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# SIMILLIMUM

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*Simillimum* is a journal published by naturopathic physicians for all people interested in homeopathy. It is dedicated to the practice of classical homeopathy as formulated by Samuel Hahnemann in the *Organon of Medicine*. The editors encourage homeopaths of all professions and backgrounds to write. Accounts of cured cases, essays, articles and letters to the editor are welcomed. The journal is published bi-annually in June and December. Material must be submitted eight weeks prior to publication (the first of April or October) to be considered for the coming issue. General HANP membership is open to everyone, and includes a subscription to *Simillimum* and access to exclusive content on **www.hanp.net**.

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# EDITORIAL

MELANIE GRIMES

Homeopathy has had a unique and at times uneasy alliance with naturopathic medicine. In the discussions about mechanistic vs. vitalistic medicine, homeopathy, as an “energy medicine”, presumed to be acting upon a “vital force”, is invariably assigned to the vitalistic side. Then what of homeopathy’s ability to change anatomy, let alone heal bacterial and viral infections that are visible, measurable, physical mechanical processes?

Both homeopathy and naturopathy aspire to utilize the least force necessary to initiate a healing response. The homeopath will use one remedy and the naturopath may use a variety of treatments. Yet the basic intent to stimulate the body’s innate self-healing power is the same. Naturopathic methods may range from homeopathy, Chinese Medicine and bioelectric methods, to counseling on diet and lifestyle, to specialized nutritional therapy, botanicals, and minor surgery. In some jurisdictions, naturopaths have prescribing rights with certain classes of pharmaceuticals. Where does homeopathy fall in the naturopathic hierarchy of methods?

Homeopathy is considered a form of energy medicine along with acupuncture, Reiki and prayer. It’s apparent subtlety seems out of proportion to its potentially profound effects on physical health. Homeopathy has the power to create anatomical changes. It can remove fibroids, reduce cranial swelling, and dissolve bone spurs, anatomical changes that usually require surgical intervention. It can bring relief to the patients moods and limiting attitudes that might otherwise require years of psychotherapy. In reality, homeopathy offers one of the most powerful interventions available to the naturopathic physician.

Some have credited Dr. Bastyr with homeopathy’s current placement within naturopathic medicine.

“In the 1950’s when Bastyr became involved in establishing and teaching a naturopathic curriculum, his balanced emphasis on homeopathy as an essential therapeutic modality coequal with nutrition, hydrotherapy and botanical medicine, assured its place, at least for a time, in the ongoing

development of naturopathic science.” Kirshfeld and Boyle, *Nature Doctors*, Buckeye Naturopathic Press, 1994

Bastyr’s training in homeopathy may have been an important influence on the naturopathic profession of the fifties, just as it was also influenced by an influx of chiropractors in the same era. Yet homeopathy’s role in the modern profession has been increasingly peripheral, supplanted by polypharmacy.

The Homeopathic Academy of Naturopathic Physicians is charged with a mission to keep the awareness of the power of Organon-based homeopathy alive within the naturopathic profession. It is an important part of our work to ensure that future generations are educated and schooled to understand and utilize the gentle yet potent intervention that homeopathy offers the healing arts practitioner.

*Melanie Grimes, editor*



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# THE AMERICAN INSTITUTE OF HOMEOPATHY MEETING.

*DENVER, 1894*

When should the Organon be taught and how?

Dr DUDGEON.-The Organon being the best exposition of the homeopathic system, should be carefully studied by every one for himself and Its teachings accepted and endorsed by every teacher of Homeopathy when they are not inconsistent with the ascertained facts of modern science.

Dr. HUGHES.-The teaching of the Organon does not seem to me to belong to the chair of Materia Medica, but rather to that of Theory and Practice of Medicine. From this I would have it at some time in ever student's course, read and critically commented on. I recommend Dr Dudgeon's latest translation.

Dr. SKINNER.-The Organon, in my estimation, should be studied from the very first. In fact, I do not believe it possible for any man to have any sound conception of what Homeopathy is until he thoroughly understands and can take into his comprehension the vast and important tenets and truths of the greatest work that ever was published in Medicine, theoretically, doctrinally or practically.

Dr. BLAKE.-The Organon should be assimilated late in life probably.

Prof. MOHR.-The Organon should be studied during the first year so effectually that its great or fundamental principles will be indelibly fixed on the mind of the student. In the classroom, in the clinic and at every opportunity its practical rules should be brought to the attention of the students, for they cannot be too often repeated.

Prof. DEWEY.--The Organon should be taught during the second and third years of college course. And I believe in each homeopathic college a separate chair should be made for the Organon and Institutes of Homeopathy. Of course much of it can be taught in conjunction with lectures upon Materia Medica; but as it contains the philosophy of Homeopathy it seems to me that a separate chair for it is preferable, and it

should be a chair insisted on by the American Institute, with two lectures a week at least.

Prof. HINSDALE.--The principles of homeopathy should be taught to freshmen, well grounding them in the philosophy of the theory of homeopathy. The Organon can be taught by classroom readings, preferably by seniors. Comments can be made as the reading advances and papers prepared by the students upon topics suggested by the author. The teaching of this valuable book should be critical and impartial. Adoration for Hahnemann should give place to admiration for the truth to be taught.

Prof. McELWEE.-The Organon should be taught when the student's mind is rested and fresh; consequently the first thing in the morning, one or two paragraphs only at a time, those paragraphs being read by the student, who gives his idea of it, and then later, under the supervision of the professor, discusses it before the class.

Prof. GILMAN.-The Organon should be taught early and continually until it is mastered. It is the mother's milk to the medical student. It should be taught as the Bible is expounded-- text-by-text, and explained and illustrated.

Prof. SNOW.-The Organon should be systematically taught during the first year of college, as it is the foundation work of Homeopathy. Frequent reference should be made to it, however, during the whole three years as occasion may demand. It should be committed to memory as nearly as possible, so that its precepts may remain always engraved on the mind.

Prot. MACK.-I do not use the Organon as a textbook. I think that one can better teach Homeopathy without the Organon as a textbook than with it.

Prof. COWPERTHWAITTE.-The Organon should be taught by a separate teacher. It has not fallen to my lot to teach the Organon to any extent and I do not consider myself a competent judge as to how it should be taught. My method is to take my old and much loved copy which I held in my hand when I attended the lectures by Dr. Hering, and which is profusely filled with annotations, comments and underlinings according to Dr. Hering's suggestions. From this book I talk to the class, giving them Hahnemann's ideas, Hering's comments and my own views on each particular section as we take it up.

Prof. WOODWARD.-The Organon should be taught to beginners, not without judicious criticism.

Prof. ROYAL.-The Organon should be studied and taught throughout the entire student's course.

Prof. LEONARD.-For six years I have tried to teach the Organon in connection with Materia Medica and therapeutics; but whether from my own inability to do it well or from an incongruity of subjects, the results have not been satisfactory. A critical analysis of the Organon with an exposition of its essential parts before senior students, seems to me to be part of the work of the chair of Theory and Practice, and it is so taught in the University of Minnesota.

Prof. EDGERTON.-The Organon should be taught to first course students. A textbook should be gotten up containing the essentials, and the student should commit the same to memory and recite in class.

Prof. PRICE.-- In my opinion the Organon should be taught from the chair of Institutes, first omitting the psoric theory, dynamisation, primary and secondary drug action, alternating drug effects, etc. There is too much difference of opinion upon these subjects amongst the best minds in our profession to make a belief in them a point of vital necessity. Of course the chair of Materia Medica and Therapeutics should teach the fundamental principles of Homeopathy whether the Organon be quoted or not.

Prof. CHEESEMAN.--The Organon should be taught by at least two lectures each week during the entire college course by a competent lecturer .

Prof. HAWKES.-The Organon should be taught from the “cradle to the grave” of medicine. In my judgment it should be taught as the good preacher teaches his congregation: select a portion for a text (and each section of the Organon is a sermon in itself) and elaborate to the student and explain its philosophy. Then make him explain it to me.

Prof. ALLEN, H. C.-The Organon should be taught every year of the entire course and taught by one who practices what he preaches. It is the foundation of our system, and no student can ever practice Homeopathy who does not know, and know most thoroughly, its principles.

Prof. PEMBERTON DUDLEY-I hold to the view that every student should, first of all be made acquainted with the methods--perhaps in courtesy I should say “principles”-on which unhomeopathic treatment is applied to diseases and injuries by the various sects of physicians, and that his induction into the mysteries of Homeopathy should come later. I am quite sure that the uncompromising adhesion to the homeopathic law manifested by the “Homeopathic Fathers” was due to the fact that they knew from both study and experience all about allopathic methods and what these methods could and could not do for their patients; and holding this view it would naturally follow that the way to make staunch as well as intelligent homeopaths is to make them quite fully acquainted with the effects and

defects of the other modes of medical practice first of all.

Having accomplished this we proceed as follows: We endeavor to discover how the phenomenon known as “cure” is to be investigated. (The allopath never concerns himself on this matter save only as to the fact of its occurrence and the nature of the agencies by which it seems to be brought about. The phenomenon does not present itself to his mind as at all requiring investigation). This study forces us to the bedside as the only place where our curative studies can be pursued-- the only “Laboratory” where principle of cure can be made known. Then having learned the reasonableness and practicability of this method of finding out how to find out cures for diseases, we turn to the Organon and there discover that the author of that book has been before us and has made the way plain for us. So we take up point after point in the development of curative science-- first reasoning it out as well as we can and then turning to the book to find it all in Hahnemann’s own words. One of the things that our students discover and often mention in this course is that the author of the Organon was anything but the dreaming visionary he has been so often represented to be. In these studies of Homeopathy both the student and the teacher are expected to have the open book before them. In last winter’s class of about eighty first-year men I have counted over seventy copies of the Organon in the room at one time, and all of them in use. We call it our “Sunday School Class in the Organon.”

Prof. MONROE.-- It is a question in my mind whether the Organon should be taught during the student years; that is systematically. It should be referred to by the professor frequently, and the student should be taught that he cannot regard himself as a well-rounded homeopathic physician until he is familiar with the Organon. To my mind, however, the book is not of such a character as will admit of its being properly digested during the rushing, cramming gallop that marks the career of a student during his last year; and previous to that time, he is not sufficiently far advanced to comprehend it.

Dr. GRAMM.-- Hahnemann’s Organon should be read thoroughly by every student before entering a homeopathic college, and there it should be used by the regular professor of theory and practice as the foundation and guide for his teachings during all the four years. Every section should be properly read and carefully explained, and its teachings as much as possible illustrated by cases from actual practice from beginning to end.

Dr. PECK.--The Organon should be the first book placed in the hands of a medical student. If he has not sufficient sense and knowledge to understand and to appreciate it he never can become a trustworthy physician. The youth should be told to read it slowly and deliberately, stopping at any (to him) obscure point, or at any utterance that does not commend itself to his sober judgment and refer it at once to his instructor for their joint investigation.

Rarely will this happen a half dozen times. One or two more rapid re-readings will do no harm.

Since many alleged homeopath physicians do not provide their pupils this instruction it becomes necessary for the college to teach the Institutes of Medicine. These should be taught at the very beginning instead of at the close of a course of study, for it is as important that a doctor should know what he believes, and why, as for the preacher, or any other man; and the sooner he ascertains this the better. After a little talk on Hahnemann and his times, display on the blackboard or in other convenient manner singly and successively the various propositions. As each is exhibited ask the class if it accepts that assertion, then call for reasons pro and con.

Dr. NIELSEN.--The Organon should be taught especially to the advanced student, but by a competent teacher and one able to read between the lines.

Dr. KRAFT.-The Organon, like the bible, should be read through not less than once a year; its reading and study should not cease with the medical man's commencement exercises. During school-life it should be listened to from the chair of therapeutics at least once a week. Not read by the teacher but talked. The professor of therapeutics should have naught to do with *Materia Medica*; in him should be combined the present highly ornamental chair of Organon, and the rare chair of Institutes of Medicine. To him should be given the duties of explaining the homeopathic law, the therapeutical application of *Materia Medica*, the Organon, and the potencies.

Dr. BOJANUS.--According to my opinion I should think that the Organon should not be given before the end of the third year of study and must be explained and commented in a special course of lectures, and not before the students have visited the homeopathic and allopathic clinics and hospitals for at least two years. In the lectures upon the Organon, the whole homeopathic literature, with all its different tendencies, must be passed in review and particular attention must be paid that the youthful students should not prefer the literature which has given itself the task of clothing homeopathic therapeutics into a form more or less like allopathy. Such compilations are a comfortable implement in the hands of those who wish to convert science into a milking cow; they are useful to establish a position and keep their disciple in the broad way of the beaten track, but this is preparing the ruin of homeopathy.

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# THE SMALLEST CAR IN THE WORLD THAT CAN FIT IN A BRIEFCASE

BY SUDHIR BALDOTA

## First Consultation on August 24, 2002

D (Doctor): Tell me what is happening?

P (Patient): I have a cold, a very bad cold. Below my chin, all this and all this on my eye and eyebrows, and it's very painful. (HG [Hand Gesture]) Like the cold is not coming out but like a watery cold. I am getting a bad cough and my throat aches.

D: Tell me a little bit more.

P: I get this pain, a very bad pain, a headache also sometimes, and it comes on like an attack and it goes.

D: Describe that headache.

P: Suddenly I am walking on the road, like as if a wind comes up. Like that it aches, it just comes like that.

D: Describe this.

P: I can't walk properly if I am on the road; I can't walk.

D: Describe this headache a little bit further.

P: It just pains me, like it comes on a road suddenly.

D: So describe this, how it comes suddenly.

P: I don't know. Suddenly if I am walking, because most of the times when I am walking, like I go to a shop or something, and this pain comes from this side, only from this side, from my ears, very painful.

D: The headache comes like an attack you said. Can you describe this attack?

P: It just comes like this and I can't, I don't know what happens, I can't walk, my eyes feel sleepy. Like I don't know what happens.

(Hand gesture like the wind or like the fingers coming together.)

-

D: Describe that pain.

P: The pain comes like something is poking at me.

D: Pain like something is poking?

P: It pains here this part something is poking me like that.

(Gesture is like an open palm closing.)

D: Poking meaning?

P: As if somebody was taking a pin or something and poking me, something hard like that.

D: Describe the word poking.

P: I don't know, this comes like it pains me so badly that if I press my head like that it subsides, but if I leave it again, that poking pain comes back very badly.

D: Describe the word poking.

P: Can't say anything.

D: Say whatever you feel about the word 'poking'.

P: I don't know, like it just comes on as if somebody was hitting me on my head or something; it's like somebody is knocking me on my head.

D: Somebody is knocking? Who is knocking?

P: Like somebody is hitting me on my head.

D: 'Hitting me' meaning?

P: As if I have done something wrong and somebody comes and bashes me on my head.

D: 'You have done something wrong' meaning? What you have done?

P: I have not done anything, but say if I had done something, say I'd robbed somebody's things, somebody comes and hits me like that.

D: Describe this 'as if I have robbed something'.

P: If I done something naughty or suppose I done something wrong and my mother comes and shouts at me. Suppose she is very angry, she hits me that's what I feel. It just hits me like that, like a typhoon comes and destroys everything it comes on like that.

D: How does a typhoon come and destroys everything?

P: Like a sudden jerk. Like on Thursday, I was walking. I went to my maid's house and I was walking down the steps when suddenly I had that attack. It came like a jerk to my head and it started paining very badly. I came down the steps, big huge steps, and suddenly I got a jerk on my head and it started paining me. Then I had to wait for some time, about 5-10 minutes. When I



came down there were lots of steps to walk down.

D: Describe the word 'jerk'.

P: Like a certain attack it comes like that on my head.

D: Describe the word 'jerk'. What is the feeling in that jerk?

P: I feel like my brain is moving inside, as if my brain bounced and then went up on top.

D: 'Bounced' meaning?

P: Like a ball, like it came down and went on top.

D: I don't understand.

P: As if my brain was moving inside like, fast.

D: Describe moving inside.

P: Like as if somebody was playing basketball, like how you bounce your ball. I thought my brain was also like that.

D: 'Playing basketball' meaning?

P: Like how you bounce the ball when you play basketball, like when I took a step down, I felt like my brain had come down and went up again.

D: What's the feeling like?

P: Like I get a hit on my head - that what I feel. It's like a hit.

D: What experience do you have?

P: Like somebody is hitting you on your head or something, like somebody gives you a knock on your head.

D: When you say 'knock on your head', what is knock?

P: You get a pain if somebody hits on your head, as if somebody does that on your head, like somebody knocks your head with knuckles.

D: What is the sensation?

P: The pain comes from inside, but not outside.

D: What is the pain from inside?

P: I feel like something is hurting me inside, in the interior of my skull and something is hurting me inside. Sometimes I just close my eyes and rest and after 10-15 minutes, the pain goes away.

D: How does it hurt?

P: As if something is happening to my brain, like my brain is almost shrinking, like breathing (HG) like how the heart beats. The brain is also beating inside.

D: What is shrinking?

P: It's how the heart is beating; it's beating every second (makes the beating sound of the heart) dhak....dhak....dhak.....dhak.....

D: What does this signify?

P: It's like it's enlarging. It's like I am taking a breath. It's like when I breathe in my stomach becomes big and when I breathe out my stomach goes in. It's like that in my brain.

D: Describe the word shrinking?

P: It becomes smaller and smaller from a bigger size. It becomes smaller and again it becomes bigger.

D: Describe shrinking.

P: It feels like breathing. It's like my brain becomes bigger and then smaller.

D: Describe this becoming bigger and becoming smaller.

P: I don't know what to say. My brain goes down like that and comes to the top like that. If I catch my head tight the pain subsides. I leave it for sometime and the pain comes back again. Suddenly when I get a pain I feel my brain is becoming smaller and bigger. (HG) Suddenly the pain starts becoming smaller and bigger.

D: Can you describe this further?

P: I feel like my brain becomes smaller (HG) and then it becomes (HG) smaller and then it becomes bigger (HG).

D: What is the feeling when the brain becomes smaller and bigger?

P: I take a pillow and keep it on my head and press.

D: Describe this sensation further.

P: The attack comes suddenly. The attack comes two to three times a day. Suddenly the attack comes and then it goes. I take a tablet and it goes.

D: How does the attack feel?

P: It's like somebody giving me a knock with their knuckles. I keep pressing and it goes away. The pain lasts for 15-20 minutes.

D: What is the effect of this pain on you?

P: I don't know the pain comes in such a way that I keep forgetting the answer. I forget whatever I have studied. The brain becomes smaller and becoming bigger. (HG). Suddenly it becomes smaller and it starts enlarging. It becomes bigger bigger bigger: like that (HG).

D: Describe the word becoming smaller.

P: I feel its shrinking and then coming back to its normal size. Like if you are born and then you become bigger and bigger. From baby size to bigger size. Getting bigger. Becoming larger (HG). Somebody is filling something in the brain and it gets larger and larger. One more example. A balloon gets smaller when air is blown inside it. And gets smaller when the air is released.

The headache comes in an attack.

D: Describe becoming smaller.

P: I feel I am shrinking, it's shrinking, and then again it comes to its normal size. When you're born you become bigger and bigger, then again you become baby.

D: Describe that feeling little bit more.

P: It becomes smaller, then it comes back to its normal size. Suppose my brain is round it becomes smaller, again it comes back to its normal round shape.

D: Describe the word getting bigger.

P: Becoming larger and larger.

D: Larger and larger?

P: Something is filling in my brain like a bag you fill, it becomes bigger. Like that my brain becomes bigger.

D: Describe this.

P: Like a balloon is small and you keep on blowing and it becomes normal and then you remove the air and it comes to normal size.

D: How does that feel?

P: It's a pain.

D: What does that feeling feel like?

P: Pain. I feel brain is moving inside my skull, it's touching my skull, becoming bigger and smaller.

D: How do you feel about it?

P: Pain comes suddenly

D: How suddenly?

P: Suddenly it comes, doesn't rest for sometime. If pain comes and I keep pressing my head and rush for sometime to rest, I keep a cushion behind me so that the pain subsides little bit if I remove the cushion it pains more. It comes like harsh pain.

D: Harsh?

P: Some body pressing me, hitting me hardly.

D: Pressing me meaning?

P: Not pressing but hitting me hardly.

D: Hitting hardly what happens?

P: I don't like suddenly if I keep pressing pain subsides, like if I have wound, I press, it will subside but when I open it, it catches air: it burns so its pains more like that it happens.

D: You get good sleep?

P: Yeah.

D: What dreams you get, any one you remember?

P: I had lot of dreams of having a sports car.

D: Tell about that.

P: Like a feeling that I am in the sports car, I am in the formula race.

D: Tell about it.

P: Like I am coming first and then I get big house and money

D: What happens in the dream?

P: I just feel that I am enjoying it. I go out with my friends. Sometimes I get to become a scientist, all ambitious dreams.

D: Describe that dream about formula car.

P: As if I am becoming greatest man in the world.

D: 'Greatest man' meaning?

P: Like Michael Schumacher; he was first in the formula racing. I also feel I'm first in the race.

D: What is a 'greatest man'?

P: Like becoming famous in the world, like coming first.

D: When you say 'great' meaning what?

P: Becoming a rich man, the richest man in the world.

D: Feeling?

P: Happy. Sometimes I feel I like am very great, proud.

D: What other dreams do you get?

P: Ambitious dreams, like to be a cricketer, scientist.

-

D: 'You are scientist' meaning?

P. Normally people ask me what will become and I always say I want to become a scientist. Like to invent many things I observe even; I have lot of cars. I still play with them, I keep observing how to make them. I have an airplane book how to make airplanes and I want to become a pilot or invent something.

D: What will you invent?

P. I don't know.

D: If you get a chance?

P. Invent small. The smallest thing in the world.

D: Like what?

P. Smallest car. Something like that.

D: Smallest is which?

P. Toyota 'smart car'.

D: Why you want to invent small?

P. I could become famous in the world and keep inventing things. That I took a wire and the bulb was trying to each copper wire and I forgot to put the wire and then suddenly the lights went off.

D: Why do you want to do smallest cars?

P. I have ambition. I have loved cars from childhood. I love cars, and I feel like inventing when I grow big.

D: What is the feeling in inventing the smallest car?

P. I'd like to invent the smallest car that can fit into a briefcase.

D: What is there in greatness?

P. People will adore me.

D: Any other dreams?

P. Cricket.

D: Tell about that.

P. I tried out for cricket in school but like I feel that if I got selected for the team and I played like Sachin Tendulkar (Indian cricket player), I'd become like Sachin Tendulkar.

D: So what?

P: He so famous so like that I'd feel I am also famous like him. He does so many ads and I would get to do that.

D: So what there is being famous, great?

P: People will keep praising you.

D: What will happen? What is the feeling?

P: I just have dreams. I don't want to be famous. I have ambition to be a scientist, pilot.

D: What is the feeling in becoming great?

P: People will adore you.

D: Adore you?

P: Praise you like you are so rich.

D: What other dreams?

P: One day my friend told me that when we grow up we'll make dog pounds for these stray dogs. We'll make a house and keep them there. I said ok because I like dogs.

D: You like dogs?

P: I had a dog. He died.

D: What you like about dogs?

P: They are nice, so friendly. I love they come; they sniff you, curling up near your legs.

D: What do you like about them?

P: They are very sporty; they keep running from one place to other, jumping. When I played with my dog, she used to come running and jump over me.

D: What do you like about them?

P: I like to play with the dogs.

D: Any other scary dreams?

P: Not scary. I don't watch anything scary on TV.

D: What would you like to draw?

P: Sceneries, cars, jet cars. Landscapes.

D: What kind of landscapes?

P: Leaves, water, sunrise, sunset.

D: What other hobbies you have?

P: Singing.

D: Tell me about it.

P: I like to sing, sometimes old, sometimes new songs.

D: Any one incident where you were very touched?

P. Once my aunty was pulling my cheeks; my dog just came and bit her because she touched my cheeks. Then my grandfather left him somewhere. I didn't like that.

D: What was the feeling?

P. I just felt like crying.

D: What was the feeling?

P. If you've got a pet good to play with, you have someone if there are no friends to play with. I love animals.

Most cats I don't like, they are too fussy.

D: Fussy?

P. They eat milk and fish and when you give it to them, they refuse to take it and keep biting your shoes, and scratching you.

D: You mentioned a typhoon coming and destroying things. Describe that.

P. It hurts, like a typhoon comes and attacks you.

D: How does it hurt?

P. My brain keeps shrinking.

D: Describe the word 'shrink' more.

P. Becomes smaller and then again it becomes bigger, then comes so it's a normal size, like a balloon.

D: What is the feeling in becoming smaller?

P. On and off, it keeps coming.

D: Why do you want to invent the smallest car?

P. People are inventing big cars. I saw a man on TV with a car that had five wheels. Why not I invent small car?

D: How small?

P. I don't know. Almost like a racing race, but you can put it in a bag and also sit in it.

D: (to patient's mother) Would you like say something about him?

Mother: Where his studies are concerned, he studies but his tests are very bad. Concentration is not there and he wanders away. For the first five minutes he is there, and then he is off. He's more concerned about others than about himself. If children are fighting, he'll get involved and create problems for himself. Very loving, sensitive: like if I shout at him, he doesn't like it; he becomes aggressive. He loves his sister a lot. He'll fight with her over little things, beating her, arguing, always comparing, and saying 'you love my sister more than me'.

**Case Analysis:**

Family: Cactaceae.

Miasm: Acute miasm.

“Comes suddenly like a typhoon or a blow. Suddenly shrinks, suddenly expands.”

In every aspect, mental and physical points to the same thing.

See how the action of the gesture is not like a blow. The opening and closing of the hand was a key.

The gesture should fit the description of the sensation the patients are experiencing.

Remedy: *Cactina* 30.

**Follow Follow-up on :  
November 26.11., 2002**

D: How are you feeling?

P: Good.

D: In what way?

P: I am not getting the headaches.

D: How are you feeling about it? What is the change?

P: I do not get the pain at all.

D: Generally how are you feeling?

P: Good, except for a cold.

D: Your mood?

P: Good.

**Follow-up on June 27. 2003**

D: So how are you?

P: I am feeling better.

D: In what way?

P: I feel much better in the frequency and intensity of the problem I had come a year ago.

D: Can you tell me about it a little further?

P: The last time I got a headache was about six months ago and the pain was bearable. It was not as intense as I used to get.

D: So what difference it has made to you that the headaches are better?



P: I feel more relaxed overall and that is nice feeling. I cannot express it in words but it makes me much more at ease. I described it as if something was coming suddenly, like a typhoon coming in my head. Now it doesn't feel anymore like that as the problem is not there so I don't feel that anymore. (He smiles).

D: So what is the feeling now?

P. Very much relaxed.

D: What do you mean by relaxed?

P. Calmer. Stillness, not like waves. (HG)It's not easy to express when I don't have the problem anymore. I feel before because of the headache I couldn't concentrate on my studies and that would make me feel sad. Now it's the opposite as the pain in the nerves of my brain are better and I'm feeling happy about them.

D: Any dreams?

P. No dreams at all.

D: Any one you remember?

P. I remember getting a pleasant one but don't know which one.

The mother, who had accompanied him, conveyed that he has been more at ease and more relaxed, as his pains were better. He is doing well in his studies and sits for long hours without getting distracted. He gets less agitated with his friends. More calm.

#### **Final Comment**

The remedy was repeated twice in a year: once after three months and then after nine months. He continued to respond well to *Cactina* 30.

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# INSIGHT INTO SUPERVISION IN HOMEOPATHY.

## *THE BENEFITS OF NOT GOING IT ALONE*

*JANE TARA CICCHELLI, RSHOM(NA), CCH*

“Sometimes you can’t see yourself clearly until you see  
yourself through the eyes of others.”

**Ellen DeGeneres**

### **After Graduation**

The profession of homeopathy is fortunate in now having a good number of excellent schools for the education of new homeopaths. Most programs provide students with some clinical training as well as supervision for their first cases. Assistance with their early cases may also be included in the process of becoming certified.

What happens after graduation is a different story. The first years of practice often turn out to be a sink-or-swim proposition, with many potentially good practitioners leaving the profession.

Once a new homeopath begins to see a number of clients and has followed their healing for months or even years, they may encounter difficulties that can be hard to manage without outside help. This is where supervision becomes an invaluable aid, bringing the practice to another level of expertise. While it is possible for some practitioners to overcome these obstacles on their own, it is rather like bushwhacking through a jungle.

Even for those with the tenacity to endure this ordeal, supervision can increase the speed of the learning process, and assist in areas that may be difficult to identify without the input of another person. Working with a supervisor in the early years of practice benefits both clients and practitioners through more accurate remedy choices and a better understanding of the healing process.

Supervision can be helpful or even essential in many ways. This article will cover the role of supervision in therapist/patient relationships, helping the homeopath find their individual stance, dealing with power and inflation, and understanding limitations to practice. It will discuss choosing the right supervisor and the format for supervision.

## Therapist/Patient Relationships

The homeopathic interview is designed to uncover the essence of what needs to be healed in the individual. As such, it is a fertile field for the development of transference or projection. This is a subject familiar to most psychotherapists, where a patient projects their unconscious feelings onto a therapist. It also occurs in reverse, where the therapist projects onto the client. In this case, it is known as countertransference.

In his presentation, “Projection in the Consulting Room: Pervasive and Significant”, Dr. Nicholas Nossaman gives an example of how we might experience countertransference in case taking.

“When we are taking a case and feeling like an unbiased observer, we won’t experience a lot of emotions, except for moderate person-to-person reactions such as compassion, admiration, etc. There are times in case-taking or in follow-up in which we can feel much more than that, an indefinable vague discomfort, great sleepiness, anger, great sadness, extreme compassion, anxiety, physical attraction, etc. When this is present, we are involved emotionally for some reason, and we face more of a challenge to understand what is happening with the patient as well as with ourselves. The word “boundary” comes up a lot in describing these interactions. It is a major challenge to recognize whether we are in a state somewhat like that experienced by the shaman – mirroring an unexpressed emotion in the patient or experiencing a feeling in ourselves, having to do with our own psyche, which is in resonance with something expressed or unexpressed by the patient. Said in another way, “Is it “my stuff” or “their stuff” that I’m experiencing?”<sup>1</sup>

The difficulty of dealing with transference is one of the reasons that psychotherapists frequently undergo long periods of supervision. They must learn to recognize that powerful unconscious feelings are the constant companion of the therapeutic alliance. While homeopaths work in a different format from the psychotherapist, projections are a reality within our practice.

The inexperienced homeopath is usually not aware of this phenomenon. Even if they have heard of projection, they have not knowingly experienced it. Working with clients on an ongoing basis, without developing a method for dealing with these powerful emotions, can not only interfere with our ability to clearly perceive the remedy that is needed, it can become exhausting. The homeopath that does not make this process conscious, at least to some extent, begins to unconsciously develop ways of dealing with the emotional burden this creates.

Irritability, indifference, shortness with clients, or the reverse, blaming

oneself, working too hard in order to compensate are some commonly seen strategies. These are obviously not in the best interest of the practitioner or client.

If this continues for a prolonged period of time, the homeopath may find the situation unbearable and feel unsuited to the practice of homeopathy. Supervision can be invaluable in these cases. An experienced advisor can recognize the difficulty, help the homeopath become aware of what is happening, and suggest ways to deal with transference. Some methods may include having the homeopath identify what is “their stuff” by journaling, recording dreams, and looking at which types of clients/remedy types are causing difficulty. These techniques will help increase awareness of formerly unconscious psychic content.

Knowing one’s own psyche as clearly as possible is important in order to perceive what needs to be healed in another. Otherwise, we may simply be projecting our unconscious psychic material onto the client. The antidote is to make this material conscious.

Dr. Edward Whitmont has written about the way the healer’s unconscious qualities interfere with the therapeutic process.

“... the healer’s complexes interfere most with the therapeutic process when they are unconscious. They can distort the healer’s objective view of the patient’s personality by merging it with his or her unrealized “shadow,” the idealized or dreaded archetypal images. They can cause inappropriate feelings to be projected upon the patient. Any of these may cause diagnostic misapprehensions.”<sup>2</sup>

Dr. Whitmont goes on to explain that this is one of the reasons why some homeopaths over-prescribe certain remedies. They are, he says, prescribing for their own projections.

## **Individuality in Homeopathic Practice**

### ***Power and Inflation***

One of the occupational hazards that homeopaths succumb to is misuse of power. It happens very easily, as homeopathy is a very powerful healing art. No one is immune, and the more successful a homeopath becomes, the greater the risk. While very few would blatantly take responsibility for the healing process, there are subtle and pervasive ways that the ego lays claim to this power. Being surrounded by the adulation of clients who have been helped makes it even worse, leaving the practitioner in a blown up Lycopodium-like state. This is a problem not just within homeopathy; the medical arts, politics, and human interactions in general are problematic in this way.

In *The Alchemy of Healing*, Edward Whitmont addresses this problem:

“In discovering and using his capacities and skills for healing, the doctor of necessity experiences and uses power. To handle power adequately, to use it in a way that does not inflate one’s sense of self-importance and does not harm or interfere with the needs of others, remains perhaps one of the most difficult psychological problems of humankind in general. This challenge we meet in therapeutic no less than in political and interpersonal relationships. The tendency to misuse power is a collective illness of mankind.” 3

In a trusting relationship between supervisor and homeopath, it is possible to identify circumstances that challenge the practitioners equilibrium in regard to power and inflation. Supervision cannot prevent the ego from attempting to usurp the power that is used in healing, but it can help address that natural inclination and make the situation more conscious. This gives the practitioner a choice, and one hopes, the choice will be a good one.

### **Understanding Limitations**

Many new homeopaths are extremely cautious, perhaps overcautious, about which clients to accept into their practice. A surprising number seem to get involved with cases that are far too complex for even a seasoned practitioner. This may be because they are unable to perceive the depth of the disease from a homeopathic perspective and have no idea what the healing process will entail. An experienced homeopath, acting as the supervisor, can help the new practitioner make wiser choices. Students are taught Hering’s Law, they are taught about suppression, but they do not experience what it is like to follow a person through treatment over months and years. With guidance, the new homeopath can learn to make better decisions about which clients to accept and which to refer to a more seasoned homeopath or to another healing modality.

### **Choosing the Right Supervisor**

Choosing the right supervisor is a very personal endeavor and depends on the needs of the individual. If the homeopath is fairly experienced but would like help with the dilemma of power and inflation or with transference and countertransference, the right supervisor might not need to be a homeopath. Many senior psychotherapists have done supervision and could provide effective guidance on these subjects. In other cases, it might be important to choose an experienced homeopath. What is of utmost importance is that there is a comfortable relationship for both parties. This is an alliance that requires trust and a certain amount of compatibility. Both should be able speak openly to one another and to trust that what is discussed in supervision will be kept in confidence.

The supervisor must be able to draw out the best from the homeopath

rather than inflict his or her methods. What is required is to be able to be an unprejudiced observer and to apply the correct remedy – the same qualities that are part of being a good homeopath.

A supervisor who is a homeopath should have many years of experience. Paracelsus once said that a healer only begins to mature after 12 years of practice. We might want to use that length of time as a guideline. Many times, the only supervision that students receive is from recent graduates of a school. While this is useful for help with basic skills of case taking and analysis, it does not help the student to master the challenges of an ongoing practice.

### **Format for Supervision**

The format for supervision is something that is agreed upon by the parties involved. It could be a meeting at regular intervals or as needed. It is helpful to have an initial session where the homeopath presents several cases for review, along with an interview. This will allow for the evaluation of strengths and weaknesses and the identification of any missing fundamental skills. Once these are determined, a plan for how to proceed can be discussed.

Sometimes, the written case taking must be improved upon so it can be understood and evaluated. This can be a very important part of the learning process. Many homeopaths do not write down all of the information that they originally prescribed upon, a problem particularly true of intuitive types. Lack of written information results in cases that cannot be used in supervision, and in information eventually becoming lost to the homeopath. It also makes follow-up appointments difficult.

Because we are taught to write down the patients' words verbatim, what is frequently seen in cases taken by unseasoned homeopath is page after page of verbiage from a loquacious patient. The homeopath needs to learn to draw the line between what reveals the patient and what is "running on."

This is not a simple feat because it is easy to move in the opposite direction, so that the opportunity to know the patient is lost. Here the supervisor must be able to help the homeopath walk that fine line – getting enough information and listening in an unprejudiced way, while not letting the patient go off on a tangent.

The issue of countertransference may also be found in case taking, with some homeopaths making assumptions about a patient that are based on their own unconscious agenda. When the tendency is very strong, it can be seen in the review of just a few cases.

Once the homeopath presents cases in a manner that can be used, the supervisor can review the case analyses. Here the challenge is to find the characteristic symptoms in the case. This seems to be the area that requires the most refinement during supervision. While experienced homeopaths may have varying opinions on the subtleties of choosing characteristic symptoms, new homeopaths often choose symptoms rather randomly,

which is not at all helpful in finding the remedy. A review of cases can show whether the choice of characteristic symptoms represents the patient's problem and, if not, the supervisor can review more cases until the homeopath begins to perceive and choose characteristic symptoms.

As supervision continues, issues of transference and countertransference may become clear and must be addressed. The same is true of issues regarding power struggles and inflation. The homeopath will gradually learn what cases to refer to others without feeling it is a failure on his or her part.

Long-term follow up, second prescriptions, and the use of nosodes are addressed as the supervision progresses. While these are skills that are taught in any good homeopathic curriculum, revisiting these skills in actual practice lends a deeper appreciation of how these are applied to clinical practice. It is through many years of long term follow up that the seasoned homeopath has gained experience with the healing process and this is what is conveyed to the new homeopath in supervision.

### **Can We Do It Alone?**

Many homeopaths today have developed into master practitioners by working on their own. The question is not really "can it be done?" but would it be easier and more efficient to work under the guidance of a supervisor who can mentor a homeopath into mastery of this difficult healing art? Would more graduates of homeopathic schools continue to practice if supervision were available when needed? And would it improve our profession?

The answer to these questions is yes. New homeopaths would develop more quickly into expert practitioners. They would become more confident and less likely to fall prey to inflation and abuse of power. There would be less of a tendency toward burnout from the onslaught of unconscious feelings in the consultation room. Supervision would help to assure that homeopaths are fully trained in the basic skills while allowing the individual to develop a practice that brings out his or her best.

Homeopathy is an elegant healing art that can help relieve the suffering of many people. It is also a difficult art to practice. Because the intellect, emotions, and intuition of the homeopath are the vehicles through which the vital force of the patient is perceived, the practitioner must be as clear as possible. In supervision, the insight of another allows for as few barriers to clear perception as is possible.

### **Biographic Information**

Jane Tara Cicchetti has been practicing homeopathy for over 25 years and is the author of *Dreams, Symbols and Homeopathy: Archetypal Dimensions of Healing*. She underwent her own supervision with a Jungian analyst and is currently in practice in Asheville, North Carolina. She can be reached at janetara@mac.com.

## Notes

1 Nicholas Nossaman, "Projection in the Consulting Room: Pervasive and Significant" (Presented at the 25<sup>th</sup> Anniversary Meeting of the National Center for Homeopathy, in Fort Lauderdale, Florida, April 17, 1999.)

2 Edward C. Whitmont, *The Alchemy of Healing, Psyche and Soma* (Berkeley, California: North Atlantic Books, 1993), 190.

3 Ibid., 203.

The Canadian Academy of Homeopathy Presents:

### **Hahnemannian Prescribing Competence Level Course Starting on October 4-5, 2008.**

The course will be taught by **André Saine, N.D., F.C.A.H.** and **Joseph Kellerstein, N.D., F.C.A.H.** Both of these well-known teachers have practiced homeopathy for more than 25 years and will be bringing to this course a wealth of clinical experience.

Today in many parts of the world, the great majority of health care practitioners who study homeopathy are unable to practice it successfully. Most abandon its practice after a few years. The goal of this course is provide an overview of the essential principles and practice of pure homeopathy. The orientation of this course is very practical as more than fifty percent of the course consists of taking live cases and conducting their follow-ups, and of studying paper cases. The materia medica fingerprints of 12 acute and 12 chronic remedies will also be presented. Current students of homeopathy will develop a strong foundation in homeopathic philosophy and method as practiced by Hahnemannians for more than two hundred years. Practitioners who have already been trained in homeopathy but are confused on how to practice it successfully will be pointed in the right direction and should have their enthusiasm renewed.

The course is over ten weekends (20 days) starting October 4-5, 2008.

#### **Fees:**

Regular: \$2,600.

Regular (early registration: before September 13, 2008): \$2,400.

Students: \$2,400.

Students (early registration: before September 13, 2008): \$2,250.

#### **Location:**

The Canadian College of Naturopathic  
Medicine  
1255 Sheppard Avenue East  
Toronto, Ontario  
M2K 1E2

For more information, visit: [www.homeopathy.ca](http://www.homeopathy.ca) or contact us at [cah@videotron.ca](mailto:cah@videotron.ca) or 514-279-6629 ext. 221 or fax 514-279-0111



# CASES OF: MENTHA PIPERITA

MASSIMO MANGIOLAVORI MD

*Questioner (Q): Twenty-nine-year-old, self-made man, successful and confident, who is an importer and owner of a factory. He is stout, strong, and a little overweight and seems to pay a lot of attention to his appearance. He uses sun lamps in the winter (so his face remains tanned) and wears a lot of cologne. He is bald on the top of his head, but wears the rest of his hair long to his shoulders. He talks in a soft voice.*

*He has recurrent laryngitis with problems of his vocal cords in general, and often has to clear his throat.*

(Response) Above all, I am suffering from incredible flatulence in my belly, which gives me a lot of stress. I have been to many doctors and to all sort of different gastro-intestinal specialists, I have even tried several alternative therapies, but without result. I have been on several diets and I have tried to find out which kinds of foods are good for me and which aren't—but nothing has helped.

They say, it's stress, and I am a very busy person, but I'm not convinced. I have been under stress all my life and I did not suffer before.

I feel this swelling that has become very painful. I don't like having this kind of inflated belly, but the real problem is the pain. I have very heavy cramps, so that I can do nothing but distort my face in pain and bend double. I have to bend double—even on a date or in public.

*Q: Does eating affect it?*

With an empty stomach or after eating, it doesn't matter.

*Q: When?*

Not at work, but when I go out at night after a stressful day—that is what I don't understand.

*Q: What happens?*

First, I get the feeling as if my intestines are contracting and I freeze internally, but even if I put my hand on my belly or put on a pullover, it doesn't disappear. I have to bend double and wait for it to pass. The cramps

are really tremendous, and, if I can, I release some gas. It is not a problem of bad smell, but it only helps for a short time and then it comes again. May I tell you something strange? It is as if it is cold air that I release, like the feeling that I have in my belly. I know it is absurd, but it is exactly what I feel. This is a very strong impression; it seems impossible, I know we are warm inside, but only because books tell me. If I believe my experience I would say something is connected to my navel—something like an air conditioner.

I have also been suffering from terrible headaches for some years. I have seen various doctors and special centers for this as well. It is very interesting that all of them find a different diagnosis, or they use such difficult words that in the end don't mean anything, but I have to take the same painkiller that tears up my stomach. I don't know where it is better to have problems—the head or the stomach.

*Q: Tell me about the headaches.*

After the headaches, I am really destroyed. I can feel the headache come on in the morning after I notice that my sleep has been a mess. I have colic pains during sleep now, and I have to get up to go to the toilet, but then there is nothing.

I sleep badly because of this, too, and of course, then I am tired and I have headaches. Sometimes I wake up with headaches; it starts here (forehead) and it spreads like gas to my temples.

*Q: Like a gas?*

Like a gas, because I feel that I breathe better when I have this pain, but it is strange. While I am breathing, it seems to me that the air is coming from my forehead and going to my temples and then all over my head. It is a stitching pain, unendurable; it stops me from doing anything. It is better if I put something warm on it, but as soon as I lift my head it spreads all over my head. However, I cannot walk around all day with a woolen cap on.

*Q: Anything else?*

Before, I had some neurologic problems. They said it was a paralysis brought on by cold. I have had serious problems with these neuralgic pains for years. They have been helped by cortisone.

They started in front of my ear, and then went to my teeth and last to my nose. I felt as though a claw squeezed me in the middle of my face. There's nothing I can do for it. I was better after acupuncture treatment, and the acupuncturist said it was a problem with my salivary glands.

I have been suffering from a sinus infection and I have treated myself with essential oils, which solved the problem COMPLETELY.

*Q: How do you sleep?*

I have never slept well. Night is not exactly my time in the sense that I am very active, too active maybe, and at night I want to be awake and live more

than during the day.

I like women and an easy life, but I am not an irresponsible person; work is important to me, but to be precise it is the *enjoyment* of my work. It is satisfying, but not the work itself, rather that I prove to myself that I am capable, that I accomplish my work and do it well. That gives me a lot of stimulus, which I need.

*Q: You're happy with what you've done then?*

It is hard to say. I cannot be content. It is never enough and I am never satisfied. NEVER. So far I have had a lot of success at work and success in my private life, but it seems that I am more content when I see that I can do it, rather than with the result. It becomes a sort of personal game—how far can I go?

I started to work at an early age because the university was not stimulating enough. I wanted to see results and, moreover, I don't like authorities.

Within just a few years I had shown to my parents, my friends and my colleagues at the university that I had done much more than they have, but still I didn't feel satisfied.

If there is some obstacle, for example a disease or some difficulty, I get wild and rage like a beast. I don't know if I make myself understood or if all this has anything to do with my illness, but I think so. Maybe I need some misfortune from time to time to stop, but, my God, when it happens I let it out at night or when I am on holiday or on the weekend.

*Q: What's your relationship with food?*

I am a voracious eater, but I put on less weight than I should, probably because I work like a madman; I am always moving and I do a lot of sports. I really enjoy sports, especially when competing against my own limits. Some years ago it was very unpleasant for me to know that I would never be able to reach certain goals. I have accepted that, but it is still a problem because we *are* growing older day by day.

*Q: What do you like to eat?*

I like fresh food; I love fruit and vegetables, I could live all year on salads and bread, bread, bread, but if I eat too much of it I feel bad. I think it increases my flatulence.

I don't have a stable emotional life. I think I cannot have one.

*Q: What do you mean?*

It is like the rest of my life, I am never satisfied. I can say that I live my relationships very intensely. I fall in love intensely and I really need that, but they end just as intensely.

I don't want to give the impression of being a superficial guy, but I feel like something of a curiosity, as if human relationships were a kind of challenge for me. I know many people, but I have had only a few intense and true relationships. I have deep feelings for them but then I have to move onto

something else and I end the relationship. In the end I am left with the sense that I very alone and unsatisfied.

I had a wonderful relationship some years ago, but it ended in a tragic way, because she died in an accident. It took me some months to recover.

Q: *What were you like during that period?*

I let myself go completely; I was like a zombie. I did not even wash my face, but I still worked like a donkey. Work is my drug, but it is not enough for me to work, I HAVE GOT TO GET RESULTS AND TO REACH A CERTAIN LEVEL. However, in the end, it is an enormous stress because I have the highest expectations for myself and everything has to be done BETTER, not just well.

Rx: *Mentha piperita* 12c, one dose

### **Follow-up to First Case of *Mentha piperita***

*After five days after the single dose of 12c *Mentha piperita*, the patient felt worse, with tremendous pain in the abdomen. He was given a placebo, but without any benefit. He was advised to sip every hour on water where a few pellets of the 12c had been dissolved. He felt better within one day.*

*Four days later the pains were much less.*

*The stomach symptoms are much better, but when overstressed, there's still a little distention.*

The huge distention has completely gone; I am even wearing smaller trousers. I noticed something interesting, too; I forgot to tell you that I have had terrible problems with concentration but that has been much better this month. Do you know the syndrome they call *burn-out*? It is so hard to be always at the top.

All the attention, all of the perfume I'm using, is a little crazy. I have been becoming old in a nice way. What troubles me is the idea of a decrease in my qualities, so I did things to appear young. But I think I am missing the point. I'm not accepting that I am getting older, only postponing it. If I continue like this I will become a piece of ice; I'll turn into a frozen fish.

Q: *What do you mean?*

Ice is something that keeps everything fresh. There is always the idea that there will be a good future after hibernation.

I am better; I sleep better, I don't wake up during the night. I am still very sensitive to cold; I have to cover my head as soon as I am in the cold.

People at work have said I'm much calmer. If I have a disappointment or frustration, I haven't become angry like a walrus.

Q: *Like a walrus?*

Yes, before I was like a walrus in a cage. In the end I was worrying too

much. Lately I have been more satisfied with my work and have enjoyed it more. You know, I feel I sort of damaged in my soul; nobody was asking me to work like that. I was not satisfied, even though I had everything I wanted. What did I think could happen? I've realized I was a stupid man.

Q: *Food?*

Food is pleasure for me.

My relationship with sports has changed. I had belonged to the most exclusive golf club, but recently decided to change sports, and now I am doing archery. The important thing, you know, is that I enjoy myself.

Q: *Have you noticed any changes with your hair?*

I'm no longer finding hair on my pillow, but that isn't important to me.

*Two years after his initial consult this patient had been in a relationship for eight months and appeared calmer and more satisfied.*

### **Second case of *Mentha piperita*:**

*This is a 24-year-old woman who gives a lot of attention to her appearance. She wears nice clothing—a little open and seductive—and too much perfume; I had to open the windows. She has big hair, like the mane of a lion, which is dyed an intense red color. On closer observation, you can see that she doesn't have much hair.*

*She appeared quite sad. She is very proud that she is the private secretary for a very well-known man, as if it is an honor to have the trust and secrets of this important person.*

*On physical exam, she was very shy and embarrassed.*

I have always had an inflated belly and an inflated stomach, and this is very unpleasant for me, especially towards evening, after sitting for eight hours. I have tried antispasmodics; they do work, but I don't want to always have to take them.

These symptoms are so unpleasant that I have sleeping problems. I hear from many of my friends that they have the same problem, but for them it is during the day. At that time I am quite well, but during the night I get swollen and it hurts very much; I can hardly endure it.

In the last two or three years it has become much worse. I get cramps and it hurts in the pit of my stomach. I get the sensation that I have to go to the toilet, but I cannot; I am not able to do anything to make me feel better. I never feel well; even after stool, I feel inflated. In my opinion it is due to my work.

Q: *Why do you think your work causes this?*

I sit for a long time every day; I have been doing this work for eight years.

*(Keeps back her tears.)*

I should tell you I have been suffering from bulimia, and have been seeing a psychologist for one year. I was never able to talk to anybody about it before, but now I am more able to.

*Q: When did this start?*

I live with my mother and brother; my father died five years ago from a heart attack. After that I started to eat and eat.

In the year when the transplantation should have taken place we had been waiting for six months, but a heart did not arrive. It was absurd to see him in such a horrible state; he had been such a strong man.

I am not able to talk about it. My mother was very bad; even now she doesn't talk about it at home. She used to cry whenever the subject was brought up. It is something that is blocking me. I am not even able to talk about it with my partner; I also start to cry immediately, and so I avoid any kind of excitement.

*Q: What do you mean?*

I used to be a very active person. I work a lot and my career was important for me. Since his death I really have developed serious problems. I am dull somehow and it seems to me that I am not able to think properly anymore. *(She is unable to continue talking about this and she changes the subject to something else.)*

I always have this sticky taste in my mouth and I am always thirsty. I have to drink all of the time. It has been like this for about a year. I have to have something in my mouth, a candy or a chewing gum. I probably have ten packs of gum in my purse.

*Q: Why do you need to have something in your mouth?*

It helps; something is missing if I don't have it. I have to have something refreshing in my mouth to calm my thirst. It's got to be something refreshing; when I drink water the feeling doesn't go away. I drink, but it doesn't help. Chewing gum helps a bit so I chew gum. Peppermint gives me a feeling of freshness. I try not to take them, but I feel I need them. I think they inflate me and cause my stomach pains. In my opinion the chewing gum causes this swelling.

I have the feeling as if something is hindering me, hindering my tongue to move and to talk, and when I drink, this disappears for a while, but then it reappears, so I prefer to chew. In this way I always have something to stimulate my saliva. *(She changes the subject again.)*

After my father died, one of my ovaries was removed. I had endometriosis, and I felt very bad. Ten days after the death of my father I had severe pains in my abdomen; my belly was very hard and I had to be taken to the hospital urgently. During the operation they found a cyst filled with blood, as big as a chestnut, and so they took out the entire right ovary.

Before the operation I had been feeling bad during my menses. I always had a hard and swollen belly. It had been like this for years. I thought it was a family matter, because my cousin had the same problem.

Q: *Tell me more about it.*

I would feel sick and have a fever but, above all, I would have terrible cramps. They were so tremendous that I had to bend double to stand them. My menses were a nightmare. The pain came at the end, but the mere thought about them made me suffer from the beginning.

They used to be painful from the beginning, when I was 12 years old, and they were extremely heavy at age 16. I was operated on five years ago. It was TREMENDOUS pain; it is hard to explain. I had taken the pill for four years, for treatment, but I stopped when I started to bleed between my periods.

Q: *Yes?*

At that time I never went to the gynecologist; this was normal for me. I started to go there regularly only after the operation. (*She changed the subject*).

I started progesterone treatment just two weeks ago, because from the 14th day on I would have severe bleeding until the beginning of my menses. This has been going on since last summer but now the menses are regular and I can get things done in a normal way.

Sometimes I get confused and I think it is my menses and my belly is swelling up even more.

I am taking Eutirox (thyroid medicine) for thyroid autoimmune disease. This is a family matter. I was 16 and I always had a thick throat. I used to take it but then stopped because it did not do me any good; my throat did not grow thinner but rather thicker. Last summer I started taking it again because everybody asked me what was wrong with my throat. They changed the therapy to 50mg Eutirox/day. I still have not noticed any changes.

Q: *And the bulimia?*

One day I ate so much that I got sick and I vomited. I saw how afterwards I felt better and so I started to vomit. From this moment on I have not thought of anything else. I started five years ago and I stopped after two years. It was 18 months after the death of my father when I started. After the operation I felt physically well and, by and by, I felt this urge to eat.

Q: *And what would you eat?*

Sweet stuff; nothing in particular. I would hardly eat anything, before I thought it might be too much and so would immediately vomit. I felt better because my stomach was empty but I think it is dangerous. I have read books about it and I know it can lead to a serious situation.

I have taken tranquilizers. I went to the doctor and he prescribed them for me. I did not tell him about my eating problem. When I took tranquilizers I stopped eating.

Maybe I helped myself morally; there are some problems that have to be solved at their roots and I can see that I was right to do so. I am a person who doesn't talk by nature and it helped me to release things. I used to keep them in tightly.

*Q: And do you dream?*

Lately I dream that I escape from something or someone, I don't know from what or whom; it is just that I am always trying to escape. It is as if I should hide and be alert so as not to be caught. Once I dreamt that I was to be put in prison and I escaped; I had to be careful where to go in order not to be caught.

When I was little I often dreamt that I was in my parent's bed and the blanket lifted up. It would remain in the air and never fall down. It never came down to cover me, and I was freezing.

*Q: And how did you feel in this dream?*

I was frightened; I was always expecting something to come down on me. Usually my parents were not with me in my dreams. If they were, they had horrible faces and my father looked as if he was going to hurt me.

*Q: And your work?*

I am missing something in my work. Many times I feel useless. There is a cold relationship with the accounting administration and the paper, and I feel bad.

I would like to do something creative and useful, but maybe I am not qualified for it

*Q: What interests you?*

I like to read, to travel to cities; I do this with my partner. Last Christmas we were in Rome and I saw the city differently; I like it now and I am interested in it.

A year ago I started to behave well at home. My mother has recovered and my brother and his girlfriend are getting along. After the death of my father, my mother gave up her life completely and she only lived for us. She has to live her own life and have friends around her; until a short time ago her only daily walk was to the cemetery.

*Q: And?*

Two years ago my right saphenous vein was removed because the valves did not close anymore; it is a hereditary thing. My mother had varicose veins.

In the summer I felt a drawing pain in my legs; you could see the blue discoloration in the knees, and with the weather, it got worse.



Q: *The weather?*

My relationship with climate is strange. I suffer from the cold, but in a way, it also makes me calm. With the heat I feel irritated and angry. It is as if the heat was pulling something out that I would like to keep inside. It is an inner boiling, something like the heat of the animals. I don't know how to explain, but it has to do with instinct and I don't like it at all.

Q: *And?*

Whenever I had a bellyache I would put something warm on my belly. I was better, undoubtedly, but all the blood that I was losing made me think that something was not as it should be. So I preferred to warm myself up in a natural way, by pressing my belly and bending double.

Rx: *Mentha piperita* 12c

Follow-up to Second case of *Mentha piperita*

*She came back for follow-up in four months because she couldn't come before.*

I am so sorry I had to postpone.

*Her mother had surgery for breast cancer. She was much better than she imagined she would be. She tried to talk about it but it was difficult because she cried so hard.*

It was very hard at the beginning. I could endure the idea of looking at my mother in this way, and then I was able to come back home only on weekends. Since my father died, she has had one problem after another. I wasn't able to contact you because I was far from home and would only come back on weekends when you were not in.

*Her sleep is better.*

I had sweet dreams. The nicest was when someone gave me a gift of great value.

*She was given a gift of a large valley where she could ride a horse endlessly.*

I was riding with my horse and there was no sense of limits; I didn't know where the land would end. I wanted to find a corral.

*She also wanted to create a fence for her garden. Normally, she would be excited about not having a border.*

I call a gardener and we decide to plant a hedge. The dream made me think of several things. I love the idea that there is no limit around me. It's beautiful. On the other hand I never feel at home because my house is without any defining boundaries. This was a strange feeling. After I woke from the dream I decided to plant some roses.

My pain is gone and I only have a little bit of swelling. I try to avoid things that make me sick; I am not drinking much milk, I don't have the cramps I had before."

*The throat swelling of the thyroid is much less (50% less on ultrasound) and she stopped the drug.*

*Her bulimia is much better. There is less feeling of ravenous appetite.*

It is easy for me to feel I have enough food in my stomach, but I still have this feeling that my mouth is not fresh. I have to drink a lot; it is almost impossible to feel satisfied when I drink."

*She is not chewing gum.*

I don't need it like I did before.

*Her menses came after 28 days; without cramps or spotting. She told her boss that she wanted to work less. She was relaxed at work and happy to go to work, feeling less duty-bound. Later she decided to leave her job.*

I told my brother I wanted to stay home even if he doesn't like it. My duty and career are important but my mother is also important. She could die while I travel around the world. I know it is important to have ambitions, but my mother is dying. I worry my dog won't recognize me when I come home. In fairy tales, dogs recognize their masters after 20 years. I don't know why my dog should wait for me for that long; I would never do that for anybody."

*At six months, her mother died and she had a dose of Mentha 100c.*

*At 16 months, her thyroid and belly were normal. She was working part time and had a better relationship with her boyfriend.*

## Common Symptoms in the Two Mentha Cases

### GI problems

Cold flatus / abdomen. > warmth

Coldness in their bellies

Both bend double to help abdominal pain

Strong appetite. Overeating

### Throat problems.

Attentive to personal appearance. Need attention through their appearance; but don't want much intimacy.

Work hard, proud of it.

Strong reaction from loss.

Sleep problems.

Mental dullness; concentration problems.

## Themes of the Mint-like Remedies

- Narcissism
- Ambition
- Efficiency
- Duty
- Extreme pains
- Coldness

The Mint Remedies work in a narcissistic way for their own pleasure diverting the pleasure of life to the pleasure of work. "I cannot bear this suffering. I am going to overwork." They want to demonstrate how clever and efficient they are. This may be due to the loss of a father figure or father function, and the resulting feeling that they were never able to show this individual that they are good. "He escaped from this world before I could do show him how productive I can be." *Mentha* and the other Mints are workaholics who are unable to have relationships. They work, not for money or power, but because the pleasure of life has been diverted to work. Work is less of a duty and more an opportunity to demonstrate who they are; it is as if they want to look in their mirror and feel, "I am good."

The Mint Remedies feel pain intensely; *Mentha* is particularly known for colic and cramps. It can be very helpful in the colic of babies, even more so than *Chamomilla*. They get pain from 'wind' that can feel cold. They feel cold in their abdomen and they can feel air or wind passing through their head. This coldness serves as an anesthetic, much like we see in the Drug Remedies, where there is a hyperesthesia and sensitivity to pain.

# THE HOMEOPATHIC DILUTION: A NEW EXPLANATION

DR. RUHUL AMIN, BIPLAB CHAKRABORTY, MSc  
AND DR. FAROOK RAHAMAN

## ABSTRACT

Plain water has different energy content than higher potencies of homeopathic medicines. This can be proved by some interesting characteristics of “orientations of dipoles of water molecules” in different potencies of medicines. The “orientations of dipoles of water molecules” are governed by the active principles of the crude substances in the mother preparations, i.e., the strain produced by the crude substances in water. Thereafter the medicine maintains the change, i.e., the change in “orientations of dipoles of water molecules” from the lowest potency to the infinite potency.

## INTRODUCTION

Millions of suffering people all over the world have benefited by the system of homeopathic medicine since the noble discovery by Master Hahnemann. In spite of that, a big question has arisen in the so-called scientific world: Is homeopathic medicine a medicine or plain water? Does the medicine act only from a placebo effect? The “scientific world” has the fixed idea that the dilutions of higher potency homeopathic medicine do not contain any active ingredients. But here we demonstrate that the higher potency homeopathic medicines are not merely plain water; they are different from water and also different from potency to potency, as well as different medicines from one to the other.

## DISCUSSION

It is essential to know certain facts of modern science by which our explanation regarding homeopathic dilution can be estimated.

- A) Energy: The energy of a body may be defined broadly as its capacity for doing work. The energy possessed by a body is due to the virtue of

its position in space, and to the energy of the atoms and molecules of which the body is composed. The latter is made up of the translational kinetic energy of moving molecules, energies due to vibration and rotation within the molecule, of the internal potential energy determined by the arrangement of the nuclei and electrons, and any other forms of energy involved in the structure of matter.1

- B) Some properties of water: Our experiments have found a peculiar property of water. We present the experiment in a nutshell and an explanation of the results. In the experiment, plain water (purified/distilled) produced a remarkable electromagnetic field (EMF) with pairs of electrodes separated by a porous barrier as shown below.

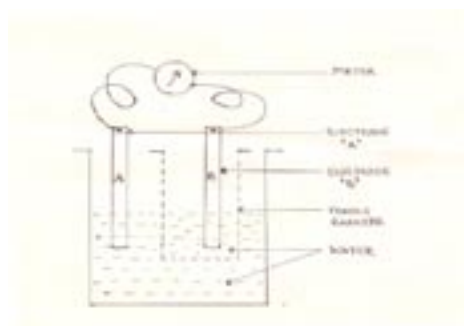


Figure: A cell consisting of two half cells connected through a porous barrier. Each half cell contained water as an electrolyte and different sets of electrodes as shown in the table below.

Pair	Electrode A(+)	Electrode B(-)	EMF (approx.)	Combinations
1	Copper	Zinc	1 volt.	Different metals
2	Copper	Copper	12 mv	Same metals
3	Zinc	Zinc	12 mv	Same metals
4	Graphite	Graphite	40-50 mv	Same non-metals

In the first pair of electrodes, Cu and Zn, the generation of the EMF is in accordance with classical theories of the generation of EMF, but the theory fails to explain why the two same metal ones -- (Cu/Cu) and (Zn/Zn) -- show an EMF, in spite of being in the same position in the electro-chemical series (i.e., one of the Cu electrodes is positive and other Cu electrode is negative; similarly, in the case of the pair Zn and Zn electrodes, where one is positive and other is negative). The theory further fails to explain why the inert element graphite is able to produce an EMF when used as electrodes dipped in water.

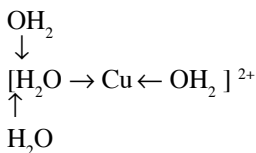
Our explanation of our observations follows: Pairs 1, 2 and 3 (as shown in the table) contain metals as electrodes, which have electrons with a high degree of mobility (also called free electrons) due to the extensions of molecular orbitals in three dimensions<sup>2</sup> over all the atoms as a unit. The fourth pair (the non-metal graphite electrodes) has  $\pi$  electrons which are mobile, due to the fact that only three of the valency electrons are involved in forming  $sp^2$  hybrid bonds<sup>2</sup>; the fourth electron forms the  $\pi$  bond. When the electrodes—metal or non-metal—are dipped in water, the mobile electrons (free electrons) of metal and  $\pi$  electrons of graphite are repelled by the presence of available electrons (i.e., anions and/or lone pairs or other electrons) of the electrolyte (water is a weak electrolyte), rendering the electrodes as relative negative charges. Thus two relative negative charges of the electrodes (for any two same/different electrodes) results in the flow of electrons from the relatively higher charge (negative electrode) to the lower charge (positive electrode) resulting in generation of the EMF. Thus the electrode potential of an electrode is the result of repulsion of electrons of electrodes by the electrons of water.

It is therefore confirmed that there is a certain repulsion of the electrons of electrodes by the electrons of the water.

- C) It is a well known fact that water is a poor conductor of electricity, but conductivity increases with the addition of electrolytes due to ionization of the electrolyte in water. The question arises: what factors result in such stabilization of ions in water? It is a fact that in solution, ions are solvated, that is to say, the ion attaches to itself a number of molecules of solvent (here, water) by physical or chemical forces or both.<sup>1</sup>

Example: Cupric ions are readily hydrated<sup>5</sup>, forming complex cations which are blue in color. Blue vitriol contains the complex cation  $[\text{Cu}4\text{H}_2\text{O}]^{++}$ , cupric nitrate  $[\text{Cu}3\text{H}_2\text{O}]^{++}$ , and cupric chloride  $[\text{Cu}2\text{H}_2\text{O}]^{++}$ . Blue (or green if moist) crystals of the dihydrate  $[\text{Cu}2\text{H}_2\text{O}]\text{Cl}_2$  are soluble in water. The dilute aqueous solution is blue in color due to the presence of the hydrated ion.

$[\text{Cu}.4\text{H}_2\text{O}]^{++}$ , i.e.:



From the example we see that water (H<sub>2</sub>O) uses its lone pair of electrons to stabilize Cu<sup>2+</sup> in solution, and in doing so, dipoles of the water molecules rearrange their orientations.

D) Change in orientations of dipoles in water molecules: Polar compounds dissolve in polar solvents like water (water is polar due to the difference in electro-negativity of oxygen and hydrogen atoms) by dipole-dipole interactions or ion-dipole interactions. Non-polar molecules dissolve in polar solvents by dipole-induced dipole interactions<sup>3</sup>. When polar and non-polar molecules are present together, the polar molecules (i.e., dipoles) can induce polarity in non-polar molecules. The net result is bonding between polar and non-polar molecules. Even the solubility of a noble gas in water is high and increases with increased size due to polarization of the gas by the dipole of water. Its subsequent solubility is due to dipole-induced dipole attractions<sup>2</sup>.

In the liquid state, the molecules have an intermediate order of potential energy and cohesive forces. For these cohesive forces, an orientation exists within the water molecule<sup>4</sup>. Because the electric field of the molecular dipoles of the solute is able to induce polarization in the molecule of solvent<sup>1</sup>, this results in changes in orientation of the dipoles of water. Change in orientation of the dipoles of water is further possible due to the rotation of the atoms that are joined by single bonds in the water molecule.

Now we are going to discuss the main points regarding the difference between water and the higher potencies of homeopathic dilutions, as well as differences between the various potencies.

When the crude substances (water soluble) are added to purified or distilled water to prepare the mother solution, there are changes in the energy content of water of the two aspects: (1) energy change due to the addition of crude substances, and (2) energy change due to change in the orientation of dipoles of water molecules (due to the different interactions cited above).

The energy of homeopathic medicines from 1C to 12C is composed of the above two aspects. Thereafter, aspect (1) is hardly present, but aspect (2) remains until the infinite potency.

The change in orientation of dipoles in water molecules can be confirmed by the following observations. The EMF of the cell increases (for the experiments stated above, from the first pair to fourth pair) when an uncommon salt is added to a negative electrode, and the EMF

of the cell decreases when an uncommon salt is added to the half cell containing a positive electrode.

This is explained as follows: Cations (positive ions) are more hydrated than anions (negative ions) by the water molecules in water. The water molecules use their lone pairs (l.p) of electrons to stabilize the cation; the bare anion therefore is responsible for more repulsion of electrons of electrodes. The increased repulsion of electrons at the negative end increases the resultant EMF, while the increased repulsion at the positive end of the cell decreases the resultant EMF.

It is proved beyond doubt that orientation of the dipoles of the water molecules change when they are subjected to strain caused by the presence of foreign substances (polar/non-polar). Different foreign particles therefore induce different changes in orientations of the dipoles of water molecules.

Explanations regarding the existence of different potencies follow: the mother tincture preparation is prepared as per example of *Natrum mur* (NaCl) by dissolving 1 gm of NaCl in 9 ml of purified water (1:9), then 1 ml of Mother tincture is added to 9 ml of water to create the 1C potency with succussion. Accordingly, higher potencies are produced from the lower potencies.

A table below describes the typical characteristics present in the different potencies, starting with the Mother tincture.

Mother tincture / potency	Foreign content	Purified water content (in volume)	Total content (in volume)	Molecules of NaCl present	Molecules of water present	Water molecules (with change in orientations of dipoles) added to purified water
Mother Solution (M.S.)	1 gm NaCl	9 ml	9 ml	$1.03045 \times 10^{22}$	$3.0115 \times 10^{23}$	Nil
1C	1 ml of MS	9 ml	10 ml	$1.1449 \times 10^{21}$	$3.3461 \times 10^{23}$	$3.346 \times 10^{22}$ of MS
2C	1 ml of 1C	99 ml	100 ml	$1.1449 \times 10^{20}$	$3.3461 \times 10^{24}$	$3.346 \times 10^{22}$ of 1C
3C	1 ml of 2C	99 ml	100 ml	$1.1449 \times 10^{18}$	$3.3461 \times 10^{24}$	$3.346 \times 10^{22}$ of 2C



4C	1 ml of 3C	99 ml	100 ml	$1.1449 \times 10^{16}$	$3.3461 \times 10^{24}$	$3.346 \times 10^{22}$ of 3C
5C	1 ml of 4C	99 ml	100 ml	$1.1449 \times 10^{14}$	$3.3461 \times 10^{24}$	$3.346 \times 10^{22}$ of 4C
6C	1 ml of 5C	99 ml	100 ml	$1.1449 \times 10^{12}$	$3.3461 \times 10^{24}$	$3.346 \times 10^{22}$ of 5C
7C	1 ml of 6C	99 ml	100 ml	$1.1449 \times 10^{10}$	$3.3461 \times 10^{24}$	$3.346 \times 10^{22}$ of 6C
8C	1 ml of 7C	99 ml	100 ml	$1.1449 \times 10^8$	$3.3461 \times 10^{24}$	$3.346 \times 10^{22}$ of 7C
9C	1 ml of 8C	99 ml	100 ml	$1.1449 \times 10^6$	$3.3461 \times 10^{24}$	$3.346 \times 10^{22}$ of 8C
10C	1 ml of 9C	99 ml	100 ml	$1.1449 \times 10^4$	$3.3461 \times 10^{24}$	$3.346 \times 10^{22}$ of 9C
11C	1 ml of 10C	99 ml	100 ml	$1.1449 \times 10^2$	$3.3461 \times 10^{24}$	$3.346 \times 10^{22}$ of 10C
12C	1 ml of 11C	99 ml	100 ml	$1.1449 \times 10^0$	$3.3461 \times 10^{24}$	$3.346 \times 10^{22}$ of 11C
13C	1 ml of 12C	99 ml	100 ml	Nil	$3.3461 \times 10^{24}$	$3.346 \times 10^{22}$ of 12C
nC	1 ml of (n - 1)C	99 ml	100 ml	Nil	$3.3461 \times 10^{24}$	$3.346 \times 10^{22}$ of (n - 1)C

The above calculations have been made by taking the density of water, 1 gm per cc. [NaCl : molecular weight = 23 + 35.45 = 58.45 ].

From the table, it is clear that the number of molecules of NaCl present in the different potencies, starting from the Mother tincture, decreases and ultimately becomes nil from 13C onwards. The number of molecules of water increases up to 2C, starting from Mother tincture and thereafter remains constant ( $3.346 \times 10^{24}$ ). Except for the mother preparation, in all the potencies,  $3.346 \times 10^{22}$  water molecules with change in orientation of dipoles of the previous potency are added and succeeded to get the next potency.

That is, when a new potency has been made,  $3.346 \times 10^{22}$  molecules of water (with change in orientation of dipoles) are added to  $3.346 \times 10^{24}$  molecules of water and are mixed by succession. Due to such a tremendous jerk between the two kinds of water molecules, there is change in orientation of dipoles in all the water molecules and a resultant orientation of dipoles develops that results in the new potency. Such type of different induced orientation of dipoles can be run infinitely. In other words, the energy content of the Mother tincture depends upon the crude substances, which is different for the various crude substances.

For any crude substance, the energy content from 1C to 12C potency is the sum of the energy due to the presence of crude substance and the change in orientation of the dipoles of water molecules. But from 13C onwards there is no energy due to the presence of the crude substance; the energy is due only to the change in orientation of the dipoles of water molecules, which differs from potency to potency. The energy content starts differing immediately from the mother preparation, which is also different for various mother preparations. Thus it explains homeopathy<sup>6</sup>.

## **INFERENCE**

Thus we can draw the following inferences from the above discussion:

- (i) Mother tincture differs from water.
- (ii) Water differs from the different potencies of a crude substance.
- (iii) Different potencies of a substance differ from each other.
- (iv) The same potencies, prepared from different substances, differ from each other.

## **BIOGRAPHIES**

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His field of interest is mathematical physics. At present he is working on electron modeling.

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- (3) Ghosh, Sachin Kumar. *General Organic Chemistry: A Modern Approach*, 1st Edition. 1986. Calcutta 700009, India. New Central Book Agency.
- (4) Rakshit P. C. *Physical Chemistry*, revised 4<sup>th</sup> Edition). 1980. Kolkata.
- (5) Dutta, P. K. *General Inorganic Chemistry*. 1987. Kolkata.
- (6) A potency of homeopathic medicine is able to induce an energy change (due to change in orientation of dipoles in water molecules as stated earlier) on addition to purified water and succussion thereafter for the formation of the next potency. This type of induced energy change is also seen in the case of iron: a magnet can induce permanent magnetism to a piece of iron which in turn can induce magnetism to another piece of iron and so on. All the pieces of iron have the same magnetic properties but they differ in strength.

## APPENDIX

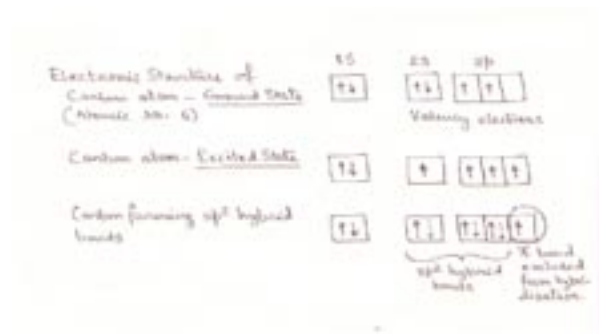
### Metallic Bonds and Free Electrons in Metals

In metals, the atoms are linked by a special type of bonds called metallic bonds. The atoms in a metal lose some of their electrons and become positive ions. The electrons, on getting detached from the atoms, lose their identity and move freely through the lattice of the positive ions, and behave as if they belong to all the atoms present in the crystal. These free electrons, which thus have high degree of mobility, are responsible for the conduction in the metals.

Also, as per molecular orbital theory, the high degree of mobility of electrons in a metal unit is due to the fact that the molecular orbitals are being extended over all the atoms in the metal unit, and so valency electrons no longer remain localized over a particular atom but behave as if they belong to all the atoms present in the metal unit.

## $\pi$ Bond and $\pi$ Electrons in Non-metal Graphite

In non-metal graphite, which consists of carbons, only three of the valency electrons of each carbon atom are involved in forming  $sp^2$  hybrid bonds; the fourth electron forms the  $\pi$  bond, as shown below:



The  $\pi$  electrons (of  $\pi$  bonds) in graphite are shared by a whole layer of carbon atoms, owing to which  $\pi$  electrons are mobile and are responsible for conduction of electricity.

## Electrochemical Series

When the elements are arranged in order of increasing Standard Electrode Potential (Reduction Potential), the resulting table is called the electrochemical series.

In the electrochemical series the most electropositive elements are at the top and the least electropositive elements are at the bottom. The electrodes at the top of the table have greater tendency to give up electrons. Thus if a cell is built up with two electrodes from this list, the one which is above in the list will be the negative electrode of the cell.

# CHILDHOOD EAR INFECTIONS: *A HOMEOPATHIC MODEL FOR DIAGNOSIS, TREATMENT, AND RESEARCH*

RICHARD MOSKOWITZ MD

Otitis media has become the most common pediatric diagnosis made by physicians who care for children in the United States,<sup>1</sup> with an annual budget already topping \$2 billion in 1982,<sup>2</sup> and still no relief in sight. After decades of punishing warfare against the nasopharyngeal bacteria, several medical journal articles have recently begun to question the safety and effectiveness of antibiotics and tympanostomy and the wisdom of continuing the purely military strategy based on them.<sup>3,4,5</sup>

The present impasse creates the opportunity and the obligation for anyone with a better idea to share it with the medical community and the general public. Nobody need take my word for it that homeopathic remedies are inexpensive, nontoxic, and effective even in advanced cases, or that parents, children, and their caregivers deeply appreciate the non-invasive philosophy governing their use. I will feel amply rewarded if more laypeople and professionals will simply try them and see for themselves.

The following cases are intended to show how the homeopathic viewpoint can assist both clinically, in the diagnosis and treatment of these all-too-common ailments, and in the design of experimental research into the causal factors that promote and influence them.

## **1.**

The cases that I have chosen are noteworthy not for any particular skill in choosing the correct medicine, but in precisely the opposite sense, that excellent results are regularly attainable with common remedies and case-taking methods already well known to the serious student. Indeed, the exemplary success of homeopathic remedies in treating such children is itself an important clue to the mystery of pediatric otitis media in our time.

C. Z., a girl of three, had had recurrent ear infections since the age of five or six months, typically associated with colds and the production of thick, green mucus, and requiring antibiotics more or less continuously for several months at a time. With no fever and at most a slight earache, she often became

irritable and cranky as the cold ended, and the pediatrician often made the diagnosis by otoscope alone. Apart from mild eczema, the child was seldom ill otherwise, and rarely had the fevers or acute illnesses to be expected at her age. Weighing 8 lb. at birth, she fell short of 16 lb. at one year and thereafter remained small for her age. Teething was late, painful, and difficult. She had had all the usual vaccines with no acute reactions to any of them.

I chose Calcarea sulph 200c, and two months later her mother reported the best winter ever, with no ear infections and two light colds that were quickly aborted with Calc sulph 12C. I next saw her a year later, a few weeks after an acute episode of wheezing in the middle of a cold, for which Pulsatilla 30x prescribed over the phone had worked well. But though she had been free of ear infections in all that time, she had had a fever or two and was still plagued by large quantities of thick, greenish-yellow phlegm in her nose and throat. After one dose of Sulphur 200, she never came back. When I called recently, over five years later, in preparation for this talk, her mother told me that she had had no more ear infections, and therefore saw no need to bring her back, since her general health had been excellent, and the usual first-aid remedies had been very effective for the usual colds, fevers, and upper respiratory infections (URIs) that had developed along the way.

I want to add a few comments about this by no means unusual case. First, as I reread it now, I doubt that either Calcarea sulph. or Sulphur was the best remedy for this patient, since she was on the chilly side, and continued even after treatment to produce the same thick, green mucus and be prone to frequent colds. I can't really defend or explain either prescription at this point. Yet her mother was more than satisfied. The ear infections disappeared and never came back, the long-term or constitutional issues stayed in the background, and the remedies she herself came up with continued to help without further assistance.

Notwithstanding the small remedies and "cured" cases that we like to parade at our conferences, I feel obliged to confess that my reputation is largely based on stories as generic and unspectacular as this one. I feel deeply grateful to a method that adds feathers to my cap even when I bumble or fall short. Indeed, my experience confirms numerous reports in the European literature that most kids eventually outgrow their ear infections anyway, if simply allowed to do so without further allopathic interference.

K. S., a boy of 16 months, had already had five ear infections and five rounds of antibiotics when I first saw him. Only the first episode at six months was associated with fever (102.8°F) and acute earache, which subsided promptly once the eardrum

had perforated and discharged the pus that had accumulated behind it. Although weighing seven pounds and appearing normal and healthy at birth, he was slow to nurse, fell behind in gross motor development, had considerable discomfort with teething, and weighed only 20 lb. by the time I first saw him. His only other complaint was a chronic diarrhea that had begun on antibiotic treatment and had never gone away. Despite intense, prolonged crying after the first and second DPT's, the third one was uneventful, as was the MMR.

One month after Sulphur 10M, his mother reported that the diarrhea had worsened, becoming acute the first week after the remedy, but that, ever since a fever of 103° F. on the third day, his highest so far, he had had no symptoms of a cold or ear infection at all. Mainly because of the diarrhea, I gave him Calcarea carb 10M, and by the next visit, two months later, he was well, and had made good progress developmentally, with no ear infections, one brief cold for which Calcarea sulph 12c worked well, and no more diarrhea.

I did not see him again for more than a year. At that time, he had had an episode of acute otitis four months before, with no earache but a fever of 103°F. that had lasted a full week on antibiotics. Apart from a few colds and the reappearance of diarrhea at these times, he had had no more ear infections and was continuing to grow and develop normally. Repeating Sulphur 10M, I had no further news of him until I asked my receptionist to call recently, more than five years later, and learned that he had been healthy, had had no ear infections, and needed no antibiotics through all that time. After buying a remedy kit and studying on her own, the mother had found Belladonna to be highly effective for his various acute illnesses, and no longer needed my help.

Once again, not for any elegant prescribing on my part, much less from any notion that the child was “cured,” I treasure cases like this one, because our work together helped the mother to take charge of her son's health and perform competently in that role. When my own learned prescriptions fail, as they not infrequently do, I have good reason to feel proud when the parents themselves find the remedies that work best for their children. Perhaps the most precious gift that homeopaths can offer is our relationships with our patients, which can continue to grow and flourish even when the search for the ideal remedy proves elusive.

J. L., a girl of six, had had frequent ear infections since the age of five months, especially when exposed to other kids in crowded day care or classroom settings. With little fever and no earache, the acute episodes were typically mild, with red cheeks, loss of appetite, and grumpy or irritable behavior. Also

vulnerable to staying up late and to sudden changes of weather, she seldom ran fevers of any extent, the highest being 102° with a “Strep throat,” but she had already taken antibiotics over two dozen times. Although vaccinated at the usual times without any obvious reaction, she developed an ear infection soon after her last DPT shot that lasted for four months despite continuous antibiotics, and had subsided only after chiropractic treatment.

Soon after Sulphur 10M, she developed a generalized rash that lasted several days, followed by a buoyant mood and more lively energy than she had shown in a long time. At her first follow-up, she had a cold, with the usual red cheeks, runny eyes, temporary hearing loss, and the dreaded positive Strep culture. It required a considerable leap of faith for her mother to let even this tiny cold run its course without antibiotics, using only Pulsatilla 30x as needed, and later buying a kit of remedies and a book to show her how to use them. Two months later, her pediatrician was happy to report and even take credit for the fact that her ears were uninfected for the first time that anyone could remember.

The following winter she returned with mild symptoms, a low fever, and a weakly positive Strep culture. As the illness subsided, I repeated Sulphur 10M, and by her next visit two months later the picture had changed to recurrent sore throats, foul breath, enlarged tonsils, dark circles under the eyes, and a loose, productive cough. This time I gave her Mercurius 1M, followed by the 10M a month later, with excellent results until her next cold many months later, when she developed the same swollen tonsils and loose cough as before. After the third dose of Sulphur 10M, I lost track of her for a few years, but the mother eventually called to report that she had been well the whole time, with no major colds, no ear infections, and a perfect attendance record at school for the year just finished. A few months ago, I called to check up and learned that she was doing splendidly in high school, with no more ear infections in the nine years since she had begun using remedies.

Again leaving aside my rather crude prescribing in this case, I want to point out a few of the methodological issues it poses, issues so obvious and fundamental as to be easily overlooked. First, equating fluid behind the eardrum with an ear infection requiring antibiotic treatment ignores what every pediatrician knows, that many colds or URIs with swelling of the tonsils or adenoids produce secondary congestion of the middle ear and temporary hearing loss as a result. The girl in this case was prone mainly to tonsillitis, and could be said to have ear infections only to the extent that pneumatic otoscopes can detect even minute amounts of fluid, and that years of deadly warfare against the nasopharyngeal bacteria have culminated in a Vietnam-like strategy of killing every living thing in the



vicinity.

Second, her most sustained period of ear involvement followed a DPT shot, a connection that I have often verified in practice but which is rarely suspected by pediatricians, because vaccines are regarded as sacrosanct and almost risk-free, except for rare acute reactions developing within the first hours or days.

Third, like most of my chronic otitis patients, this child seldom ran fevers during the time she received conventional treatment, and began to do so only as her general condition improved. Useful both for reassuring the family and for making a simple prognosis, this humble fact carries a profound implication for the natural history of the disease and its recent evolution.

L. P., a girl of ten months, had already had four acute ear infections and received antibiotics for each one. The first began at two months, when her mother weaned her to go back to work, and the child developed a rash and unusually cranky behavior on a milk-based formula. These symptoms were also intensified for the week after her first DPT shot. After a few more weeks, the ear infections began suddenly, with a high fever and violent earache, like all the others that followed. With the help of *Calcarea carb.*, 1M initially and *Chamomilla 30X* as needed acutely, she did quite well, with fewer colds and no acute episodes, but mild symptoms persisted and were aggravated by teething, when the remedies had to be repeated. She relapsed the following spring, six months later, with three acute ear infections and three rounds of antibiotics in the three months since her father had insisted on her long-overdue MMR shot.

At this point I gave *Lycopodium 10M*, then *Sulphur 10M* a month later, and almost a third remedy after that, until I heard that the parents had separated and were vying angrily over the child. From then on, she did very well on infrequent doses of *Sulphur*, despite a violent gastroenteritis following a DT and oral polio booster, and a tendency to relapse whenever she stayed with her father, who let her eat her fill of dairy products and took her to the doctor for her full quota of vaccines and antibiotics. I have continued to see this child at long intervals for more than nine years, and although she outgrew her ear infections long ago, her basic health issues have not changed very much. Since the acute, vigorous responses of her infancy, her basically strong constitution and immune system have enabled her to bounce back more quickly when she does fall ill. While very fond of milk and cheese and somewhat allergic to them as well, she continues to grow and develop normally in the face of her conflicted heritage that she can

neither understand nor change.

In short, this is a child of strong vitality, representing the opposite side of the same issues already discussed: 1) an innate ability to respond acutely and vigorously, and rebound quickly from illness; 2) a tendency to relapse following vaccination, and to having a milk allergy, which is often associated with it; and 3) the classic signs and symptoms of acute otitis media that were the rule in the pre-vaccine era.

## 2.

With these representative cases in mind, I will try to summarize my experience with middle-ear infection in children, emphasizing the main issues of diagnosis, treatment, prognosis, and long-term case management. As it is with my allopathic colleagues, otitis media is among the commonest presenting complaints of children in my practice. In an average week I may triage several acute episodes over the phone, and see at least one new and two or three established patients with chronic or recurrent otitis that has been diagnosed and treated on a long-term basis or repeatedly with antibiotics or tympanostomy or both.

What most of these patients have in common is the absence or relative paucity of strong symptoms like high fever or violent earache that would indicate an acute, vigorous response to their illness. With a few notable exceptions, like the last case I presented, their symptoms even during acute flareups are typically vague or nondescript in character: fussy or cranky behavior, whining or picking at the ear, congestive hearing loss, poor appetite, and the like. In quite a few cases, there are no symptoms whatsoever, and the child behaves and functions normally, but at the well-baby visit the pediatrician detects fluid in the ear, signs it off as an “ear infection,” and begins or continues the cycle of antibiotics that often proves so difficult to break.

Similarly, although the symptoms often recede during treatment, relapse is common, and even when the child appears clinically well, the presence of fluid is regularly interpreted as continuing infection and cited as a mandate for further treatment. In this way, a child who may never have been that sick never gets entirely well, and continues to relapse until the doctor recommends antibiotics for months at a time and later myringotomy and surgical insertion of tubes for drainage if the condition persists, as indeed it often does. In short, the most striking and disturbing feature of these cases is precisely their chronicity, their tendency to develop smoldering, long-term responses to the illness and to relapse more and more easily, resulting in a failure to heal or resolve them in a clear cut or timely fashion.

Breaking this cycle usually proves quite simple if parents are willing to suspend the conventional wisdom that reduces the art of diagnosis to the

detection of abnormalities and the goal of treatment to the killing of the resident bacteria. At least as much as finding the correct remedy, a critical requirement for success in treating these kids is to re-educate the parents and develop an alternative model that works and makes sense to everyone.

First, it is necessary to redefine the illness and how best to detect it, beginning with basic anatomy and the clinical and pathological features of a URI with ear involvement -- congestion, earache, etc. -- in contrast with classic acute otitis media. In my own practice I look for the signs and symptoms that parents themselves are aware of, i. e., how each child feels and functions in his or her own special world, which is exactly what homeopaths call the "totality of symptoms." If they are able to trust me this far, I'll propose that we not look in the ear unless the illness is acute and intense, or hasn't resolved after giving remedies, or either of us just feels that we must. Since any URI can produce detectable fluid or congestion behind the drum, and the homeopath does not need or even want to treat illness all the way to the end, the totality of symptoms is what best defines the illness, and the otoscope is useful primarily to confirm or qualify what the alert observer already knows.

With significant ear involvement, it is helpful to remind parents that antibiotic treatment is no more effective than placebo,<sup>8,9,10</sup> and that it produces relapses much more often than giving symptomatic treatment or doing nothing and allowing the children to recover on their own.<sup>11</sup> At this point it makes sense to offer homeopathic remedies, both as needed for relief of the acute episodes and preventively to minimize their number and severity over the long term.

Finally, it is imperative to take a careful vaccine history and to look for familial influences or other factors that may aggravate a pre-existing chronic state, such as traumatic birth, food allergy, emotional upset, and the like. Often the first episode can be traced to the few weeks following a DPT, MMR, or other vaccine, even though no obvious acute reaction was noted at the time.<sup>12</sup> Similarly, an old pattern of chronic or recurrent otitis is frequently reactivated by a booster after a long period of remission.<sup>13</sup> Such apparently speculative connections have also been verified by the successful use of homeopathic "nosodes" prepared from the vaccines themselves in resolving difficult cases.<sup>14</sup> Drawing on these experiences, I have learned to ask parents routinely not to vaccinate their children until they are cured, and to refer them to my writings on the subject for further study. Although I have also seen chronic otitis in unvaccinated kids, the crucial importance of vaccines lies in the fact that they are injections of foreign proteins that are mandatory or highly recommended for all children and regarded as so uniformly safe and beneficial that the possibility of chronic,<sup>15</sup> long-term problems from them is seldom investigated or taken seriously.

In conjunction with this educational work, I then proceed with homeopathic remedies. Both the procedure I follow and the remedies I use are much the same as would be found in any homeopathic practice involving children, and I see no need to elaborate on them here. If the child is not acutely ill at the time of the first visit, I begin with one dose per week of the indicated constitutional remedy, for up to three weeks if necessary. I also suggest one or more remedies to have on hand for acute flare-ups, and make myself available to coach the parents through them, and of course to see the child and perhaps change the remedy when indicated. Often these acute remedies will be complementary to the original one.

With or without remedies, once parents and child traverse this critical phase of the illness without the need of antibiotics, the rest of the treatment usually proceeds quite smoothly. But if the child has never responded so acutely or intensely before, it is important to prepare the parents for this possibility as the basic condition improves. Similarly, relapses many months or even years later are much easier to treat, and by no means cause for discouragement, since after a long period of good health the precipitating factors are usually much more obvious, and remedies that worked well before will most likely do so again, with the children often asking for it themselves. Indeed, this progressive clarification and reordering of cases over time is a major and predictable benefit of a successful treatment, and the awe and wonder it inspires in doctor and patient alike rank with our finest rewards.

### 3.

Ear infections in children, then, are less mysterious and problematic in their treatment, which is not especially difficult and involves many of the same remedies as for other chronic ailments, than in the fact of their chronicity, as I've indicated. As a medical student in the early 1960's, I knew otitis media well, but mainly as an acute disease, often presenting in the ER with high fever and screams of pain, and subsiding dramatically once the eardrum burst and discharged its foul contents. While certainly not a pleasant experience for doctor or patient, it didn't last long, indeed had often taken care of itself before we had a chance to do anything about it, and was unlikely to come back for a long time to come. In every way it closely resembles the kind of flare-up which, when I see it in a patient today, I have learned to recognize as a favorable sign.

After 1982, when I moved to Boston, stopped attending births, and limited my practice to homeopathy, I began to see large numbers of the chronic patients whose very different cases I described earlier. Why the sporadic acute infections I knew in medical school had mushroomed into a chronic disease of colossal proportions was also precisely the question with which I began this article. Both my clinical experience and the research I have conducted to try to make sense of it have strongly corroborated my "gut" feeling that the modern epidemic of chronic ear disease must be attributed

in large part to two public health blunders that exemplify the same basic philosophy:

- 1) The war on the nasopharyngeal bacteria, fought with antibiotics, tympanostomy tubes, and the systematic cultivation of fear; and
- 2) The vaccination of entire populations against a growing list of diseases, with no end in sight, and no strategy or even an inclination to consider the long-term consequences.

Based on Koch's postulates and their immense predictive power, the war on bacteria is nevertheless clearly not winnable, even in thought. As the most basic life form on the planet, bacteria reproduce themselves in about six hours, and rapidly become resistant to even the most lethal antibiotics through natural selection. In clinical medicine, some notable recent examples include hospital-borne epidemics of resistant *Staphylococci* and *E. coli*, and the emergence of infections with L-forms, *Mycoplasma*, and PPLO organisms, all of which lack cell walls, a neat adaptation to penicillin-rich environments. In a recent Newsweek cover story, the spread of resistant strains made U. S. hospitals look like centers of germ warfare from which many types of virulent organisms are disseminated into a general population more or less helpless to stop them.<sup>16</sup>

In the case of childhood ear infections, resistant strains have similarly been implicated in the weak primary immune responses and high relapse rates commonly associated with antibiotic treatment.<sup>17</sup> Other frequent complications include super-infection with yeast and other common fungi, as well as the food and environmental allergies that often accompany them.

Numerous studies have shown that the supposedly causative organisms isolated from children with chronic ear infections are simply the common pathogens of the tonsils and naso-pharynx, such as *Streptococcus pneumoniae* (the "pneumococcus"), the Group A  $\beta$ -hemolytic *Streptococcus*, *Hemophilus influenzae* type B, and *Staphylococcus aureus*, all of which are also regularly found in healthy throats.<sup>18</sup> Moreover, in 25% of children with acute otitis, and in 80% of those with the most prevalent chronic serous variety, the middle-ear discharges and cultures are sterile and contain no organisms whatsoever.<sup>19, 20</sup> Once the resident bacteria are destroyed, the end result could easily have been foreseen by plain common sense: chronic serous otitis, or "glue ear," an important cause of chronic and in some cases permanent deafness. Thus even more destructive than these antibacterial weapons themselves is the fanatical strategy of attacking and killing everything in sight that makes such imagery seem useful and necessary.

Another application of the same idea has been the invention of the

pneumatic otoscope, its tight seal permitting the detection of even minute amounts of fluid and thus facilitating both early diagnosis and more minute surveillance. Yet diagnosing more infection has only unleashed more of the same firepower and hence more of the same counterproductive results just described. Indeed, with tympanostomy the war against chronic otitis media has reached its final dead end, since it looks like an obvious mechanical solution to the problem, yet has itself been found to be a major cause of otosclerosis and permanent hearing loss, i.e., precisely the same threat used to browbeat reluctant parents into accepting it in the first place.<sup>21</sup> Still more ironic is the fact that it simply makes permanent and structural the natural perforation and drainage that acutely infected ears heal so well by themselves with so few complications.

In any case, it makes little sense to search out and destroy the “friendly” bacteria that already live with us peacefully and effectively police our bodies most of the time, or to imagine that making war on them could ever produce anything but more devastation, more war, and in the end more resistant and unfriendly bacteria.

Although I have previously written about vaccinations in some detail, relatively little of my experience with vaccine-related illness is of the kind that Harris Coulter and Barbara Fisher write about in *A Shot in the Dark*,<sup>22</sup> or what might be termed the specific effects of particular vaccines. While these reactions are apt to be the most severe, most of the complications I have seen in my practice consist of subtler reactions that I would describe as non-specific in character. By that I mean that they resemble exacerbations of the pre-existing chronic state, looking more or less the same in a given individual, regardless of which vaccine is given, and are benefited by the same group of remedies are used to treat chronic illness in the general population, vaccinated or not. Although such reactions are more difficult to recognize and verify, they are also much more common, and in the aggregate much more important as well.

Thus two of the four cases presented suffered severe and prolonged relapses of their chronic state after a vaccination, one patient suffered almost identical relapses after two different vaccines, and all four first developed their chief complaint during their initial three-dose vaccine series. In no case were their responses acute or obvious enough to be identified as a repeatable symptom of the vaccine. Indeed, all that was repeatable in all cases and with all the vaccines was simply the chronicity of the responses, the fact that they occurred more frequently, persisted for longer periods of time, and were less likely to resolve spontaneously.

It is just this congruence between the vaccine-related responses and the original illness that suggests how vaccines act nonspecifically on the immune system as a whole, and thereby implicates vaccination in the basic

riddle of chronicity itself. As new biotechnology companies produce new genetically-engineered vaccines as fast as possible, the unrestricted war against identifiable acute diseases has already added to the pre-existing chronic disease burden a considerable array of DNA and RNA fragments looking for chromosomes to recombine with and certain to engender new diseases of which as yet we know nothing. In short, I am afraid that doctors, like politicians, are here to stay.

## **Biographic Information**

*Dr. Moskowitz* has been practicing family medicine since 1967, and classical homeopathy since 1974. A student of Vithoulkas and Sankaran, he has served on the NCH and AIH Boards, and has taught homeopathic philosophy since 1980. He has written two books, *Homeopathic Medicines for Pregnancy and Childbirth*, and *Resonance: the Homeopathic Point of View*, and many articles, including "Homeopathic Reasoning," "The Case Against Immunizations," "Some Thoughts on the Malpractice Crisis," "Vaccination: a Sacrament of Modern Medicine," "Why I Became a Homeopath," "The Fundamentalist Controversy," and "Hidden in Plain Sight: the Role of Vaccines in Chronic Disease." He lives and practices in the Boston area.

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# A CASE OF AETHER: BIRTHING NEW LIFE

MELISSA BURCH, CCH, RsHom(NA)

The purpose of this article is multi-faceted and will address a number of areas that are important both in homeopathic case-taking and remedy selection. Using one successful case I hope to:

1. Show a sample of how to take a case to *source* – a process of case-taking where the client can get to a level at which they are able to tell the homeopath the *quality* of the remedy they need. This process was first developed by Dr. Ranjan Sankaran from the Bombay School of Homeopathy. (Obviously, it will be impossible to show the extent of this type of case-taking but elements of the process will be identified.)
2. How to identify ‘carbon’ cases. Carbon being a basic component in the material world, a carbon, carbon compound or carbon derivative is often an important element in what is needed in a case. There are many different levels of carbon compounds and therefore also many kinds of carbon cases.
3. Introduce you to a relatively unused remedy, *Aether*—a remedy that you can add to your materia medica for possible future use.
4. Explore the notion of potency. There have been many questions, many theories and many approaches to the issue of potency. None have been selected, thus far, as being the “all encompassing, guaranteed, absolute, definitive right way.” Many homeopaths are fearful of using high potencies. This case will show how high potencies can be used, how they can work – and how sometimes a ‘leap’ (in both homeopathic confidence and potency selection) will be a key in making a case successful.

**Case:** Young boy, born 12/4/00, was first seen in December, 2005 at the age of five. Guillaume (not real name) was quite shy, sat on his mother’s lap and deferred to her throughout the consultation. The mother was in her mid 30’s, petite, hesitant in her speech (French was her first language and she had difficulty finding words in English). The mother appeared very childlike. She had studied medicine but was not practicing, taking care of three children instead. Guillaume was the second-born child. He had two

sisters, one only 20 months older and the other three years younger. He was closer to the younger sister, as both had been at home together until he began school in September.

Initially the consultation was requested for help with what seemed to be a relatively minor difficulty -- Guillaume's recent problems at school and concern about his un-descended testicles.

After initially having difficulty separating from his mother and sister when he first began school, Guillaume was able to settle in nicely until an incident occurred when his kindergarten teacher was away for a time. The assistant teacher, a large woman with a loud voice, reprimanded him for not eating his yogurt and made him stay at his table to finish it. Since that incident, he is now terrified to go to school, cries, clings, becomes obsessive and appears sad and worried all the time. A total reverse from the happy, sweet, sensitive boy he used to be. Now he kicks and cries when upset, as if he were two years old. He is very sensitive to everything (labels even have to be cut out of his clothing because he does not like the feeling) and he can't stand noise or too much stimulation. Overall, he loves nature and being outside. Eats lots of healthy foods with no difficulty -- asparagus, seitan, tofu and zucchini, but does not like cheese. He is thirsty -- will drink a full glass all at once. He has a special relationship with Jesus and angels. "When we talk about angels he can easily fall asleep. He is a lot like me, sensitive. I, too, have a relationship with angels. Recently at the school at the spiral walk I experienced something very strange. I saw angels. I saw a man, with a halo, big bar, stick, really big, was light blue, a lot of angels, it was happy, wonderful I wanted to stay."

Her daughters were both described as being more 'intellectual' like their father.

The mother did most of the talking but Guillaume was able to tell a dream he had: it was about a witch who looked like the teacher -- "she had me eat something with poison in it. I hid in a hole with a dragon, a sorcerer, an ogre, a lion and a wolf. They hit and pinched me. The lion is stronger. The wolf is biting."

In discussing the birth, the mother told me the pregnancy was easy, but the actual birth was difficult. Due to large size of her baby and delivery being a week late, she had to have the baby induced (she used word 'provocation'). When she heard that the baby was in the wrong position, she was sure that he was going to die, and began to act "crazy" with the hospital staff. She felt she had done wrong, and said "*I blocked myself and then felt it was finished*". This statement was said while using a hand gesture to try to convey the idea of "blocked." She went on to say that the baby was "trapped, trapped, trapped in the dark with no oxygen."

*It was during this part of the interview that hand gestures became more pronounced and the “going to source” case-taking became more focused. You can tell when the client is ready to go beyond the mere ‘facts’ of the case when the energy begins to shift in the case – often shown by physical engagement by hands, eyes, twitches, etc. that gives you the signal to begin to focus on exact words the client is speaking and try to get the client to go deeper and further in telling you about this ‘sensation’.*

The homeopath then asked ‘Tell me a little bit more about this *blocked* feeling’. She replied by saying that she sees the same in Guillaume – whenever he does something wrong, he acts like it is finished and he blocks (she used the same hand gesture when she said this) and gets vexed – he will go away or just lie on the floor. She added that it was quick and negative.

*Based on the same identified feeling in both mother and son, I felt that this was definitely the direction to pursue – and that both mother and son, perhaps, could use the same remedy. At this point, focus was then put on the mother who was more verbal and now ‘in the zone’ of telling her/their deeper ‘story’.*

After several explorations of the mother’s feelings and expression of word and sensation of *blocked* and the use of the statement *it is finished*, she was asked ‘tell me more’ and, by repeating her responses (*mirroring back exact words and phrases*) several more times, she gave as an example: “I am always feeling that my husband doesn’t like me and I always say it is finished. When I have that feeling, I experience (using same hand gesture) it is like I am in jail or want to just go away and be free. It’s as if I am not getting enough oxygen. I could die.”

The mother then went on to describe other feelings that connected (*which often happens when taking a case to source – that is why it is very important to be able to continue the investigation in the same method so as to identify what to connect and what to discount*). She continued to speak about the *blocked* feeling which led to a description of feeling stabbed by a knife, a second area where she felt it difficult to breathe – then said “Well, perhaps not a knife, but a needle or a puncture.” She explained this as if describing pain cutting in chest. (*Client had expressed fear in her chest during the delivery when she thought she might have to have surgery to save the baby. She begged for and received an epidural just prior to the delivery.*)

While I was pursuing this process (*getting the client to go deeper into her sub-consciousness and make her own connections*), the mother then began to talk about her family history – how all the women in her family had

had abortions (including herself) and that they all got divorced. In telling this story, she said she had to do something to *block* it (again, using the same word). Her parents had to flee where they lived when an earthquake knocked all their houses down and she connected that with the abortions and having a family history of “never being able to complete anything.” She then added that her 11-year-old brother died of a tumor when she was nine years old – in fact, next Sunday would be the anniversary of his death (*note: synchronicity, this is same seasonal time period of birth of Guillaume and time of consultation*).

She coped with her brother’s illness and death by acting the clown so the family would laugh and get their mind off their sadness. They all called her an “angel” but in reality they had no time for her. She said she continues to act like a little girl so she will be loved. When asked to describe this ‘little girl’, she said, “Not strong, fragile. I always feel like I am little, not an adult. When I am with an adult my age, I feel ‘littler’. I feel that I have to remember my age, I feel that people see me as a little girl. I can easily and often feel shame and *honte* (disgrace). When I studied medicine, I always felt unsure, not good. I can have self-esteem when I am asked to present something (after all she did finish medical school) but mostly I feel like people are looking at me and they will see that I am unable to do anything.” Her only physical symptom reported at this time was a burning leucorrhoea.

### **Analysis**

What we can first deduce thus far is that both mother and son appear to be in the same remedy state. The main feeling taken to the deepest level is *feeling blocked and unable to finish things*. This theme occurs in numerous places – the birth, the marriage, the family history.

Some other shared characteristics – covering both mother and son – are connection with angels, fear of death, extreme sensitivity, childlike actions and appearance.

I took the rubrics:

- § MIND - DELUSIONS - angels, seeing
- § MIND - CHILDISHNESS
- § MIND – EXTREME SENSITIVITY
- § CHEST – PAIN, CUTTING
- § FEMALE GENITALIA/SEX – LEUKORRHEA – burning

In taking these rubrics, I noticed quite a number of carbon remedies listed, especially in the physicals.

Note all the carbon remedies in these selected rubrics :

***Childish Behavior (rubric)*** - Carbon salts and compounds:  
*Aether, Alcoholis, Ant-carb, Barita-carb, Calc-carb, Carb-an, Carb-v, Carb-s, Nat-carb, Barita Carb*

**Chest – Pain, cutting (rubric)** - Calc carb, carb-v.k., carbn-s., caust, **KALI-C**, Mag-c. nat-c., petr.

**Female Genitalia/Sex-Leukorrhea - burning (rubric)** - Am-c., ant-c., bar-c., **CALC.**, carb-ac., Carb-an., Carb-v., carbn-s., graph., kali-c., **KREOS.**, mag-c.

But in spite of the connection with the more commonly known carbon remedies, having taken the mother so deeply into her psyche and to the point of sharing her experience with angels (which I would categorize as a “strange, rare and peculiar” symptom), hallucinations and feelings of “being blocked and finished,” I thought the remedy needed to have more connection with one of the ‘drug’ remedies and/or gasses from the Periodic Table – the later suggesting a *compound carbon* remedy, perhaps a *hydrocarbon* one. And when checking the rubrics, the one that fit the bill over the others was *Aether*. I did not know much about this remedy at the time but decided to find all I could.

*Aether* is a hydrocarbon that technically is any of a class of organic compounds that have two hydrocarbon groups linked by an oxygen atom (an organic compound being any compound of carbon and another element or a radical). *Aether* is also considered to be the fifth and highest element after air and earth and fire and water and was believed to be the substance composing all heavenly bodies. It is also a colorless, volatile, highly inflammable liquid formerly used as an inhalation anesthetic.

Allen, T.F. in his “Encyclopedia of Pure Materia Medica” states that *Aether* has religious ideas, sees angels and goddesses and feels he is at the bar of judgment.

As with other narcotic remedies, but even more so with *Aether*, the disposition to hallucination appears to present.

This was enough for me to prescribe *Aether* after the first visit.

### **Remedy Prescription**

Mother received *Aether* 200c and Guillaume was given *Aether* 30. (*While the assessment of the case was based mostly on the mother’s story obtained using the source method, the comparison to the son’s state was mentioned several times, hence the same remedy was given to Guillaume.*)

Numerous follow-ups via office visits and phone calls took place for nearly ten months. I began treating the entire family (father, mother and Guillaume’s two sisters as well). I saw the mother monthly and received updates on Guillaume’s progress, sometimes he was with her and sometimes not. She reported that everything improved within three weeks of his taking *Aether* 30c. He no longer had problems going to school, or with his teacher. He was sleeping well, seemed to be less fearful of everything and no longer

showed sensitivity to noise or his clothes.

Guillaume had been scheduled to have an operation on his testicles in early March so the remedy was repeated with an upped potency of a 1M in February '06. His testicles had begun to descend soon after taking the remedy and by the time of the scheduled operation to the surprise of both his parents and the medical doctors they had completely descended – operation cancelled. Over this period of time, the mother also experienced significant improvement with her menses, migraines, PMS, heart palpitations and began to make friends as well as started to do the things she had postponed for a long time, such as yoga and dancing.

Then about eight months later a sudden change occurred. Guillaume's grandmother came to visit.

### **Follow-up**

8/17/06: Mother brought Guillaume in for a follow up because his behavior had deteriorated considerably during this visit from her mother (his grandmother) this month. She stated that her mother was quite negative towards Guillaume and kept comparing and referring to him with same name as the son she lost to cancer when he was eleven. Needless to say, Guillaume was not pleased and began to exhibit body twitches and tantrums. A repeat of the 1M potency was given but it did not seem to help. With the start of school, Guillaume's behavior reverted back to the original problem (fear of teacher, reluctance to go to school) and his twitches, tics and tantrums increased. By 9/10/06, his symptoms had become so severe that he was taken to his pediatrician for a diagnosis. The symptoms indicated that Guillaume had gone into a full-blown case of Tourette's Syndrome. (*Tourette's is a spectrum disorder, with some people having a few tics and others having tics plus features of other conditions such as obsessions, compulsions, inattention, impulsivity and mood variability. Once thought to be a rare condition, Tourette's is a fairly common childhood-onset condition.*) Guillaume was also having nightmares again about witches and dangerous animals, sharks mostly, but other dangerous ones as well. During the consultation, he drew a picture of a house with dead people on the roof, although he did not seem to be frightened by them, saying "They are not bothering me now."

### **Analysis**

Now the big question arose; did Guillaume need a new remedy? I decided to do a re-take of the case in view of the development of these new symptoms – convulsions, severe tics and twitches. The recurring nightmares, again featuring dangerous animals – sharks, wolves, etc. – are a repeat of a past symptom, as was his reluctance to go to school.

The focus on dead people or ghosts on the roof as shown in his drawing seem to indicate again his relationship to more unconscious other worlds/realms.

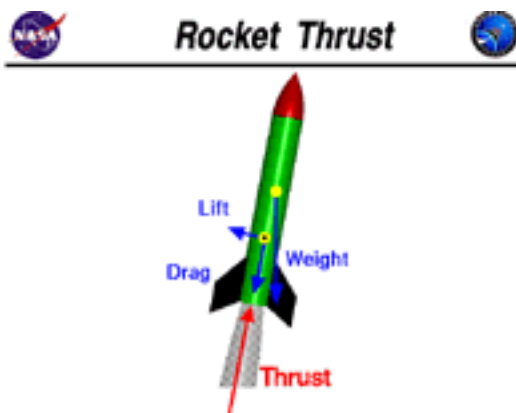
I was very concerned about what step to take next because the convulsions were quite serious, and because of the Tourette's diagnosis, the doctors wanted to medicate. I understood the etiology to be based on his grandmother's negative connection of her grandson and her deceased son. This understanding made me think as well that this correlated with an unresolved karmic/ancestral situation in the family that was passed down to the grandson and might be related to the remedy action.

The question remained – do I change the remedy OR do I change the potency? Other remedies that could be considered, based on symptoms of convulsions, twitching and nightmares were *Stramonium*, *Hyosciamus*, and *Agaricus*, but I just wasn't convinced. In re-checking *Aether*, I noted that the following rubrics were also in *Aether*:

- GENERALS - CONVULSIONS
- GENERALS - TWITCHING – evening

Then, synchronistically, during this time period, Guillaume drew a picture of a rocket and told his mother to tell me that “this is what I need” and he pointed to the exhaust coming from the rocket. I paid attention to this statement and noted it (*as it was so “strange, rare and peculiar” and he was also more forceful than usual in wanting me to know this, I felt it could be an indication of going to source. Those not trained in this method would most likely have not paid attention to this sign because it seems to be far from something we would rationally understand in our normal day-to-day thinking and therefore, might easily miss*).

I then did some further research on rockets and found out that the byproduct of rocket fuel is a form of *Aether*. A very interesting synchronicity, but one I took as a confirmation of staying with the remedy in this case, instead of changing it.



**Thrust** is the force which moves the rocket through the air, and through space.

Thrust is generated by the **propulsion system** of the rocket through the application of Newton's third law of motion: For every action there is an equal and opposite reaction. In the propulsion system, an engine does work on a gas or liquid called a *working fluid*, and accelerates the working fluid through the propulsion system. The reaction to the acceleration of the working fluid produces the thrust force on the engine. The working fluid is expelled from the engine in one direction and the thrust force is applied to the engine in the opposite direction. What is that working fluid? – *Aether*.

Prescription: The remedy was repeated in an increased dose of 10M. He unfortunately got even worse and the family was on the phone with me often to give me updates. Still believing that the remedy should not be changed, on 9/10/06, one day after prescribing the 10M, I prescribed a dose of *Aether* 50M. My intuition told me for a case with such strong symptoms and with a deep karmic/ancestral etiology, perhaps I should go up to 50 M. This was a leap of faith, but my intuition paid off.

This remedy potency worked almost immediately. The twitching and convulsions ceased rather rapidly and quite dramatically. Guillaume's dreams over the next few weeks also changed dramatically, as did his drawings.

In a follow up phone conversation his mother told me Guillaume related two new dreams, both about animals:

1. The whale said, "I am not going to harm you; I am going to protect you," and told him "The shark won't harm you either, because I will take care of him."

2. A whale came with whole family of baby whales, and said to him that he would take them to the shark; they will be okay.

He also drew a picture of two apple trees with a hammock and a person lying in it with a big smile and another drawing of the family smiling in a boat: both very happy pictures after the nightmarish drawings he made during the Tourette's. (It should be noted that while not a talker, Guillaume was constantly drawing – it was as if that was his way of communicating to both his mother and myself.)

In my research on this remedy, I also consulted with Shaman and Homeopath Christopher Beaver, who explained a Shamanistic view of dreams, stating that whales and deep water in dreams represents ancient ancestral history and the shark being tamed would indicate healing the aggressive pattern.

He went on to say that convulsive tendencies – indicate fear and are considered to be connected to familial, ancestral energy.



## Follow-up

Guillaume has continued to do very well for seven months after taking the remedy. He no longer has nightmares and again is happy in school. The tics returned in a mild fashion seven months later and the 50M was repeated once. There have been no more symptoms for the past 17 months and Guillaume has not needed a repeated dose. His mother has also continued to do well with the same remedy for nearly three years, with only occasional repetitions. The family has since moved back to their home country but keep in touch periodically by e-mail.

After I had initially prescribed this remedy, Dr. Roger Morrison came out with his new book, *Carbon Organic and Hydrocarbon Remedies in Homeopathy*. (Was this too synchronistic?) In it he states that there are two kinds of carbons: *aliphatic*, which are slow and can't seem to get anything together, much like a 'drug' remedy and *aromatic*, which are speedier and show considerable busyness. A common theme of all aliphatic (open-chained structure) carbon remedies is the lack of reaction, difficulty getting started, and lack of worth—which is evident in the mother's inability to follow through what she describes as a blocked sensation. *Aether*, Dr. Morrison says, is the main aliphatic carbon remedy that features disassociation. The two groups are held together by a single oxygen, just as the body and mind are held together by a slender thread. *Aether* stretches this thread to its utmost, allowing the patient to slip into a world of dreams and experiences beyond the normal. Disassociation in all forms can be treated by *Aether*. Another strong rubric, according to Morrison is fear of death and suffocation.

Massimo Mangialavori, MD. ( 'Lecture Notes' ) describes attributes of *Aether* as :

- Relation to death. Dreams of funeral
- Day-dreaming
- Look much younger than age
- Never understood.
- Involved with kids. Immature side.
- In *Aether* this idea is very clear – idea of Life and Death. What is important is to give meaning to both. They feel they can be recognized only when they die.
- Idea of being young – being in a limbo – like in uterus – they are here but not here. Someone who is present and not. Have to recover and restore something that is not working.
- State of fainting of *Aether* – the problem is to wake up. They can be very violent, as if you don't want to get out of beautiful experience.
- Aversion to solid food.
- Evidence of regressive state – like a baby that was not allowed to grow.
- Feeling that you could die is stronger than in other Drugs. Dying is beautiful experience.

These descriptions all seemed to fit perfectly in this case. In addition, when I checked for more rubrics under *Aether* I found it to be the only remedy listed for:

- MIND - DELUSIONS - mystic hallucinations

Another way to understand the remedy, *Aether* is to look at the specific elements of other carbon compounds and note the themes and rubrics that are repeated.

Rubrics in the case and in *Hydrogenium*

- MIND - DELUSIONS - beautiful - things look
- MIND - DELUSIONS - god - presence of God; he is in the
- MIND - DELUSIONS - separated - body - soul; body is separated from

Rubrics in the case and in *Ozone*

- MIND - DELUSIONS - light [= low weight] - is light; he
- MIND - DISCONTENTED - himself, with
- MIND - FEAR - opinion of others, of
- DREAMS - EARTHQUAKE
- DREAMS - EARTHQUAKE - houses, buildings falling

## Summary

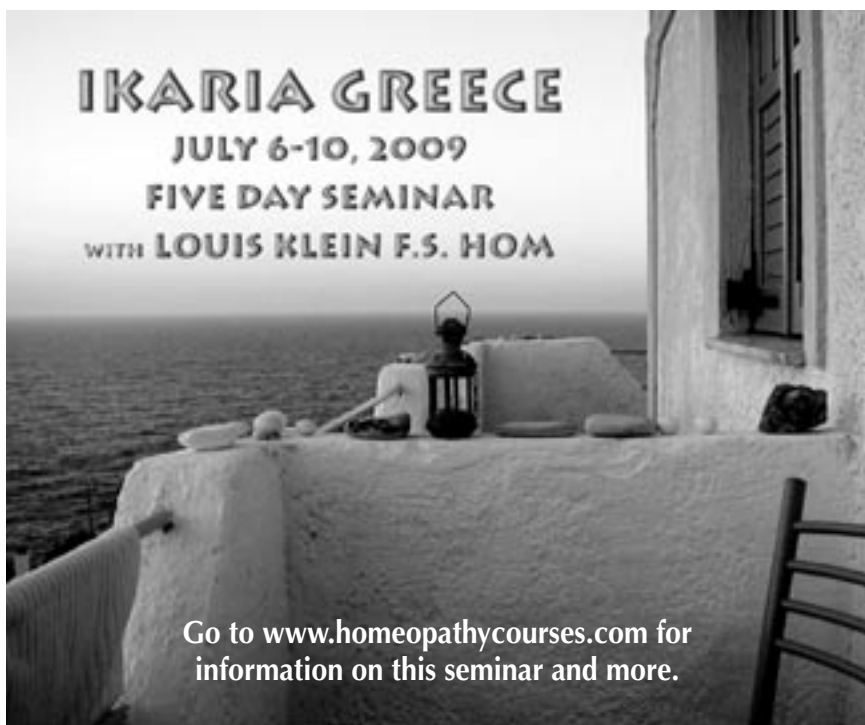
In using the source method of Dr. Rajan Sankaran, one is able to go deeper into the client's psyche to a point where they can and will suggest the remedy quality. The homeopath then has to put on his or her thinking cap, open the mind, heighten awareness of gestures and energy shifts, look for the "strange, rare and peculiar," pay attention to synchronicities and try to relate all these signs to a remedy (known or unknown). It often requires a good leap of faith to try a rather obscure remedy instead of a common one in these deeper cases. There is a lot of information out there on the numerous newly proved remedies and on ways to discover connections for use of those that have not had a lot written.

While no method of selecting potency has been proven to be the end-all and be-all, we should not be afraid to use the higher potencies, especially in cases that have a severe etiology. It is as important for us to develop and trust our intuitions in remedy selection and potency as well as to confirm accuracy using our material medicas and repertories. With the new research and exploration of families, kingdoms and remedy relationships, homeopathy is becoming more exciting and more accurate.

I especially wanted to bring your attention to the use of a higher potency and suggest that this experience indicated that in using higher potencies we may be able to not only heal symptoms but clear out deep karmic and genetic tendencies as well. In a case with a child who presents with strong physical symptoms and you can identify ancestral unresolved deep issues, a

50M may be the potency to consider.  
Take the leap!

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A hope, "Thank you Rajan for your refined insights."

Misha Norland

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# LM POTENCIES, REMEDY REACTIONS, AGGRAVATIONS AND CURE

DAVID LITTLE

The LM 0/1 acts as a much deeper potency than the 30C potency, but it does not produce the prolonged aggravations of the high and highest potency C remedies when used correctly. Any homeopathic remedy, from low potency Cs to the high (6c to MM), and the LM potency (0/1-030), can cause aggravations due to overmedication. First of all, this means one should understand the proper parameters for giving remedies in medical solution.

Anytime a single dose or a short series of doses causes a strikingly increasing amelioration, this is a sign that the remedy should not be repeated as long as this state lasts. This is the best case scenario. If a single dose or short series of doses only causes a little or slow improvement, the remedy should be repeated at suitable intervals in order to speed the cure. Under this second condition, the remedy may have to be given in a split dose over a longer period of time. Nevertheless, one should be careful not to overmedicate the patient by giving the remedy too often for too long. Overmedication causes unneeded aggravations that slows down the cure and causes discomfort to the patient. This should be avoided as much as possible.

Secondly one must learn the signs of positive and negative remedy reactions. Everyone, lay or professional, must understand how to recognize and manage such situations.

The medicinal solutions for the C and LM potency do not cause aggravation when the size of the dose, the level of potency and the repetition are each homogeneous with the patient. If the size of the dose is too large, the potency is too high, or the remedy is being repeated when it is not needed, there will be aggravations. What the 5th and 6th *Organon* offer are the tools to prevent, control and reduce the strength and number of aggravations. To think that the medicinal solutions for the C and LM potency alone are sufficient to end all aggravations is a mistake. Hahnemann's Paris casebooks show that the Founder still witnessed aggravations in some cases, even in 1843. This cannot always be prevented but it can be managed in a safe and effective manner.

For my first ten years I was practicing Kentian-cum-Hahnemannian homeopathy based on the 4th *Organon*: dry dose method, often using high potencies. In those days everything was dramatic. The cures were dramatic, the aggravations were dramatic, the successes dramatic and the failures dramatic! Everything was TOO dramatic. I remember telling patients that aggravations were a good sign and then worrying about it afterwards in the middle of the night. Then I started to experiment with the methods of the 5th *Organon*, the 1837 *Chronic Diseases*, and the 6th edition of the *Organon*. This reduced the number of aggravations and their strength and made my cases much more easy to manage. I might add that it reduced the time of cure greatly in many cases.

I also found I could cure patients with much lower potencies than I originally thought I would have to use. This change, however, did not eliminate all aggravations under each and every circumstance. What Hahnemann's advanced method provides the practitioner is a number of tools to match the posology and case management methods to the sensitivity of the patient and the nature and stage of the disease state. This is based on the methods of adjusting the dose and repetition to suit the individual as well as the time and circumstances. There is no one method that suits all patients under every circumstance all the time.

Here a quick guide to the four major remedy reactions.

1. A similar aggravation.

This is when the symptoms the patient is suffering from increase due to the primary action of the remedy. This is the sign of the right remedy, but the dose may be too large, the potency too high or the remedy repeated when it was not necessary. If the aggravation is slight or passes off quickly, one only needs to wait and watch for a secondary curative response to bring relief with an increase of vitality and well-being.

If the overmedication is excessive, it may produce a prolonged aggravation that demands intervention to regularize the case. This is best done under the guidance of a person with experience in such matters. Many times a very small dose of a lower potency of the same remedy will regularize the case by retuning the vital force to a more harmonious balance. If the aggravation seems uncontrollable, the remedy might have to be antidoted.

In a prolonged aggravation, the primary action of the remedy uses up too much vitality in producing symptoms so that the vital force has too little energy to produce a long, enduring, healing response. Nevertheless, if one is careful with dose, potency, and repetitions, one should not find oneself in such a situation.

## 2. A dissimilar aggravation.

New and troubling symptoms appear that do not pertain to the disease under treatment. This is a sign of a wrong remedy to which the patient has reacted in a negative manner. If the dose, potency and repetition have been conservative, these symptoms usually wear off quickly. If the new symptoms are very strong and prolonged, this case must also be regularized. This is best done under the guidance of someone with experience in such matters. If the aggravation is not overly strong or dangerous, the new case history based on the old natural symptoms and the new medicinal symptoms are recorded and the corrective remedy given. If the aggravation is dangerous, the remedy should be antidoted immediately if possible.

## 3. Accessory Symptoms

Somewhere in between a similar aggravation and a dissimilar aggravation is the production of accessory symptoms. The patient improves in some regards but in other areas, new symptoms appear. This is the sign of the partial simillimum where the remedy is close but not perfect. If the remedy is close enough, the accessory symptoms will be removed by the vital force without causing any real problems.

If the remedy is too far from the center of the case, the accessory symptoms will increase as the curative effect fades. In this case, the remedy will no longer do the patient any good. Under these circumstances the case must be retaken and a better remedy given. Partial simillimums lead to what is called “zigzag” prescribing, where the path to cure is not a direct line. The use of true simillimums is a direct path like a line between two points. This is not always possible as we are not perfect. Everyone “zigzags” a bit at times so it best to understand how to do it properly. If the remedies are close enough, the cure will take place without any major obstacles within a reasonable time. If not, the case may begin to go in circles and the cure will be delayed.

## 4. A true healing crisis.

In the preface to the 1845 American edition of the *Chronic Disease, C.* Hering reviews this subject in detail and offers the foundation of what Kent called “Hering’s Laws”. These postulates are based Hahnemann’s direction of cure as recorded in *Chronic Diseases*, 1828 edition, and also to certain references in the introduction of the *Organon* and other writings. In this work, Hering noted the following:

1. Symptoms are removed from above to below.
2. Symptoms leave from within to without.
3. Symptoms pass off from the more important to the less important areas.
4. Symptoms pass off in the reverse order of their development.
5. This process is accompanied by an improvement in the mental state and vitality.



If the movement of the symptoms follow these principles in general, the direction of cure is correct. If there is an increase of symptoms in a certain area, but it follows the above directions, the symptoms should pass off quickly and be followed by a sense of increased well-being and more vitality. The return of old symptoms should be gentler and pass off more quickly than the original incidents.

If the old symptoms return stronger than the original symptoms, this is a sign of overmedication like the ‘similar aggravation’. Too many old symptoms coming on too strong and too fast is a sign that the dose is too large, the potency too high, or the medicine was repeated when it was not necessary. The major difference between a ‘similar aggravation’ and a ‘healing crisis’ is that an aggravation is controlled by the primary action of the remedy and the healing crisis is controlled by the secondary curative response of the vital force.

Hahnemann pointed out that the order of the return of old symptoms can be disrupted in the case of over-drugging, suppression, unnecessary surgical intervention, etc. It may also be disrupted by an old local complaint or a one-sided pathology that has acted on the organism for a long time. These symptoms may not be removed until the rest of the health has been recovered in most other regards. Old one-sided pathologies or local complaints are often only removed toward the end of treatment.

If the student or practitioner understands these four conditions, they can treat the patient in a safe manner. Unfortunately, too many homeopaths think “any reaction is a good reaction,” which is certainly not the case. They do not recognize the difference between a similar aggravation, a dissimilar aggravation, accessory symptoms or a natural healing crisis. Aggravations caused by overmedication, new troublesome symptoms caused by the wrong remedy, and accessory symptoms caused by a partial simillimum are all called a “healing crisis”.

Some homeopaths are living by the false maxim “no pain, no gain.” They think trouble is a good sign. This, however, is not in harmony with aphorism #2 in the Organon, which speaks of a gentle, rapid and permanent cure. Unfortunately, our educational facilities do not always make the true situation clear. Remember the first Hippocratic maxim is, “Do no harm!”

# A LINK BETWEEN THE PERIODIC TABLE OF ELEMENTS AND THE PLANETS OF OUR SOLAR SYSTEM, WITH THE HELP OF HOMEOPATHIC MEDICINE

*By DR. AMEET AGGARWAL, ND P.G. GESTALT THERAPY*

## **Homeopathy**

Homeopathy is a system of medicine that uses remedies made of extremely diluted substances to elicit cures in people. These homeopathic remedies work on the mental, emotional and physical areas of healing, and can therefore be used for physical ailments such as trauma or chronic disease, as well as for mental diseases such as anxiety and depression. To prescribe a homeopathic remedy, the homeopathic doctor takes into account many different aspects of a person's being, exploring details of physical complaints (on what side does the head hurt, the thirst or food preferences of a person, and what time of day are symptoms the worst, to name a few examples), as well as examining the emotional state of the person (psychological tendencies, personality, fears, dreams, emotions, etc.). By collecting these details for a person, the homeopathic doctor is able to determine the correct homeopathic remedy that accurately fits all the symptoms of the patient, hence being able to bring about better and longer term cures. Often, in fact, by using the mental and emotional characteristics of a person, the homeopathic doctor is able to find a remedy that will also help with the physical ailment that the patient is suffering from, due to the totality of symptoms that the remedy carries. There are many sources of homeopathic remedies. Some sources come from plants, some from animals, and some from minerals. This paper will investigate the mental/emotional properties of homeopathic remedies made of minerals and elements, the emotional characteristics of the planets in astrology, and explore how there may be a direct correlation between the planets of our solar system and the periodic table.

## **The Periodic Table**

Most matter in the universe is made up of certain elements, which are atoms made up of a nucleus of protons and neutrons, and have electrons orbiting around this central nucleus. A simple model would be to imagine the way planets in our solar system orbit around the sun. The periodic table is a system that categorizes the elements of the universe according to the number of protons, neutrons and electrons in their atoms. The table

is divided into columns and rows that group the elements according to the number of electrons that occupy an orbit around the nucleus. Hence, atoms of column 1 of the periodic table have 1 orbital electron associated with them, atoms of column 2 of the periodic table have 2 electrons associated with the outer orbit, and so on. The further right you move in the periodic table, the more electrons you have in an orbit.

**Homeopathic use of the Periodic Table**

The mineral remedies are made up of various elements that are found in the periodic table. For example, *Ferrum metallicum* (iron) is a homeopathic remedy made of Iron, *Mag phos* is a remedy made of Magnesium and Phosphorus, and so on. There are experts in homeopathy who have managed to group mineral remedies according to the psychological themes that they manifest in people. For example, there are a group of mineral remedies that are associated with relationship issues, others with depression, others with fear, others with family issues, others with childhood or developmental issues, etc. Renowned homeopaths Jan Scholten and Rajan Sankaran have managed to categorize the emotional and psychological themes of remedies based on their position within the periodic table (row and column position).

The following table consists of words that describe the psychological themes of mineral remedies within the periodic table. They are categorized according to the column of the periodic table that they fall in. This is from the work of renowned homeopath Jan Scholten.

<b>Column 1</b>
Initiate, one, single, simple, sole, start, begin, impulsive, spontaneous, unpredictable, single minded, irreflectiveunreflective, one one-sided, thoughtless, lonely, alone, naïve, childish, fool, simpleton.
<b>Column 2</b>
Assess, observe, evaluate, question, place, settle, criticize, examine, observed, bewildered, intimidated, criticized, unsure, shy, timid, passive, adapt, adjust, conform, protect, cover, hide, support.
<b>Column 3</b>
Search, doubt what, investigate, discover, scan, try, compare, changeable, unstable, hesitation, underestimate, discouraged, unofficial, uncommitted, undecided, under.
<b>Column 4</b>
Establish, doubt if, start, found, ratify, certify, official, committed, uncertain, indecisive, amazed, hall, bridge, gate, door, key.
<b>Column 5</b>

Prepare, doubt how, purpose, temporary, provisory, conditional, unrealistic, postponing, avoiding, alternating, tantalising.

**Column 6**

Prove, initiation, challenge, courage, dare, bravery, determined, forced, obliged, inevitable, inescapable, irrevocable, compulsory, necessary, hide, secretive, cover.

**Column 7**

Teach, train, study, improve, extend, stimulate, feedback, compliment, help, assist, aid, cooperate, together.

**Column 8**

Force, push, press, struggle, deadline, strife, endurance, concentrate, calculate, plan, heavy, tension, compress, resistance, obstruction, confront, opposition, oppression, through.

**Column 9**

Realize, compete, conclude, culminate, finalize, authorize, compromise, result, rehearse, test, tryout, perfect, practically, virtually, edge, verge, point of, almost, nearly, not quite, anticipation, blunder, calling it off, up.

**Column 10**

Summit, centrecenter, high, shiny, glory, brilliant, great, success, dignity, justified, independent, noble, assured, haughty, obvious, apparent, rigid, fixed, sure, balanced, imbalance, erratic, eccentric, self.

**Column 11**

Conserve, continue, keep, preserve, protect, sustain, expand, extend, serve, share, partage, interest, wealth, fortune, prosperity, affluence, privilege, conservative, enjoy.

**Column 12**

Overdo, overstate, overshoot, boast, inflate, falsify, caricatural, repeat, replicate, redundant, pollute, decline, degenerate, descent, down, divide, dissect, disunite, enemy, revolution, conservative, suspicious, re over.

**Column 13**

Retreat, retire, recede, withdraw, shrink, antique, obsolete, dated, nostalgia, suspicious, mouldy, musty, behind, back, out.

**Column 14**

Diverting, discarded, dismissed, disposed, discharged, drained, weak, eliminated, empty, detached, indifferent, irresponsible, coward, distant, formal, mask, mummy, fossil, dis.

**Column 15**

Destroy, destruction, eject, loss, fall, defeat, bankrupt, death, surrender, abdicate, sacrifice, forgive, forget, poison, refusing, contrary, sudden, unforeseen, over.

**Column 16**

Lost, over, past, rotten, rest, ruin, rags, ugly, foul, offensive, putrid, disgust, fantasy, philosophy, memory, lazy, neglect, asking, luring, tempting, begging, reconcile, deepening, outcast.

**Column 17**

Eradicate, extinguish, finish, abort, quit, cease, close, end, stop, leave, forget, abandon, hold, take, demand, uncontrol, climax, condemned, outcast, fleeing, refugee, exile, expel, exclude, ex out.

**Column 18**

Inert, rest, inactive, meditation, coma, death, retreat, cocoon, locked, denial, quiet, still, idle, latent, transform, free, floating, confusion.

Now that we have seen psychological and life themes within the periodic table, we will examine similar themes of planets according to astrology. In astrology, the planets themselves exert certain influences on people, depending on their position in the heavens relative to the individual's date and time of birth.

The following table has words that are associated comprising with the mental and life themes associated with different planets.

<b>Sun</b>
Individual faculties; consciousness of Ego, the individuality as distinguished from the personality; a strong individuality with an urge toward acquisition of power. Restless, operates more through inspiration than intellect. Represents sense of self, identity.
<b>Mercury</b>
Concrete mental faculties, thought, understanding, reason, intelligence, hesitancy to face issues; mental waywardness; brilliant and facile but not profound; intellect, industrious in acquiring knowledge for its own sake; pure reason. Learning and communication.
<b>Venus</b>
Friendship, romance, affection, love, sexuality, sensitivity, gentle, graceful, passive; music, peace, faithfulness. Also related to harmony and balance.
<b>Mars</b>

Combativeness, acquisitiveness, desire, enthusiasm, passionate amativeness, courage, ardor in pursuit, not easily rebuffed and seldom discouraged, indiscriminate sexuality, haste, anger, intolerance.

**Jupiter**

Abundance, generosity, mercy, and charitable actions, Jupiter’s placement shows where you are lucky, and where you gain by giving to others. It also indicates your sense of morality and your attitude towards higher education. Associated with perception and learning, expanding our viewpoints.

**Saturn**

Discipline, caution, and attitude towards hard work, feel deficient and need to work (an excellent Saturn word) towards overcoming your insecurities, strive hard, diligence. Protection, security, limitations and boundaries.

**Uranus**

Imagination, constructive; reacts violently against anything that would deprive him of his free and conscious choice of thought and action. Unbending will, insistent upon independence; not readily amenable to any sort of control; strong sense of power and authority; assertiveness and positiveness; self-reliant; inventive; interest in scientific and religious principles; unconventional, altruistic; perseverance to cope with and conquer material obstacles, yet subject to sudden changes of attitude; originality, with a tendency to break new ground, start new occupations, advance new ideas, utilize use new methods, depart from established customs, and hold in disdain the arbitrary restrictions of conventional morality; alienated from his relatives; moves spontaneously from an inner urge - henceurge—hence, impulsive and generally classed as eccentric. Associated with urge to be inventive and original. Inner force in us that leads us to make changes. changes.

**Neptune**

Selfless love because you’re in tune with creation. Inclusiveness and unconditional love.

**Pluto**

Destruction, transformation, change, annihilation. Transformative energies, brings into consciousness what has been hidden or neglected within ourselves.

Notice the correlation in themes between those of the periodic table and those of the planets. Even though there is a loose correlation, there appears to be some similarity. Most notably, the following columns of the periodic

table have similarities to the following planets:

Column 1 – Sun

Column 2 – Mercury

Column 6 – Mars

Column 7 – Jupiter

Column 8 – Saturn

Column 10 – Uranus

Column 15 – Pluto

The intriguing part of this correlation is that as we move towards the right in the periodic table, we also move according to distance the planets are from the sun. There are missing pieces to this relationship, and not all columns and planets have definite associations, and a lot more work has to be done to find all the links. It is no surprise, however, that when we move towards the right in the periodic table, we associate with planets in the same order as they are distanced away from the sun. This is because as we move towards the right in the periodic table, the number of electrons in the outer orbit around the an atom's nucleus also increases, which, with a little stretch of the imagination, somewhat reflects the increasing number of planets that orbit the sun as we move further away from the sSun. This possibility is in harmony with the theory that the microcosm of the universe is reflected in the bigger macrocosm of the universe, and vice versa. Hence, it is fair to assume that the atomic structure and arrangements of elements in the periodic table has some reflection of reflects somewhat the way our planets behave in the solar system.

What next?

There are many new fields of thought that can emerge from this hypothesis. The following are some thoughts that are this analysis provoked in me.

- Each element of the periodic table is representative of a planet's particular position in the solar system, or astrologically speaking, the elements can be linked to a planet's position within an astrological "house".
- If the microcosm-macrocosm theory holds strength, scientists can measure aspects of the universe using various characteristics of atoms in the periodic table, such as the distance of electrons from the atoms and the atomic weight of one atom relative to another. Gravitational influences in the universe can also be studied by looking at the pull within the atomic nucleus, or the pull the atomic nucleus has on the orbiting electrons. The arrangement of the universe could be observed by observing the arrangements of atoms in the periodic table.
- Theories can emerge about the manifestation of matter during the big bang and the expansion of the universe, depending on where atoms/elements are in the periodic table. Perhaps different elements emerged

at different times during the evolution of the universe. Perhaps the elements were formed in some order that is reflected by where they are in the periodic table.

- The periodic table may be able to be restructured to closely match the way the solar system exists.
- DMeasuring the relative centre of the universe depending on what studies emerge on how the atoms represent the position of planets and stars, or solar systems, or even galaxies, this theory might help in measuring the relative center of the universe.
- Theorizing One might theorize as to the type of elements that exist in different galaxies based on their relative size or combination of planets/ stars that exist in them
- For homeopathic doctors, finding the right remedy for a patient may be possible by examining his astrological chart.
- Homeopathic remedies are formed from plant, animal and mineral sources. If certain plant or animal remedies have similar actions as mineral remedies, is there a scientific correlation between planets and these other forms of nature?

The list can go on and on, and it is for interested scientists, homeopathic doctors and astrologers to bring this information closer together, and find a correlation that may explain a lot about our universe.

### Resources:

1. Homeopathic table: Jan Scholten
2. Astrology Weekly: Planetary Psychology. Last retrieved 19 April 2008 from the Astrology Weekly website: <http://www.astrologyweekly.com/dictionary/planetary-psychology.php>.
3. LiveJournal: My Book, Chapter 2 – The Planets. Last retrieved 19 April 2008 from the LiveJournal website: <http://community.livejournal.com/astrology/2250514.html>.



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# “I CAN ´ T TALK” - A CASE OF MENTAL CONFUSION

BY STEVE OLSEN ND, DHANP

On November 8<sup>th</sup> 2007 a distressed patient came to see me with the following symptoms:

He could not speak. When I asked him questions he put his head down then finally after a minute he would groan and shake his head. Sometimes he would look up at me with a questioning look as if to say, “I am trying but my brain is not working.” He was not even able to answer yes and no questions.

His pastor had come in with him and this concerned friend of his explained a few things to me about the patient:

Barry – not his real name was a 46-year-old bachelor. He was fond of reading the Bible and met with his Christian study group once a week. Slowly over the past few months they had noticed Barry having more and more difficulty with reading out loud, forming his thoughts and speaking. Often he could not find the correct word and was using wrong words. Recently he stopped speaking altogether. Barry had never had many friends. He was usually calm and collected at church.

I gave him a dose of *Helleborus* 30c. This seemed to help him for one day then he became worse again. On repeating the remedy it again helped him but again the improvement was not sustained.

On this visit it was related to me by his pastor that Barry had always been very shy. His parents had never given him any affection and sent him off for adoption along with his siblings at a young age. Later in life he had tried to reconcile with his parents but they had rejected these attempts.

On physical examination I found nothing unusual although his hands were quite warm. His care taker had related to his pastor that he did not bath or shower very often.

On this visit I gave Barry a dose of *Baryta sulph* 30c.

A week later I learned that Barry had not been eating much. He was still not able to speak. He has developed a distressing cough. I found out that he salivates when he uses to speak from the corner of his mouth.

Based on this I gave him a dose of *Merc-viv* 30c.

A week later there is no change for the better. Now he is coughing up blood. He rejects warm food or drink. He will eat potatoes dry and cold. He will not stand or walk for very long. Still not eating much.

At this visit I gave him *Alumina* 30c because he seemed to like dry food and potatoes.

Later the next day he was no better so I asked his pastor to take him to the hospital in order to rule out pneumonia or some other lung condition that was leading to the bleeding.

When he came in again a month later he had lost thirty pounds. He spends his days mostly watching television. His pastor said his reading skills were at a grade five or six level. Often he was falling asleep during the church services.

*Helleborus*, *Baryta sulph*, *Mercury* and *Alumina* are all indicated in the treatment of severe sensorial depression and there were some key symptoms to confirm each of them.

On this visit I gave *Taxus brevifolia* 30c one dose – it turned out to be his simillimum.

During the proving I made of *Taxus brevifolia* the following symptoms were recorded:

### **Cloudy Detachment and Isolation**

I feel separated from people, isolated, and indifferent. A feeling of being detached, daydreaming. (P1)

I just want to sit and observe. (P1)

Aversion to talk to people. I wish the customers of my shop would go away. I think they are silly. (P2)

I feel that I am not in reality, like I am asleep in my mind, a dreamy foggy feeling. My mind feels slow. I want to sleep more, and be alone. (P2)

A major effort to pay attention to things. I zone out in conversations. (P1)

My mind is in a haze, and I want to avoid things. (P1)

Starting to feel the sleepiness again, mind fuzzy, and a feeling of detachment. (P1)

I find I make dull responses at work, and I wanted to go to sleep. I feel cloudy, foggy, and a misty feeling in my mind. Things seem unclear. (P2)

I am still mentally sleepy, cloudy, and have a foggy feeling. (P2)

Two and a half-hours later noted a new symptom: mind feels fuzzy. Not able to engage completely in conversation. (P1)

After third dose: headache continued, mental clarity comes and goes. (P1)

Very hard to be self-reflective. (P1)

Of note was a feeling to want death to come, to release me from the misery of this life. A sense that death was “sweet and restful.” A liberation as expressed by the words of the Swan’s Song: “Oh death come close mine eyes.” Death feels like a sentimental longing. It would be okay to die, to go to sleep and never wake up. (P1)

### **Sleepy with Low Energy**

Not enough energy to joke around. (P1)

I feel I could sleep all the time, or at any time. I want to take more naps. (P1)

At supper I found myself nodding off to sleep. (P2)

Generally tired and more loss of energy. (P2)

I felt extremely sleepy when taking the remedy—this is unusual for me. I kept wanting to nod off. Desire to go to sleep while driving -I was generally more tired. (P2)

All evening I am nodding off to sleep while listening to a lecture. (P2)

### **Irritability With People**

Aversion to have any demands. (P1)

I found I was not thinking nicely of people. People were demanding too much and I didn’t want to answer any questions. (P2)

My body feels uncomfortable. I don’t want to be bothered by anything. (P1)

### **Depression**

I feel a down mood, depressed, listless; the whole world is too much. (P1)

### **Slowness of Mind**

Summary of what I experienced:

While taking the remedy, 5 doses in all of the 30c, I felt more withdrawn in general. I wanted to be left alone, and to be quiet. My mind was in a fog, and my thoughts were unclear. My responses were slow, dull, and I wanted to sleep all the time. (P2)

Follow up a week later:

Barry came in by himself. He is able to speak again. “I am able to think more clearly and my thoughts move faster,” he said. “My headaches have stopped. I can read and understand things again.”

He continued to take the *Taxus* every week or so and later in the year I gave

him *Taxus* 200c.

As of October 2008, Barry related to me that:

His memory gradually improved.

He was able to remember his dreams again.

His reading comprehension improved.

The nightly salivation abated.

Easier to breath ... apparently he suffered from asthma.

Able to smile again and enjoy things.

Found work as a volunteer at his local library.

Enjoys volunteer garden work.

More sociable overall.

I do not notice any delay in his ability to have a conversation.

His response to my questions is quick, to the point and meaningful. He met a woman who has become a bit infatuated with and wanted to know my opinion. His father died a year ago. "I feel sorry for him," said Barry on his last visit.

Conclusion: *Taxus brevifolia* is a remedy that is often needed for cases of severe sensorial depression. I have used it for children and for adults who could never learn to read. This is the first case I have used it for loss in the ability to speak.

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# DIFFERENTIATION OF RUBRICS OF MIND

*DR. NAVNEET BIDANI*

Understanding rubrics is the first step towards a successful selection of remedy. One must be thoroughly familiar with the stock of rubrics so far as their meaning is concerned. Here, a good repertory is of great help; but no matter which repertory we use, it will never give us the right remedy in a straight shot. So, we must use the repertory within the perspective of its particular philosophy and principle, and never use it simply as a mechanical tool.

## **Selection of the right remedy depends on many factors:**

- The patient's narration or expression of their symptoms. We must know how to convert the patient's symptoms into the language of repertory.
- The physician's ability to make keen observation of symptoms.
- The physician's skill in interpreting symptoms.

The best interpretations come from understanding the situation of a patient. This usually must be understood in the form of a story or an evolution. Let's take an example.

A boy wants to become an artist. From a very young age he loves to read books related to the arts; he loves to draw and paint, and is very excited on seeing related television programs. He is enthusiastic about taking part in art competitions and he loves to visit museums and art galleries. However, he has a very dominating father. The father says, "Look, you cannot make money by studying at a school of arts. You have to study business so you can get a good job and make lots of money." Then a conflict starts in the mind of the child pitting his burning desire to be an artist against the restrictions from his father about pursuing a commercial education.

How are we going to interpret these symptoms? **Never assume you have a correct interpretation of the symptom without confirmation from the patient** - that is, **do not interpret from your own imagination.**

In the case given above, we must understand that the child wants to do

something but the dominating father restricts him—and ultimately the child surrenders.

In this case, the rubric we select may be:

- ‘Mind-contradictory, actions are contradictory to intentions’
- or ‘Antagonism with self’
- or ‘Ailments from domination’

Once we decide on one of these rubrics, we must confirm its accuracy with the patient. Then we add it to a case analysis.

Sometimes there are cases where it is difficult to find the exact feelings of the patient in the form of a rubric. Let’s take the example of a person who is in many ways an extrovert, but does not share his feelings with anybody. Is it correct to take the rubric ‘Reserved’? Or should we take ‘Reserved displeasure’? Because this person is primarily an extrovert, he is not well-described by these choices. So the correct rubric may well be ‘Hides his inner feelings’.

As another example, consider a person who has a strong aversion to quarrels, violence, and arguments, etc. Here, it is not always correct to take ‘Quarrel, aversion to’. Depending on the situation, ‘Desire for harmony’ may be a better rubric.

The next step is the use of the rubrics in metaphorical way, in an expanded sense. For this we must look to the surroundings, keep our eyes and ears open during our day-to-day conversations with people. One should proceed from meaning to expressions. Merely collecting expressions and finding their equivalent rubrics is of help to some extent, only because the expression may relate to any one of several rubrics, or to more than one rubric. Likewise, one rubric may have a variety of expressions, so we must have a thorough knowledge of how to differentiate the rubrics that seem to have a somewhat similar meaning. Here are some attempts:

### **‘Abusive’, ‘Cursing’ and ‘Contemptuous’**

‘Abusive’: One should consider this symptom in conjunction with the heading ‘Cursing’ in order to distinguish between the two. Both concern verbal attacks on people or things. The abusive person uses rude and insulting words in order to offend others, whereas cursing is the vivid expression of surprise or annoyance. In assessing these symptoms, one must bear in mind the patient’s education and background. We must know how to differentiate this rubric from ‘Contemptuous’. The contemptuous person not only belittles other people but also feels superior to them. In his scorn

there is indifference, rejection and sometimes even loathing. The symptom is most easily recognizable in racists who despise any racial group to whom they feel superior. We can differentiate it from 'Rudeness and Insolent' as well. The rude person is impolite and coarse in words and deeds. Like the insolent person, he has absolutely no consideration for anyone else, but the rude person adds a dash of crudeness and bad taste whereas insolence is a lack of respect. It may be detected in patients during consultation, although few will admit to it. Look for an attitude of excessive casualness and confidence, the impertinence implicit in all the movements. This person is ill-mannered and completely lacking in modesty.

### **'Fanaticism', 'Anarchist' and 'Revolutionary'**

A fanatic person may be readily identified by his attitude and behavior. Within a group, he will be passionately enthusiastic in support of an idea. The greater the validity of an objection, the more aggressive and dogged will be his defense of the idea. He would rather die than admit that he might be wrong and his adversary right.

This may lead him to compound his problems to an absurd degree, rather than try to solve them. His blindness and lack of flexibility prevent him from clarifying his own thoughts and from exchanging ideas. He shuts himself off from all other points of view. Fanaticism is more often used in context with religious mania.

### **Anarchist':**

\_An anarchist is one who rebels against any authority, established order or ruling power or one who uses violent means to overthrow the established order. He will reject of all forms of control and authority.

In terms of intensity of obstinacy or craziness, an anarchist is more intense than a fanatic. A fanatic can not be an anarchist but an anarchist can be a fanatic. If intensity increases to yet another higher degree, then an anarchist becomes a **revolutionary**.

Fanaticism: *Aur-ar, Caust, Lach, Puls, Rob, Sel, Sulph, Thuja*

Anarchist: *Arg Nit, Caust, Kali Carb and Merc*

Revolutionary: *Merc*

If we look at the medicines mentioned, we can easily predict that a *Causticum* fanatic (grade1) converts into an anarchist (grade 2) and a *Merc* anarchist (grade 2) converts into a revolutionary (grade 3).

We can also co-relate it miasmatically:



'Fanaticism' ----- Psora  
'Anarchist' ----- Sycosis  
'Revolutionary' ----- Syphilitic

**'Frivolous', 'Foolishness and Childish Behavior'**

'Frivolous' means: Unworthy of serious attention: trivial treatment of anything he comes in contact with.

The frivolous person is vacuous and superficial. He is devoted to casual relationships, drunkenness, debauchery, fine cigarettes, wild parties and pornographic films. His sole ideal is the pleasure of empty distraction. He achieves nothing important or substantial. A frivolous person might narrate his complaints with laughing as if he were not very serious about it.

We must know how to differentiate this rubric from 'foolishness and childish behavior'. Foolish or clownish behavior in children is easily observed during the consultation. These attempts to be funny or amusing often indicate that the child has low self-esteem, or it may be a means of calling for attention.

A frivolous person knows the after-effects or ill-effects of his negligence but still he doesn't care about it, whereas a foolish person doesn't even know that there could be an ill-effect.

The symptom also occurs in patients with an emotional immaturity (*Pulsatilla, Ignatia*): exaggerated fixation on parental images, need for protection, emotional instability, egoism, jealousy, difficulty in resolving problems, etc. Childish behavior should not be confused with 'Imbecility' or with 'Idiocy' which involve mental disability. 'Imbecility' covers a mental age of between three and seven years of age, and 'Idiocy' of not more than three years.

A frivolous person is one who does not appreciate the serious nature of anything he comes in contact with and is inappropriately silly.

**'Fastidious', 'Censorious' and 'Conscientious'**

**'Fastidious':**

Difficult to please or suit; delicate to a fault. Everything has to be "just so." "Disdainful; squeamish; rejecting what is common or not very nice; suited with difficulty." This person is excessively scrupulous and meticulous. He gives careful attention to details (another 'Perfectionist'), and is excessively concerned with cleanliness.

**'Censorious':**

A person who sees every action of others with an especially critical eye for the sake of disapproving. 'Censorious' can disapprove any behavior, personality, structure, animate or inanimate thing, as he has no fixed standards. By contrast 'Fastidious' has standards and is not pleased until the parameters set by him are fulfilled. These standards are usually for inanimate objects like dressing, cleanliness, taste, time and order of things. He is satisfied when his standards are met, while 'Censorious' is always criticizing others. Most of the time, like 'Capricious', he himself never knows what is right. He would say that he didn't know what was right but that this is wrong, while 'Fastidious' always explains what is right and how it is to be done.

This can be further verified by looking at drugs like *Baryta*, *Lyc*, *China*, *Cham*, *Lachesis*, *Calc*, *Ip*, *Caps*, *Cocculus* and *Hyos*. All of these drugs are 'Censorious' but not 'Fastidious'.

Sub-headed 'Critical' and 'Fault-finding', 'Censorious' also encompasses the modern expression "judgmental," meaning apt to blame or condemn; severe in making remarks to others, or on their writings or manners. He who is 'Censorious' is more concerned with the actions of others than is he who is 'Fastidious'.

### **'Conscientious'**

(about trifles): Equated by Kent with 'Scrupulous'. The patient makes an undue or disproportionate amount of trouble over tasks that are of minor significance. This may be seen in the amount of trouble taken either over the task itself or over making sure that it is completed. (Cf. 'Trifles seem important'.) The word conscientious also describes a person who is strongly guided by a sense of right or wrong, who does things in a way he deems correct. He is honest with himself and others and would not normally neglect his duties. He is loyal to his job; this person also lies on the verge of being a perfectionist. This is quite close to being fastidious and censorious but may not necessarily be so. This person is thorough and assiduous and is gifted with extremely caring nature and makes great efforts. Let's take an example:

Suppose you are late for a meeting: a fastidious person will not tolerate it. If you create disorder in room, a fastidious person will point you out and they'll point out that you didn't do this or that. Seen superficially, he may appear censorious, finding fault, but when we go deeper, we'll realize that his concerns are different. His problem is that he cannot be satisfied in respect to time, order or cleanliness or something which he considers important, as he has his own standards regarding his issues of life. It may be his behavior that is an adaptation in his life, as in *Carcinosin*, or it may be his temperament.

But censoriousness is the attitude of person who is critical and faultfinding toward others. The other person may or may not be correct in that respect. The censorious or faultfinding person is systematically critical of other people, and does not pardon even the slightest fault. He loves to identify shortcomings in other people and to let them know of them. It is not at all for the improvement of the latter as with a critic; instead, it is destructive. He is ready to criticize but never to praise.

‘Conscientious’ is totally different from both of these. It is not an attitude of a person, but comes from inside himself. He listens only to his conscience and his decisions do not depend on who is standing in front of him. It is not in relation to the other person; it is his own personal understanding that comes from education and conditioning.

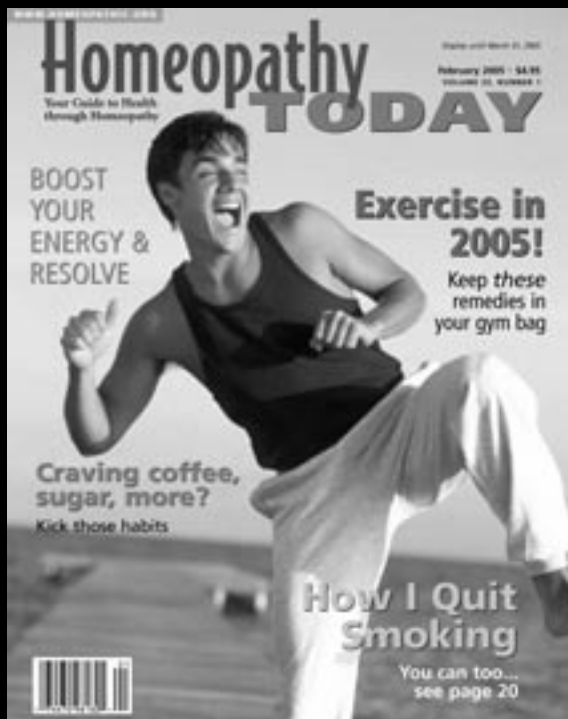
These are brief ideas on differentiating the rubrics and applying the exact rubrics for repertorization and finding the true simillimum. We must know that there are rubrics differing in shades of meaning and it may take all our intelligence, care and contemplation to fully realize these different shades.

**Keywords:** Repertory, ‘Abusive’, ‘Cursing and Contemtuous’, ‘Fanaticism’, ‘Anarchist and Revolutionary’, ‘Frivolous’, ‘Foolishness and Childish Behavior’, ‘Fastidious’, ‘Censorious’ and ‘Conscientious’

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# HANDLE HAY FEVER WITH COURAGE

DR. SUBRATA K. BANERJEA

*MODERN CLASSICAL-PRACTICAL PRESCRIBING:  
THE METHODOLOGY OF HAY FEVER TREATMENT*

*TREATMENT METHODOLOGY IN THE ACUTE  
STAGE OF HAY FEVER*

The treatment of hay fever should be divided into two phases: Acute stage and Latent Chronic stage.

Acute exacerbation of hay fever is manifested as sneezing, itching of the nose, eyes, pallet, profuse coryza, etc. This is a predominant manifestation of syco-psora miasm, generally pronounced during March to August when the pollen count is high.

Acute stage of hay fever: contaminated drug-dependent cases: cases without clarity of symptoms:

I would like to give courage to my fellow homeopaths, so that they can confidently prescribe the indicated acute medicine and handle the hay fever attacks. Homeopathy is not complementary medicine but it is an alternative to the conventional chemicals (so-called medicines) and we can provide this alternative by adopting proper methodology and thereby give fast relief to our patients during their acute suffering.

During the acute stage, we homoeopaths can handle hay fever with courage and prescribe the following medicines. Because the patient wants immediate relief, I prescribe medicines that have pronounced action on the main symptoms of hay fever and have the capability to give the patient instant relief (*Organon of Medicine*, §173--§178, Treatment of one-sided diseases with scarcity of symptoms).

Gradually the conventional medication can be withdrawn. I ask the patient to sip the homeopathic medicine prescribed on the basis of a few available symptoms, considering the symptomatic similarity of few symptoms in accordance with §173--§178. When the patient has an acute problem and is in need of conventional medicine, the patient takes the

homeopathic medicine and tries to defer the conventional medicine as much as they can. In this way, a drug-dependent patient who used to take conventional medication every eight hours can now, with the help of homeopathic medicine, defer the medication to every twelve hours, then twenty-four, and so on. In this way the patient is gradually weaned from the conventional medication.

This also allows a patient to avoid the use of conventional chemicals—patients get frustrated from prolonged and regular use of conventional chemicals in this era of organic food. This also prevents them from suffering the adverse side-effects.

I have a disclaimer signed by the patient who wishes to wean off the conventional medicines; I give the entire power and decision making to the patient (as the patient is also aware of the side effects of the chemicals of the conventional medicine and wants to wean himself from them.) Giving the “weaning off power” to the patient makes him feel that he is assuming control of what he is taking. Therefore the patient’s will power works strongly as well in raising the patient’s energy level so that they can very gradually wean off without much suffering. I do not advise exactly how they wean off the medicines, because that should be guided by the prescribing physician.

In drug-dependent hay fever cases, when the patient is on histamine and other medications, it is very difficult to get a clear picture of the case. The artificial chronic disease is superimposed on the original natural disease (Aphorism 91, Organon). Therefore symptoms are contaminated or suppressed and the patient does not give a clear picture. For instance, sensations and modalities are suppressed. I select lesser-known, organopathic medicines (e.g. *Ambrosia*, *Arundo*, *Rosa*, *Linum*, etc.) to open histamine-dependant hay fever cases, where there is an absence of a good totality for polychrest prescribing. In such cases, lesser-known organopathic medicines have the capability to alleviate symptoms to a certain extent, thereby giving the patient the chance to wean off the conventional chemicals. Experience shows that after weaning off 40-50%, the uncontaminated symptoms of the natural disease will surface and give us the proper modalities, sensations, etc., which will enable constitutional prescribing, which is our goal.

The same situation occurs in conventional, pain-killer-dependent migraine cases: the artificial, chronic disease is superimposed onto the original, natural disease, and the patient cannot give a clear picture for a constitutional prescription. The following medicines can be selected on the basis of few available symptoms: *Acetanilidum*, *Anagryis*, *Bromium*, *Chionanthus virginica*, *Epiphegus*, *Ferrum pyro-phosphoricum*, *Indium*, *Iris versicolor*, *Kalmia latifolia*, *Lac defloratum*, *Melilotus*, *Menispermum*,

*Menyanthes, Oleum animale, Onosmodium, Saponin, Usnea barbata, Yucca filamentosa.*

Accordingly the conventional, allopathic painkiller is gradually withdrawn and after approximately 50% weaning off the conventional medicine, suppressed symptoms will surface. Then the patient can give a much clearer picture and present stronger modalities. This will lead to making a change in the plan of treatment and on the basis of 'MTEK' [Miasm + Totality + Essence + Keynotes] a constitutional prescription can now be made.

In drug-dependent hypertensive cases, the following medicines are useful in gradually weaning off the conventional medication: *Allium sativa, Crataegus oxyacantha, Eel serum (Serum ang), Ergotinum, Lycopus virginicus, Rauwolfia serpentina, Spartium scoparium, Strophanthus hispidus*

**Through this approach, the patient gains immediate confidence that Homeopathy works, as well as being able to wean themselves from the conventional medication.**

Acute Hay Fever: Six Lesser Known Organopathic Medicines



<b>POINTS</b>	<b>AMBROSIA</b>	<b>ARUNDO</b>	<b>LINUM USITATISSIMUM</b>	<b>PHLEUM PRATENSE</b>	<b>ROSA DAMASCENA</b>	<b>SKOOKUM CHUCK</b>
1) Etiology	A remedy for hay fever (specially from Rag weed / Hog weed).	Prepared from Reedy grass: hay fever irritation begins from outdoor activities.	Prepared from Flax (source of linseed): Hay Fever irritation begins from outdoor activities.	Prepared from timothy grass: Hay Fever irritation begins from outdoor activities: walking in the woods or the fields.	Rose-Cold: prepared from Damascus Rose: Pollen from flowers.	N.B.W.S. Vaccination: especially in children.
2) Manifestations	(a) Lachrymation and intolerable itching (++) of the eye-lids. (b) Watery coryza; sneezing; respiratory tract in its entire length stopped up. (stuffed-up+++).	(a) Hay fever begins with itching and burning (++) of palate and conjunctiva (internal and external itching+++). (b) Terrible itching (+++) in the nostrils and roof of the mouth. (c) A remedy for catarrhal states: sneezing (+++).	(a) Intense irritation ++. (b) Severe allergic disturbances: like allergic bronchospasm (+++): as if the patient would suffocate; (c) Urticaria (skin complaint) and asthma (respiratory complaint) are often associated (Ref. Dr. Clarke).	(a) Hay fever with asthma. (b) Watery coryza with itching of the nose and eye. (c) Frequent sneezing.	(a) Beginning of hay fever. (b) Hardness of hearing; tinnitus. (c) Eustachian catarrh.	(a) Hay fever; dry skin and psoric preponderance are the triad for selection of this remedy. (b) Has strong affinity for skin and mucus membranes. (c) Profuse coryza and constant sneezing+++.
3) Prescribing Tips	Watery coryza; sneezing; respiratory tract in its entire length stopped up. (stuffed-up+++).	Internal and external itching+++; Terrible itching (++) in the nostrils and roof of the mouth. Sneezing (+++).	Severe allergic disturbances: like allergic bronchospasm (skin complaint) and asthma (respiratory complaint) are often associated.	Prepared from timothy grass: Hay Fever irritation begins from outdoor activities: Walking in the woods or the fields. Hay Fever with asthma.	Hardness of hearing; tinnitus; Eustachian catarrh.	Hay fever; dry skin and psoric preponderance are the triad for selection of this remedy. Profuse coryza and constant sneezing+++.

<p>4) Potency of Choice</p>	<p>Q. (8 to 10 drops à in ½ cup of lukewarm water à 6 to 8 hourly à during acute attack of hay fever à for emergency à S.O.S. à Stop as soon as improvement ensues. In this way, we can gradually wean off according to the patient's wish the chemical medications (e.g. histamine). I generally ask my patient to sip the tincture (mixed with water) slowly during the acute attack and wait or delay as much as s/he can with the conventional medication. If s/he was taking the conventional medication 8 hourly à even with homeopathic support à delaying the conventional medication by 2 hours will be 10 – 15% weaning off).</p>	<p>Q., 6C.</p>	<p>6C, 30C.</p>	<p>6C, 30C.</p>	<p>6C, 30C.</p>	<p>6x trituration (¼ tea spoon in half cup of lukewarm water à 6 to 8 hourly à SOS à during acute attack of Hay Fever with coryza and sneezing; 30C.</p>
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<b>POINTS</b>	<b>ALLIUM CEPA</b>	<b>ARS. IOD.</b>	<b>DULCAMARA</b>	<b>LAC CAN</b>	<b>SABADILLA</b>	<b>WYETHIA</b>
1) Etiology	(a) Colds in damp cold weather (Dulc). (b) From getting wet (Rhus Tox).	(a) Past history of tubercular affections. (b) Study (brings headache). (c) Warmth.	(a) Sudden change of weather: dry to moist; from hot to cold. (b) Days hot & nights cold (late onset hay fever during August: beginning of autumn). (c) Checked perspirations.			Prepared from poison weed: Hay Fever irritation begins from outdoor activities.
2) Onset	(a) Late onset. (b) Full blown hay fever (esp. in August). (c) Spring coryza (with less itching early onset).	Early onset.	Late onset.	Early or regular onset.	Early or regular onset.	Early or regular onset.

<p>3) Manifestations</p>	<p>(a) Acrid coryza.          (b) Bland lachrymation.          (c) Cough:              (i) Hacking,              (ii) Tickling,              (iii) Hoarse.          (d) Singer's cold.</p>	<p>(a) Persistent acrid coryza (characteristic).          (b) Irritation and tingling of nose with constant desire to sneeze.          (c) Chronic nasal catarrh profuse, thick yellow. Can be thin and watery as well.          (d) Associated symptoms: cervical glands are swollen.          (e) Associated symptoms: voracious appetite and emaciation.          (f) Associated symptoms: physical and mental restlessness.</p>	<p>(a) Nose stuffing relieved by closing the nose with handkerchief.          (b) Stage 1: dry coryza à stage 2: stoppage of nose à stage 3: profuse watery coryza à stage 4: thick yellow mucus.          (c) Stuff up when there is cold rain.          (d) Nasal discharge: Profuse watery.          (e) Associated symptoms: Cold air aggravates (therefore keep the nostrils covered with handkerchief which relieves nose-block.          (f) Associated symptoms: coughing, sneezing, watering from nose and eyes.</p>	<p>(a) One nostril stuffed up, the other free, alternates.          (b) Nostrils are ulcerated.          (c) Bones of nose: sore.          (d) Nasal discharges: acrid and excoriating.          (e) Nasal discharges: profuse, staining pillow: greenish yellow.          (f) Frequent change of affections in the nostril (side changes).          (g) Bloody pus discharge.</p>	<p>(a) Sore throat &gt; warm food.          (b) Coryza, sneezing &lt; new ofr full moon.          (c) Sneezing (+++).          (d) Skin: loosely hanging in throat.          (e) Fears: has some horrible throat disease: will prove fatal.          (f) Tendencies: chilly.          (g) Thirstless.          (h) Desire warm food.</p>	<p>(a) Hay Fever with itching of posterior nares.          (b) Throat feels swollen à constant clearing and hemming à No relief à constant desire to swallow saliva.          (c) Associated symptom: follicular pharyngitis.</p>
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4) Modalities	(a) Aggravations: < Afternoon, evening, < Damp, cold wind / weather. (b) Amelioration: > Open air (Ref. Clarke).	(a) Aggravations: (a) Aggravation in cold, open air. (b) Aggravation: rainy, cold damp days. (c) Aggravation: Rest. (d) Amelioration: Better in closed room. (e) Ameliorations: Amel. from exertion; from moving about. (f) Amelioration: External warmth. Sudden change of weather: dry to moist; from hot to cold. Late onset hay fever during August: beginning of autumn. Nose stuffing relieved by closing the nose with handkerchief. Nasal discharge: Profuse watery. Better in closed room. 30C.	(a) Aggravations: < Night; < Cold air. (b) Amelioration: > by warmth.	a) Sore throat > warm food. (b) Coryza, sneezing < new or full moon.: Amelioration: > from perspiration.	(a) Aggravations: < Afternoon. (b) Amelioration: > by exercise; < from perspiration.
5) Prescribing Tips	Late onset. Full blown Hay Fever (esp. in August). Singer's cold.	Persistence acrid coryza (characteristic). Irritation and tingling of nose with constant desire to sneeze. Physical and mental restlessness.	One nostril stuffed up, the other free, alternates. Nostrils are ulcerated. Nasal discharges: Acrid and Excoriating.	Sore throat > warm food. Sneezing (++++). Fears: has some horrible throat disease: will prove fatal. Tendencies: Chilly. Thirstless. 30C.	Hay Fever with itching of posterior nares. Throat feels swollen à Constant clearing and hemming à No relief à Constant desire to swallow saliva. 30C.
6) Potency of Choice	30C.	6x (Tablet), 30C.	6C, 30C.	30C.	30C.

## Acute Hay Fever: Six Medium Range Organopathic Medicines

Treatment methodology in chronic/latent stage of hay fever:

The chronic, latent stage of hay fever is generally a manifestation of a tri-miasmatic miasm of a person with tubercular preponderance because of the allergic, recurrent and periodic manifestation. The latent period is generally from September to February every year.

MTEK is an useful memory aid to arriving at a correct prescription.

- M = Miasmatic Totality
- T = Totality of Symptoms
- E = Essence (should include gestures, postures, behaviors, etc.)
- K = Keynotes (which should encompass PQRS symptoms, as per Hahnemann's *Organon* §153 and §209)

When the above criteria are considered and the steps below followed, a correct prescription can be made.

- Step 1        Make the miasmatic diagnosis of the case, i.e., ascertain the surface miasm.
- Step 2:        Assess the totality of Symptoms + Essence + Keynotes and PQRS (if any) of the case and formulate the indicated remedy.
- Step 3:        Ensure that the indicated remedy covers the surface miasm, as diagnosed in Step I.
- Step 4:        Administer the remedy, which encompasses the miasm as well as the Totality of Symptoms.

Treatment for the chronic, latent stage of hay fever (generally from September to February/March every year) should be done by chronic constitutional anti-miasmatic medicines: (1.) Mixed-miasmatic medicines with tubercular preponderance or (2.) Syco-tubercular medicines; as given below.

A. Mixed miasmatic medicines with tubercular preponderance:

- 1) *Bacillinum* (Miasmatic Weightage:- Psora++, Sycotic+++, Syphilitic++, Tubercular+++)

- 2) *Calc. carb.* (Miasmatic Weightage:- Psora+++ , Sycotic+++ , Syphilitic++ , Tubercular+++)
- 3) *Calcarea iodata* (Miasmatic Weightage:- Psora++ , Sycotic+++ , Syphilitic+ , Tubercular+++)
- 4) *Calc. phos* (Miasmatic Weightage:- Psora++ , Sycotic+ , Syphilitic++ , Tubercular+++)
- 5) *Iodum* (Miasmatic Weightage:- Psora++ , Sycotic+ , Syphilitic++ , Tubercular+++)
- 6) *Kali carb* (Miasmatic Weightage:- Psora++ , Sycotic++ , Syphilitic+ , Tubercular+++)
- 7) *Lycopodium* (Miasmatic Weightage:- Psora+++ , Sycotic+++ , Syphilitic++ , Tubercular+++). (Tri-Miasmatic with Psoric Preponderance)
- 8) *Nitric acid* (Miasmatic Weightage:- Psora++ , Sycotic+++ , Syphilitic+++ , Tubercular+++)
- 9) *Phosphoric acid* (Miasmatic Weightage:- Psora++ , Sycotic++ , Syphilitic+ , Tubercular+++)
- 10) *Phosphorus* (Miasmatic Weightage:- Psora+++ , Sycotic++ , Syphilitic+++ , Tubercular+++)
- 11) *Psorinum* (Miasmatic Weightage:- Psora+++ , Sycotic++ , Syphilitic++ , Tubercular+++). (Mixed Miasmatic with Psora Tubercular Preponderance)
- 12) *Silicea* (Miasmatic Weightage:- Psora++ , Sycotic++ , Syphilitic+++ , Tubercular+++).
- 13) *Sulphur* (Miasmatic Weightage:- Psora+++ , Sycotic++ , Syphilitic+++ , Tubercular+++). (Mixed Miasmatic with Psora Tubercular Preponderance)
- 14) *Tuberculinum* (Miasmatic Weightage:- Psora+++ , Sycotic+++ , Syphilitic++ , Tubercular+++)

**B. Chronic constitutional syco-tubercular medicines:**

- 1) *Bryonia* (Miasmatic Weightage:- Psora++ , Sycotic+++ , Syphilitic+ , Tubercular++)
- 2) *Causticum* (Miasmatic Weightage:- Psora+++ , Sycotic+++ , Syphilitic++ , Tubercular+++). (Tri Miasmatic with Sycotic Preponderance)

- 3) *Conium* (Miasmatic Weightage:- Psora++, Sycotic++, Syphilitic+, Tubercular+)
- 4) *Kali sulphuricum* (Miasmatic Weightage:- Psora++, Sycotic+++  
Syphilitic+, Tubercular++)
- 5) *Lachesis* (Miasmatic Weightage:- Psora++, Sycotic+++  
Tubercular+++). (Sycotic-Tubercular Preponderance)
- 6) *Medorrhinum* (Miasmatic Weightage:- Psora++, Sycotic+++  
Syphilitic++, Tubercular++)
- 7) *Natrum sulphuricum* (Miasmatic Weightage:- Psora++, Sycotic+++  
Syphilitic+, Tubercular+)
- 8) *Pulsatilla* (Miasmatic Weightage:- Psora++, Sycotic+++  
Tubercular++). (Mixed Miasmatic with Sycotic Preponderance)
- 9) *Staphysagria* (Miasmatic Weightage:- Psora++, Sycotic+++  
Syphilitic++, Tubercular++)
- 10) *Sulph iod.* (Miasmatic Weightage:- Psora++, Sycotic+++  
Syphilitic++, Tubercular+)
- 11) *Thuja* (Miasmatic Weightage:- Psora++, Sycotic+++  
Syphilitic++, Tubercular++)
- 12) *Thyroidinum* (Miasmatic Weightage:- Psora++, Sycotic+++  
Syphilitic++, Tubercular+++)

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# HAHNEMANN'S COFFEE SPOONS

GABY ROTTLER

Hahnemann mentioned exact measurements for making his dilutions, often measuring in teaspoons or tablespoons. For instance, in the footnote of Aphorism 248, the quantities mentioned are: 40, 30, 20, 15 or 8 tablespoons for preparing the larger solution; or 7,8 tablespoons, then 1 tablespoon in another glass of about 8, 10 tablespoons.

What was the size of the tablespoons Hahnemann used? Were they the same size as the ones we use nowadays?

I found the answer in Hahnemann's *Apothekerlexikon*, 1794 edition:

1 Pfund/libra = 12 Unze/uncia  
1 uncia = 8 Quentchen/drachma  
1 drachma = 3 Skrupel  
1 Skrupel = 20 Gran

And one tablespoon/cochl = 1/2 ounce.

When we take a Gran as 60 mg, we come to  $60 \cdot 20 \cdot 3 \cdot 8 = 28.8$  g or ml for the Unze and the tablespoon is 14.4 ml.

Using 62 mg (which is probably more correct: see below) we have  $62 \cdot 20 \cdot 3 \cdot 8 = 29.8$  g or ml for the Unze/ounce; then the table-spoon is 14.9 ml.

Now we know for sure what quantities Hahnemann used, unless the definition for the medical gran was different nowadays from older times—which I doubt. And one of my modern tablespoons holds a little bit more than 10 ml.

Additionally: I have a German homeopathic *Pharmacopoeia* from the year 1934, and they list the original calculations as well.

Hahnemann used the *Nürnbergger Arzneigewicht* for his *Apothecary*

*Lexicon:*

1 Gran = 0.062 Gramm

1 Gran = 0.958 engl.(Troy) grain (Minim)

1 Gramm = 14.32 engl (Troy) grain

The word Nürnberg (Nuremberg) is important, because there was also a 'Preussisch' (Prussian) weight as well:

1 Gran preuss. (Prussian) = 0.0609 Gramm

Additionally, directly translated here from the *Apothecary Lexicon* (1793 edition):

- 1 glass (verre): 4 Unzen (ounces)

- 1 tablespoon (cochl.): 1/2 Unze

- 1 sip (cyathus): 2 Unzen

- 1 teaspoon (cochl. pro thea): 1/2 Quentchen [Quentchen= drachma; see above)

As Aphorism 248 was inserted into the 6th edition of the *Organon*, we don't have any comparisons or allusions to coffee or teaspoon (in old German: "Kaffee- oder Thee-Löffelchen") in the *Organon* edition I-V.

The coffee spoon always was and is smaller than the teaspoon, but that size really doesn't matter much for the preparation of the dilution glass. What matters are the tablespoon sizes for the original solutions.

My speculation is that in Germany the teaspoon was officially described for the apothecary quantities (but not the coffee spoon). When Hahnemann moved to France, the smaller coffee spoon was used quite a lot as well—so for the preparations of the dilution glasses, both sizes were accepted. And possibly more people were drinking coffee than tea.

# THE FRUIT REMEDIES

DR. MARILENA DEROUKAKIS

Fruits are nature's laboratories, where water, distilled in a pure state, acts as a solvent and removes impurities from the body (Norris, 1960). Fruits are also a source of natural sugar, and they provide the bulk necessary for digestion through their cellulose content. They are rich in mineral salts and vitamins, and therefore, naturopathy declares them medicines in their own right (Davies & Stewart, 1987).

The materia medica of homeopathy, however, makes less use of fruit for therapeutics and many of the symptoms associated with the remedy have been derived from patients who were extremely susceptible to the fruit in question, and have had severe reactions from them (Clarke, 1997).

The following remedies shall be discussed:

1. The banana (*Musa sapientum*)
2. The strawberry (*Fragaria vesca*)
3. The lemon (*Citrus limonum*)
4. The pomegranate (*Punica granatum*)
5. The pawpaw (*Asimina triloba*)
6. The peach (*Amygdala persca*)

Some fruits have been better proven than others. Hence, the remedies that are derived from fruit will be discussed with regard to their idiosyncratic action, and a differential diagnosis of the more common remedies will be presented.

## **The Banana (*Musa sapientum*)**

Legend has it that the sages of India reposed in the shade of the banana tree, and refreshed themselves on its fruit. Hence the name *Musa sapientum* means "fruits of the wise man." The banana is rich in starch, carbohydrate and vitamin A, and is a good source of potassium. The seeds of the banana are considered to be prophylactic and curative in the case of small-pox (Anshutz, 1917).

The remedy is useful in complaints that change location from one organ to another. Viral conditions (such as mumps, colds, influenza) as well as bacterial diseases such as rheumatic fever, where the individual's resistance is lowered, are cured by the banana. It is also therapeutic in inflammatory

disorders such as allergic rhinitis, pharyngitis, laryngitis, uvulitis, sinusitis and bronchitis.

On the mental level, the banana creates a state of mental alertness initially, and then tiredness and sluggishness. Sluggishness also shows itself in confusion and absent-mindedness. Fears include a feeling that something bad will happen, fear of the dark and of strangers. There is intolerance to injustice and an introspective nature which is pessimistic and averse to company.

Peculiar symptoms include:

- A sense of frustration in which trivial matters seem important. Patients do not know what is wrong and feel as if they're about to go insane with a loathing of life.
- Involuntary sighing.
- Throbbing headache on vertex as soon as the head touches the pillow at night.
- Uvula inflamed, elongated with red spots.
- Loose mucous-containing stools alternating with bilious vomiting.
- Pain in tibia as if leg would separate >lifting the legs.

The remedy picture resembles that of *Pulsatilla*:

Pulsatilla	Musa sapientum
>Open air	> Open air
Sighing*	Sighing ***
Consolation >	<Consolation
Yellowish-green discharge	Bland, yellow/brown discharge
Weeping mood	(=)
As if something forced out of ears	Ears: A blocked feeling in ears
Pains appear suddenly or disappear gradually (vice versa)	Symptoms which come and go rapidly, followed by new symptoms
Eye lids inflamed, agglutinated	Lids inflamed, agglutinated
Tongue: bright red and covered with a network of dilated and congested veins	Two mucous stripes on tongue, yellow coating posteriorly, like a triangle
Thirstless	Increased thirst

Abdomen sensitive and swollen	(=)
Flatus moves about abdomen, especially in evening in bed	Feels as though will pass stool when passing flatus
Leucorrhoea acrid, burning, creamy	Leucorrhoea, profuse in the evening
Dry cough	(=)
Patient wakes unrefreshed	Patient wakes refreshed

*Table: Differential Diagnosis of Musa Sapientum and Pulsatilla*

### **The Strawberry (*Fragaria vesca*)**

The tincture of the ripe fruit is used to make the remedy. The crude substance has been known as a good mouthwash to prevent the formation of tartar and has a reputation for clearing the complexion (Clarke, 1997). This remedy has an affinity for the digestive tract, mammary glands, the skin, the tongue and the venous system. Many of the toxicological symptoms of the strawberry have been taken from those who have had a severe reaction to the fruit, which is known as *strawberry anaphylaxis*. One of the first symptoms is an urticarial rash. The face may become a reddish-blue color with vomiting (which gives relief) as well as violent colic. It is responsible for edema of the whole body (but especially of the tongue, which so swells that it protrudes from the mouth.) The neck is distended with a network of fine veins (Allen, 1992). The strawberry root's infusion dries up the milk of weaning mothers and diminishes the size of their breasts. It can also aid women who have a lack of mammary secretion and Burnett (1992) has administered the mother tincture in cases of breast cancer with success.

Interesting and unusual symptoms include:

- It is a preventive measure against gout and the formation of calculi.
- Attacks of suffocation, similar to apoplexy.

Other remedies which resemble *Fragaria's* action are:

#### **Apis:**

- = Tumors of the mammae
- = Edema
- = Tongue so swollen, it protrudes
- \* Thirstlessness
- \* Fidgetiness despite tiredness

#### **Arsenicum:**

- =Edematous swelling of the face
- =Vomiting, a little and often

#### **Crateagus:**

- =Viscid perspiration
- =Dyspnea

=Dropsy

**Hydrocyanic Acid:**

=Fainting and apoplexy

=Sudden attacks of suffocation

=Convulsions

**Calcarea Carbonica:**

= Urticaria > cool air

= Sweat

= Edema

= Convulsions

**The Lemon (*Citrus limonum*)**

Lemon juice is a home remedy for colds, sore throats and rheumatism.

A course of lemon juice treatment can often dislodge kidney stones and gravel. The high vitamin C content of lemon juice is responsible for its disinfectant and allergy-fighting properties.

This remedy has an affinity for the stomach, the throat and the respiratory organs. It is an excellent remedy for cancer pains where the pit of the stomach is painful to the pressure of the hands. It is an eminent throat remedy and is of use in diphtheria as a gargle: it causes the false membrane to become detached and the glandular enlargement to decrease.

It appears to have an affinity to the Solanaceae, since it cures the poisonous effects of eating the Stramonium berry (which effects include violent movements of hands and feet in fits, with dilated pupils and aggravations from light). It is also said to increase the curative effects of *Belladonna* (interestingly, *Belladonna* craves lemons). In addition, the blood is affected, causing faintness, a weak pulse and hemorrhages. It is also well-known for its use in the removal of worms (hence the itching of the anus and the crawling sensation in the nose.) Mentally, there is a sudden aversion to domestic duties and unresponsiveness

Unusual symptoms include:

- Edema from the ankle to knee and a bruised feeling in the joints, especially the feet.
- Intense dyspnea, almost suffocation, with the patient forced to sit with the face bent over as far as possible.

Remedies that mimic the action of *Citrus limonum* are:

**Acetic acid:**

=Burning pains in the stomach in cancer

=The respiratory effects of difficult breathing

= False membrane in throat

=Edema of feet and legs

= Also a remedy for scurvy

=Frequent fainting, great debility, weak heart (Boericke, 1995)

\*The mental picture is different from Acetic Acid in that latter is irritable

and worried.

**Belladonna:**

=Hypertrophy of mucous membrane in throat (Boericke, 1995)

=The stomach is extremely sensitive to touch

\*General surface of body is cold, whilst with *Belladonna* it is hot

**The Pomegranate (*Punica granatum*)**

As an astringent, the pomegranate prevents diarrhea and effectively eliminates intestinal worms (Ruddock, 1938). It is one of the more studied fruits and also has its reputation as a vermifuge for the expulsion of tapeworm. The effect on the digestive tract is what it most known for, and salivation, nausea and vertigo are a trio of symptoms that cause great discomfort.

The mental state is quite marked and is one of excitability and emotionality. Patients are censorious, reproach others and have a 'quarrelsome humor' (Allen, 1992). They are irritable, arrogant and intellectual but can swing the other way to stupefaction, melancholy, a gloomy temper, dejection and discouragement (Vermeulen, 1997).

Quite unusual symptoms include:

- Cracking in the jaw.
- The teeth seem to be elongated.
- Great oppression of the chest with lassitude in the legs.
- Biting and itching of the palms of the hands.
- Swelling of the ball of the thumbs with livid color, burning heat and marbled swelling of the veins.

Differential diagnosis:

**Arsenicum Album:**

=nausea and vomiting which is relieved by cold water.

=miserly

=emaciation

**Kousso**

=also a vermifuge

=nausea, vomiting and vertigo

=prostration (more rapid and extreme)

**Cina:**

= vermifuge

=weak, hollow empty sensation in head

=extremely variable appetite

\*even more dissatisfied and ill-humored

**The Pawpaw (*Asimina triloba*)**

A tropical fruit normally eaten raw, pawpaw is rich in carotene and vitamins B and C. It also contains papain, an enzyme similar to the stomach enzyme pepsin, which helps to digest proteins. Internally, it aids digestion and expels worms; externally, it helps to heal wounds (Davies, 1997).

It produces a set of symptoms similar to scarlet fever: sore throat, fever,

vomiting and a scarlet eruption. The tonsils and sub-maxillary glands are swollen and the patient has loose stools. There is a desire for ice-cold things, with hoarseness which requires much effort to talk as well as a sensation as if the mucous membrane was thickened and as if the organs were slow to respond to speech. There are cramps in the chest and a thick, yellow nasal discharge in the morning or hard, flaky, dark grey and offensive discharge.

The strongest symptom mentally is the aversion to company (“Did not care to hold conversation with anyone, even his best friends”(Allen, 1992)). Other unusual symptoms are:

- Sudden urge to stool with the sensation as if a stick the thickness of a thumb was being passed down the rectum. This is followed by a sudden diarrhetic stool and is repeated every 10-15 minutes with chilliness, drowsiness and a weak voice.
- Disturbed sleep: cannot dismiss the day’s occurrences.
- Headaches continuing for several days.

Other similar remedies include:

**Anisum Stellatum:**

=colic pains in the abdomen. In *Anisum Stellatum*, there is much rumbling in the abdomen and it cures the so-called three-month colic, especially if the pain recurs at regular hours.

**Capsicum:**

=also a scarlet fever remedy with burning and smarting in the throat

=flatulent colic

=hoarseness

**The Peach (Amygdala Persca)**

This remedy has an affinity for the stomach and the bladder. In the gastric sphere, it is valuable in the cure of all sorts of vomiting, where there is constant nausea (especially morning sickness) and in the gastric irritation in children, where no form of food is tolerated. With the gastric irritation, there is a loss of smell and taste, and the tongue is elongated and pointed with a red tip and edges. With regard to the urinary organs, there is ischuria and hemtouria as well as bleeding from the bladder (Edson, 1911).

Other anti-emetics include:

**Ingluvin:**

=This remedy, made from the gizzard of a fowl, cures the vomiting of pregnancy, infantile vomiting and diarrhea

\*Gastric neurasthenia

**Cericum Oxalicum:**

=Spasmodic reflex vomiting and spasmodic cough



\*vomiting of half-digested food

**Amygdala Amara:**

=nausea (with pallor and dimness of sight)

\*vomiting of undigested food and bile

**Conclusion**

It is not surprising that many of the fruits have their sphere of action in the gastro-intestinal system, since they are (in their crude form), a means of nutrition. What is surprising is how many of the fruits have not yet been proved. Those that have been proved need to have their therapeutic value surveyed so that new symptoms can be collected and old ones confirmed. Furthermore, more inquiry needs to be conducted into those remedies that have aggravations from certain fruits and to assess their relationship with the respective fruits. Also, those remedies that have a strong craving for a fruit should be studied to discern any therapeutic links.

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# A CASE OF ASPERGER'S SYNDROME

BY *TIM SHANNON, ND*

Consultation of Monday, November 06, 2006

Joey, age five, was accompanied by his mother and father and, 3-year-old sister.

Observation: Boy is under his mother's arm, and doesn't want to interact. He comes in and out of the room, and hits his mother throughout the interview.

Mother (M): We were in a crowd, and he got really nervous. He would throw a big tantrum. Then he'd just go, disassociate, just blank. It has been frustrating. I ask if he hears me, but he does not respond. I thought he was adaptive, but now realize he just "checks out". Joey did not respond well to the birth of his sister.

Joey (J): I'm hungry I said!

Mother: My post partum depression (PPD) came out as OCD, anxiety and rage. His intensity became more intense as mine increased. Observation: He is hitting his mother while sitting behind her. M: That is not nice! I would get very overwhelmed with the tantrums: he'd scream for hours and hours - unbelievable. He is just not listening. I think maybe he just can't, like he goes away. It would infuriate me that when I'd be trying to express something to him, either he'd smile and be vacant, or he'd just have a vacant expression. His teacher thought it was just Joey. She said he is very separate from the other kids. He doesn't know how to engage one on one. (To Joey) Is it difficult to hear me talk about you?

J: No, just makes me mad- I don't like this house. Observation: patient is sitting behind his mother the whole time. He is scratching at his mother's back hard, she tells him to stop.

M: I'm a therapist and my diagnosis is that he has undiagnosed Asperger's Syndrome He's seen a play therapist for a while. Joey always wanted to

make sure I was okay and say, “Mommy I don’t want to make you mad”.

Observation: Patient is hitting his mother in the back.

M: His therapist thought he was doing fine, but always worked with him one on one.

Joey: I don’t want to be here ever again! I don’t want this to happen!

Observation: The patient is now hitting his mother continuously, and then refuses to comply. She is trying to set good boundaries and sets him in the waiting room.

Joey: “I’m going to kill him,” (pointing to me).

Tim Shannon (TS): And tell me, from conception until now?

M: He was very uncomfortable the first eleven weeks and cried a lot. His father and I were having some difficulties, hard to navigate, with a new baby and PPD. It was a very tense time. I got pregnant again when he was two.

He’s always been a biter. He’d get very frustrated and bite. When he was a baby, I’d get these huge bruises all over my shoulders and arms from his bites. He had to sleep propped up in a bouncy chair the first five months of his life. Once he began to sleep, he was an amazing sleeper with three-hour naps every day. I nursed him until he was almost two. It got crazy when Kelly was born. That was a hard transition.

TS: What did he do?

M: He’d talk about wanting her to be away; he’d touch her roughly. I couldn’t leave them alone. He was so angry, took a long time to call her by her first name- he’d call her “girly girl”. It was very difficult. It was even more difficult because I was so unavailable with PPD again. Kelly got a high fever when she was seven days old. He was taking it on that his sister’s illness was his fault. So told him he needed to wash his hands. Then he was taking it as he killed the baby, or made her very sick, or made Mommy go away.

Then when we came home from the hospital, we had to take the kids away for three weeks because of structural problems in our house. He was screaming constantly. He would run away from me: it is the not being safe. Things have happened. (*Joey comes running back in and covers his eyes then says, “I don’t like his face,” pointing to me and glaring.*) We had a baby sitter, and care giver for our family. Then Kelly came along, and I wasn’t able to be attentive to Joey. I came home one day, and the babysitter said he’d run away. She said she was afraid of Joey. It has felt very unsafe for Joey. He’s pooped on Kelly; he’s thrown some knives, some unsafe

behavior. Then I realized how important it is for him to have structure. I've tried to train this woman, but she is unable.

I took him to another homeopath that has been seeing him since he was very very young (weeks old). I first went to the homeopath because he was crying so much. Then for my PPD. The first remedy he had was *Veratrum album*, then, *Piper methysticum*. There were not good results however. There has always been a lot of focus on death, such as ghosts and monsters. I think we are the Adams family. He is very curious about death, dying and killing. He wants to know what happens when people die, "Is this person dead?" He says he talks to spirits. He says he's not scared. He finds it to be fun and entertaining, but needs a light on at night.

TS: Can you tell me about tantrums?

M: He'll kick and swing his arms. If we try to hold him, he'll try to strike out at us. He will protest and yell, but will do his time out. He is also really angry. Sam (Father): When we are in his space, he says "no". When we come up to him that is when he'll strike. He bites a lot, and has been in trouble twice this year for biting. He grabbed a kid's hand and then didn't actually bite him.

TS: Is there any self-destructiveness?

He'd pound his head when he was young. He'll say, "If you don't let me, I'll hurt myself, or my room, or somebody". He does destroy things, like toys and our stuff. Does he show remorse? Usually doesn't show remorse. I think he is embarrassed or covering it up, but unsure. Sometimes he'll run to the time out before we tell him to.

I think a lot of his violence is acting out. Most problems stem from what he considers his property; his toy, his space. It might even be someone else's toy. With his sister it is them fighting over a toy.

TS: Does he respond normally to pain?

M: Yes, though, he was banging his head before even speaking, not crying out from that. Is he hypersensitive? He likes loud music and often asks us turn the radio or TV up. He wants the light on at night. He'd be happy with full light when he sleeps.

TS: What is his relationship to animals?

M: He likes animals. When much younger, he may have tried to pull the hair of a dog, or tail of a cat, just to see what would happen. He doesn't do anything like that now. He thinks they are cute, likes them. Any kind of animal stands out one way or the other? He's been afraid of dogs and cats; he tends to stand back from them. We were attacked by a dog. His instinct was to go towards animals. He'd put his face in an animal's face.

TS: Does he tend to be sympathetic or empathetic?

M: He has a heightened awareness of emotions, but he is very aware of other's emotions. He always seems concerned, does that person feel sad. He likes to provide for people. I think he's a bit more empathetic.

TS: Fears?

M: Lately, the phobia of being in a large crowd. He has absolutely freaked

out. Like he needs to go, go now, very panicked. He is often on his own, even if with other kids, he'll be alone.

TS: Clingy or better on his own?

M: He's more independent. He gets scared and clingy at night. He's afraid of the dark.

TS: How is he during sleep?

M: He does do the jerky things in the first hour or so. He kicked me so hard in the stomach the other day that I had to get out of bed. He kicked me constantly. He sweats a lot, his head sweats so much. He'll make noises sometimes during sleep. He had some night terrors. He is always asking me if he's a good boy or bad boy. Sometimes, he would get scared of his own anger. I'd sit with him, and then he'd calm down. If we reacted as if it was too much, it would scare him. He loves swimming. He is constantly under the water.

TS: Bath?

M. He has always loved it. He started swimming at six months. Even as a newborn, he'd love the water all over his face. He won't sleep on his own.

TS: History of bed-wetting?

M: He will often wet his pants during the day because he doesn't want to stop what he is doing. He is not wiping his bottom either.

Baseline:

1. Transitions difficult –multiple times per day
2. Isolating from peers – school reports - consistently
3. Biting, hitting, kicking – several times per week
4. Attention span – very distractible.
5. Fear of the dark – most nights.
6. Contrary behavior – multiple times per day
7. Physically restless
8. Wetting his pants during the day
9. Interrupting parents behavior – daily

Assessment: The patient fits the general profile I've seen before in many nightshade cases. The Solanaceas family of plants is quite large containing 90 genera and between three and four thousand species.

Massimo Mangialavori has grouped the family using a combination of his clinical cases coupled with their toxic/narcotic profile. The first group he

introduced where those he considered to be very close toxicologically. They all contain varying degrees of tropane alkaloids:

- *Belladonna*
- *Stramonium*
- *Mandragora*
- *Solanum nigrum*
- *Hyoscyamus*
- *Datura arborea* (My addition from my single case of this Rx – published in *simillimum*)

The other remedies he considers to be *clinically* close to this botanical group:

- *Lyssinum*
- *Gallic acid*
- *Tanacetum vulgare*
- *Nabal*
- *Paris quadrifolia*

In my own experience, *Lyssinum*, *Tanacetum*, and *Paris* can look remarkably similar to the nightshades. The differential can be very difficult in children. This is because they are de-compensated and can share many similar symptoms.

Finally, the other group Massimo mentions in the same botanical family:

- *Tabacum*
- *Dulcamara*
- *Capsicum*
- *Lycopersicum*

In my experience, *Tabacum* can look remarkably different from the more toxic nightshades. *Capsicum* shares many similarities to the toxic nightshades however.

Common nightshade (*toxic nightshades*) themes from Massimo:

- Violence/Rage
  - Typically shows up as physically acted out aggression in children. As nightshade patients get older however, they often tend to work hard to try to control this expression. So as these patients grow older and become more “civilized” their rages can sometimes be somatized into headaches, and bloody noses, etc. They can still have rages, but they tend to not be as frequent and spontaneous as in small children.
- Control – Out of control/Suddenness

- This is the classic Pandora's box phenomenon. They don't want to see the "demons" or issues in the box, but they can't help but look in either. So they often struggle with their impulses. This is typically seen in children who are both afraid of the dark, but can't refuse to see scary movies. Also their moods can swing wildly because they are busy trying to stuff their feelings, thus when the dam breaks, it can be sudden and violent.
- Darkness/water/unknown
  - These archetypes represent the unknown for nightshade patients. They often split off their feelings. So they then turn into monsters, ghosts, etc. Water, darkness, sharks, etc these are all representations of things that are unknown and can't be controlled. So they are a perfect canvas for them to project the aspects of their psyche that they have yet to integrate.
- Physical congestion
  - Commonly seen in patients with bursting headaches, kids with spontaneous bloody noses, or throbbing pains. Again a somatic representation of them trying to control their instincts, emotions, etc.
- Forsaken/abandoned
 

This commonly shows up as the feeling of jealousy or possessiveness.
- Persecution:
 

These patients can feel persecuted by their family. In addition, they can be persecuted by the images that they construe; ghosts, goblins, spiders, monsters, sharks, etc.

The themes listed above are those that Massimo reviewed as he presented each of his cases. In addition the other non-nightshades were shown to have similar themes – though not all the themes.

Back to Joey's case:

Initially I gave him *Stramonium*. He did have some response for some months, but eventually it became clear it was insufficient. After further review, I decided that this was most likely a good case of *Mandragora*. I often find *Stram* and *Mandragora* to be very similar. So I've made this mistake before. I gave him *Mandragora* 30c – one dose dry on 1/8/07

Consultation of Wednesday, March 28, 2007

Joey's Mother reports that transitions are "amazing". After the remedy, "Joey seemed to be calm, often times the calmest in the whole family. He was not freaking out. He's been sleeping in his own bed and not afraid."

The biting, hitting, and kicking decreased and he started to learn to write. His teacher said he was more engaged at school and playing with other children. These effects seemed to last about six weeks and then gradually wore off. He began to wet his pants again, became restless, and began to yell again when his parents were trying to have a conversation. He had some meltdowns at night with inconsolable screaming. Joey was given a second dose of *Mand 30c*.

Consultation of Monday, May 21, 2007

Joey's father reports that Joey is doing much better. He is following the rules, going to bed easily with just one small nightlight, sleeping through the night in his own bed, and playing nicely with his sister. He has friends and has not wet his pants during the day or night. His attention is better, but still inattentive at times and he still interrupts his parents sometimes. The father stated, "The positive behaviors slowly wore off. He was also given three doses of *Mandragora 30c* to help resolve an upper respiratory infection. The three doses gave prompt relief.

Consultation of Thursday, September 27, 2007

Joey's mother: "I think this is a good remedy for Joey. His teachers have commented that he is a happier kid. He's been playing and interacting with the other kids. He's following the rules and communicating. Yesterday he was able to keep his own space, even when his sister was melting down." Transitions are 70% better. He does not bite, hit, or kick in general. His fear of the dark has improved markedly. He is able to sit and draw for two to three hours at a time. He is still somewhat distractible and interrupts his parents at times. He occasionally wets his pants because he does not want to stop playing. He was given *Mand 30c* dry two days in a row at this visit.

Consultation of Tuesday, January 08, 2008

"He needs a redose! His behaviors are back to where they were last year. When he's in this space, he doesn't sense social cues, or what is happening around him. He is totally checked out and not perceptive." Transitions are difficult, he does not follow directions, and he is disruptive. He has been fighting with his sister and his friends. The screaming, crying, biting, hitting, and kicking have returned. He got kicked out of swim class three times because he wasn't listening. He is afraid of the dark again and wetting his pants. Mother reports he has also had a chronic cough and bad



breath as well as pustular skin eruptions that break open and leak clear fluid. Joey was given a single dose of *Mand 200c*.

Consultation of Thursday, February 07, 2008

Mother reports that Joey has have gotten worse since the *Mand 200c* dose. "He's been biting, kicking and hitting. He's been losing it at school. He beat up three kids and spat in someone's lunch. He can't handle stimulation, yet craves it at the same time." He is really upset most of the time.

Phone call of Tuesday, February 12, 2008

"He seems to be falling behind in school. He's frustrated with not understanding some of the lessons, that's why acted out and got in a fight. We have a little dog, was rough with it the other day. He still does things like wet his pants every now and then". His parents were encouraged to wait and advised that they should soon see improvements.

Consultation of Wednesday, April 16, 2008

"He is awesome. Most of my time with him is enjoyable rather than difficult. It turned out he's very dyslexic and was feeling behind at school. Now he enjoys school and is getting along well with his friends. He is much better with transitions and following directions. He is not so interested in scary things. He will say 'that's too scary for me, I don't want to watch that'. Occasionally he still hits or kicks, but he can set boundaries for himself and will often walk away when he is upset and take a 'time-out'. He sleeps in his bed by himself and is not afraid of the dark. He is calm most of the time and has not wet his pants in a really long time." He is not interrupting his parents like he used to.

Epilogue:

During the last follow-up (4/2008) there was an interesting dynamic. During the visit, his sister's behavior was out of control, violent, screaming, hitting, etc. We had to cancel Joey's appointment after 15 or 20 minutes because we couldn't focus on him due to her antics. What was remarkable was to watch that despite his sister's multiple attempts to get him involved, he refused. He even went over to his mother to comfort her as she was trying to deal with his sister. He showed a clear ability to maintain his distance from her antics. Before treatment, their behaviors would work off each other. So it was very encouraging to see that he could hold his ground in the face of his

sister's dramatic behaviors.

I am now treating Joey's mother and younger sister as well. Joey has continued to do very well until now.

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# ATOPIC DERMATITIS IN A YOUNG BOY

NEIL TESSLER ND, DHANP

Eczema is a common condition that we are called upon to consider very often in clinical practice. Several recent experiences have proven yet again that homeopathy is all about the patient and not so much about the story they bring of a condition or disease. Over the years I've used remedies such as *Petroleum* with reasonable palliative effects. When a condition is basically superficial, due to diet or other factors, superficial means suffice. However, when the condition has deep roots, no amount of palliative homeopathy or naturopathic diet or remedies will help. True and dramatic amelioration of chronic illness requires recognition that true disease is deeply rooted and requires constitutional care.

In one recent case, a young Indo-Canadian man came with eczema of the face and body that is unremitting. It gets a little better and somewhat worse, but has not materially improved since his childhood. I had seen this fellow on and off since his early teens but he had only had very mild relief from his symptoms. He came two months ago after having been away from my practice for several years. This young man seems to me to have a mild retardation that I would place in the autism spectrum, though he has gone undiagnosed. He makes mistakes in his speech, it is hard for him to find words and his speech is indistinct. A number of times a day suddenly his eyes roll up and he freezes for a slight moment in time.

He periodically is overtaken with a fear of his brothers with the belief that they are going to beat him up. This fear can be so striking that he will run from the house. Yet, on inquiry we learn that there is no basis for this fear. He is not being beaten or threatened by his brothers, who are, by the way, younger. With this wonderfully irrational symptom in mind, and the following repertorization, he was prescribed *Kali bromatum* 1M, which led to a rapid and dramatic amelioration of his eczema, that has been stable since his visit several months ago.

MIND; DULLNESS, sluggishness, difficulty of thinking and comprehending (K37, SRI-416, G29)

Harm in the same sentence as family: androc., arg-n., bry., coc-c., Crot-c., crot-h., kali-br., plat., sabad., xan.

AUTISM: aeth., agra., anh., aspart., bani-c., cact., carc., dpt, Heli., hell., kali-br., lyc., oryz-s., pavo-c., plac., sin-a., staph., stram., thuj., tub.

SKIN; ERUPTIONS; eczema (K1312, G1082)

SLEEP; RESTLESS (K1247, SRIII-68, G1029)

SLEEP; PROLONGED; general (K1247, SRIII-67, G1029)

MIND; MISTAKES, makes; talking (K66, SRI-746, G53)

PETITE MAL: absin., acetaz., aml-n., Art-v., aspart., bar-p., bell., bufo, calc., calc-sil., caust., chlorpr., cic., cur., dpt, ferr-sil., hyos., ign., kali-br., kali-sil., lach., mag-sil., mang-sil., merc., nat-m., nat-s., nat-sil., nit-ac., nitro-o., nux-m., oena., op., ozone, phos., prot., puls., sil., sil-met., stram., verbe-h., visc., zinc., zinc-cy.

On the other hand, I had another case of severe eczema in an Indo-Canadian boy that two years of treatment failed to significantly improve. He followed a strict Indian style vegetarian diet since birth. Physically he was small for his age. He is also clearly very intelligent yet under-performing in school. When I put him on a single liquid nutritional product containing essential fatty acids, whey protein isolate and other nutrients, his eczema literally disappeared within a week. After four weeks, his family reported marked improvement in his school performance and stamina. That product has now been incorporated into both children's diet and has been used regularly for several years. His eczema has not returned, both children suffer far less from colds, and their growth and school performance improvements have been considerable. In this case, the inadequacies of their diet were a primary factor in his health issues

The following case has had over two years of follow-up:

When John was originally seen, on June 15, 2006 he was ten months old and presented with very striking eczema as well as mild asthma. The eczema was marked on his face, with an excoriated appearance, as can be seen in the photos. This same intensity was, in fact, all over his limbs and to a somewhat lesser extent on his trunk. The sores can weep and sometimes the rash becomes infected. His lower limbs were severe.

Mother had an excellent birth and pregnancy and the dermatitis began to appear within two months on his cheeks. Father had a history of slight asthma and recurrent bronchitis as a child. He also had many food allergies. Even now, dairy gave him bloating and gas. Father's mother had eczema. John had been given *Sulphur* and *Graphites* elsewhere with no success. *Sulphur*, as many readers will know, typically aggravates such cases without generally acting curatively. He did have severe itching at night in bed, which may be considered a more or less common symptom with this condition.

Mom comments that he fights going to bed, whether in the evening or at nap time. He also had respiratory issues this winter, including wheezing with colds and he's had two bouts of bronchitis. He's very particular about things, very detailed, structured orderly. He is also very careful in play. He's irritable on waking. He loves cheerios and eats three bowls a day. He drools in his sleep. John is extremely reactive to dairy foods and fish. The nutritional drink that worked so well for the other boy completely aggravated John's skin.

To my observation his disposition alternated between sweet and somewhat cranky with discomfort.

With little to go on, I prescribed *Rhus tox* 12 daily for three days. Mom reported that his skin was "much less inflamed" with his abdominal rash clearing to some extent. However, the face was still bad. Further trials with *Rhus tox* led nowhere.

The next year was spent managing various upper respiratory problems, coughs and mild asthma, while seeing no change in the eczema with about ten different remedies.

On June 22/07, both parents came in to discuss John's health. At this time, I decided, due to his age and the fact that he was still only modestly verbal, to take the opportunity to have a discussion with each of the parents – both sitting with me in the room.

Mother's main concern was her frustration in managing his health. She herself suffered fairly frequent yeast and bladder infections. John had been breastfed for a year. She felt that nothing she was doing was good enough. She felt judged by others in the family. She felt lost and stuck, afraid to try something new and busy just trying to keep him comfortable. Just giving him a bath was so difficult, because he screams. She feels alone in this.

She also mentions on this occasion that if John doesn't get what he wants he'll throw a very severe tantrum. He can be stubborn and has a nasty, fiery temper.

He is very picky with his food, preferring bananas, cookies and chips.

The first point about John's father is his extreme love of sugar. When this comes up and his wife laughs, his face takes on an Alfred E. Neuman like mask, though with a guilty edge. It's an expression that I've seen before in severe sugar addiction. He also has a bad temper.

I felt that this was potentially critical to the case. We already knew that John's physical health mirrored that of his father. Dad's father was also very highly tempered, both physically and emotionally abusive.

I glanced at the materia medica and prescribed *Sacchrum album* 200, one dose, without hesitation, based particularly on dad's intense craving for sugar, as well as John's capricious appetite and the high temper in the male line. Brilliant homeopathy? By no means! Nevertheless, the result was spectacular. Over the next several months, the eczema, which had essentially covered his face and body since two months of age, dwindled down to about five percent of its original form. For the very first time I was able to see his face free of the rash. Mother reported that his behavior was good. He still retained some eczema in the areas typically affected – the bends of the knees and the inguinal folds. However, even this is far less inflamed than in the past. He has continued to suffer periodic bouts of coughing, a mild allergic asthma, and has had the remedy twice (1M potency), over the last year and very recently a 10M. He has had not had any substantial reoccurrence of the eczema in that time.

The real lesson was the importance of the parent's health in properly apprehending a young child's case. Repertory? Forget about it. It would be impossible to have found this remedy with any degree of certainty, through reportorial analysis. The pictures speak a thousand words.

*Sacchrum album* is chemically a carbon remedy. White sugar increases susceptibility to infections, both bacterial and fungal, calcium demineralization and blood sugar disorders. It is also associated with poor behavior, hyperactivity, aggression, moodiness, etc. It can create surges of energy and thus appear to be a stimulant, yet it is also known for the crash that follows. The basic story of white sugar is that it metabolizes rapidly, causing a quick rise in blood sugar followed by an equally speedy fall, as the body reacts to remove the sugar from the bloodstream as quickly as possible. The normal rhythm of blood sugar, which is normally characterized by a gentle upswing and a gentle downswing, within well-defined parameters, is broken. This can profoundly influence mood, appetite and energy.

In 1867, a fairly large number of symptoms were presented by Lippe, based on Boenninghausen, Bute and several clinical cures, as well as the observations of Swan regarding the peculiar reaction to sugar of an acquaintance.

An invaluable presentation by Tinus Smits MD, including an eczema case in a three-year old boy, is found in the IFH transaction from 1994. This presentation is also the first to recognize certain common psychological patterns, specifically a profound need for affection and fondling, based on a

feeling of not getting enough, a feeling of forsakenness.

“A lot of childhood feelings coming back, feelings of isolation, of rejection, of mistrust, of being forsaken.” “Ailments from lack of affection; lack of physical contact in early childhood — especially babies who didn’t get breast-feeding — combined with a lack of contact with the mother; lack of attention; lack of love; behavior rewarded by sweets. There is a desperate search for love and affection because of a fundamental frustration in affection in the past, mostly in early childhood. Great need to cuddle, to be caressed and touched, or difficulty in admitting this need and refusing every contact.” - Smits

Mangialiavori cites ailments from death of the parents and disappointed love, the delusion that he is despised, feeling unfortunate. This could, by extension, be a remedy for orphans or children apprehended from difficult circumstances.

Of course, the feeling of separation, of forsakenness is a very fundamental and generally unconscious aspect of the psychic structure of all human beings. It is the driving force of virtually every social form that exists. So the rubric, “Forsaken”, is by no means a small one. Morrison points out that it is a common sentiment to the organic compounds. *Psorinum* is another remedy struggling to get the love they want and feeling an anguished separation. *Lac Maternum*, *Lac Humanum*, *Magnesia carbonica* are all remedies where a lack of early maternal love stands at the centre of their inner motives. Of course, *Hyoscyamus* is one of our most important remedies for a jealous sibling.

When the child doesn’t get the affection, attention, touch that they demand, they become cross, whining, insolent, which, in itself, can appear like *Cina*.

Sunil Anand speaks of hoarding based on a feeling that there is never enough. Feeling it could all be taken away, so enjoy it while you can. Not feeling loved. Adopted children where there has been want and then plenty (alternation in the environment).

Mangialiavori and Sunil Anand of the Mumbai group associated with Rajan, have also added notes confirming and expanding on the remedy.

Sunil Anand’s emphasizes the contradictory and alternating states, metaphorically mirroring the swings that white sugar initiates physiologically. They may be curious and active at school, while a terror at home. Good behavior and bad behavior alternating; hyperactivity alternating with low energy. They avoid substantial, nourishing food, preferring to snack. They can be compulsive with food, a need to eat frequently; while on the other hand there may be anorexia.

Craving sugar, of course.

On the physical side, there may be wounds that don't heal well (*Crotalus hor.*) White coating on the tongue. Ear infection with discharge of pus. Ulcers in the throat. Impaired digestion with acidity. Congested and painful hemorrhoids. Itching of the anus.

Emaciation of chest, hands, thighs, generally.

Certainly, there are other symptoms in the schemata, however, this gives a few of the salient points.

In our over-sugared age, this is surely a remedy that must be remembered and is likely to have been underprescribed.

**Neil Tessler ND, DHANP** is the recent Past President of the Homeopathic Academy of Naturopathic Physicians. For five years he served as Editor of *Simillimum*. He resides with his family in White Rock, BC, where he has been in practice since 1984.









WHAT ME WORRY!

**BOOK REVIEW:  
HOMEOPATHIC  
PRESCRIBING POCKET COMPANION**

*REVIEWED BY NEIL TESSLER*

*BY STEVEN B KAYNE*

*&*

*LEE R KAYNE*

*PHARMACEUTICAL PRESS PAPERBACK 2007*

*189 PAGES.*

*\$ 39.95*

*ISBN 978 0 85369 6971*

This handy, easy to carry guide to homeopathic acute care will be useful for students, practitioners, lay prescribers and pharmacists. A lot of work has gone into this small but potentially useful volume, covering fifty-six conditions with modality charts and flow charts for each. This is the kind of manual that is practical for travel and home visits, as well as a ready reference for acute care in office practice. It may also be helpful for families who prescribe at home. It has a very sturdy plastic cover, is very practical and easy to use.

# BOOK REVIEW: HOMEOPATHIC PRACTICE

BY STEVEN B KAYNE

&

LEE R KAYNE

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REVIEWED BY NEIL TESSLER

This interesting volume is a wide-ranging yet no means comprehensive overview of homeopathy today containing sixteen essays by diverse practitioners. It offers information about the homeopathic experience from a number of parts of the world and a number of different points of view – pharmacists, veterinary, nursing and midwifery, clinical practice, etc. The essays cover both an overview of various fundamental aspects of homeopathy, such as the range of prescribing concepts in play today, provings, materia medica, case taking, etc. Then the volume goes into the experience of practice in diverse settings and in different part of the world as described.

The book begins rather strangely with an article by medical doctor who has been involved in CAM research, basically underlining the fact that medical research to date offers nothing whatsoever to support homeopathic efficacy. I wish the author had taken the trouble to discuss the fact that evidence-based medicine, as applied to modern medical research, is an essentially fraudulent concept and that only a fraction of pharmaceutical medicine is, in fact, evidence-based. After this miserable downer, it's pretty much all uphill climb, through the UK, continental Europe and even Japan.

Again, this is a book that is not really intended to enlighten, but more to

inform. It is not a book that is likely to be taken up by practitioners, as it will not add to their practical knowledge. It may be more helpful to professionals, such as physicians and pharmacists, flirting around the edges of homeopathy and interested in understanding the range of settings in which homeopathy is successfully applied in the world today.

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# AUTHOR GUIDELINES

## **Author Guidelines**

The editor invites the submission of articles, essays, case reports and correspondence. Simillimum provides high quality educational and clinical information to practitioners and students of homeopathy. Case reports, interviews, articles and reviews will be printed which strive to illuminate some aspect of classical homeopathic practice, defined here as a study of the totality of symptoms, the use of a single remedy, prescribed according to the Law of Similars.

Articles are sought in the area of materia medica, posology, case management, miasms, philosophy, provings, history, etc. Graphics and photographs are welcome.

The main point is that each article should provide a valuable homeopathic learning experience, so discussion must be thorough enough to achieve this goal.

Please submit articles for peer review in a word document format, such as MS Word, or RFT. Include a few lines of biographical information, and if possible a photograph. The following guidelines are suggested to assist the author in the development of presentation and content.

## **Case Format**

A “well taken case” includes a description of the patient, occupation, etc., relevant family medical history, previous types of treatment (allopathic or homeopathic), details of the chief complaints including modalities and causations, mental and general symptoms and all other symptoms of the case, so that a clear picture of the totality can be gained.

## **Case analysis**

Case analysis, evaluation of symptoms and repertorization should be included. One of the most important aspects of case presentation is to explain your reasoning for the remedy selection and potency choice so that it is very clear to the reader. General discussion including, insights into difficulties or problems that were encountered, mistakes that were made, or what might have been done differently may also be of value. Acute cases should be written out in a similar manner.

Cases using newly proven remedies should include relevant proving data for the benefit of the reader. Cases using remedies without provings or insubstantial provings should provide a discussion of the substance, references to other sources of information on its homeopathic use and the basis for its selection in this case.

## **Follow-up**

Appropriate follow-up should include the practitioner’s assessment, repertorization where utilized and explanation regarding repetition or

change of remedy. Chronic cases should be followed for at least one year.

### **Consent and Confidentiality**

Please include a written release from the patient (or the parent of a minor patient) and change identifying information as necessary. Contact us if you need a sample release form.

### **Style**

Write your case out in narrative form, using quotation marks to indicate direct quotes. Remedy names should be italicized and spelled out completely, with potency number and scale specified, for example, Aurum sulphuratum 200C. Use appropriate references and acknowledgments when necessary for books, periodicals, teachers and computer programs. A summary of the focus of the case or article is helpful, whether as an introduction or a conclusion. Essays or articles critically evaluating ideas or methods of practice must be civil and well referenced as to the basis of the opinion offered.

Articles may be edited for minor points of grammar, spelling, or usage. Suggestions for significant revisions will be forwarded to the author for rewriting. We welcome your questions or concerns about shaping your experiences and thoughts into readable form. Please italicize remedy names and abbreviations, allow two spaces between sentences and supply your article in .doc format.

\*\*\*Send us a few lines of biographical information, and if possible a photograph of yourself, ideally a black and white head shot such as a passport photo.

We are striving to print original material and require that you advise us of any prior or simultaneous submission to other journals.

Thank you for your interest in submitting an article for Simillimum!

# ABOUT THE HOMEOPATHIC ACADEMY OF NATUROPATHIC PHYSICIANS

The Homeopathic Academy of Naturopathic Physicians (HANP), a specialty society within the naturopathic profession is affiliated with the American Association of Naturopathic Physicians (AANP).

The mission of the HANP is to further excellence and success in the practice of homeopathy by naturopathic physicians. This is accomplished by:

The Homeopathic Academy of Naturopathic Physicians (HANP) is a specialty society within the profession of naturopathic medicine, and is affiliated with the American Association of Naturopathic Physicians.

Our purpose is to further excellence and success in the practice of homeopathy by naturopathic physicians and provide a vehicle for outreach into both the naturopathic and homeopathic communities.

## ***HANP activities include:***

- \* Encouraging the development and improvement of homeopathic curriculum at naturopathic colleges.
- \* Publishing Simillimum, the bi-annual journal of homeopathic practice. Submissions are accepted from all homeopathic practitioners. Periodically offering homeopathic continuing education seminars.
- \* Working with the homeopathic community on issues of common interest.
- \* Offering board certification in classical homeopathy to qualified naturopathic physicians

## ***General Membership Is Open To Everyone.***

In order to become a general member of the HANP simply fill out the Simillimum subscription form at [http://www.hanp.net/sim\\_subscribe.html](http://www.hanp.net/sim_subscribe.html)

Your general membership in the Homeopathic Academy of Naturopathic Physicians includes a subscription to SIMILLIMUM.

The Homeopathic Academy of Naturopathic Physicians offers specialty certification in the practice of homeopathy to qualified naturopathic physicians.

## ***The DHANP application and examination process occurs in three stages.***

1. The first stage is application for DHANP Candidate status.
2. The second stage is to become a Fellow of the HANP.
3. The Submission of five cases and an oral examination are the final requirement to achieve Diploiiiite stittis.Diplomate status.

If you have questions on this process after reading the applications for DHANP Candidate and for FHANP, please contact:

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