accept him, his skin is clear, the Hay Fever is much improved.

**Patrik M., aged 8**

A pale, adipic child with sad, slack expression. The boy suffers from Chronic Rhinitis, frequent spasitic Bronchitis with multiple allergy and Eczema-proneness. It is noticeable that the boy miserably and intimidatingly crouches beside his restless, strained, eloquent mother. The mother admits her insecurity and conflicting feelings towards her child. Patrik is timid, reserved, stubborn and sullen. He is distracted, refuses to do his homework. Very often one can hear him utter ‘I am bored’. He does not know how to occupy himself, cannot assert himself. Occasionally, however, he has fitful outbursts of wickedness and beats his younger brother. He is afraid of wolves and dogs, particularly in the evenings, and suffers from terrible nightmares which wake him.
Lac caninum 200 and 1M have totally changed him; after an initial attack of Bronchitis he has had no further problems for one year now.

Thomas M., aged 3
The child shows soft, pale, slightly bloated features and tenderly leans against his mother. Yet his eyes sparkle brightly and he has a mind of his own. For one year he has been suffering from Neurodermatitis, which started on the legs and is now generalized. Furthermore, he frequently catches cold. He has a small appetite, prefers milk and frequently wakes during the night.

Due to Thomas’ behaviour, the mother is exhausted. Everything is so unpredictable and contradictory. He is tender and approachable, but then stubborn and aloof. He is afraid and on the other hand cheeky. He does not like dogs. He is timid, on the other hand unrestrained, beats other children; when enraged he even shouts abuse at adults.

Since taking Lac caninum 200, his skin and his behaviour have improved markedly. An acute bronchitis occurring after two months improved rapidly after a second dose of Lac caninum 200. For half a year, the child has been well balanced and quiet. His skin is clear.

These three boys reveal typical organic manifestations, the anxiety and the failure of Lac caninum. The behaviour alternating between tender, restrained, guarded conduct and violent outbursts of rage becomes very evident in these cases.

Two girls
Nada B., aged 12
The child has come because of Acute Tonsillitis, far worse on the left side than on the right, without fever, with a yearning for warmth. The tonsils are large and show early signs of suppuration. This is the third relapse within one month. Uptill now, it was treated with Penicillin. The history shows frequent sore throat and phases of Neurodermatitis.

The girl is very fearful, particularly at night, in the dark, thinking that something awful has happened. When sleeping, she has nightmares and screams. Her mother says meaningfully: ‘There exists a conflict with the mother’. Even today, she the eldest of three children - still sleeps in her mother’s bed every night. She is extremely jealous; by contradicting her constantly, she makes her mother livid with rage. She is very ambitious, very strict with herself, excessively clean.

The mother admits having made a great mistake: upon the birth of this, her first child, she forgot the entire world and even her husband. She clung to the child, nobody else was allowed to come near it.

Lac caninum 200, three doses on the same day, cleared the Tonsillitis within four days. The girl has totally changed, she is far more content. Within one month she has become quiet. She sleeps well, has hardly any more fears. With a further dose of Lac caninum 1M, this state has now been maintained for six months; the child has not been ill again since.

Jaqueline K., aged 6
A pale child with pasty features, in particular around the area of the nose, with eyes lowered and a dreamy, sad, searching glance. She has been ill all winter long with Otitis, week-long hypacusia, Purulent Tonsillitis; has had frequent doses of antibiotics.

The mother adds spontaneously: ‘We have this problem with grandmother’. During the second and third year of the child’s life, the grandmother took half-day care of the child whilst the mother went to work. The girl became emotionally dependent on her, only asked for her, spoke all the time of her and when at home, was unhappy, restless and angry, rejected her home. A further problem was her jealousy of her little sister, three years younger than she. The mother spoke of a forced separation from the grandmother in order to save the child from her. Subsequently, the child has changed to an increasing degree: she has become depressed, unusually quiet, is unable to play, unable to assert herself, sulks for hours and is cunning. She often gives no answer, does not react to comforting words. She frequently complains about being bored. The mother describes her as ‘panically inquisitive’, with ‘a compulsive inclination towards or against certain people’. She has a restless sleep and dreams of animals.

Lac caninum changed this child within three days. She became livelier and more cheerful, can occupy herself quite well, replies to questions, and now defends herself. This has also been noticed in the Kindergarten. Six weeks later, an ‘unusually acute illness’ occurred with fever and heavy mucous secretion which the mother herself connected with the homoeopathic medicine, since it was severe and passed rapidly. The following day, the child was well again. Another dose of Lac caninum was given. The change in the child has now lasted for six months; her expression is open, lively and cheerful.
With these two girls it has become obvious that *Lac caninum* as animal remedy has a strong effect on human physical urges. Both girls show excessively strong ties with a female to whom they relate, in one case with the mother, in the other with the grandmother, this relationship being nothing short of an emotional dependency. The mothers of both girls describe it as a compulsive, instinctive occurrence where a sentiment renders one compulsive and constrained. On the other hand, they observe massive fears in their children. Anxiety-longing-inability

‘Believing onself to be held in contempt’: one of the most impressive symptoms of *Lac caninum*. People unable to find their place in this world, unable to hold their ground. People escaping into retreat, into refusal, into depression or travelling.

Is it the result of an unsuccessful, unhappy first relationship with the mother, the result of a suckling trauma? Is it an insatiable longing for the symbiotic world of the beginning which has made the person homeless in the here and now?

Those people tend then to enter into too close an attachment, as is evident in the case of the two girls. This produces an ambivalence, manifesting itself in anxieties, in jealousy and boredom and in sudden and unpredictable outbursts.

*Lac caninum* helps to give a soothing answer to persons whose past is marked by a lack of security and warmth. It is capable of strengthening them, opening them up to a vision of the future, from where a new impetus, vigour and hope may emanate.

**Notes and literature**

Potencies used: *Lac caninum* C 200 and *Lac caninum* 1M Korsakov, manufactured by Spagyra.

The eight cases mentioned are described in more detail in *Documenta* 11, Vienna, 1991.


3. Drug Proving of *Oenanthe crocata*

LESIGANG, H. (BHJ. 81, 3/1992)

*Oenanthe crocata*, Hemlock water dropwort, is a biennial Umbellifer found mainly in wet places in the South-west of Europe, Morocco and India, and scattered through the British Isles, though mainly in the south and west. There has been no drug proving so far, but it has been prescribed on the basis of statements made by HAHNEMANN in his *Apotheker-Lexikon* (1793) and of toxic symptoms noted in cases of poisoning from ingestion of the root. The most important active principle in the root is Oenanthotoxin, a polyacetylene isomeric with the Cicutoxin of *Cicuta virosa*. Oenanthotoxin is a convulsant. Poisoning when the root was eaten, having been mistaken for wild celery, parsnip or carrot, has caused convulsions persisting for hours, with bloody froth at the mouth and dilatation of the pupils. A sudden onset is highly characteristic. The individual gives a sudden cry as he falls to the floor, vomits and loses consciousness. The colour of the face is greenish. In less acute cases, inflammation, burning pain and vesiculation in the mouth and upper respiratory passages are followed by a sensation of weakness, vertigo, restlessness, muscle tremor and a sensation of coldness. These symptoms were also noted in the drug proving.

**Previous indications for *Oenanthe crocata* in homœopathic use**

Epileptiform seizures with sudden onset and no aura. The attack starts with a cry. After the attack the patient is somnolent, with speech frequently inhibited. Attacks are particularly common during the menses, in pregnancy, following trauma and in children (VOISIN).

**Drug picture of *Oenanthe crocata***

Previously, the drug picture included mainly data from cases of poisoning and very few details relating to the clinical use of the drug. Below is a compilation of the main data from Hering’s *Guiding Symptoms of the Materia Medica* and Allen’s *Encyclopedia of Pure Materia Medica*.

**Mind and sensorium**

Sudden and complete unconsciousness; disturbances of intellect; mad and furious, as if drunk. Extreme restlessness approaching to mania. Hallucinations. Vertigo with nausea, with falling. Giddiness with vast uneasiness and sickness at Stomach, but no vomiting. Suddenly falls down backward. Giddiness better from fresh air, doors and windows must be open.

**Head**

Various kinds of Headache. Burning heat that mounted to the head.

**Eyes**

Pupils first contracted, then dilated. Retinae apparently insensible to light. Eyes much inflamed. Eyelids spasmodically closed or half closed. Disturbance of vision.
Nose
Bleeding from nose.

Face
Rapid convulsive twitchings of muscles of face. Face swollen and livid, with bloody froth issuing from mouth and nostrils. Rose-coloured spots on face.

Mouth
Convulsive movements of teeth. Tongue sore and swollen, raw at tip and edges; blistered. Gingiva also inflamed and blistered. Tongue trembling.

Throat
Burning heat in throat. It is sore when he swallows. Pressure on the throat gives pain.

Digestive tract
Loss of appetite. Desires cold drinks. Nausea and vomiting. Burning sensation in stomach in conjunction with Vertigo. Abdomen greatly distended; belly greatly swelled; abdomen distended like a balloon; swells with the convulsions; colics; sudden desire for stool; also bowels moved involuntarily.

Urogenital
Retention, but also copious urine.

Cardiovascular
Pain in the heart; pulse feeble, sometimes accelerated.

Chest
Muscle spasms and pain.

Extremities
Rapid, convulsive twitching of muscles of hands; sharp lancinating pains in both arms; titanic spasms in forearms, ischialgiform pain in both legs; cramp in calves; general numbness and weakness of extremities.

HERING compares the drug with *Cicuta*, the only other Umbellifer of which the root is used in homoeopathic medicine. With the other members of the family, e.g. *Conium*, *Aethusa* and *Petroselinum*, the whole plant is used, and in the case of *Asa foetida* the resin.

The proving
A drug proving with *Oenanthe crocata* was done in Austria in the Autumn of 1987 and Spring of 1988. The method was as follows:

Having given their history, provers kept records for a preliminary four days before they started to take the substance (*Oenanthe crocata* 3x) three times daily. Exhibition of the drug was to continue for three weeks, with all symptoms recorded in detail. After this, records would be kept for a two-week follow-up period. In the Spring, before the second proving phase started (there had been a time interval of two or three months since the first phase), provers were to give a summary report of Phase One and any changes noted since. In Phase Two, they would take the 30x once a day, and there would be a second follow-up period. During both Phase One and Phase Two, some of the provers were given placebo pilules. Unfortunately six proving records had to be excluded because an error was made in assigning provers, with the result that these six had been given placebo in both phases. The proving was double-blind, so that neither the director nor the assessors knew the substance under investigation or the key used for assignment. The substance was supplied by Dr. Gerhard Peithner Co. We are again greatly indebted to Mrs FLETZER, a member of their staff, for dispensing the drug. The substance and the necessary documents were issued to 38 subjects and 21 complete proving records were received, from which the above six had to be excluded. One more had to be rejected as it was incomplete. Fourteen records were available for assessment, ten of them from men and four from women. Nine subjects proved only *Oenanthe crocata* 3x, that is, took placebo in Phase Two; three proved only *Oenanthe crocata* 30x, having been given placebo in Phase One, and two subjects proved both *Oenanthe crocata* 3x and *Oenanthe crocata* 30x, i.e. were given the drug in both phases. All subjects were physicians or medical students, their ages ranging from 25 to 47. Two subjects discontinued the proving early because of severe symptoms. One subject stopped because of an acute infection (Otitis treated with antibiotics) and later resumed.

Below, an attempt is made to establish a drug picture from the proving symptoms that may be assumed to be due to taking *Oenanthe crocata*.

**Drug Picture of *Oenanthe crocata* based on the Proving Symptoms**

Mind
Indifferent; detached; apathetic.
Highly strung; restless; driven; dissatisfied; better when alone. Tremor and tension also apparent to others.

Thinks of many things she’d like to do all at once. Lots of ideas, wants to change many things, change the furniture round; would like to read but unable to concentrate; wants to do lots of things but does not manage to do anything. Feels rushed; tired but does not go to bed. Fear of something happening. Feeling as if hands or voice not her own. Afraid of going mad; sees, or rather feels,
other figures present; feels as if intoxicated; buying craze, buys masses of jewellery.

Experiences self as incalculable, extremely contentious; irritated; bouts of fury, hardly able to control self; therefore stopped proving on 4th day.

Sad, weepy; could weep forever; sentimental and full of self-pity (on the other hand feels well and in balanced state of mind, though normally tends to be depressed. The prover therefore took the drug again for medicinal purposes two weeks later).

Vertigo and feeling of insecurity; feels as if walking on clouds, which is better in open air; as if had cotton wool in legs; as if about to fall over. Vertigo and nausea when walking, with sensation of instability in feet; as if one were separate from body.

Clumsiness; letting things drop. Subject is always hurting self. Problem with concentration; unable to listen properly, which is better in open air.

Sleep and tiredness

Disinclined for anything in morning; awkward; leaden tiredness in a.m., which is better in open air. Leaden tiredness also after midday meal. Tired in afternoons as well, every day. Tired at night; going to sleep during a concert, for example, but then unable to go to sleep; particularly keen to do things during the night.

Does not want to go to bed, pity to waste the time; would like to read and work; only going to bed after 1 or 2 a.m.

Four subjects found they were at peak performance and remarkably fresh in spite of having had little sleep, when normally they feel leaden in the mornings. (One woman prover also noted this remarkable freshness during the premenstrual period, when she would normally be very tired and depressed).

Head

Feels as if swollen, as if blown up. If head moves, feels as if liquid in head also moved. Pounding pain above eyes, worse on movement and better from pressure, particularly at night. Boring or dragging pain in right and left temple during the night and in the morning

Eyes

Burning of eyes; sensation of pressure in lids or as if someone were pressing against the eyeball from behind.

Visual disturbance; vision indistinct and blurred; dots before the eyes; notable degrees of photophobia.

Mouth

Herpes; vesicles on tip of tongue painful to touch; sensation as if upper lip was swollen; mouth dry in spite of taking plenty of liquids.

Nose

Tingling sensation in tip of nose; burning sensation in left ala; frequent urge to sneeze but no coryza.

Chest

Pressure in chest when breathing; spasmodic contraction behind sternum (repeatedly in the case of one prover), spasm continues for about 15 minutes.

Tables 1. Drug Proving of Oenanthe crocata in Austria in 1987 & 1988

<table>
<thead>
<tr>
<th>No.</th>
<th>Sex</th>
<th>Age</th>
<th>Potency of Oenanthe crocata</th>
<th>exhibition of Oenanthe from</th>
<th>to</th>
</tr>
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<tbody>
<tr>
<td>6</td>
<td>F</td>
<td>33</td>
<td>3x</td>
<td>5 Dec 87</td>
<td>24 Dec 87</td>
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<tr>
<td>7</td>
<td>M</td>
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<td>3x</td>
<td>10 Dec 87</td>
<td>1 Jan 88 and</td>
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<td>30x</td>
<td>15 Mar 88</td>
<td>14 Apr 88</td>
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<td>9</td>
<td>M</td>
<td>32</td>
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<td>1 Dec 87</td>
<td>21 Dec 87</td>
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<td>12</td>
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<td>25</td>
<td>3x</td>
<td>15 Dec 87</td>
<td>4 Jan 88</td>
</tr>
</tbody>
</table>
Stomach
Hunger but no appetite or appetite but not hungry. Gastric spasms after large or rich meal; desire for vinegar or something spicy; aversion to sweet things and fruit; increased thirst; nausea with bouts of perspiration; retching and frequent tenesmus. Nausea and sensation of fullness even without having eaten.

Abdomen
Pain and flatus if sitting down for any length of time, better from movement. Violent tenesmus in the evening, at the same time urge to urinate, barely able to hold stool; anal irritation.

Bladder
Has to urinate more frequently and larger amounts than usually, which does not involve pain; pain in bladder after getting feet cold, worse if heat is applied.

Genital organs
Men: capacity for enjoyment of intercourse enhanced.

Women: Increased libido, but feels exhausted after intercourse.

Menses
Flow more prolonged than usual (up to two weeks), an effect confirmed in a further attempt with *Oenanthe crocata* 30x by one subject (record No.38). Menstruation delayed.

Extremities
Lancinating and dragging pain in extremities concurrent with heaviness and sensation of weakness.

Pain starts in the afternoon and gets worse in the evening and during the night.

Sensation of numbness with tingling in arms and hands, numb sensation first only in right palm, then extending to right forearm with feeling of heaviness. Sensation as if fingers on right hand were thicker than those on left hand. Bruised sensation in right wrist, then electrified sensation along right forearm extending to fourth and fifth fingers.

Tremor of fingers and hands at rest and when working.
Skin
Dandruff (one female subject actually had less dandruff than usual during the proving, with hair less greasy).

Temperature regulation
Dry heat all over, but also increased cold shivers. Alternating between hot and cold.

Discussion
Although the previously known *Oenanthe crocata* symptoms had been observed in cases of poisoning, it was surprising how many of them were confirmed in the proving. Physical symptoms were the same with the 3x and the 30x. Among mind symptoms, the tremor, tremendous restlessness and feeling of being driven were noted mainly with the 3x, the irritability an bouts of fury with both the 3x and the 30x.

It is also worth comparing the drug picture with those of umbellifers that have been known and proved for some time, even if *Cicuta* is the only other one where the root is used, as already mentioned. Some details from the drug picture of *Conium* may serve to illustrate this.

*Conium maculatum*, hemlock

Mind
Nervousness; morose; irritable; angry; annoyed; indifferent; avoids people but afraid of being alone, hypochondrias; unable to sustain mental effort, above all after waking up; nervous debility with tremor and fainting; vertigo better from eating; restless sleep.

Head
As if head too full; as if brain were to burst.

Eyes
Notable degree of photophobia; adaptation difficult; pressure on lids, hardly able to raise them.

Cardiovascular
Weakness as if fainting; violent palpitations.

Digestive tract
Desire for sour and salty things; gastric spasms; heartburn and gastric pain better from eating (clinical symptom; in the proving the symptoms appeared after meals); flatulence and colics; Diarrhoea or constipation with frequent tenesmus and feeling of weakness after stool.

Urogenital
Dysuria; pollakiuria; increased libido with potency reduced; menses too early or suppressed; general condition worse after intercourse.

Extremities
Tremor in extremities; muscular twitching and spasms or even paralysis; little effort rapidly exhausts. Insecure when walking; tremor and weakness of legs; numbness and loss of sensation if fingers and toes, tearing and dragging pain in extremities better from movement.

Temperature regulation
Tendency to sweat.

Looking for the characteristic features of *Oenanthe crocata* as distinct from *Conium* or *Cicuta*, one notes above all the tremendous restlessness and driven feeling. It is impossible to do anything creative or work towards any goal, as mind and body are all the time subject to fresh stimuli that come flooding in. At the physical level the response to this appears to be continual twitching, tremor and fibrillation in separate parts of the muscular system, with a feeling of numbness, and absence of feeling during phases of exhaustion. At the level of mind and spirit, the response is marked irritability, lack of control and timidity. Euphoric states (flood of ideas, buying craze, increased activity) alternate with phases when the subject is withdrawn, avoiding people, depressed, weepy and full of self-pity. The environment is felt to be remote, a sensation that may also extend to the body itself (feeling as if her hands or voice are not her own). The reactions to demands made on the patient are fury and lack of control. He is devastated when he becomes aware of his lack of control and thinks he is losing his mind, but cannot control himself. Continuous over stimulation finally leads to profound exhaustion and tiredness. There is no need to discuss the physical symptoms in more detail as they were remarkably clear to the subjects during the proving and confirm the symptoms reported in cases of poisoning.

In view of the drug picture established in the proving, it is suggested that use of *Oenanthe crocata* should no longer be limited to the treatment of epilepsy. Subjective or objective disorders of fine motor functions, inability to sustain mental effort, problems with concentration in conjunction with the restlessness, irritability and driven feeling that have been described, may well be considered to be indicative of *Oenanthe crocata* in differentiated drug diagnosis. *Conium*, which must be included in the comparative analysis, has more symptoms of rigidity and paralysis. With *Cicuta*, intoxication is more to the fore, with *Oenanthe crocata*, fear, restlessness and irritability.

4. Interview with Professor A.R. KHUDA-BUKHSH by MANFRED MUELLER
(AH. 13/2007)

A few years ago, I was asked to be a consultant on the Research Review Committee and the
He responded immediately and once we discussed the study design, he revealed to me that he was having difficulty obtaining good homoeopathic remedies for his research. I contacted Michael QUINN of Hahnemann Laboratories and asked if he could make \textit{p-dimethylaminoazobenzene (p-DAB)} in several potencies. \textit{p-DAB} is a yellow dye that is still widely used in the textile industry in developing countries. It is highly carcinogenic and, together with Phenobarbital as a promoter, induces Liver Tumors in mice in about 6 weeks. It took months to have the medicines ready, after which I donated them to KHUDA-BUKHSH’s project.

KHUDA-BUKHSH is somewhat of a phenomenon. He has published nearly thirty scientific articles in peer-reviewed medical journals related to, or directly investigating homoeopathic treatment, including Cancer treatment, and yet many homoeopathic practitioners have never heard of him. His investigations have shown strong evidence that homoeopathic treatment has a biological effect, a fact that is still not widely accepted among scientists. He has shown for example that potentized medicines can cause demonstrable protective and restorative reactions in laboratory animals that have been poisoned with \textit{Arsenic} and \textit{Cadmium}, and even in animals that had artificially induced Liver Cancers.

I asked the Professor if I could conduct an interview with him for the \textit{The American Homeopath}, to which he enthusiastically agreed. I conducted the interview over the phone on June 14th, 2007. I found him to be an extremely humble and gracious man who is quick to give others credit for their accomplishments and downplay his own.

I have included a bibliography of his research at the end of the interview.

**MM:** I appreciate being able to talk to you today. I have reviewed your research and I’m absolutely in awe of your work.

**KB:** It is a great pleasure to have the opportunity of talking to you, sir.

**MM:** How did you become interested in Homeopathy and how did you get started in this kind of research? It’s widely neglected and a highly specialized area.

**KB:** An accident brought me into this field. In 1980, I took a team of my students on an educational excursion. We were about to set out for a collection trip when suddenly one of my students fell from a staircase and broke one of her teeth. One of my students asked me, “Sir, we have a vial of homeopathic medicine called \textit{Arnica montana}. Should I give her the medicine?” So I thought, why don’t we try, because we do not have...
any medical practitioner nearby. Then what happened is something I still remember. She gave some globules at an interval of ten minutes’ time, and the patient dramatically recovered from the trauma and was ready to go with us. I was surprised and wondered how I could test the efficacy of such tiny globules. I thought I should conduct some kind of experiment on a mammalian model so I could extrapolate the results in humans.

I started reading some homœopathic books and discussed the matter with a local practitioner, a friend of mine. I learned that Arnica montana is a tested remedy against shock and injuries. Then I had a lot of sleepless nights designing my first set of experiments.

The initial problem was how to inflict shock and injury without killing the tiny creatures. I zeroed in on the idea of giving it internal shock and injury by exposing mice to x-ray radiation at a moderate dose that would not kill them but be strong enough to have visible, quantifiable effects on their Genome. This experimental design had several advantages. The dose of x-ray could be controlled and monitored, and we could see the effect on the mouse Genome periodically after x-ray radiation had certain fixed intervals, keeping suitable controls. Thus we could see the modulations by Arnica montana, if any.

We adopted different scientifically accepted cytogenetical protocols, because that was my discipline. For example, we could study the type and quantities of various chromosome damages, number of broken chromosome parts, changes in division rate on bone marrow cells, etc. We also studied the morphological changes inflicted by x-rays on sperm head morphology in both control and drafted mice. We got encouraging positive results in the very first set of experiments. Replicating the experiments, we again got similar kinds of positive results.

Subsequently, we designed experiments in which mice would take Arnica montana prior to, after, and both prior to and after x-ray radiation to find out which kind of drug administration was more efficacious. This was the beginning, and since the area was new, I sensed a biologist could play an important role in developing multidisciplinary fields. The more I worked, the more I fell in love with it, and I’m still on a long journey.

MM: That’s fascinating. As you state in one of your excellent papers, “Homœopathic research requires an interdisciplinary approach: biology, physics and medicine.” Could you briefly explain why this is so, and how you are qualified to work in these broad areas of research?

KB: I have said this because an important part of research is to help understand the mechanism of action of ultra-diluted homeopathic drugs, one of the most debated subjects, and a reason why Homœopathy is not considered as scientific by many. The homeopathic remedies at or above 12C potency do not contain even a single molecule of the original raw substance. So how can this be effective medicine? If you successfully show that you have been able to remove the disease symptom by homeopathic medicine, a non-believer will simply tell you that the disease would have perished anyway without the help of the remedy at all. Even if someone concedes that the remedy works, one will be asked to explain how it works, how the medicinal property of the original mother tincture can be transferred to and retained by the aqueous alcohol vehicle.

The research necessary to understand this aspect falls within the domain of the physicist, as does the form in which the signal or information or molecular imprint is stored. How the signal can evoke similar response and be transformed into active signals for various metabolic activities by interacting with receptor molecules of the cell can best be studied by a biologist. The various psychological changes that modulate the disease symptom back to recovery process, the various psychosomatic factors and physiological processes involved, the mind-body interactions can best be explained by the medical researcher. I do not think I am qualified to study the physical and medical aspects with the same degree of authenticity and accuracy, but being a faculty member of a university I have colleagues in Physics and Medicine. My co-researchers have Biochemistry and Biophysics backgrounds. Time will tell whether we have been able to make a mark in research.

MM: Homœopathy is a very popular form of medicine almost around the world, and many homœopaths go about their business never wondering about the scientific aspects. They see clinical effect and that’s good for them. Why do you think homœopathic research is important, and what do you risk as a scientist by embarking on homœopathic research as opposed to some more conventional subject matters?

KB: That is good question. It’s important to explain the mechanism of action of the ultra-high diluted remedies within the boundary of existing scientific knowledge, and to do research on all aspects to get the whole picture. If we can establish Homœopathy as a branch of science, then man will get a unique system of Medicine, holistic in approach, with inexpensive, non-toxic and easy-to-
administer remedies which are used in micro-doses, and without any known side effects. Most orthodox remedies, as in Allopathy, are very toxic and produce ill effects although they can possibly do good by killing some organisms, pathogens. If we establish Homeopathy as a science so people trust it as one, then mankind will benefit.

This requires a tremendous effort from many scientists, and there are bottlenecks. Funding for research is inadequate and for most researchers is inaccessible. Publishing well thought-out and well designed works in mainstream peer-reviewed reputed journals is also difficult. However, there is some visible improvement in attitude in this regard and a few mainstream journals of good standing are not averse to the idea of publishing good research findings. Sometimes motivating a researcher to pursue an unknown, unproven path without any gallantry of getting positive results makes the thing very difficult. I should not fail to mention the doubtful glances I receive from some of my mainstream researcher friends. They express their doubts about the truthfulness when positive results are obtained, but not really when negative results are reported.

**MM:** You and I have been in touch prior to this interview. I helped you obtain some potencies of p-DAB here in the United States, because I understand this is difficult for you to get. Also, you have had difficulty obtaining a published article in the journal Research in Complementary Medicine on research done by your own team. It is surprising for me that you wouldn’t have direct access to these journals, as a scientist running a laboratory. Can you tell us about this situation you’re working under and some of the day-to-day difficulties and challenges you’ve encountered in your work?

**KB:** Yes, it’s true to a great extent you know, in this part of the world and perhaps in many other countries. Homeopathic research is not considered as real research, may be. But you can take our case. We started our research in 1980 and could not procure any funds until 2001. We somehow managed to carry out our work during this long period by utilizing some chemicals and glassware purchased for other projects on mammalian or mainstream research. Sir Richard THOMPSON of Rayne Institute, England was very kind to provide us with a small fund to work on arsenic toxicity in mice and on homeopathic remedies. In 2004, Dr. Philippe BELON, director for Boiron Laboratories, Lyon, France visited our laboratory and recommended a collaborative project on arsenic toxicity, which was generously granted by Dr. Christian BOIRON. Soon thereafter, we also got a fund from our own Indian government, Ministry of Health and Family Welfare, an organization named AYUSH, to test the efficacy of homeopathic drugs in artificially induced mice Cancer model. We are very glad to tell you that Boiron Laboratory has extended the project, and now we are in a much better position and hope to carry out more sophisticated research in future years.

**MM:** You’ve conducted a series of studies in the use of homeopathic drugs in treating malignant tumors in animals. What is the significance of your findings for human Cancer treatment with homeopathic drugs?

**KB:** Mouse is a very good mammalian model. It has about 98% genetic similarity with humans, and can be easily cultured, reared and maintained in the laboratory with minimal cost. In the scientific world, controlled experiments are done in mice and data extrapolated for understanding in human application. This is a common practice and perfectly acceptable. Therefore, if a homeopathic drug demonstrates anti-cancer potential in mice, it can be presumed it will in human as well. Replication of study by independent researchers on other mammalian models for verification and confirmation are necessary before actual human application.

**MM:** I have seen undeniable positive clinical effects from homeopathic treatment of Cancer patients who are opting out of conventional care. Can these observations be corroborated by science?

**KB:** It can be, but there are certain complications in carrying our research with human materials or subjects. Skeptics would demand control subjects who don’t receive any medicine, just to show that the positive effects of the homoeopathic drug was because of the drug administration only. In cases like Cancer or serious terminal diseases, is it possible to maintain controls? Can we deprive the patient of real medicine and give them placebos just to satisfy our purpose of seeing that homeopathic medicines work? I think this kind of scientific demand is unethical. Controlled human studies can be done with lesser diseases like Rhinitis or Migraine. It is possible to show scientifically that homeopathic medicines work in humans, and we have done some research on human beings, on Thalassemia. You yourself have also treated many patients with various types of Cancer, so your pathological, physiological test data could also reveal that they have been cured to a large extent or they are having a better quality of life. That is also scientific.

**MM:** In homeopathic Cancer treatment, we have observed clinical benefits from constitutional treatment, which is a kind of systemic treatment,
and we often find increased effects from alternating with a more specific medicine that addresses the location or corresponds to the tissue or other factors. Did you find or do you know of any scientific evidence to back such an approach?

KB: We have not worked with such a perspective ourselves. But in our human trial or arsenic-exposed people, we have noticed that a few subjects provided with the constitutional remedy along with Arsenicum 30 responded better. **We believe the constitution or miasm actually speaks of the genetical makeup of the person, a particular genetic constitution.** Because Homeopathy also considers the state of mind and other psychosomatic factors along with the disease symptoms in drug selection, I think constitutional remedies can have greater influence on the genetic system while the specific drug that you select as the similar could give some added advantage.

MM: Many homeopaths have seen tumors respond very well to low potencies in clinical practice, and homœopaths such as R.T. COOPER have advanced a technique using so-called Arborivital mother tinctures of fresh plants, finding them very effective directly on tumors, meaning tumors would often recede during or as a result of treatment. Others have found effects from very high potencies. From a scientific point of view, are there any data or findings suggesting different levels of efficacy from various levels of potentization in Cancer treatment?

KB: Now you raise questions in which homeopaths differ. Some say mother tinctures act better and some say potentized remedies are better. In the various studies we have conducted, particularly on the Cancer mice model, we have seen that the mother tincture as well as the potentized remedies act quite efficiently against the Cancer, while the mother tincture showed better efficacy in case of some symptoms or parameters of study. The potentized medicines, the 30th potency particularly, give a wide coverage of parameters and are found to be suitably modified or positively modulated with the 30th potency as well as the 200th potency. In certain cases, we were surprised to see the 200th potency working better at longer fixation intervals. We cannot generalize this, because sometimes we found that at longer intervals of fixation the mother tincture gave better results in reducing tumors, particularly in mice.

We have not totally studied the mother tinctures Chelidonium, Hydrastis, Cardius, and others, nor have we published many data as yet, but extensive studies have been done on both mother tinctures and 30th or 200th potencies. Our general belief is that both mother tinctures and potentized forms can act at specific circumstances, and we have some kind of differential functions of modulations in respect of some specific parameters of study. Suppose that you are studying tumor incidence. May be the mother tincture is giving better results. When you are studying the, say, liver function test, may be the 30th potency is giving better response than the mother tincture. Then you are studying for the longer intervals, at four months or three months, may be you find the 200th potency giving better results. So, you’ll find the potentized drugs are very efficacious. So is the mother tincture. The Arborivital mother tinctures have a lot of elements, which we are now studying, a lot of alkaloids. We find with HPLC separation of successive potencies some very interesting results indeed. We have to check and recheck and we maybe will be able to publish some good data in the near future.

MM: In West Bengal, where you live, there has been a problem with arsenic contamination in the drinking water, a problem which you and your team have studied. How are your findings relevant to homeopaths, especially here in the United States?

KB: If I’m not mistaken there are also a few pockets in the US where people are at risk of arsenic exposure. We have shown the efficacy of several drugs antidoting the ill effects of heavy metal poisoning – Arsenicum sulph against arsenic poisoning, Cadm sulph against Cadmium poisoning, Merc sulph against mercury poisoning. It’s possible that individual toxicity can be dealt with by potentized forms of the remedy originating from the same chemical. Further, our research work on Thalassemia is very encouraging in that there was additional benefit derived by patients who had been on the chelator hydroxyl urea. I think these are some of the studies which have relevance to people around the globe, including the US.

MM: A potency made from a substance that produces an illness can remove that illness, even induced Cancer. You’ve worked a lot with induced Cancer in mice. As you have pointed out in one of your articles, ROBERFROID, et al., tested this in the laboratory and found that the 9C potency of Phenobarbital could remove tumors induced by that drug. Would you suggest that this effect is so universal that it could be utilized systemically as a homeopathic treatment when it is clear that the effects of drugs or toxins have induced an illness?

KB: More research is necessary to come to a conclusive idea about this, but it is one area which is very promising. I feel yes, it is quite possible.
MM: And that’s true with all homeopathic research, to make any final conclusions may be premature, from a scientific point of view. Much homeopathic research and certainly most scientists appear to be hung up on the issue of the ultra-diluted drugs, for example Edzart ERNST, who is a prolific writer on alternative medicine, has repeatedly emphasized the implausibility of Homoeopathy because we sometimes use drugs that are diluted beyond Avogadro’s number. Homoeopaths have always maintained that a potentized drug is something distinct from a drug that is merely highly diluted. How would you best explain this distinction to a skeptic or someone who doubts Homeopathy or the high dilutions?

KB: This is again another issue in which homeopaths themselves differ to some extent. To Dr. ERNST only mother tinctures may be efficacious, and when you dilute the medicine or remedy beyond Avogadro’s limit, there is the implausibility of Homeopathy. But I don’t believe in that. It’s an over-simplification of Homoeopathy altogether. Yes, a potentized drug is something very distinct from a drug that is merely diluted. It is not a question of belief. We are examining this question in the light of science, and we hope to give some data for the non-believers to ponder over in the near future.

MM: There’s some recent research by ROSTUM ROY which examines the physical properties of these potencies. Are you familiar with that?

KB: Yes, he and Dr. Anagin STAPLES are doing some research, and there are quite a few researchers, like Louis RAY, WIEGAND, WISSIG, who are doing good work on the physical aspects. Although I feel we are venturing afield, we are trying to make a little contribution as well.

MM: That also has to do with the whole question of whether research in Homoeopathy should only focus on this issue, since Homoeopathy, as you say in one of your papers, is really more than just potentized medicine. It also applies to the Law of Similars. And the term “homeopathic” is often applied for simply potentized drugs – people refer to homeopathic drugs as potentized drugs, or potentized drugs as homeopathic drugs. When we see this in scientific articles, we have to ask if there is confusion among the scientists, because the real issue that they’re studying is not the homeopathic hypothesis, but the ultra-dilution hypothesis. Would you say in the animal research with rodents that when you give a homeopathic remedy Chelidonium or Carcinosinum, you’re testing homeopathic treatment or just the ultra-dilution or potentization hypothesis?

KB: In a way, both. In animal experiments, you cannot take into consideration the psychological factors or other symptomatic factors which is possible in human research. We are testing the ultra-dilution or potentization hypothesis in a true sense in the animals but we are also testing Homoeopathy in a sense that in the Cancer case, we are feeding the animals carcinogens which have direct effects on liver so that the liver is in a disorderly state. Some remedies like Chelidonium, and other remedies like Carduus marianus and Hydrastis have great effect on the liver. Since we are giving a remedy directed towards protecting the liver, we are testing the homeopathic principle. We also want to test the ultra-dilution effect, because the nonbelievers say it is the psychosomatic or placebo effect that is the curative force in human beings. Humans’ faith in the system of medicine gets them cured. The animals don’t have any type of faith in the medicine, but if they are cured, that is system of testing that the medicine is working. This is one way of contradicting skeptics who suggest homeopathic medicines are nothing but placebos. The animal experiments are very important in proving both, I think.

MM: That brings us to the action of homeopathic medicines. How do they act in the biological system? How do these potencies actually trigger a response on the molecular and cellular level? You published an excellent article on this subject matter in 2003 and you also have engaged in a point-counterpoint debate in the December 2006 issue of the journal Integrative Cancer Therapies. What is the current state of the art with regard to the biological effect of homeopathic potencies?

KB: The first problem is to understand the molecular architecture of water. Many physicists around the world are trying to ascertain the physical chemical properties of potentized homeopathic drugs by deploying various modern techniques – UV spectrophotometry, nuclear magnetic resonance, HPLC analysis, radiospectroanalysis, etc. The technologies are there to help these very qualified scientists. Skilled biologists have proved the efficacy of both crude and potentized forms of remedies in well designed clinical and laboratory research. Currently, research is at the molecular and ultra-structural levels, so that the medicine’s effects after it is administered on the tongue can be tracked inside the body. Biological researchers are now using state-of-the-art techniques like immunoblots to study different subcellular ultra-structural changes. Scanning and transmission electromicroscopy, gelatin zymography, microarray
– these are all important techniques that can give the scientist a breakthrough in understanding the molecular mechanism of action of the homeopathic drug.

Unless we understand the molecular mechanism of the drug, skeptics or nonbelievers will not accept Homœopathy as a science at all, and that area of research is booming with activity. We are trying humbly to add some contribution in this field and to deploy the technological advances, now that we are having some fund flow, taking up some challenging research at the molecular and ultra-structural levels, so that more critical detail of the mechanism of the pathways of action of the drug can be followed. We are now doing some research on various Prokaryotes, Protozoans and other organisms to understand more broadly at the molecular level how the drugs act when primitive organisms demonstrate distinctive responsive mechanisms to the homeopathic remedies.

MM: There has been a surge of activity in homeopathic Cancer studies in the US, notably a team of researchers associated with the Samueli Institute and in collaboration with the Bethesda, Maryland and Houston, Texas medical centers. Some of this research was published in Integrative Cancer Therapies. What can you say about those studies? Some of them have found only marginal efficacy from homeopathic drugs in the treatment of tumors. What is different about their approach and findings?

KB: Dr. WAYNE JONAS is a respected personality in homeopathic research, and I admire his research and approach. He is trying to give some credibility to homeopathic research by being cautious in his approach so he can make an impact on the mainstream researchers. The results they are getting should be convincing enough for the mainstream researchers. They must publish their results, but we are also publishing what we are getting, and we are honest and sincere about our results. There may be some difference in experimental protocols, conditions, or biological materials which could lead to differences in results. We long to see our work replicated by other. If we are biased in our research protocols or observations, correction can only be possible when other researchers with expertise in these techniques repeat our experiments. That is when our work can be evaluated and confirmed or refuted. All research should be directed to revealing the truth, and we are for revealing the truth and the truth only. We respect others’ research, and we respect our own. If we are getting something, then we are getting it, then that’s it.

MM: In a recent editorial in the current – June 2007 – issue of the German peer-reviewed journal Research in Complementary Medicine (Forschende Komplementärmedizin), John IVES of the Samueli Institute for Information Biology, in Alexandria, VA, and James GIORDANO, with the Center for Clinical Bioethics at Georgetown University Medical Center in Washington, DC, launch considerable criticism against the methodology of one of your studies (Pathak, et al.) also published in that same issue. The authors of the editorial invoke the notion of trust as extended in scientific work and name the lack of double blinding on the part of your staff who administered the remedies in your research. They address the fact that you have found almost across the board positive efficacy. What do you say to this criticism?

KB: I thank them for printing an editorial on that article, which they must have considered important. John is a good friend, and is entitled to his views. He visited our laboratories, not in context of this research. Someone has to feed the mice the carcinogen. How can they be blind if they are feeding those mice carcinogens? It cannot be double-blind. My two coauthors feed the mice. They were not allowed to observe the parameters of study, not informed about which slide they were dealing with. Is it a slide from placebo-fed or from the drug-fed? They had no information in that regard. For all practical purposes, this was a blinded experiment, but one has to criticize some points and I take it sportingly. Not all they have stated are against our findings. They have also pointed out that this could open up other avenues and start dialogue among researchers, and lead to replication. In my paper, I requested many researchers to carry out these studies and see if they get these results. We can repeat the experiments. But if we repeat and find the same results, questions still prevail. That is why we left it to other people to test, verify, and either confirm or refute. For any good discovery, there should be a storm of criticism, followed by either acceptance or followed by the act of truth. We feel enthused, excited and encouraged to carry on with our research and to prove again and again that there is truth in whatever we have written in that paper.

MM: The Samueli Institute group published a study that was funded by DARPA, an agency of the US Department of Defense, that – reviving the so-called “Benveniste affair” – employed a novel approach to eliminate research bias. I cite a social component that included psycho-social and conflict resolution experts. What do you think of such an approach, and does homeopathic research require
special assistance from experts such as professional skeptics, psychiatrists, or even magicians, as in the case of the Benveniste controversy?

KB: Well, everybody is entitled to one’s views. Why don’t you raise such questions when you are performing experiments with other systems of medicine? Do you believe others when they’re doing such experiments that they’re 100 percent sure of their findings? Why treat homeopathic research as a distinctly different branch of research? Research has no boundaries. You cannot single out homeopathic research to be full of unfounded ideas. Consider what GALILEO said. The entire world disbelieved him and he was proved correct after hundreds of years. People thought FARADAY was just dancing the muscles of a frog, but people really danced to the tune of electricity afterwards. We should view things in their proper perspective. I do not have any objections to including some Psychiatrists, Magicians, Skeptics, but may I know what scientific role they are going to play? It may be a good idea for some people, but I don’t know how practicable this could be to all homeopathic researchers around the world. How many magicians will there be to help me? How many Psychiatrists who have a firsthand knowledge of HPLC, of Southern blotting, Western blotting techniques? They don’t have any knowledge in this regard. All they can do is challenge any and every bit of research. This is something of a novel idea, I would say. Let some people try this method and see whether it gives credibility to this controversial research.

MM: I am immensely grateful for the work you do, and I wonder, how can the world homeopathic community support you in your work?

KB: There are seldom established homeopaths like yourself who like to learn from the researchers of Homeopathy. First, there should be a conscious effort on the part of homeopaths who earn their living through Homeopathy to raise and provide funds for researchers with proven abilities. They should be given opportunities to exchange views with the homeopathic fraternity in international seminars, not to speak about their own research only but also to learn about Homeopathy. In time there could be an interface between the homeopathic practitioners and scientists. Homeopathic practitioners should keep scientific data of their clinical researches and publish in peer-reviewed journals for the benefit of scientists.

MM: Thank you very much for this conversation.

ARTICLES BY PROFESSOR A.R. KHUDA-BUKHSH

1. BANERJEE P., BISwas SJ., BElon P., KHUDA-BUKHSH AR. A potentized homeopathic drug Arsenicum album 200, can ameliorate genotoxicity induced by repeated injections of arsenic trioxide in mice. J Vet Med A Physical Pathol Clin Med. 2007 Sep; 54 (7); 370-376.


5. BHATTACHARJEE N., PATHAK S., KHUDA-BUKHSH AR. Amelioration of carcinogen-induced toxicity in mice by administration of a potentized homeopathic drug, Natrum sulphuricum 200. eCAM 2007; Page 1 of 1.

6. BISwas SJ., KHUDA-BUKHSH AR. Effect of a homeopathic drug, Chelidonium, in amelioration of p-Dab induced hepatocarcinogenesis in mice. BMC Complement Alternat Med 2002; 2:1 16.

7. BISwas SJ., PATHAK S., KHUDA-BUKHSH AR. Assessment of the genotoxic and cytotoxic potential of an anti-epileptic drug, Phenobarbital, in mice: a time course study. Mutat Res. 2004 Sep 12; 563(1): 1-11.

8. BISwas SJ., KHUDA-BUKHSH AR. Evaluation of protective potentials of a potentized homeopathic drug, Chelidonium majus, during azo dye induced


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5. ASPECTS OF THE MIND OF *HELODERMA* (MENTAL SYMPTOMS) (CHARACTERISTICS WHICH POINT TO *HELODERMA*)

Symptoms of disposition and mind, modalities, physical symptoms.
Dr. Dietmar PAYRHUBER

Following symptoms became apparent during the observation of several cases indicating *Heloderma* and showing good results due to *Heloderma*.

The personality is not as open as *Phosphor* (one person reminded of *Phosphor* in many aspects of behaviour and appearance), not as sparkling, but more reserved, composed.

Feelings are present which disclose a certain passion, the person reveals himself/herself after gaining some trust, but the feelings are composed, and glimmer rather than being expressed immediately. There is a certain passion.

This reserved manner entails some caution, which can go as far as timidity, but is carried by reserved emotional involvement. In spite of this the character in a way can be described as being open.

There is a reserved enthusiasm, an inner understanding with the partner, which is not immediately fully expressed.

On the other hand there is a certain inquisitiveness. Interest in the new and also the unusual, strange and unknown (e.g. travel, stock-exchange investment, painting, shopping, dance). Great sensitivity to colourful impressions.

As *Causticum*, *Heloderma* is also able to stand up for his/her own rights as well as the rights of others but not with the same fanaticism. Everything is quieter, more fluid, tempered.

Under circumstances it withdraws: If it is tricked, hurt or treated unfairly, *Heloderma* can suffer deeply and there is great sadness. It suffers, but there is a great elasticity and toughness in the emotional sphere and he/she is able to recuperate.

A deep sadness can temporarily exist in this case. Principally *Heloderma* wants peace in the surroundings, but is able to fight for the own rights and those of others. If hurt, it is not shown, but suffered.

There is also a tendency to withdraw from conflicts, in which case *Heloderma* does not show hurt (“the other person should not notice it”).
- “very sensitive! But nobody knows!”
- “if her heart has been broken she will leave the other person, in spite of great pain withdrawal is surer”, also: “defends himself/herself to the end!”

protection is found in withdrawal; great capability to recuperate in this depression, more a capability of great suffering which is not shown on the outside.

*Heloderma* keeps its feeling of responsibility towards the weaker and takes over the role of leader, while immediately withdrawing if someone stronger is able to take the responsibility (great feeling for hierarchy).

(A patient, who coped with bankruptcy and great problems in the family, withdraws as soon as her husband is able to deal with all the problems).

As already mentioned there is an interest for new things, a certain curiosity, *Heloderma* accepts authority, and is able to adapt and submit. Objective, suitable for office work, is a good judge of values, but submits the own set of values to those of the boss. Loyalty is strong.

One can say a strong tendency to the collective, to groups and to authority, the special attracts.

It is therefore understandable that *Heloderma* is sympathetic, especially if others are treated badly, in which case *Heloderma* helps. When problems arise within his relatives (serious human fates) he reacts in a collected manner and tries to organize the matter to the best of his ability. Very upset and sympathizing for example in the case of experiments with animals, funerals, weddings.

Sexuality is experienced without bourgeois or religious conventions. A relationship is possible outside of marriage. There is a good relationship with the married partner and one is careful not to hurt this partner. In this way it is possible for two (or more) partners to exist at the same time, without a bad conscience arising, as each of the partners is respected for him/herself.

On the physical level there can be an extreme sensitivity to cold (wind, draft, especially cold air, also breathing in cold air worsens). “When it is cold and damp and snowing I go swimming because the (warm) water can never be as cold as air”.

Equally strong is the improvement through dry warmth (dry and warm sand, sun) and also due to tropical warmth.

Pain in the muscles through constant movement, pain goes from outside to centre, making her sit down on the pavement. The pain lessens after days and in warmth. Respiratory
problems in case of exertion, especially in cold air. The same complaints if cold liquid is drunk. Trembling of muscles. Bone and joint pain in the cold. Great tenseness in the cold.

There are too few observations to state that great changes in the standard of life, so-called existential changes (loss of family ties), are responsible for the complaints.

(Presented in the 47th Congress of the LMHI at CORDOBA 1992).

[It is not clear as to the basis on which the author has given this mental study. Are these cases cured? If not, how? = KSS].

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6. THE MYTH OF STAPHYSAGRIA
GOAD Sharon (SIM. XIII, 2/2000)

What is the real picture of the Staphysagria patient? Is the 19th century male view of this medicine relevant? Is the sexual side even part of the picture, or is it the aversion to sex which should be emphasized in understanding the remedy? I am aware of the polarities which are seen in many remedy states, but even that angle doesn’t fit for many patients I’ve seen who have definitely needed the remedy. My proposition is that ANGER is the key word, and sex is somewhere in small type.

I first encountered Homeopathy while living in Asia. A Dutch neighbour had given my husband Arnica after he had broken several ribs. His recovery was amazing. The Arnica dealt with the pain, there were no side effects and the initial bruising disappeared. When I returned to England a year later both my feet were covered in warts, and my right hand had also sprouted thirty cauliflower warts. I had not wanted to return to England. I had left a wonderful life in Asia. In England, with these hands, I wasn’t able to teach. The hand was unsightly as well as extremely painful and the warts on my knuckles bled when I flexed my fingers.

I was overwhelmed with blackness and my normal routes to recovery didn’t work. I presented an acceptable face until my husband and son left the house and then the tears and anger and frustration returned. Digging the garden, walking up hills and biking for miles did no good, just made me tired enough to escape into sleep. I could have gone to a doctor but I knew that their answer would be Valium and some wart remover. As for the warts, I had already tried burning them off, moxa treatment and caustic acid. I had spit on them at dawn, urinated on them and sold them, and they only multiplied.

I had seen a brass plate on a door in town saying “homeopath” and I made an appointment. The first remedy prescribed, Sepia, did nothing, but the second remedy, Staphysagria, was miraculous. Within hours this black depression had lifted, and in three weeks the warts had just dissolved. I hadn’t felt this well in years! I scurried round to the health food shop and found a book on Homeopathy, and began reading it at Staphysagria.

It made me sound like a raving nymphomaniac, which is what I said to the homœopath on my return visit. He smiled indulgently and said, “Well, that is a bit exaggerated but I expect sex is near the top of your list.” I was too embarrassed to say that sex wasn’t even at the bottom of my list of thoughts – in fact, it wasn’t on the list at all, and hadn’t been a priority for many years. Nonetheless I felt so wonderful I was willing to forgive the mistake and read everything I could find on what I considered “this new medicine.”

I began my formal studies two months later. Throughout the training, the Staphysagria patient was still depicted as hypersexual, “a tart,” and I always felt slightly embarrassed when owning up to having taken it. We all have our prejudices…

Years of practice later, I wonder how this superb remedy got its reputation, and how many times I have missed using Staphysagria, and prescribed Natrum muriaticum or Sepia or something else instead.

Case 1

I first prescribed it to a young man who presented with phantom pains in his amputated fingers which he thought were worse from cold, but it was winter and he had only started to experience the pains although the fingers had been gone for eight years. He had just gone through a particularly nasty separation, where his wife, whom he had doted on, left him “because it wasn’t any fun anymore…” he was like a tightly coiled spring, but terribly polite. He was also everyone’s helper, the person who always said yes when anyone asked for help with their car, house, whatever. He never said no to anyone, and that included his wife and children.

Plan: Staphysagria 200C.

Case 2

A woman, a marathon runner who, a month after being chased by a stranger in a wooded park, was reduced to crawling to bed on her hands and knees. I first gave her Hydrogen, which appeared to fit all her symptoms. It lifted the dullness in her thinking but brought out the Staphysagria picture of
anger, outrage, indignation. She was also constantly being bitten by mosquitoes when no one else was being bothered. She slept with a fan on her face but still woke with a swollen eye or lip from bites. She was 42 years old, unmarried, and had no more than a wholesome interest in sex.

**Plan:** *Staphysagria 200 C.*

**Case 3**

A female homeopath. She lives in another state, so it was a phone consultation, otherwise I would have just given her the remedy without disclosing its name. When I said *Staphysagria,* she just laughed, for the first time during that consultation, and said “*Staphysagria* is not my remedy. I know *Staphysagria,* and sex is not an issue. In fact my sexual energy is so low it doesn’t exist. Not only does it not exist I can’t even think why one could be bothered to think about it!”

**Plan:** *Staphysagria 200 C.*

She phoned a week later and said “You have given me a whole new picture of *Staphysagria,* and thank you!”

**Case 4**

A three and a half-year-old girl. She was the sweetest, most charming child I have ever treated. She came in, took my extended hand and walked over to the sofa. She answered all my questions politely and carefully while eyeing a basket of toys. Finally when I hesitated momentarily she said “Could I please go play with the toys now?”

I looked questioningly at her mother. She had said on the phone that her daughter “wiggles all the time” and I had prepared myself for the type who tear around the room hanging off the rafters. “Wiggling,” it turned out, was the mother’s polite way of saying masturbation. She had been toilet trained for two years, but insisted on wearing a diaper at night so she could rub against it. “During the day I find her using the arm of the sofa or even her hands. She is starting play school and I’m not sure what to do. I try to tell her this isn’t nice, and she smiles and says ‘It’s nice.’ ” From every other point of view the child was perfect or more than perfect. There were never any fights when she was around because if another child wanted a toy she would hand it over and find something else. Bedtime, bath, everything, whatever! She was a real pleaser. She had been born out of wedlock to a mother who loved her, but her father didn’t want a daughter and wouldn’t have anything to do with her until she was 18 months old.

**Plan:** *Staphysagria 30C.*

10 days later I received a phone call from the girl’s mother. The wiggling had intensified for a few days and then stopped, but her behaviour had changed. “She’s become more like an ordinary child, standing up even to her older cousins. She even got into a temper when my husband was angry with me. She wouldn’t talk to him at all, but they are now beginning to form a new relationship.”

In all of these examples, *Staphysagria* was curative. I have more examples, none of which show anything but a healthy normal or low interest in sex. It is interesting that the only one of my cases which showed the legendary sexual appetite of *Staphysagria* should be a three-year-old child. Is it time for this legend to be buried?

Sharon goad studied in England and graduated from the British School of Homeopathy in Bristol. She now lives in the foothills of the coastal range near Yamhill and practices classical Homeopathy from home. Her clients include both people and animals.

**Editor’s Note:** Curious about the point raised by Sharon GOAD’s article, I checked in T.F. ALLEN’s *Encyclopaedia of Materia Medica Pura* to examine the origin of the sexual symptomatology attributed to *Staphysagria.* The proving was conducted by HAHNEMANN. It includes, under male genitalia, the following symptoms: *Erections, without lascivious thoughts and without emission, the whole night. Excessive erections, all night, without emission (after 16 hours). …. The primary action causes great sexual desire; in the secondary effect or reaction of the organism (after five or six days) there follows indifference and total lack of sexual desire, both in the sexual organs and in the emotions. …An emission, at night, without dreams. An emission during the afternoon sleep, the like of which had not happened in 30 years, in an old man (after 12 hours). Emission three nights in succession. Emission five nights in succession, always with lascivious dreams.”

No symptoms of sexual arousal are listed under female genitalia.

I have two thoughts about the issue Sharon brings up.

First, since the original proving pointed to a sexual focus as an indication for the remedy, homeopaths have been looking for related elements in patients who might need the remedy for about 200 years. Other patients who may needed it, but did not present with notable sexual issues, may not have been identified. (The picture is complicated further, relative to our contemporary perspective, by the prevalent 19th century beliefs about the dangers of masturbation which color many accounts of the remedy.)

Second, the major issue for *Staphysagria* may well indeed be “ANGER,” as she proposes. Note, however that the intimate connections of sexuality...
in our lives with power issues, gender conflict, marital and familial difficulties and abuses, with hopes, dreams, judgements, betrayals and disappointments, tie it to countless situations which anger is a major byproduct. While many individuals free of sexual issues may also need the remedy, unquestionably numerous others with significant imbalances or injuries in this sphere have experienced great benefit from Staphysagria.

The case which follows is typical of many which have perpetuated the “myth” of the highly-sexed and/or sexually wounded Staphysagria patient.

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7. A CASE OF STAPHYSAGRIA

MINICUCCI, Anne Marie (SIM. XIII, 2/2000)

M.T., a 40 year-old woman, came to see me in May, 1994, for Anemia with severe depletion of her stores of iron.

“My childhood was determined by my mother being sick all the time with back problems. She had three major back operations, the first when I was three years old, right after my sister was born. When mother came home from hospital, she couldn’t hug or hold me, and I couldn’t hug or even lean against her leg, everything hurt her. My father was a Wall Street lawyer, absent all the time. When I was four we got a nanny who lived with us and raised us like a mother. I was not very happy as a child, spent a lot of time at friends’ houses. They never came to my house. My mother was scary and severe, and we lived in a big, cold, not very friendly house.”

As a child she was vaccinated against Polio, Small pox Tetanus, and Diphtheria. She had a history of childhood illness including Measles. German Measles, Mumps, Chicken Pox, and Pleurisy around age 10 or 11. She was constipated as a child and remained so as an adult.

“My brother, three years older, and his friends sexually abused me when I was eight or nine years old.”

“My brother urinated inside me while his friends watched. I wanted affection and attention so I allowed it. I cried a lot after this; family called me the leaky faucet. I knew I’d done something bad, really damaging; I couldn’t tell my parents, and I felt angry that my mother wasn’t available.”

“As a teenager, I became anorexic at age 12 or 13. starvation stuff, I lost my period and became anemic, I still am. Mother focused on our bowels, stood over us while we were on the toilet watching to see if we went B.M. She’d pay us if we poopied! Anorexia was a cry for attention.”

“As a teenager I wrote award-winning poetry. My parents would respond to the awards, but not to the poetry. Years later, when my therapist read this poetry, she said it was evident that I’d been sexually assaulted and needed help.”

I was sent away to an all-girl boarding high school; I did not want to go. That’s when I started binge-eating and vomiting. I did drugs, Hallucinogens and Cocaine at age 14 to 16. At 17, I was ambivalent about my sexuality and experimented with girls at school. I was interested in men but it just didn’t happen with them. The school was a total prison; I graduated in three years and spent the next year in Africa and Switzerland.”

“I went to Africa with my female lover. We were both messed-up, depressed and unhappy from that school experience. While there, I lived and worked as a teacher and set up programs for convicted criminals. I was pretty healthy there; after that year in Africa, I came back and went to Hampshire College where I met and lived with a boyfriend. Every sexual experience was humiliating at this time.”

I left college after three years and got involved with a group of radical political activists. I moved to the northeastern U.S., where I was involved with ex-cons and Vietnam War vets who were forming an underground revolution. They were seriously violent, planning to bomb buildings and rob banks. I gave them $50,000 of my inheritance for the cause. Most of them are dead or in prison now. I was indicted but got off. These activists were my angry voice; the real fury was at my birth family. I was never direct in my anger.”

“Then I had a very bad car accident to extricate myself from this group. I was in the hospital 10 days with a fractured pelvis and a left leg broken in three places. The cast was on for a long time and it took a year to heal. Then I went back to New York, entered nursing school and lived with a man who was abusive physically. During this time, I was hospitalized for urinary retention and urinary tract problems. I think it had to do with Herpes; I don’t get them actively anymore. I had them for a year at that time. I was bisexual, promiscuous, anyone who liked me was great. I had no sense of myself at all. I wasn’t abusing drugs, but I did drugs, Cocaine, Alcohol and Tobacco. I was a stress bulimic.”

“After nursing school, I worked and got in psychoanalysis four times a week for six years; not the right form of therapy for me. Then, at age 30, I met my husband. We had a hot, heavy, quick
courtship, and got married after knowing him only nine months, and had my son nine months later.”

“Trouble started right away. My friends got into trouble and had to go to court; proceedings continued for four to five years, ending just after my second son was born. My ex-lover cross-examined me in court. It was very difficult because I didn’t want to get him in trouble. He was acting as his own lawyer. It was also difficult for my husband. He was jealous, had strong feelings about politics, and was against everything these activists did or were doing. I had guilt about not getting indicted myself, and did not want to incriminate my ex-lover. I think my father was influential in my not getting indicted, although he denies it. My husband was real safety for me. He has clean boundaries, very clear and direct about right and wrong, but also the image of my father: inaccessible, abusive, alcoholic, and unreachable.”

“Lots of vaginal problems during this time, a year of itchy weird symptoms to keep my husband away. I started seeing a therapist; once the connection between sexual abuse and vaginal infections was made, I started to heal. I went on antidepressants for suicidal feelings, Welbutrin, a type of Prozac.”

“I had an IUD in my 20’s bled a lot and became anemic; I was anemic through both pregnancies. No iron stored in my bone marrow. I worry about this, take vitamins and am seeing an acupuncturist. He says it’s chronic heat stuff. Recent blood test results show no iron in the blood stores.”

“I’m now exercising three times a week and am in a better place with my husband, and Anom is an incredible help for me, I get all my strength from it. We’re beginning to have semi-intimacy, but I don’t feel I can be dependent on him any more. I’m going to do it all myself – MARTYR, VICTIM.”

“My life style is incredibly healthy; I meditate, exercise three times a week, pray, have a spiritual connection, good diet, no alcohol, no tobacco, only eat good food. Just this Anemia and lack of blood stores in the bone marrow. Physically, I’m plagued with constipation, bloating and flatulence. I have a lot of energy, sleep six hours a night. I’m irritable.”

“I sleep on my right side, get up to pee once a night. I go to bed 10:30-11 PM, but stay awake till midnight when husband comes home. I’m awake at 6:30 and up at 6:45 AM. I’m tired in the afternoon, three to four PM; five to eight PM is also a difficult time. I’m lonely, tired and my husband usually isn’t home to help put kids to bed.”

Her food cravings included coffee, soup, dark green vegetables, brown rice and grains. She drank decaffeinated coffee, about four ounces in morning, sometimes two ounces at night. She ate sweets after dinner. She was averse to organ meats, fat, fried foods, and slippery-slimy foods. “I drink quite a bit, hot drinks now. I used to love ice, and chewed on it by the hour.”

“I like to be alone better, but also enjoy contact with people, I can get lonely. I am better with consolation.”

The right side of her body was stronger, her left leg was shorter because of the way the bone was set after the car accident. She had also had a knee operation, orthoscopy, on her left knee.

She described her body temperature as cool.”I never used to sweat, but do now when working out.”

“Sometimes I get right-sided migraines, premenstrual.”

Asked about her favorite thing to do, she said, “I’ve been into photography and working in the darkroom. I wrote a lot as a child and in my 20’s.”

“I dream off and on. I’m in a dreaming time now; harsh, sexual, destructive, shit, kind of dreams. Feces in dreams.”

**Family History:** Her father died of Lung Cancer at age 55. Her mother had suffered from back problems, and underwent six operations, she was now healthy and remarried. She had found out she had Breast Cancer five years earlier, but she was still vibrant, busy, social, drinking a lot, had ulcers, and was an activist in the ghetto, ran the blood drive, etc. Her paternal grand-mother lived until age 97. Her paternal grandfather died of Lung Cancer. Her maternal grandmother died of Heart disease, her maternal grandfather from a Stroke.

**Analysis:** The center of her pathology was emotional. M.’s miasmatic remedy would be *Carcinosin.*

M. did not get the love and affection she needed as a child because her mother couldn’t hold or cuddle her, due to her mother’s back problems. Her father was out of the home working all the time therefore wasn’t there for her either. She allowed her brother to sexually abuse her to get the affection and attention she desperately needed, and kept it to herself until she was in therapy as a young adult. She cried often after that experience with her brother and his friends. This sadness manifested in M. becoming anorexic and bulimic; she described it as “a cry for help!” M. also took recreational drugs and alcohol from age 14 on into her 20’s and experimented with homosexuality. Then she became involved with radical activists whom she described as her “angry voice”, speaking out her suppressed anger. All these experiences with grief
lead her into depression and ultimately suicidal thoughts. The chief complaint she came in for was Anemia, and she assumed it was from having starved herself as a child. M. was a nurse practitioner and that was probably a good hypothesis, but I approached it as the lack of affection and attention as a child causing a lack in her life blood. M’s demeanor during the consultation was sad and serious and I was drawn into the mood.

Rubrics:
- Children; abused, ailments from being sexually abused
- Depression, sadness with suicidal disposition
- Crying in children
- Anorexia Nervosa + Bulimia
- Dreams; excrements
- Generals; Herpes Simplex + burning + moist + neuralgic + stinging
- Blood: Anemia
- Vaginitis + itching of the vagina + infection of the vagina
- Retention of urine.

Repertorization of these rubrics brought up the following remedies: *Staphysagria* (16), *Graphites* (12), *Arsenicum* (15), *Sulphur* (14), *Ignatia* (11), *Belladonna* (10), *Pulsatilla* (14), *Conium* (11), *Aconite*, (10), *Sepia* (11), *Mercurius* (10), and *Medorrhinum* (13).

I studied three possible remedies for M.:

**Staphysagria:** M. was quite similar to *Staphysagria*. When angered she would throw things, yet she was sweet and definitely drew out my sympathy as she told her story of abuse and humiliation. She had suffered incest and her father was alcoholic. M. said she had masturbated as a child, and still did to go to sleep. *Staphysagria* covered M.’s depression with suicidal thoughts, Anorexia and Bulimia, retention of urine, vaginal itching and infections, Herpes, Anemia, ailments from multiple griefs and humiliation, and the restless, frightful, lascivious dreams she experienced. The essence was so similar, she even wrote poetry. The essence of *Staphysagria*, as well as the keynote symptoms, covered this case beautifully.

**Medorrhinum:** M. may have needed *Medorrhinum* when she was younger. She loved to chew on ice and was living in the fast lane. She did experience constipation which was better leaning backwards. M. often cleared her throat while she talked to me. When asked if she masturbated, she easily gave a positive answer relating to her behavior both as a child and through her adulthood.

**Causticum:** I asked M. if she was trying to change the world, and she said that she was. An activist, she had been, and to a lesser degree still remained, quite concerned with the injustices suffered by the less fortunate. She was very much concerned with environmental issues. Sometimes M. experienced shakes or tremors, and complained of weakness of mind. Her feelings were hurt easily, and she shared the fear of war with *Causticum*. My second choice of a remedy for M. would have been *Causticum*.

Plan: I suggested *Staphysagria* 6c, three times daily, with the usual cautions of no food or drink 20 minutes before or after taking the remedy. I asked M. to stop drinking coffee and also suggested waiting two months before having the procedure done to see whether she was bleeding internally. M. started the remedy on May 5, 1994.

**Follow-up, June 1, 1994:** M. was deeply involved with the process of her therapy. She had experienced some grief and pain about her childhood recently, since our last meeting, she said, “but I feel easier about it.” Her health had been good and her energy was more balanced. I felt she was doing very well.

Plan: Increase *Staphysagria* potency to 9c, three times daily.

**Follow-up, September, 1994:** M. continued to progress; she had “no complaints,” in her words. Her energy was good and she felt fine. My observation was that she seemed stronger in her words and behavior; more sure of herself, and confident. This was apparent when I saw her with her two young sons, whom I’d seen verbally mistreating her in the past. Her examination had shown that she was not bleeding internally.

Plan: Increase *Staphysagria* potency to 12, three times daily.

**Follow-up, May, 1995:** M. continued to improve in her confidence, and felt an increase in energy. Her therapy was going well, and she wanted to go deeper into the fears and pain. She looked great. Her physical appearance looked uplifted and strong enough to handle a high potency. M. reported that her blood count was up.

Plan: Increase the *Staphysagria* potency to 1M, single dose. I hoped it would touch her on a deeper level and aid the psychotherapy in healing the pain from her childhood.

**Follow-up, September 14, 1995:** M. had a yeasty vaginal infection three weeks to a month previously. Then she came down with Bronchitis right after the yeast infection. It was mostly gone.
now; there was still some loose phlegm and coughing. M. had treated herself with homeopathic “Yeast Away,” Echinacea-goldenseal tincture, Wellness Formula, Vitamin C, garlic and garlic pills.

She was grieving about her mother’s illness. Her mother’s Breast Cancer had metastasized to the Lung and Bone and she was on the second round of Chemotherapy. Her mother was also in Psychotherapy and said, “I’m working,” and “lots to work on.” This was new for her mother. M. was beginning to grieve and cry for the mothering she had never had and now would never get; she thought her mother would not survive the Cancer.

“My work is finding my voice. In my relationship with my mother, I turned all my power over to her. I’m afraid of her, intimidated by her, even though she’s half-dead. I’m intimidated by her class and wealth, although I don’t aspire to it. It’s overpowering and terrifying to me. I’m like an empty bucket but I have a lot to say. I want to write.”

“I’m giving myself a one-year commitment to write. I used to think it was self-indulgent, etc. I feel like I’m really moving along steadily in the direction, and continually making baby steps toward a goal.”

“I’m not putting up with my husband’s intimidation and manipulations, and it’s getting better. I want to have more patience with my kids; I escalate things by losing my temper. Physically, it’s a fight to keep my body healthy. There is a tendency to weakness in my left arm, and an achy chronic soreness in the joint of the index finger (from the car accident). The soreness in my left arm is in the center of the upper arm, dull-achy inside, occasionally strong enough to wake me at night. It feels like something is growing in the armpits, creepy. I had it when I was anemic. The Anemia is better, I had it checked last spring, it was definitely improved but still not normal.”

“I feel like I’m losing my sister. She left her husband and is with another woman. I’ve been very jealous; it’s a childish, out-of-control feeling. I don’t feel like being near her. It’s a shift, a good shift in a way because I allowed my identity to fuse with hers. I imagine her having greater intimacy with a woman than with her husband. All the intimacy she would share with me, she is sharing with another woman; and also because in the beginning it was my identity to be with other women. Her thunder is a lot louder than mine!”

“I’m back in therapy to help me deal with my mother’s illness since last month or so.”

“I want to move in my marriage: to have more time with him, more substance in terms of dialogue. I need, I have needs, I need so much want so much.” (M. was rubbing her face and head with her hands as she spoke.)

“I expect more for myself. I didn’t used to, in fact, I expected punishment. I expect more now, I don’t know if I can get it from [my husband] now or not. I’m trying to stay on top of honest conversations, telling the truth, putting aside fear. I wrote him a really a long letter, an honest letter. Whenever I do that, it opens me up to be more intimate with him. He can surround himself with work. I can’t argue with him, I can’t fight, I get discouraged. I have to initiate the relationship, to say ‘Let’s take a walk…..’” M. looked sad and teary, but she said she would continue to initiate contact.

I repertorized jealousy and left arm pain; both are covered by Staphysagria, as are vaginal infections. I couldn’t figure out how to find “needs to find her voice.” I looked up “need to be noticed,” “aggravation from lack of attention.” M. was doing so well in her emotional progress, but had started drinking coffee again. I decided not to treat the Bronchitis since it was almost gone.

**Plan:** I suggested another dose of Staphysagria 1M after she stopped drinking coffee. She took the remedy at the end of September 1995.

**Follow-up, November, 1996:** Her mother had passed away. M. was grieving. She had taken time off from her position as nurse practitioner to write about her life. She was jogging for exercise, feeling well, and was separated from her husband. M. was doing well, even though it had been over a year since the last dose.

**Plan:** Wait.

**Conclusion:** M. has not come for a consultation for three years. I treat her sons, so I see her occasionally. She is doing remarkably well: writing a book, feeling healthy, separated or divorced from her husband, involved with another man, and active in her chosen career. [Has M become healthy? She separated and then divorced; hasn’t found her moorings and perhaps even now looking about. I do not think M has been cured = KSS]

8. The Integral of the Chronic Miasms

**SHEPPERD Joel (AJHM. 99, 1/2006)**

**Introduction:** The approaches to understanding Chronic Miasms include the physical explanations and metaphysical explanations. The physical interpretations of chronic disease rely on the
physiology and pathology of cells and tissues; chronic illness is attributed to a microbial or pathogenic cause. Specific names are assigned to diseases that have a specific cause. Even physics contributes to the supply of different physical, mechanistic explanations of HAHNEMANN’s natural Chronic Miasms. Another article discusses these concepts and offers a counter proposal involving the model of fractal qualities. (1)

Another type of explanation for Chronic Miasms may be called a metaphysical category. These interpretations include religious and philosophical beliefs as well as symbolic or mythological metaphors. Psychological theories, such as archetypes, are part of this category as well as some theoretical generalizations about body functions. Examples of this metaphysical approach will be discussed further.

Besides the physical and metaphysical interpretations, another way exists. This approach is descriptive, experiential and phenomenological. It seeks to avoid these rocky shoals that break the Chronic Miasms into analytical pieces on the one hand, and it bravely tries to steer away from the drowning whirlpools of theoretical concepts on the other hand. Most importantly, the integral wholistic description of Chronic Miasms does not ignore what HAHNEMANN actually wrote.

Metaphysical miasms

A segment of homeopaths believe that the meaning of miasms should be found beyond the physical world. Here is an example, “Certain bacterial and viral illnesses as well as chemical poisonings may be energetically carried in the auric field and higher spiritual bodies as vibrational patterns are referred to in Homœopathy as miasm. A miasm is not so much an illness as an energetic tendency toward illness.” (2) Further statements following these ideas propose that the primary mechanisms involved in Miasms are subtle energetic rather than molecular in nature. (3) These explanations go way beyond the direct sensory experience of most people and so enter the realm of imagination or fantasy.

This way of thinking is not just an issue of imaginative thinking that goes beyond the frontiers of current mainstream science. Behind the theory is a strong belief system that rivals any religion: “Miasms and their ‘dis-ease’ producing tendencies may be related to the struggle of the human spirit to recognize its own divinity through the expression of particular illnesses at the physical level.” (4) The purpose of disease and suffering is an important question, but the practicing homeopath should not assume that he knows the answer. If the homeopath assumes that he knows why a person is sick, his case taking becomes full of judgments and prejudices instead of exact detailed symptoms as they really are.

Another quote says: “There are important symbolic patterns to the kinds of illnesses and miasms to which people have become susceptible. The miasms represent key issues or learning experiences which impede humanity’s progress.” (5) Here it is assumed that the symbolism is more important than the actual individual symptoms. The unstated belief here is that the thinking mind is more important in knowing disease than the direct sensory perceptions of the body. The hierarchical assumption that the intellectual mind takes precedence over the sensory mind is unfounded in the holism of Homeopathy. What is important in the disease of each person cannot be judged before the symptoms are all known.

“Miasms are a crystallized pattern of Karma” (6) is a modern declaration of belief, but it is not so different than a comment made by a homœopathic editor a century ago: “As it would be absurd for a philosophical Christian to reject the doctrine of original sin, so it is absurd for any one who professes to have a clear perception of Homeopathy to reject the doctrine of hereditary morbid miasm. Both of these doctrines must stand and fall together.” (7) Spiritual or religious beliefs here imply value judgments of good and bad. The morality may or may not be correct, but it has no place in the exacting practical methodology of Homeopathy where prior beliefs can unduly influence the perceptions of the case taker.

Symbolic and psychological miasms

Some homeopaths seem to assume that chronic illness results from wrong thoughts, and not just heredity, social circumstances or environmental occurrences. Each of the three miasmatic chronic diseases is assigned a belief system. People with Psora believe that “the world is a harsh place and we eke out our existence by the sweat of our brow.” A sycotic person considers that “shame is the natural human condition and we cope as best we may, by concealing it or washing it away.” A person with Syphilis thinks, “I am alone in a destroyed planet, surrounded by the flames of civilization. I cope with it by rebuilding my empire by whatever means are necessary.” (8) The author does not mention what a healthy person should believe. It is an unfounded assumption that people with the same Chronic Miasm have the same mental state. There are no mental portraits mentioned in the original description of miasmatic Syphilis and Sycosis, and the mental symptoms
listed with Psora do not include the broad generalization quoted above.

Other homœopaths do not agree with the above interpretation. One author says that the inception of psoric miasmatic illness is basically selfishness and loss of spiritual ideals replaced with excessive materialism. (9) Another author says that the Psora mindset is a distraction from your deepest and most authentic inclinations by the appeal of what you see others doing – in other words, of itching to do what isn’t really you. Sycosis is ceaseless overdoing – too much eating, too much activity, seductive indulgences. Syphilis thinking is when energy and intent are withdrawn from the body and the body’s structures deteriorate.(10)

Who is right? Why are they right? These theoretical mindsets are part of a personal religious or philosophical outlook on life. They are not part of the practical homeopathic methodology.

Some homœopaths believe that the miasms must fit into the larger framework of certain Psychology systems: “The first position, the egotistic one, we say ‘I’. It corresponds to the oral state of Freud, the Psora of HAHNEMANN, Eros for the Greeks… The second position, we say ‘we’. It corresponds to the anal state of Freud the Sycosis of HAHNEMANN, Philos for Greeks… The third position, we ‘us’. It corresponds to Freud’s Oedipus Complex, HAHNEMANN’s Luetism and the Greek concept of Agape.”(11) The unstated presumption here is that psychology concepts are more important than the original description of the miasms. Any observations about chronic disease must fit into this author’s predetermined belief system. It assumes that to be a good homeopath, one must understand Freud and Greek mythology.

Jung’s Psychology is probably more in vogue at the moment among some homœopaths. A homeopath who uses Jung’s ideas has said, “What are the miasms, really?... We might consider them structural or archetypal fields of force, vortices of energy.” (12) Jung’s version of archetypes defines them as psychological principles – primordial organizing patterns of the psyche. Archetypes are not confined to the human brain, but operate from transcendental realms and exert influence on the psyche. The transcendental realms are hidden dimensions of reality. These hyperphysical realms, it seems, are found somewhere in the human mind. The recognition of universal principles assumes the existence of a Cosmos that is intelligent and interconnected. If a homeopath does not believe in the Universal Mind, does he fail to understand Miasms? Does Homœopathy need a grand metaphysical theory that connects chronic disease with a superconscious reality? The original miasms are not an invention of a psychology or philosophy. They are the direct sensory perceptions of clinical experience. They are not dependent on the whims and fancies of various branches of psychological thinking that come and go.

Generalizations of the miasms

One type of homœopath looks for the cause of chronic illness in Microbiology, Physiology or Physics, as discussed in another paper. Another type of analytical homœopath looks for a common thread in all the symptoms listed for each Chronic Miasm. Each Miasm is explained with a general theme. Psora is categorized as hypofunction, atrophy, weakness and inhibition. Sycosis is defined as hyperfunction, hypertrophy, overactivity and expansion. Syphilis is listed under dysfunction, dystrophy, ataxia and destruction.(13)

This type of thinking sifts through the symptoms and searches for properties that remain consistent or unchanged in a seemingly random group. It is a search for a general idea to tie thoughts together and tidy up the disorder of the actual symptoms. It finds commonalities and ignores individualities. The names used, like hypertrophy, refer to bodily function, but are general enough to include mental activities. These neatly arranged categories conveniently define miasms while ignoring the actual, concrete symptoms that do not fit.

The Nature of Chronic Diseases lists over 815 symptom sentences for Psora.(14) There is no simplified scheme like “deficiency” that links all the signs of Psora. The old school names used to describe Psora include Cancer of the uterus, fistulas of the rectum, Epilepsy and suicidal mania. (15) These illnesses do not fit an underlying generalization of Psora. Ideas conceived in the labyrinth of the intellect do not illuminate the coherent unity of Psora.

The carefully collected experiential data recorded by HAHNEMANN is only a “speculative hypothesis” (16) according to the opinion of one homœopath. This statement is inaccurate and uncalled for. HAHNEMANN condemned speculation throughout his homœopathic career.(17) To accuse HAHNEMANN of speculation is to say that he did not believe what he wrote or that he did not practice what he taught. The commenting author attempts to paint HAHNEMANN in his own colors, but HAHNEMANN was not so limited in his thinking. HAHNEMANN’s science is “based only on the observation of natural phenomena and experiment.” (18) HAHNEMANN’s thinking does not involve hypothesis either. He does not propose
a mechanism, and he makes no suppositions based on assumptions. Instead, he puts forth as complete a description as possible from years of exacting observation, and he leaves room for more experience.

This same commenting homœopath then describes the concepts of another current homœopath as if they add benefit to the development of Homœopathy. This homœopath with some type of help from a computer, reinterpreted miasms and was able “to identify a new one, the ‘acute’ miasm.” (19) Of course, HAHNEMANN has already explicitly defined acute miasms, acute diseases, Chronic Miasms and chronic diseases. (20) Has this current homœopath not bothered to read the Organon or has he ignored HAHNEMANN to pursue his own agenda? This current homœopath “found several more” miasms, it seems, with more mysterious manipulations of the computer. One “found” miasm is called the leprosy miasm. However, HAHNEMANN clearly mentions this disease name as an important manifestation of Psora in history. (21) These so-called new findings rely on creations of the imagination and “scholastic reasoning” (22). They confuse and obscure the original definitions of Homœopathy. They do not follow from the observations of direct sensory phenomena. They are manufactured in the mind, and they lead to the dissolution of the homœopathic scientific method.

The Phenomenological Whole of Miasms

Recap

So far, I have outlined a few interpretations of Miasms. Some require a belief system in philosophy, religions or spiritualism. Other interpretations depend on the belief systems found in psychology and mythology. Still other explanations of Miasms summarize with general categories extracted from common denominators of Miasm symptoms. In another article, I discuss how Miasms are explained with the mechanism approach. Various theories about microorganisms and pathology categories are hypothesized. Even theoretical physics is used to rationalize Miasms.

Purpose

I propose a different emphasis on the meaning of miasms. It is not another analytical mechanism, and, hopefully, not just more abstractions that are theoretical. It is not a new law of nature. It is nothing with an impact like a new mechanism of science. It is only the words of HAHNEMANN himself reiterated in my language of today.

Method

This method of finding meaning in the Miasms is a descriptive method. It does not look for mechanistic causes, nor does it seek to reduce observations to common generalizations. Instead, this descriptive method hopes to reveal the “surprise of the actual.” (23) Fractal geometry is an example of this descriptive method found within the field of mathematics. The originator of fractals says, “Little good can come when a science yields to the social pressures that reward modeling and theorizing while scorning ‘mere’ description without ‘theory’. (24)

The method of finding meaning of miasms in this article is not meant to “merely describe,” but to clarify the integral wholeness that is a Chronic Miasm. Rather than searching for explanations to the question of what miasms are through analytical mechanisms or in theoretical belief systems, a good phenomenological description will become the explanation.

Hahnemann’s words

A like process of development unifies true natural Chronic Miasms. All the miasms have three important moments: First, the instant of dynamic contagion; Second, the penetration of the disease throughout the entire person; Third, “the breaking out of the external ailment.” (25) This coherent process is named by the word miasm. This consistently observed process does not explain Miasms, but describes them clinically.

Dynamic contagion

The miasmatic chronic diseases are dynamically contagious. They require direct contact. To begin the infectious process of Syphilis and Sycosis for example,”there is required a certain amount of friction in the most tender parts of the body… as in the genital organs, unless the miasma should touch a wounded spot. But the miasma of the itch needs only to touch the general skin, especially with tender children.” (26) HAHNEMANN watched people who were without disease and subsequently became diseased. He accurately recorded the observed process.

Social intercourse and sexual intercourse

Natural Chronic Miasms can only begin by direct touch between people. One type of direct touch is casual touch. It occurs, for example, with a business interchange completed with a handshake. Or friends may exchange touch with a hug touching cheek to cheek. Family may lightly kiss each other. A doctor may take a patient’s blood pressure without wearing gloves. The “general skin” touches that occur between people begin Psora.
Touch of a more prolonged and forceful nature between mutual mucus membranes or wounded areas lead to the venereal miasms. We begin miasmatic chronic disease only by physical contact. The infectious microorganisms found associated with these diseases cannot survive outside the living bodily tissues for any length of time. In modern parlance, we cannot get a sexually transmitted disease from a toilet seat. The process of the venereal miasms begins with sexual intercourse, and Psora starts with social intercourse.

The infectious process can be interrupted with preventive methods like sanitation and quarantine, but killing microorganisms will never cure chronic disease. Viruses, bacteria, etc., are ubiquitous and inseparable parts of life physiology. Exterminating a life form will not cure chronic diseases. The emphasis on only one mechanistic part of the miasmatic process will not lead to success. The whole disease cannot be known or treated without making the whole human and the wholeness of his life the center of study. The correct homoeopathic remedy imitates the whole process of the disease, not just the life force of the involved contagious microorganism. The homoeopathic process of seeing the integral person leads to success.

From the point of view of Physics, touch is a physical phenomenon that includes a force and a motion. One of the laws of motion in physics is that for every action there is a reaction. Every touch between people is a moment of instability where a reaction must result. The moment of touch is a threshold moment when the body's balance and health can become a mistunement or ill health. When body spheres collide or invade each other a new balance, a different stability must be established. Even if the touch is not imposed, but desired, a transformation of energy patterns must occur. The dynamic acts of intercourse allow a new life order to begin or a renewal of the web of relationships.

Touch can be healing or disease producing. The wholeness of living includes constant change. Exchange and interchange must continue for life to continue. Life is renewed by social intercourse and new life is possible with sexual intercourse. Nothing new is created locally without something sacrificed or transformed. A new embryo lives because parents give up parts of their body. The Physics law of conservation of energy says that nothing is created or destroyed in the universe.

To make a new child, to make life, some part of the life giver must die. Using the re-creating energies activates the process of death-dissolution of energies in counterbalance. Chronic disease results if the life force cannot renew and balance itself. A person can become diseased or untuned if they artificially avoid contact, in which case they become stuck in inertia. Chronic disease also results from an excess of contact in which case, boundaries are lost and dissipation results. Health is balance between the creative and destructive intercourses.

Acute Miasms, Chronic Diseases and Chronic Miasms

Acute miasmatic diseases are, by definition, maladies that run their course rapidly and extinguish themselves or the person. Many acute miasms do not require physical touch between people. For instance, the group of symptoms known by the name Malaria may start after walking in the miasma or noxious influence of a swamp. An epidemic miasm such as Scarlet fever may be transferred from person to person through the air. In these acute cases, the life force of the microorganisms that touch people seems to have an effect in a qualitatively different way than the microorganisms contacted through direct intercourse.

Cases of chronic illness can result from contact with objects that produce trauma and injury. These are not the miasmatic or dynamically contagious diseases, but are defined as general chronic disease. We can become sick from what a person says to us. This type of social discourse can make us chronically ill, but does not involve miasm or infection. Any experience of the senses – vision, audition, taste, smell or touch – has the potential to initiate illness. It is, by definition, only the experience of direct touch that brings forth the natural Chronic Miasms.

Descriptive, experiential, phenomenological

The original definitions of the natural Chronic Miasms are a description of an actual, verifiable, clinical process. This process was seen first-hand. It includes observable events and real signs and symptoms of disease. The Chronic Miasms are real experienced disease processes. They are not a postulate or a generating symbol in a philosophical system that constructs archetypes or styles. They are not an explanation that reduces chronic disease to chance mechanisms of physics or physiology.

Natural Chronic Miasms are described, not explained. No moral judgments such as original sin or karma or “a limited and distorted consciousness” (30) are needed. The integral description of Chronic Miasms is a portrayal “not of underlying reality behind appearances but of the intensive depth of the phenomenon itself, ‘a seeing
embedded in the fullness of phenomena, not a theory abstracted from the phenomena.” (31)

The question of what is a Miasm comes first; then comes the question of when is it a miasm. These questions are of primary importance to the actual homœopathic methodology. It is only later that the natural curiosity of mind asks why there are miasms and what are the mechanisms of miasms.

The student must actually read and study the original definitions of Natural Chronic Miasms before the homœopathic community can move forward in a meaningful way. If homœopaths cannot even agree on definitions, then there is nothing to build upon.

Acknowledgements

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References

4. Ibid., p.456.
5. Ibid., p.458.
13. BALLENTINE, R. p.171.
14. HAHNEMANN, S. pp. 52-77.
15. Ibid., p.78.
16. MOSKOWITZ, R. The fundamentalist controversy: an issue that won’t go away. AJHM 2004; Vol. 97 no. 1:40.
18. Ibid.
22. KUNZLI, J. P.50.
25. HAHNEMANN, S. p.33.
26. Ibid., p.37.
29. HAHNEMANN, S. p.35.
30. BALLENTINE, R. p.481.

There was an old retired Statesman in Holland, a man of standing, who in the year 1831 wrote a small but replete work containing a sketch of all the most important events, characterizing the last sixty years of his life. Beginning 1770, six years before the new era in history, he pictured what had happened in the world since that time, from the Declaration of Independence to the French Revolution, the conquering of Europe, the German wars against Napoleon, the Battle of Waterloo, fought very near his home, up to Napoleon’s death on the Island of St. Helena.
The author did not forget the principal power, the inward moving force, the sciences and arts.

Speaking of medicine he showed how in that also one revolution followed the other, and one revolution followed the other, and one new system the other. He mentioned JOHN BROWN, who, like a rocket, shot up among the clouds, bursting and sending fire-balls, spreading a brilliant light in the dark night of medicine, to be followed by a greater darkness, BROUSSAIS, with his Grench centralization, "all diseases are gastritis:; and "the universal remedy leeches", RASON, the Italian, an altered BROWN proposing "contrastimulus", and giving the most overwhelming doses. Finally, our author speaks of the Organon of HAHNEMANN.

As he was more or less opposed to all revolutions, conservative in the extreme, he objects to this too, but still allows, “at first sight this system seems to be very acceptable”, “but as there are so many different diseases and thus a great many different drugs required, where will HAHNEMANN ever find so many healthy men, willing to submit to being made sick, merely from love of their fellowmen?”

How can you expect, he says, to find men willing to make themselves sick, in order to be able to heal the sick?

That was his principal doubt, and it was a more cutting objection than all others thrown against HAHNEMANN, but, it did not do any harm. At the time he was writing this, only twenty years after HAHNEMANN published the first edition of his Organon, six volumes of his Materia Medica had been published already, and four volumes of his Antipsorics. Two volumes had been published by HARTLAUB, and twenty seven numbers of the Archives had given, in each number, a new proved drug.

The next objection to HAHNEMANN’s Materia Medica had not much more sense or weight: “The healthy and the sick are entirely and altogether different”. “Effects of drugs on the healthy are of no use and cannot be applied to the sick”. This is an absurdity throughout. The differences between the most healthy and the sickest are gradual ones, therefore a sharp line of division can nowhere be drawn.

As soon as a healthy man is proving, he gets sick, and thus he belongs in so far to the sick. Why should we not have a right to compare the one suffering, from a drug, with another suffering from miasma or other influences?

A third grand objection was made, a monstrous one, - a real monster of an objection:

“Come out ye Homoeopathic men” they said “and make a true intermittent, make a scarlet fever, make a real disease, and we will come with our diagnostic instruments and examine”. They supposed, of course, we did not understand their pathology, and were not able to make a diagnostic investigation. Of course it would be an easy thing to show, in each such case, if we would offer them as such, that they were not real intermittents, nor real scarlet fevers, etc. Strange infatuation! We do not need their pathology, nor their instruments to obtain exactly objective characteristic diagnostics. We can do this ourselves, just as well as they. Why should we not have been able to learn what they have learned? But the greatest absurdity in their objection lies herein: we have never pretended to make such diseases, we never did pretend to make diseases. Did we ever say we could make the Plague, as the witches did in the middle ages? Did we ever say we could make an epidemic Cholera Asiatica, as the stupid peasants in Russia believed, and in Italy still believe? All that we ever pretended to find out and get by our provings was: a number of symptoms, resembling cases of sickmen, not of diseases. Even HAHNEMANN in his first experiment did not say Cinchona powder had produced an intermittent fever. He very wisely said, it made such symptoms as I had been subject to before, when I suffered with the intermittent.

A fourth objection has been made and has been repeated by a great number, has been echoed all over the land, has been such a powerful and persuasive one, that we hear it even in our midst, from our own friends up to this day. Our Materia Medica contains a great many symptoms, and a great many even very doubtful, some decidedly false. Thus our Materia Medica is not pure, and it must be purified.

This “uncertainty of symptoms”, so much complained of, is not a thing we pretend to oppose; this objection is not only allowed to them, but it is even granted that every single symptoms of each prover may not be from the drug, but from something else. We do not think, do not dream of opposing it at all, we give up to it altogether and something else. We do not think, do not dream of opposing it at all, we give up to it altogether and entirely. It was considered not worth while on our side to talk much about it, Why should we? Are not all human undertakings liable to error? Why did HAHNEMANN so often and emphatically recommend the greatest care in proving? He knew as well as any one of us, that observations are very often deceiving, even a master-mind may be deceived, and may make an erroneous observation. Did not HIPPOCRATES, 2300 years ago, state in the first of his famous aphorisms: “Life is short, our art is long, the chances are transient; trials very slippery, and judgement a difficult thing”.

154
Thus allowing all these objections, regarding the uncertainty, as based on a self evident truth; they may be raised by all our opponents and repeated in our midst, but they all fall down to the ground, like the above first objection of the old retired Hollander, for we are a great many years ahead of them, as we have a way to ascertain what is true. This very cry of uncertainty or impurity was raised further and particularly against symptoms quoted, taken out of old reports, books, etc.; neither HAHNEMANN nor any one of us laid much weight on any of them. We can do without them; let them all be stricken out, we do not care. The opponents in our midst dwell upon symptoms observed on the sick and call them impure; they roll their eyes, like hypocrites, saying, HAHNEMANN used the word M.M. Pura, and he had no right to do it; a single symptom taken from a sick man made all the rest impure. He used this word as it has been used by all philosophers and scientific men, meaning, free from guessing, but they use it now as the washerwomen use the word “clean”.

The more our Materia Medica became enlarged by observations, and the greater the difficulty in studying it, the more popular the cry became for purifying it; and the more physicians were driven over to our side, the more enemies we had in our own camp.

What is to be said about these objections? Regarding the uncertainty the symptoms obtained by provers, it is true; further, symptoms observed in sick persons are very uncertain, that is also true; further, symptoms taken out of old mouldy books, are still more doubtful, that is true; in fact, all the objections raised against the collection called Materia Medica are true, every one of them. But what possesses our opponents and all their imitators within our own ranks, to imagine, that they tell us something new by making such objections? How self-conceited they must be, to come out thus, like wiseacres, supposing we had not known all this long ago. Of course we did. It is a self-evident truth, that particularly in such experiments with drugs on the healthy, and still more on the sick, the symptoms may or may not be caused by the drug. Only the most shocking impudence, and as is usually the case, ignorance combined with it, could pretend to teach us, as if we were school-boys. It is not at all in these objections that we differ from them. All the conclusions drawn by our opponents and by all their imitators within our own ranks: all their conclusions are wrong, essentially and entirely wrong, are against all sound logic, against all principles of the strict method to build up a real, a natural science, by careful induction. We do not care much about all their opposition, original or copied, because we are all the time engaged in healing the sick, and that is the very way, nay, the only way of continually perfecting our Materia Medica. While we are collecting facts upon facts, bonafide, according to the best of our abilities, analytically, in order to abstract what is common to them; while we are collecting one cure after another and trying to find out, how far they correspond with the symptoms – a difficult, a tedious, a toilsome task, but one that brings its reward – our opponents creep into the core, into the midst, and object synthetically, arbitrarily, without any real reason, against all the rules of sound thinking, and ask a number of hypocritical and hypercritical questions: Who was prover? Was he really healthy? Who reported the proving? Was he able to report? Were his reports in the strict scientific form? And arbitrarily they say: All symptoms observed on the sick are good for nothing, etc. striking in this way, as it were, at the roots the symptoms fall by the hundred, and by the thousand. One of the most impudent and most illogical, objected, for instance, to all symptoms of NENNING, a late Surgeon in Bohemia, and with one stroke he cut them all off, boasting and crowing like a rooster on his dunhill, that 11,447 symptoms were all to be stricken out. Hundreds of most striking cures have been made, before and since, simply by the use of symptoms of the same NENNING. But, because the great critic was not able to make such cures himself, he follows in the footsteps of our opponents in the old school, and doubts them, and because he doubts them, he denies them, and because he denies them, of course they cannot be worth anything.

What is our way now to certainty? How do we find out what is true, what is trustworthy and what is not?

To give you an idea in a few words, of our way to certainty, our manner of sifting the results of our provings, it is the following:

1. Some symptoms are more decided, and of course require more attention.
2. If we repeat our proving and get the same symptoms; still more.
3. If others prove the same drug and get the same or corresponding, symptoms, harmonizing with each other physiologically or pathologically, we consider this a further corroboration.
4. By comparative study of the symptoms of the same drug, we find out what agrees, and what does not, and use Physiology and Pathology as much as we can.
5. We finally give a drug in cases where it seems to be indicated, according to our law, and make successful cures, these corroborate some of them.
still more. Some symptoms become consequently more prominent, some are very often useful, others less often.

6. Some of the sick while we are treating them will get new symptoms, soon after the administration of a drug, if such symptoms, disappear a while after, and if they agree with the others from healthy persons, such symptoms may likewise be used and likewise be corroborated afterwards by cures.

7. In this way we obtain our much talked of

CHARACTERISTICS

This is our way to certainty, and all objections disappear and vanish before them.

These characteristics are to be regarded as settlements in the primeval forests, after a while they become villages, then large towns.

The question has often been raised, what do we mean by characteristics? What are they?

Characteristics are symptoms, or only parts of symptom or groups of several symptoms, together representing the character of a drug, or the character of its effects.

What is character?

Applied to effects of drugs we mean by character the whole of such peculiarities as distinguish this drug from all others. Originally the word character meant the stamp of coins, the mark, the sign of worth. Such drugs as we do not know enough about, we say, have no decided character. Such as we have been giving often and repeatedly, and with a sure success, we say have a character. The single symptoms, or parts of them, we call characteristics.

It is an error to suppose a characteristic to be such a symptom as any respective drug has alone; this may be the case, but even the most decided and true symptom of a drug may be a unicum, and not be characteristic. It never becomes a characteristic, because it is a unicum. We do not know all symptoms of our best proved and most given drugs, and we know very little, or nothing at all, of an endless number of others. Thus a symptom being known of one drug only, our attention may be called to this drug, if we meet the symptom in practice, but such a symptom is not a characteristic until cures corroborate it, and if this is the case, we certainly will obtain other symptoms combined with it.

It is true, we have some very remarkable characteristics, corroborated again and again, symptoms standing alone, as unica.

To illustrate by example, when SCHRETER, one of the provers most objected to by the purificators, next to NENNING, proved Borax on himself and also collected symptoms observed in sick children, as being new and corresponding to the other symptoms of Borax, he published the following:

No.4. Very anxious when riding quickly down hill, it is as if it would take his breath away, which was never the case before. (This symptom continued during the first five weeks.)

5. The child, when dancing it up down, is afraid; when rocking it in the arms, it makes an anxious face during the motion downward. (Observed the first three weeks.)

These two observations strengthen each other. Hence, lecturing on Borax in Allentown, in 1835, the attention of the students was called to this fact. There was nothing like it in our whole Materia Medica. Coffea tosta produced once a similar symptom. After it had been taken in a strong dose, extract of a pound, the slightest motion of the hammock seemed an enormous one. The perception of passive motion was a magnifying one. Carbo vegetabilis has since been added by BOENNINGHAUSEN: symptoms increasing by sitting on a swing. Carbo has Vertigo from the slightest motion, also hiccough and nasusea, and thus differs from Borax considerably.

This one symptom of Borax has been the source of an infinite number of cures in this country. (In Hartmann’s Therapeutics and Ruckert’s collection of cases it is not mentioned as having been used once. See Dr. MARTIN’s case in our Journal.)

Another famous unicum was the aggravation of symptoms by shaving, in Carbo animalis, observed by Dr. ADAMS of Petersburg; this was generalized by BOENNINGHAUSEN, and in the preface of his Repertory he mentions a remarkable case. Others will appear in our journals. But also this unicum no longer stands entirely alone. Pulsatilla has the same peculiarity, and others may follow.

A famous much talked of symptom is the fan like motion of the wings of the nose in Lycopodium. This one symptom has a literature, such quarrels arose about it. It should never be forgotten that the real symptom of Lycopodium is not a fanlike but a spasmodic motion of the nostrils, and it corresponds with a dozen of others of this drug, as we will see in the lectures. If the other symptoms of the case do not correspond with Lycopodium, and it is given according to this one single symptom, it will either not make a cure of the case, or the cure will be merely an accidental one. It also no longer stands as a unicum, since GROSS ascertained, in Asthma. Ferrum has the
same as a characteristic. And how could it? The
fanlike motion is a symptom in all diseases with
difficult breathing, and we cannot expect to cure all
by Lycopodium.

In short a symptom that is found in one of our
drugs and in no other, never is a characteristic
because it is a unicum; everyday we may find the
very same in another, and on the other hand, it may
be a very good genuine symptom and a unicum,
still very far from being a real characteristic.

There are a great many more such peculiarities
of a very different value; further observations only
can decide.

Another error was once started, and the attempt
was made to adopt one real good and characteristic
symptom as the main one of each drug, and
dropping all the rest, give that medicine in every
case where we meet such a symptom in practice, as
a characteristic of a case. It is against the main rule
of HAHNEMANN ever to give, if we can possibly
help it, a medicine for a single symptom, but
always select a medicine for the totality of
symptoms, that is, for the sick, for the individual
before us. Such a practice would also lead to a
continual change of medicine, and to the breaking
of another wise rule of our master: “Let every given
medicine have its full time, as long as the case
allows it.”

We arrive at another error to which
characteristics have led some of our practitioners;
an error requiring your particular attention. It rests
on a very remarkable fact, observed by our school,
and we may well say, the greater the truth, the
greater the error. Among all corroborations of our
Materia Medica, the greatest and the most
undeniable, is the following:

Having found by our provings, by cures, and
by careful observations, a group of characteristics,
and knowing the full and complete character of the
drug, we sometimes meet with cases, where, after
we find one or a few such characteristics, we find
also the others, even all of them; all characteristic
symptoms of the case are to be found in the very
same drug together. For instance we find some
symptoms of a woman in Calcarea, and afterwards
all others similar; the same with a child. The best
illustration is a case communicated once by
BOENNINGHAUSEN.

**PULSATILLA CHARACTERISTICS.**

“About three years ago, while traveling,” says
BOENNINGHAUSEN, “in 1835, I arrived one
evening at a hotel, where, as it happened to be
Sunday, I found several friends of the proprietor
assembled, and also the family physician, quite a
young man. I had but just entered the parlor when
the eldest daughter stepped up to me and asked me
to cure her toothache, which she said, since a
fortnight, came on every evening after sunset and
lasted till midnight. Many things had been tried
but all in vain, which was also affirmed by the
young physician who stood near us, and the only
possible relief she obtained was by going out of
doors or leaning out of the open window. It was
hardly the place to question her in regard to other
symptoms, particularly of a more private nature, so
with the conviction that if it did not help her, it
would certainly do her no harm, I took from my
pocket case a bottle of the decillion potency of
Pulsatilla and asked the young lady to smell of it
once. The success exceeded my most sanguine
expectations, for while closing my case and putting
it back into my pocket, to the great amazement of
all the guests she cried out my toothache is gone, I
do not feel any more pain.

The young physician, who was fresh from the
University, was very much astonished and said if
the cure were lasting it was indeed wonderful.

I now began to draw my conclusions backwards, because Pulsatilla had helped her so
quickly the characteristics of the remedy must also
be found among her symptoms. So I answered that
if the patient would obey homeopathic rules
regarding diet eight or ten days, the toothache
would not only stay away, but she would also be
freed from her other complaints. This puzzled the
youthful disciple of Æsculapius still more, and he
asked what other complaints? I began to enumerate
some of the characteristics of this remedy:
Predominant chilliness; want of thirst;
lachrymose disposition; the warmth of the stove
is unbearable; sleeplessness before midnight,
and stupefying unrefreshing sleep towards
morning; disgust for fatty dishes etc. He declared
that I must have ascertained all these
symptoms from the young lady herself, and when
the others said that I had but just arrived, and not
spoken a word with her but what he had heard, he
replied rather crossly that they only said so to
please me, and that it was not possible for me to
know these things otherwise. I then proposed to
him that I would tell him something secretly, and
he should then go to the lady and ascertain whether
I was right, and as he assented to this I took him
aside and told him that the patient suffered from
diarrhoea which was mostly slimy, and that
menstruation appeared too late, about every five
weeks, lasted only a few days, and that she
suffered during that time with pain in the small
of her back, and cramp-like pain in the abdomen.

To test the truth to his own satisfaction, he told her that I had said she suffered from constipation, and her menstruation came too soon, and was too copious, whereupon she answered that in this respect I had made a great mistake, for exactly the opposite were the case, and on questioning her more closely he found everything that I had told him corroborated, which he afterwards told me himself with most praiseworthy candor.

A few months later, when I saw the girl again, she was fresh and blooming, and thanked me warmly for the good I had done her, as my propheisy in regard to her complaints had proved true, and she was now entirely well.

Whether the young Doctor ever investigated Homœopathy I do not know, but I hardly think so, for I never heard of it.”

Such cases we meet with in life, but it would be a very deceiving rule to expect it always to be so.

The first symptoms in this case could have been connected with others, with entirely different symptoms, not indicating Pulsatilla, but Sepia. B. saw the girl before him, her face, her whole appearance may have reminded him of Pulsatilla. Her features may have been such as reminded him of other cases cured by the same medicine. B. further was careful enough and said, “As it helped her so quickly, I concluded that the girl would have the other characteristics of Puls.” There is a very great and an essential difference between a conclusion, a priori or a posteriori.

If we find in a case one characteristic symptom which indicates a certain well known drug, our attention may be called to it and we may expect to find some of the others, but we ought to find all the others corresponding, before giving it, and then we may expect a cure. Of course we ought not to suggest them in the examination of the sick. We ought always to get the symptoms out of the sick, not examine them into the sick. This is the main rule of a true Hahnemannian examination.

To decide to give a medicine according to one symptom, no matter how characteristic it may be, is to repeat the same fault that others may have fallen into, prescribing for names when they decide to give Belladonna because the child has the Scarlet fever. We may succeed, by good luck, by chance only. All such cures are on the one side as on the other, accidental ones. We will have ample occasions in the course of the lectures to explain this more fully; to elucidate it, and prove it.

Characteristics ought always to be used in combination, not singly.

These combinations even, if they appear to differ endlessly, like the position of the pieces on the chessboard, are limited by laws; not every variation that can be made; not every combination that is possible, is to be found in nature. Aided by physiology and pathology, we may find these laws; in the course of the lectures this will be spoken of. On the other side, you will learn how far each combination of characteristics indicates the respective drug. As often as we meet with them in the sick, they indicate the drug, independent of the pathology of the case. Ample illustration will be given of this very important fact. It is the method of the Philadelphia School to study Materia Medica by characteristics. All who belong to the Philadelphia School have to learn how to heal the sick by mastering the characteristics.

The lectures on Materia Medica will thus principally give you the main characteristics, at least of all of our well known drugs, and in such an order that you will be able to comprehend them, digest them, as it were, and if you are willing, earnest, and do your share, and store them up by daily, weekly, monthly repetitions, you will have them on hand, and they will be ready for use all your lifetime.

We will not forget the general principles or lose sight of them. One hour of the four every week we will dwell on generalities, while the other three hours we will take the specialities of one drug after the other, and one family after the other, the most important first, adding from time to time by comparisons. One hour we must have to bestow on the higher principles of our healing art.

If you know nothing but generalities you are altogether dependent on good luck to meet such cases as your characteristics will be fit for. Then you would be like a man in a large hotel, having a great many rooms, with a large bundle of keys in his hand. Such a man has continually to try and find the right one. He may find it or not, just as it happens. The master-key will open all doors. General principles are master-keys.

Regarding the characteristics, in order to save time, you ought to get what was printed a year ago, for the use of our Philadelphia School, in the form of cards, according to Dr. Tucker’s method, and introduced by us. You ought to have them, either printed or copy them. They have been selected with great care and will form the basis of the lectures. You ought to commit them to memory according to Dr. Tucker’s method, if possible, before the lecture on each such drug.

Supposing every one of you to know them by heart, we may refer to them again and again, but
lose no time by dictating any of them. All others to be added will be dictated.

All those that may have been printed in the journal of our school will be referred to, but not dictated. In this way we save time and you may be able to carry with you at the end of the lectures, all that is most valuable in our Materia Medica. At the time of your examination you will find the very same little cards spread out on the table. Then you will have a chance to show how many you know.

CONCLUSION.

While all your instruction in the Philadelphia School is based on characteristics, you should be warned in the first lecture against all errors in regard to them, which, when practicing, you might fall into. There is one more to be spoken of. Suppose you had a case where not only the symptoms were changing all the time, but even the most characteristic symptoms. One day you find the one, another day another medicine, as it seems, clearly indicated by them. What have you to do? Such hysterical or hypochondriacal cases you will certainly meet with, and it may be that your whole reputation will depend on such a case. What have you to do? Be very careful in the selection of the medicine, never decide in a hurry, as such cases will give you ample time to study them. And after having carefully decided, and found, by similarly, of course, the best opposite, be firm, make it a main condition, the patient must not take any other medicine, and stand firm with your well selected one; give, if necessary to repeat, the same higher and higher, but, if possible, do not change, until all has been gained by that drug which can possibly be gained by it. The best remedy there is for changeability is firmness. This may be illustrated by an example taken from life.

Suppose there was a college, a medical college, a homœopathic medical college, which had existed twenty years and had changed professors nearly every year, or if there was no change in men, they changed their chairs, and, what is still worse, changed principles every year, sometimes even in one single summer. Another set of men each winter; another modification of doctrines each course. What would be the remedy for it if it became dangerous to the cause? Something similar, and of course opposite, with the principal character of firmness. A similar but an opposite college, opposite by its firmness; free from all undue influence from without and from within. To prevent this it was better to hire rooms. Have no building except what could be paid for, or built on endowments of cash in hand. No interest on stocks to be paid, but scholarships, thereby affording to students who may not have the necessary money, a chance, without begging or marketing. No floating debt or mortgage; but a permanent body of trustees. Not a floating concern, but above all, a permanent faculty, every member selected with care and elected for a lifetime.

This will be the remedy and secure permanent progress. But still, objections may be made to this, as well as to our Materia Medica. The very word “life-time” reminds everyone that this very time is limited. Life is short says HIPPOCRATES. Suppose there was an old man among the permanent faculty, his death would make a change in spite of all the trustees and bylaws. That is true, it may be. But how have we to act as long as we have life; by what must we be ruled in such cases? There is a great difference between possibility and probability. The possibility of dying is the same to all of us, young and old. The probability of it makes the difference. Now let us ask the Insurance Companies about probabilities; they know, because with them large sums of money are at stake. The rule of probability says, that, for instance, if a man has reached the age of 67, he may be expected to live till 76. Of course, according to possibility, changes may take place at any time in spite of probability. But the difference is a very great one between changes happening according to a higher law by the Divine Will, and a change made according to the arbitrary, tyrannical notions of one, two or three wire-pulling men. Suppose the said old man reaches his 76th year, possibly more, what a burden such an old fogy will be, full of notions, and how arbitrary he may be in ten years, nobody knows, he does not know himself. How will you get rid of him? By impeachment? We know that is easier said than done. Well, if any one should be uneasy about that, he will send in his resignation, to take effect on the 22nd of March, 1876, when it will be fifty years since he obtained his degree as M.D. – nine years, they may be willing to bear with him.

But the age of 76 reminds us of a story, and a very good one.

After Napoleon had disturbed the peace of Europe, and was finally beaten in the battle of Leipzig by the allied powers, and banished by them to the Island of Elba, he returned again with a large army. The allies had once more to march from the North to the South. Blucher was placed at the head as main commander of the Prussian army, and marched from the North towards Belgium. Great objections were raised on account of his age. He is old now and infirm, and full of queer notions, etc. He was attacked near Ligny, before he was ready, and was beaten, his horse fell, he was thrown under
it, and was carried away for dead. Of course in a
day or two he rallied again, sat on the back of
another horse, and was smoking his little pipe
lustily.

Napoleon now turned his whole power against
Wellington, who stood before Waterloo. The Iron
Duke stood it manfully and did not move an inch
all day, kept his position firm.

But as the sun turned towards the West and
sank deeper and deeper in the horizon, the Duke
wrote with a lead pencil the order to his generals to
be ready to return during the night and retreat to
another position. There was a little cloud seen in
the far East on the horizon. The cloud increased. It
was an army, coming nearer like a hailstorm, and
the cloud opened, and cannon balls came like hail
into the right wing of the French army and rolled it
up. The battle was won.

Who was the commander of that army? Who
rolled up Napoleon’s old guards with his young
volunteers? It was Blucher, the old man of 76.

By that battle peace was secured for fifty years.
Let us trust to the one from whom comes life and
progress and peace, and let us never forget our
friends, the Life Insurance Companies and their
probabilities. We hope they will be right, and if
they should; present company is invited to come on
the 22nd of March in 1876, to 114 N. 12th Street.
Please take a note of that and do not forget it.

American Homeopathic Observer. Volume V,
January, 1868.

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NEW REMEDIES.

“In the Preface to GUERNSEY’s
“BÖNNINGHAUSEN” we read “Would it not be
well for the profession of to-day to see whether the
few remedies with which he (BÖNNINGHAUSEN)
and HAHNEMANN and his contemporaries did all
their work are not overlooked for the newer and
less thoroughly proven ones.” This remark cannot
be repeated often enough in order to warn against
the danger of giving too easy credit to the eloquent
recommendations wherewith, at present, so-called
homeopathic journals and publications extol new
remedies, not as a result of “provings,” but in
consequence of their empirical use in one case or
another, just as the new allopathic medicines, which,
after having had a run—which proves “it was a
mistake” – give room to a new, also short-lived,
fashion. Every new remedy, if thoroughly proven,
and in its proving manifesting a nuance, which
gives it such a differential character that its
usefulness above its analogues in certain symptom
complexes is established, is a blessing. But the
manner in which new remedies, as a rule, are
extolled for such or such a case is a curse. I, who
have suffered from this curse, say so, for there are
few remedies, highly praised and recommended,
which I have not at the first opportunity, tried,
strictly following the indication – if that kind of
recommendation deserves the name of “indication”
– and I have not found one which did not
disappoint me. If the remedy did good in one case,
in ten cases it would fail. Now, speaking of
disappointment, I must state that this is only meant
for such new remedies which, from the manner in
which they were recommended, must give one
confidence. Others were given for a trial, but when
unsuccessful, could not be said to have
disappointed any expectancy. The first ones,
however, were all administered with assurance, but
proved to be no good.

If it were not that the space of a paper to be
laid before you, and the time which judicially can
be claimed for it prevented, I should unfold a list
which would astonish you. I shall therefore only
mention two instances.

Some years ago Equisetum hyemale had
become the rage in the different journals. I kept
reading of the miraculous cures, and believing in
them, I soon let it be known that now I had an
infallible cure for enuresis; eight days, or, by all
means, not more than fourteen days, was all I
required, when I guaranteed my patients should be
well. I can not remember how many cases I
treated, but it was a great many, and if two of them
were cured by Equisteum hyemale, the rest were
not. I tried every way in which the administration
had been recommended – tincture, watery solution,
dilutions, but all in vain. I had to go back to
standard prescriptions (totality of symptoms), and
then I cured. ……”

M.A.A. WOLFF.

(The Medical Advance, Vol. XXIV, July 1890)

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PART III

(While Part II features articles from other journals, Part III contains the editor’s own contribution and other original articles.)

BOOKSHELF


(Samuel Hahnemann Case Register D 38 covering the period 1833 – 35, with separate Commentary volume)

Readers would recall that Samuel HAHNEMANN’s Case Registers from 1800 to 1843 – totally 53 in number are safely preserved in the Institute for History of Medicine of the Robert Bosch Foundation, Stuttgart.

So far 10 volumes, including the one now under study, have been published and made available to homœopaths interested in the study of these treasures. All the earlier volumes – D 2 (1802), D 3 (1802), D 4 (1803), D 5 (1803 – 6), D 6 (1806 – 7), D 16 (1817 – 18), D 34 (1830), DF 2 (1836 – 1842), DF 5 (1837 -42) and D 38 (1833 – 35) – have been reviewed in the QHD.

The years covered by this Volume D 38, pertain to a milestone in HAHNEMANN’s life, i.e. Melanie d’Hervilly-Goheir’s entry into HAHNEMANN’s life in 1834.

A study of this Case Register D 38 is not just of historical interest as some may assume. A careful study will certainly enlarge knowledge of Materia Medica and Therapeutics.

The Cinchona experiment was in 1790 when it dawned upon him that substances cure sick people because these substances cause symptoms in the healthy persons, similar to the ailment to be cured. Since this ‘enlightenment’ HAHNEMANN began testing several substances and verified their curative powers according to the conclusion he had tentatively made; he then seemed to have realized that Similia Similibus was a Law and a permanent Law and therefore announced it aloud to the world and went on to treat sick people with ‘similar’ remedies and recorded all his cases in Registers from 1800 until his end. Thus HAHNEMANN’s actions are open to scrutiny, no secrets. HAHNEMANN asked the homoeopathy physicians to be good observers; observe the well person and the sick person; observe which symptoms were relieved by the given homoeopathic medicine, and in which order. Thus he verified the ‘Proving’ Symptoms in actual cures; he also noted clinical symptoms that were relieved by the medicine. With these he continued to enrich his Materia Medica continuously. He has made special notations of his observations in the case Register.

For every symptom he began a new line exactly as he advised us. There is scarcely a striking off, or an over-writing. This speaks of his clear mind even in advancing age.

Some entries are seen in different writing. It was possible to identify some entries by HAHNEMANN’s daughters LOUISE and CHARLOTTE; also those of LEHMANN and G.H.G. JAHR.

It is interesting that in page 1 of the Register he has made entries of the names of homeopaths to whom he had sent ‘requests’ for funds for the Leipsic Hospital: We find the names: CP BRAUN, Heinz SCHWABE, Princess FRIEDRICH, WEIGEL, LÖVY, RUMMEL, SCHWEIKERT, FINDEISEN, von ROHR, STRAUBE, FRANZ RICHTER, GRIESSELICH, LOTZBECK, ATTOMYR, BÖNNINGHAUSEN, LUCKS, SCHUCKMANN, GERSTEL, etc. HAHNEMANN had appealed to these colleagues for Funds for the Leipsic Homeopathic Hospital.

About the importance HAHNEMANN had placed on the Hospital, it was HAHNEMANN’s dream to have a homœopathic hospital where he will be able to verify the action of the homœopathic remedies and demonstrate it to the world. Richard HAEHL wrote "How Hahnemann had rejoiced at the thought of a hospital! How heartily he had desired it as the highest, the most indispensable crowning piece of his life’s work . . .” (p.205, Vol.I). As history revealed this hospital was beset with much problems and it was dissolved in 1842. Such Peaks and Chasms seem to be not unusual in history but particularly with the history of Homœopathy.

Against every Symptom HAHNEMANN has mentioned the remedies relevant to it. New Symptoms that came up in the course of the homœopathic medication were noted with the sign NB.

Study of the Case Register will take long time and cannot be “gone over”. I have only highlighted some. Certainly a treasure house.
Die Homöopathenfamilie Dr. Schweikert, Anke DÖRGES, Quellen und Studien zur Homöopathiegeschichte. Band 10, Karl F. Haug Verlag, Stuttgart, 2007. (German) (The Family of Homœopaths of Dr. Schweikert): This is the Volume 10 in the ‘Sources and Studies in the History of Homœopathy’.

Dr. SCHWEIKERT has an important place in the early history of Homœopathy, right during the life time of HAHNEMANN. Georg August Benjamin SCHWEIKERT (1774 – 1845) was a convert to Homœopathy. He was born on Sept. 25, 1774, the second son of Pastor of Ankulin Benjamin Gottfried SCHWEIKERT. SCHWEIKERT himself was destined for Theology. However after his father’s death he went to study Medicine. He studied with von LODER, well known in Anatomy, Surgery, Obstetrics in the University of Jene. He also studied with HUFELAND. SCHWEIKERT obtained practical experience in von LODER’s Clinic. He completed his doctoral thesis in October 1779, and then began his Practice. Married the widow of late Chief Surgeon and pursued his Practice near his hometown. In two years his wife delivered a boy who survived for only 2 days. A month later his wife died.

SCHWEIKERT moved to Wittenberg on the recommendations of LODER and HUFELAND in 1801. SCHWEIKERT successfully completed his thesis “Argumente, quaedam, quae psol solvendi arte secundamis proferri solent” (“Arguments necessitating the artificial removal of the Placenta”). He became Lecturer in Obstetrics and Diseases of Women and Children in the University. His lectures contained his practical experience. When the Town Physician Dr. Carl Heinrich Charicius became rather ill due to age SCHWEIKERT offered to assist him without any payment. SCHWEIKERT became examiner of the Midwifery. The Midwives had to be well versed with his book Instructions to Midwives.

He now married Henriette GIESE. Early in 1806 his first child out of this wedlock was born, a daughter AGNES (1806 – 1835). He became the Town Physician after demonstrating his suitability to the post examined by Dean Prof. Traugott Karl August VOIGT. His area extended beyond the Toson to Town to the suburb villages.

SCHWEIKERT’s son JULIUS was born in 1807.

SCHWEIKERT brought in much reforms. He formulated the basic structure and personnel for a Hospital, the sanitation high level of cleanliness. The patients must receive not only good medicine and surgical treatment but also dietetic care.

There was always the costs particularly in the case of the poor. Most of them went begging in the streets at nights. Out of sympathy SCHWEIKERT provided them from his house. He recommended a food supply directly to the patients. The nurses, particularly the older, were not adhering to punctuality and often the day’s medicines were dispensed only for the day and those for the evenings were ignored with the excuse of failing lights, and given only next morning, or just left out. All these were set aright by SCHWEIKERT and HOMUTH the Surgeon.

The third point – cleanliness and orderliness was the biggest problem. The vermins were so much that, SCHWEIKERT wrote, if one enters into some room with white stockings will soon see that they are dotted complete with the dark vermin and lice. Very large number of lice were brought into the hospital everyday. Besides the dirty bed sheets and the large number of unwashed surgical bandages not changed for weeks. SCHWEIKERT therefore ordered that all these including the utensils, clean and hygienic, would be provided by the hospital.

In 1813 during the war SCHWEIKERT was sentenced to death by hanging. However, only two days before the sentence was to be carried out Prussia captured Wittenberg, and he thus got released.

SCHWEIKERT had already published some articles in medical journals on Obstetrics and Gynaecology.

It was in 1820- that SCHWEIKERT came into contact for the first time with HAHNEMANN’s writings. He was treated homeopathically by Moritz Wilhelm MULLER of Leipzig of Liver disease and cured. Earlier allopathic treatments by well known doctors over some years did not relieve him in anyway. SCHWEIKERT now turned to Homeopathy and was fully cured, since when he turned into a complete homeopath. He was nearly 50 years of age then.

After treating a ‘mental’ case successfully with *Stramonium*, SCHWEIKERT wrote that three points are clearly made out:
1. The action of the homeopathic medicine “in a whole hitherto-completely-unusual doses.”
2. The correctness of what have been given in HAHNEMANN’s *Pure Materia Medica* with regard to the action of *Stramonium, Hyoscyamus* and *Veratrum album*, as many symptoms that were
attributes to these medicines did come up after a dose of a particular medicine.

3. Contrary to the learned opinions of others the possibility of cure of a Psychiatric disease.

To the critics of Homœopathy SCHWEIKERT said their criticism were from “lack of knowledge”, or “Wickedness” and they do not, once take it up to study Homœopathy and then contradict. [This is the situation today too = KSS]. To the critics who allude the successes of Homœopathy to the patient’s belief in Homœopathy, SCHWEIKERT pointed out successes in the psychically ill: “So also for example in Lung inflammations and Liver inflammations which had become worse to the maximum have been observed to become normal in some days and even their pains becoming milder within few hours after administration of homœopathic remedies. I have restored to normality in six days, a maniac by a homœopathic medicine and violent fevers in children in 6-8 hours completely removed which my own eyes doubted. .... And neither the children nor the others who were treated had any faith or belief in Homœopathy in the least ....” [same views are expressed even today nearly 200 years later by those who refuse to experiment in the way it should be and blindly oppose Homœopathy. Homœopathy vindicates itself by its actual performance = KSS.]

SCHWEIKERT published several articles in the Archiv and Allgemeine Hom. Ztg besides other journals of the day.

There was letter correspondence between HAHNEMANN and SCHWEIKERT. [Refer to Vol II of Richard HAEHL’S book]. There are some in this book under review.

The book details SCHWEIKERT in Cholera as well.

On Dec. 15, 1845 Georg August Benjamin SCHWEIKERT passed away after a “Nervous Stroke”. Only a few hours before had he returned after visiting his patients.

Benjamin SCHWEIKERT’s son Julius SCHWEIKERT (Born 8 April 1807) studied Medicine in Leipzig in 1826. His dissertation, 41 pages, published in Nov. 1831 was titled “Cases treated homœopathically, successful examples.” This work contained the history part of Homeopathy, a brief on the acute diseases and the remedies suited to them, a case of ‘Mania purpurarum’ which in spite of its seriousness was cured by Platina. There were also some more difficult cases, Haemorrhoids cured by Nux vomica and Sulphur, an advanced case of Phthisis with Calcarea, Sepia and Sulphur, a St. Vitus Dance with Calcarea, a chronic stomach complaint which suggested a Stomach Cancer by Nux vomica, Vetatrum, Conium, Arsenic and Calcarea, etc. MÜLLER encouraged him.

Julius SCHWEIKERT became Physician to the Russian Prince Kurakin in 1832. He was contracted for five years.

There is very interesting information about Julius SCHWEIKERT’s surgical capabilities. There were exceptions when he applied allopathic therapy. He was a many-sided physician.

Julius SCHWEIKERT passed Russian Govt. Examination to obtain position in Russia. He obtained it in Moscow. He became a Govt. Physician and in Nov. 1839 married.

After years of work in different positions he became Chief Physician which post he held until his end in 1876, 69 year-age, of Diabetes.

His family survivors which included his widow and six daughters were practically penniless and his funeral was held at Govt. cost. The request of the widow to raise her pension was not granted. The situation of the widow and the six daughters who were living with her became hopeless since neither the widow pension nor the Pension of 770 Rubles in Silver which was assured when Julius SCHWEIKERT was promised on his retirement, were paid.

Johann Gustav SCHWEIKERT, the second son of Georg August Benjamin SCHWEIKERT was born in 1816 in Grimma. As a child he had undergone homeopathic treatment for childhood ailments. He studied Medicine from 1835 to 1839 in Leipsic, Breslau and Berlin. He followed his father to Breslau where he practiced Homœopathy successfully in Silesia until his death in 1903.

The lives of the father SCHWEIKERT and his two sons and their work in the early days of Homœopathy makes very interesting reading.

SCHWEIKERT was one of the physician in the Leipsic hospital; HAHNEMANN was well-disposed towards him.

This book is the 10th in the Series pertaining to the history of early days of Homœopathy and their pioneering work and is a welcome volume.

- K.S. SRINIVASAN.

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163