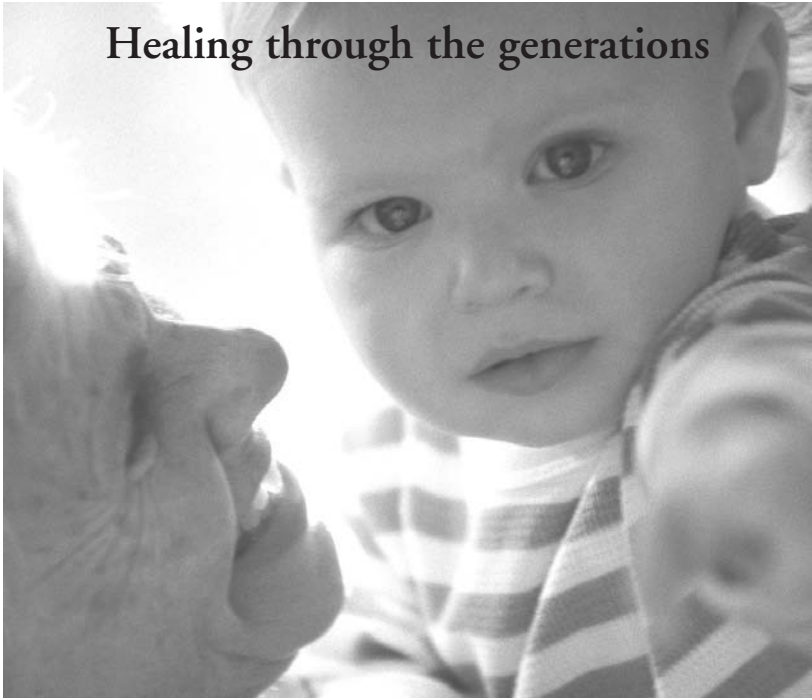


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SIMILLIMUM

Editor: Neil Tessler ND, DHANP

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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CONTENTS

EDITORIAL:

- NEIL TESSLER ND, DHANP.....6
- HAHNEMANN AT HERMANSTADT: DISCOVERIES IN
BRUKENTHAL LIBRARY
GHEORGHE JURJ MD, DSc, MA (ROMANIA).....14
- CACTINA CASE
JEFF BAKER ND, DHANP.....45
- HENNY HEUDENS-MAST
IN CONVERSATION WITH JOHN COLLINS ND, DHANP60
- HENNY HEUDENS-MAST: A TRUE MASTERPIECE
DURR ELMORE, D.C., N.D., LAC.75
- GETTING SIXTY PERCENT OF YOUR CASE IN TWO MINUTES
WILLIAM BERNO DC.....82
- A GLIMPSE OF HOMEOPATHY IN CALCUTTA, INDIA
BY JOEL KREISBERG, D.C., DNBHE.....87
- THE LEGITIMATE USE OF THE KEYNOTE:
READ BEFORE THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION,
W. A. YINGLING M.D.91
- THE TERRITORY IS THE PATIENT
MASSIMO MANGIALAVORI MD
INTERVIEWED BY MELANIE GRIMES CCH, RSHOM(USA)
& NEIL TESSLER ND, DHANP.....98
- THE NECESSITY FOR AN INNER PREPARATION OF THE
CLASSICAL HOMEOPATH
BY PROFESSOR GEORGE VITHOULKAS.....117
- THE FIREFLY: A CASE AND A PROVING MERGE
MARTY BEGIN ND, DR.AC.....123
- CLINICAL OBSERVATIONS BY ADOLPH LIPPE MD
WITH COMMENTARY BY JOSEPH KELLERSTEIN DC, ND, DHANP.....135

**BEYOND TARENTULA HISPANICA: BROWN RECLUSE SPIDER
FOR A CHILD WITH OPPOSITIONAL-DEFIANT DISORDER**

By *JUDYTH REICHENBERG-ULLMAN, ND, LCSW, DHANP*
AND *ROBERT ULLMAN, ND, DHANP*137

**BOOK REVIEW: BITTEN IN THE SOUL: EXPERIENCES WITH
SPIDER REMEDIES IN HOMEOPATHIC MEDICINE**

MASSIMO MANGIALAVORI AND HANS ZWEMKE
REVIEWED BY *RICHARD PITT, RS HOM*.....145

BITTEN IN THE SOUL: EXCERPTS FROM THE INTRODUCTION

WRITTEN BY *HANS ZWEMKE*
& *MASSIMO MANGIALAVORI*155

**BOOK REVIEW: THE HOMEOPATHIC TREATMENT OF
INFLUENZA**

SANDRA PERKO PH.D., C.C.N.
REVIEWED BY *NEIL TESSLER ND, DHANP*.....159

**THE USE OF HOMEOPATHIC MEDICINES IN THE 1918 INFLUENZA
EPIDEMIC**

FROM *JULIAN WINSTON*
THE FACES OF HOMEOPATHY
TAKEN FROM THE PROGRAM OF THE WORLD MEDICAL CONFERENCE:
HOMEOPATHY AND AVIAN FLU NOVEMBER 19, 2005.....163

**BOOK REVIEW: THE HOMEOPATHIC PHYSICIAN’S GUIDE TO
LACTATION**

By *PATRICIA HATHERLY*
REVIEWED BY *NEIL TESSLER ND, DHANP*.....165

THE HOMEOPATHIC PHYSICIAN’S GUIDE TO LACTATION

By *PATRICIA HATHERLY*
PREFACE.....167

**BOOK REVIEW: ACHIEVING AND MAINTAINING THE
SIMILLIMUM**

*STRATEGIC CASE MANAGEMENT FOR SUCCESSFUL HOMEOPATHIC
PRESCRIBING* By *LUC DE SHEPPER MD, PHD, CHOM, DIHOM, LIC.AC.*
REVIEWED BY *NEIL TESSLER ND, DHANP*.....174

BOOK REVIEW: THE COMPANION GUIDE TO HOMEOPATHY

THE PRACTITIONER’S GUIDE
COLIN GRIFFITH MCH, RS.HOM, FS. HOM
REVIEWED BY *NEIL TESSLER ND, DHANP*.....176

HOMEOPATHY & SERVICE

By ELENA CECCHETTO.....178

CLASSIFIED.....179

DIRECTORY OF DIPLOMATES179

AUTHOR GUIDELINES & ADVERTISING RATES183

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HENNY HEDUENS-MAST INTERVIEW

TRANSCRIPTION: NEIL TESSLER

EDITING: JOHN COLLINS, HENNY HEUDENS-MAST, NEIL TESSLER

COVER: SEVERAL LISTS OF ALCHEMICAL SUBSTANCES.

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EDITORIAL

NEIL TESSLER ND, DHANP

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The HANP would like to extend special thanks to Jason McMillan, who was responsible for the design and creation of the new website. Jason has managed our graphic needs for the last three years and is responsible for the print-ready production of every issue of *Simillimum*.



As the homeopathic profession is growing, with curiosity from the public increasing, there are greater pressures for homeopathy to come through, to show it's metal in the world and to begin to shake off the aura of vagueness that arises from skepticism and unfamiliarity.

One of the ways this will happen is through the profession coming together to engage the world outside homeopathy. The rising concern over the potential for an avian flu pandemic has provided one such opportunity. A number of individuals in Europe considered the significance of the avian flu threat as an important opportunity for homeopathy. Within a remarkably short time frame of less than a month, they called together an international meeting that took place in Paris on November 19th, 2005.

Christian and Thierry Boiron were at the forefront of this effort, along with Dr. Peter Fisher of England and a number of others. The Boirons' showed considerable foresight and generosity in their sponsorship of this meeting, which included flying the heads of dozens of homeopathic

organizations from seventeen countries to Paris to participate and playing host in grand style. About one hundred and twenty-five people attended this day of workshops and general discussion.

Gathering together for the same united purpose to discuss an issue that is significant to all humanity, is a great forward step for the profession. It relates us to the world community, and whether the world community is aware of it or not, it is at the very least good for our homeopathic part to begin to think in this way.

Homeopathy Without Borders has been very directly involved in this kind of outreach for some years, so this is not to say that the Paris initiative is something altogether new. The HWB mission on behalf of tsunami victims in Sri Lanka described in the last *Simillimum*, was brave and bold. The Paris conference was another step in this direction and especially so if it leads to a united effort to address any future epidemic in a way that offers measurable benefit to populations.

It's great that a meeting such as occurred in Paris, or the work of HWB, are expanding the interface of homeopathy with regular medical care. As the world gets smaller, homeopathy becomes increasingly visible. We know we have a lot to offer. How to improve that offering and be ready when called upon - that is the task at hand, and has always been so, whether in the clinic or in the world.

Homeopathy will also have to hold up to scrutiny under experimental conditions and must bear the inaccuracies that can easily occur in experimental methodology and analysis. Eventually, there will be enough studies to demonstrate without a doubt the soundness, safety and efficacy of homeopathy, or otherwise to expose the holes in our pretensions. This last summer we experienced the frustration of facing a well-publicized attack on homeopathy in the form of a meta-study and editorial in the medical journal *Lancet*. As usual there was much negative publicity and little redress in the public arena. However, a number of researchers and practitioners produced very pointed rebuttals that clearly indicated that the meta-study was a poor piece of work. A collection of these can be found through our website at <http://www.hanp.net/news/general>. It is interesting that at the same time a study came out of Switzerland showing positive results with homeopathy in ADD, which can be found through the same link. More recently a six-year study at Bristol Homeopathic Hospital shows that over seventy percent of patients with chronic diseases reported positive health changes after treatment. You can find a link to the BBC article on this study at the same page listed above.

Though modern research will be an important step towards establishing homeopathy's place within medicine, studies are much less influential in

the world at large than word of mouth, the result of good or poor results, good or poor case-management. Although education is the first concern, the rise of the Council for Homeopathic Certification and other specialty accreditation boards such as the HANP and the American Board of Homeotherapeutics, are important to the profession in this regard, as they establish generally accepted minimum standards. Making certification attractive to as many as possible of those who claim to practice homeopathy is a goal for the HANP and the CHC. One of the purposes behind our developing work with students in the naturopathic colleges is to inspire specialty students to seek certification once they have spent some time in practice. Certification does not an expert make, but it a necessary step forward for homeopathy in North America.

Another milestone towards a stronger profession will occur in San Jose in April, when a number of homeopathic organizations will come together for the first joint convention of professional associations. This will occur in conjunction with the NCH conference in San Jose, California, on April 6-11th, 2006, at the San Jose Marriot. We urge as many of our members and associates as possible to attend and make this a grand event, a great coming together.



The present issue is highly eclectic, covering virtually the entire range of modern homeopathy. We are very pleased to have an opportunity to hear from Henny Heudens-Mast, whose extremely conscientious Hahnemannian practice and protean work ethic are legend. It is impossible to read her interview with John Collins, or Durr Ellmore's outstanding appreciation of her, and not be impressed and inspired.

One of the most interesting and intriguing aspects of Henny's work is her rigorous study and clinical application of miasms. Among all schools of homeopathic thought, conservative or contemporary, there are not only differing notions as to the nature of a "miasm", but there are also remarkably divergent attitudes as to the applicability or value of miasms in clinical practice. There are highly conservative homeopaths that completely dismiss the subject, regarding it as a deductive aberration, or simply a way of speaking about the chronic effects of various infections.

In this light, it is very interesting to read about S. K. Banerjea of Calcutta, the author of the book, *Miasmatic Prescribing*, who, like Henny, always applies miasmatic analysis of the patient to his remedy choice. Although the articles on Banerjea are reprints from the nineties, they are extremely interesting and highlight how another well-regarded homeopath utilizes miasm theory (and keynote prescribing). Reading about Henny and Banerjea proves again, if proof is needed at all, that miasm is not only a

valuable clinical filter, but may be successfully applied in every case.

Does this mean that we can define the entity of the miasms? No, it does not. We cannot know the exact nature of miasms anymore than we can know the exact nature of disease. Knowable are the *symptoms* of the miasms, based initially on their physical indication as ‘Itch disease’, as well as proliferative or destructive venereal disease. All subsequent miasms, such as Tubercular, Canceric, etc., arise from this perfect triune foundation. Tracking relentlessly from this starting point, Hahnemann, and subsequent authors have been able to dissect the physical and dispositional attributes of each of the archetypal three. In as much as this has been perceived, described and accurately understood, both patient and remedy can be analyzed miasmatically.

The number of miasms varies according to the author. Hahnemann gave three, with some allowance to the Tubercular. Henny counts five miasms, adding Tubercular and Canceric. In his new book, *The Companion to Homeopathy*, Colin Griffith flatly asserts that there are six miasms, adding Leprosy. Sankaran teaches ten miasms, and like Henny and Banerjea, applies them in every case. Who is right and who is wrong, or are they all right? The answer to this is in apprehending the basic reality of miasm theory. Leaving aside the diverse speculations on the origin and nature of miasm that the subject typically generates, the miasms are simply a classification system, a way of organizing perceived patterns in the real world. Massimo makes this precise point at the end of his interview.

This is why the same homeopaths that object to classification by kingdom are likely to grumble about miasm theory as an imposition on “pure” inductive reasoning. If purity is your thing, that’s fine, but the fact is that classifying information gathered inductively is as natural to humans as the act of observation itself. It can also be extremely useful clinically as helping factors in comprehending patients and remedies.

Is it any accident that Hahnemann’s three fundamental miasms bring immediately to mind the three doshas of ayurveda, or the three germ layers of the embryo, or the three stages of life: youth, maturity and old age? The expressive (proliferative), sustaining and destructive forces within nature are fundamental archetypes and can be applied to every kind of life process. It might not then be a great surprise that Hahnemann’s conception of three miasms is accurately descriptive of specific patterns and general trends in chronic disease. Yet, it is also true that those who have looked a little closer have been able to perceive refinements within the three that have attained enough distinction in their own right to achieve a separate classification. It may not even matter whether the fundamental three give way to five, six, ten or twelve miasms, as long as they accurately reflect patterns that have utility in practice.

Of course it must be said that plenty of conscientious, talented homeopaths such as Massimo Mangialavori and Andre Saine, do not apply miasm theory at all. In some cases they attain success with a purely direct, case-by-case approach to the symptoms of patient and remedy. In other cases, such as Massimo, they utilize other ways of classifying information to aid the process of remedy selection.

Whether we use miasms some of the time, all of the time, or not at all, the fact that the utility of miasm theory has been well verified clinically by people such as Henny, Banerjea and Sankaran, is something that all homeopaths should bear in mind. There are those who have really applied themselves to understanding the diverse physical and emotional expressions of each miasm, a tremendous and remarkable task. They have bravely demonstrated that Hahnemann was right in this arena, as with so much else, and left us an enormous tool to aid our perception and healing skill. It would be wonderful if in future years, if there were enough practitioners mature in their understanding and application, to make the study of miasms a basic part of homeopathic education. How many miasms? That's another question.



Moving towards the contemporary, we have a feature interview with Massimo Mangialavori and an extremely interesting excerpt from the Preface of the English edition of *Bitten in the Soul*, his book of spider remedies. The interview with Massimo was conducted jointly with Melanie Grimes, Editor of the NASH journal, *the American Homeopath*. This was a unique collaboration that solved the problem of two editors clamoring for an interview with the same homeopath at the same time. The interview is appearing in both journals more or less simultaneously. The reader will also appreciate Richard Pitt's detailed review of Massimo's Spider book.

Massimo, like Henny, seems to us pragmatic in a rigorous way; modern, rational and diligent. He stands for an unprejudiced empiricism, unfettered by dogma. Massimo makes persuasive arguments for learning about our remedies from diverse sources, for pushing deeper into the psychosomatic unity within the patient and the remedy images, for apprehending natural groupings of remedies, for understanding homeopathy as a living, developing science. His comments in the preface to his book run very close in general to the conclusions and themes espoused by Sankaran. Like Sankaran, Massimo is intrigued by the "patients words as a complex message leading to a meta-level of communication that could enrich the homeopathic process." They both appreciate the indications and hints coming from other reliable sources of knowledge. They both have found worth in nature's 'signatures', the characteristics of the substance itself. They are both less interested in isolated symptoms than a unifying *gestalt*,

“an appreciation of the coherence of symptoms” within the totality of the case. They are both intensely involved in organizing remedies into coherent families. Although there are many differences in their work, it is interesting that in approaching some the core issues of homeopathic practice, they have generally reached similar conclusions.



Also in this issue, Jeff Baker offers an illustrative case that demonstrates Sankaran’s method in depth. As someone who has been an extremely dedicated student of Sankaran, Jeff is in an excellent position to demonstrate his methodology, which he will soon be teaching in a series of courses.

The Firefly seems an interesting and natural species to consider homeopathically, so we welcome Dr. Marty Begin’s detailed discussion of his discoveries. He weaves together case and proving to paint an interesting picture of the light/dark duality of this new remedy of the insect kingdom.

We are very pleased to have an article by Prof. George Vithoulkas that concerns the psychological position of the practitioner. This is a subject that is most interesting and something we reflect on always and even more as the years go on. George’s thoughts are always worthy of a close listen. Here he speaks from his heart and his very rich fount of experience, to advise us as to where we must position ourselves within. He teaches the attitudes and behaviors to cultivate to be a good caregiver and also to grow as a person.

While in Paris for the Avian Flu meeting, Joseph Kellerstein, who we featured in the last issue, introduced Gheorghes Jurj, a Romanian homeopath who is Editor of the Romanian *Journal of Homeopathy* and an avid student of Hahnemannian history. Dr. Jurj showed Joseph and I various excerpts from his work, which we found intriguing, and he agreed to send material for publication. Here was another interesting collaborative effort, wherein an editor has the opportunity to edit an editor in order to bring his fascinating materials to a wider audience. Dr. Jurj provided the illustrations that are included in the article, an important addition to our knowledge of Hahnemann’s background and influences.



Lastly, we would like to discuss the question of when a case becomes worthy of publication. One of the highlights of Massimo’s work is the insistence on long-term (two year) follow-up, to establish a remedy’s true depth of action. This has been influential in raising overall publication standards, but can also have the effect of inhibiting offerings that may be of interest and value to the homeopathic reader. Consider the case reports from old books and journals as an example. They are often quite instructive

and a good way to learn materia medica as they leave definite impressions regarding remedies and leading indications. Yet they are often very short, along the lines of this case from my own practice:

March 25/98

Female Age 52 Single/Student

Back in constant pain which is < after riding on the bus to school. Pain is in the muscles along the spine, mostly the lower thoracic area.

It's been getting more and more sore for the last three years. Began while working in a thrift store where she was moving constantly all day. She finds no relief with massage.

Pain comes and goes anytime but is worse riding on the bus and sometimes wakes her in the night.

She's been on her own for three years. She left her husband due to his affairs. It was her second marriage and lasted seven years.

Generally warm

Craves: Soup

Ass: Granted, most of my cases are far, far longer, yet this was only a single sheet of notes.

The craving for soup was expressed so certainly and forthrightly that it was the first thing to which I turned my attention. It is a keynote symptom for *Calcarea arsenicum*. It seems to have been first mentioned by Alfred Pulford (1863-1948) in his *Materia Medica of Graphical Drug Pictures*, and appears to be a clinical symptom that has attained the status of a keynote. Delving into the remedy I quickly noticed the symptoms for the back. Hering lists "Violent backache between shoulders and sacrum" as a black letter symptom for *Calcarea arsenicosa*. Boericke says, "Severe backache."

Plan: *Calcarea ars.* 30 (pellets) to be taken daily for seven days. (Just for the record, nowadays, it would have been given in liquid, a drop or two or a few pellets of the potency in a fifty ml. dropper bottle, using succussion and then further dilution in a teacup of water.)

May 10/1998

The pain disappeared soon after the seven days had passed. Energy has been very good. "Its that simple?"

Plan: Wait. (We never saw her again).

Now it would have been great had I later “squeezed” her, as Massimo puts it, with the hope of acquiring a greater understanding of the remedy and perhaps further verification of its known materia medica. Still, it is instructive to have a snapshot case like this that helps fix in the mind several important characteristics of the remedy. The point is that we hope that the one year, more or less, case requirements for publication do not inhibit practitioners from submitting good cases that they feel might be good learning but do not meet the strictest time requirements. Short cases, with striking improvements sometimes have a lot to teach us. *Again, case submission is open to all practicing homeopaths and we urge you to take the time to share your clinical experiences.*



Neil Tessler ND, DHANP is a Diplomate of the HANP since its founding year. He is a lecturer at the Vancouver Homeopathic Academy and has been in full-time practice in British Columbia since 1983.

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HAHNEMANN AT HERMANSTADT: DISCOVERIES IN BRUKENTHAL LIBRARY

GHEORGHE JURJ MD, DSc, MA (ROMANIA)

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I would like to express my gratitude to the Board of Directors of Brukenthal Library who allowed me to freely research their archives and especially Mr. Constantin Ittu, for his active aid. I am also grateful to Mr. Peter Morrell for the lengthy and supportive dialogue about this topic.

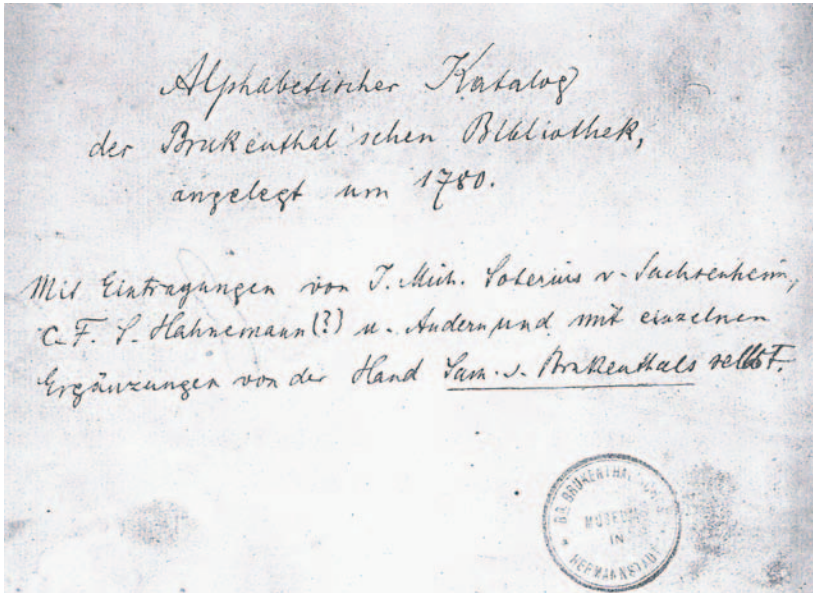
Summary

This is a study of Hahnemann's time at Hermanstadt (1777-1778) as a library archivist, a period that was one of the foundation stones of his future intellectual life. Until now, there was relatively little known about this period of his life. During recent research at the Brukenthal Library at Sibiu, Romania, we discovered the manuscript of the library's catalogue of 1780 created by Hahnemann and Soterius, the nephew of Baron Samuel Brukenthal.

An attentive survey of this manuscript revealed valuable suggestions as to the readings of young Hahnemann during this peaceful period of life. We were led to the conclusion that his time at Hermanstadt was very important and formative in the later development of his thought. Hahnemann's signature is found naming volumes (he didn't write in the books but noted their name in the catalogue) that must certainly have been a considerable influence on his later thinking and conceptions, as a close review of their content suggests. After listing some of the volumes that he held in his hands, we will provide information about their authors, and provide a detailed discussion of their relevant contents, and the form in which they appear in Hahnemann's homeopathic writings.

Background

Hahnemann arrived at Hermanstadt on the recommendation of his mentor, Dr. Von Quarin, to Baron Brukenthal, governor of Transylvania. Apparently, the reason why the young Hahnemann was condemned to interrupt his medical studies was a financial loss (possibly after thievery or fraudulence): "*My last crumbs of comfort were just about to vanish.*"^{1,2,3}



He arrived at Hermanstadt at the end of 1777, at the invitation of Brukenthal, and was employed as archivist of the numismatic collection and by the Brukenthal Library, and also, in some manner, as a personal physician to the Baron. Hanhemann lived there “*in honorable conditions*”⁴], enjoying comfortable circumstances and free of financial concerns. Shortly after his arrival (two weeks after Haehl, tree days after Lotreanu [5]) he was entered in the Masonic Lodge **St-Andreas zum drei Blattern** of Hermanstadt. Haehl shows that he entered the Lodge on 16 October 1777, citing the Lodge archive:

“Christian Friedrich Samuel Hahnemann, born at Meissen in Saxony in 1755. Status : Candidatus Med. and Librarian to S.E. the Governor. Religion : Protestant. Admitted to First Degree, 16th October, 1777”.^[6].

As far as we know this is the only document found regarding Hahnemann in Masonic archives. Hahnemann remained at Hermanstadt one year and nine months. Besides his work as an archivist, pleasant and suitable to a talented youth, eager for knowledge, Hahnemann had also practiced medicine:

“I arranged and catalogued his matchless collection of ancient coins as well as his vast library, practiced medicine in this populous city...”^[7]

One of Haehl's paragraphs reveals an interesting idea:
"Not only did he practice as a young physician in the capital of Transylvania, but also learned in this country new manifestations of disease, and the **remedies applied gave him later the first idea of his new therapeutic theory**"[8]

We do not know which remedies Haehl refers too, so cannot guess as to why they may have seeded the idea of similars. In the opinion of one Romanian author [9], he probably came into contact with the ample resources of the popular phytotherapy (botanical medicine) and its healing methods.

Some of his experiences as a physician at Hermanstadt are described in *Directions for curing radically old sores and indolent ulcers, with an appendix, containing a more appropriate treatment of fistulas, caries, spina ventosa, cancer, white swelling and pulmonary consumption* [10], published at Leipzig in 1784. Here, while still far from formulating homeopathy's principles, he emphasized the importance of some general hygienic measures, which were generally more efficient for the healing of ulcers than local applications, and he relates the case of a girl healed through baths in the waters of the River Cibin.[11]

From his childhood, Hahnemann proved to have a linguistic talent: at 12 years old he already knew Latin and Greek, then he learnt French, English, and Italian; at Hermanstadt he became familiar with Hungarian and Romanian, and also it seems he had studied Hebrew, Syriac and even Chaldean.[12]. It is difficult to determine whether he learned Arabic at that time or not, because we could not find a single book in Arabian or about Arabic language in the Brukenthal Library [13].

On the other hand, in the catalogue of Brukenthal Library dated 1780, we have found several books on Hebrew grammar, some of them noted by Hahnemann himself, including Johannes Buxtorfius' important works, *Thesaurus grammaticus linguae sanctae hebraeae*, Basileae, (Basel), 1620; *Manuale Hebraicum et Chaldaicum*, Basileae, 1619; *Tractatus de punctorum vocalium et accentum in libris veteris testamenti hebraici*, Basileae, 1648; *Synagoga iudaica*, Hanovrae, 1604.[14]

Latin was the language of medicine and science, Greek, the language of classical philosophy. Hebrew, on the other hand, was not a language rich in literature of general interest, but it was most important for alchemical and esoteric readings. In the works of Agrippa von Nettesheim's, Hebrew plays a very important role.

Mircea Eliade writes:

“The magical interpretation of Qabalah reached its peak in Henri Cornelius Agrippa of Nettesheim’s De Occulta Philosophia.”[15]

Why did Hahnemann learn Hebrew? Besides the general assumption that it was a classical language that he did not know, we can presume that this new linguistic achievement had a more precise goal; without it many subtle meanings of esoterica - which was profoundly influenced by cabbala and where the most occult meanings were hidden under speculations in Hebrew - would remain incomprehensible. The great European esotericists (starting from Raymond Lullus), were influenced by the cabbalistic tradition, utilizing Hebrew symbols and cabbalistic techniques.



There is one assertion that Hahnemann made regarding his period at Hermanstadt, which is intriguing, though vague:
*“Here I had the opportunity to learn several other languages necessary to me, and to acquire **some collateral knowledge** that was pertinent and still seemed to be lacking in me.”*[16]

What was this *collateral knowledge* that he did not know? What were the sources of this knowledge and why did Hahnemann refer to it as *pertinent*? We will try to answer those questions in the present study.

Hahnemann in the library of Baron Brukenthal

At Hermanstadt, Hahnemann *“was far away from everything that could distract his mind from study. He passed the greater portion of his time in the valuable library of his patron.”*[17] In this period of studious seclusion *“he acquired that extensive and diverse knowledge of ancient literature, and of occult sciences, of which he afterwards proved himself to be a master... ”*[18]

Because nowhere is there an explicit statement of what he read in the Brukenthal Library, there is only one way to discover the likely content of Hahnemann's studies: specifically to see a catalog of all books that were in the library at the time. In this matter, a very important document comes to our aid, namely the manuscript catalog compiled by Hahnemann himself and by Baron Brukenthal's nephew, Soterius von Sachsheim, finalized in 1780 [19].

The cover was written at a later date, while the catalog is current to 1780, as some books were acquired after Hahnemann left Hermanstadt in 1778. However, we assume that this part was not very large because the pages are indicated by different letters and do not have too many additions. The catalog has at least two hand writings, one of them Hahnemann's, which we can recognize by comparing it with other documents written by him. The handwriting of the second person belongs to Soterius.

Books of likely interest for Hahnemann that are present in the alphabetic Catalog of 1780

The catalog has 287 files, each file written on both pages: in eight files the second page is empty, so in total there are about 570 pages. On every page there is an average of about 20 books giving a total of 11,500-12,000 books from various domains: history, geography, literature, juridical literature, medicine, etc. The books are registered in the author's alphabetical order and the titles are written in their original language (Latin, German, French, English, Italian, Greek) with the note of the year and city where published. The catalog reveals a very impressive collection, the majority being rare first editions, printed all over Europe, from the Renaissance until Hahnemann's time.[20]

It is difficult, within this abundance of valuable books, to know which ones may have stirred Hahnemann's interest, the works that he truly read and studied. At the first examination of the manuscript, as was expected, we were guided by some simple criteria based on the resonance of some names and titles. We looked for:

- medicine books;
 - alchemy books, esoterism or well-known authors in the field;
 - authors who were said to have influenced Hahnemann;
 - titles that appear to relate to Hahnemann's possible interests.
- The books and the authors nevertheless exceeded our expectations.

From the huge amount of books available, we selected just a few of them for the present article, as it is part of an ongoing research project, and a more complete presentation will form the basis for another article in the future.

Here is a list of some of these books:

1. Agrippa Cornelius Henricus von Nettesheim
- *Opera*, vol. I-II, published in 1531 at Lugdun (Leida) by Bering Brothers (photocopy no. 4)
- *De incertitudine et vanitas scientiarum*, Frankfurt, 1522
- *De Occulta philosophia*, Libri III, 1533 (published at Koln, as it appears in the new catalog, see photocopy no 3.)
(The first and the third titles are actually vol. II and III of *De Occulta philosophia*)
2. Francis Bacon – *The Philosophical Works*, in 3 volumes, London 1733
3. Agricola Georgius - *De re Metallica*, Basel, 1657
4. Marsilio Ficino - *Liber de Voluptate*
5. Prevotius (Jean Prevost, 1585 - 1631) - *Medicaments for the Poor*, London, 1614
6. Preusius Georgios - *De Magica Transmutatione in Bruta*, Region, 1650
7. Theophrastus - *Historia Plantaru*, 1644, Amsterdam
8. Albrecht Haller - *Anfangsgründe des Physiologie des Menschlichen Körpers*

It is most significant that Hahnemann could read at Hermanstadt the first edition of Albrecht Haller's work, which was published in Berlin, in 1759, ("The great and immortal Haller" as Hahnemann put it [21]), who was the first to propose experimenting with medications on healthy individuals.

9. Hippocrates

The Brukenthal Library held at that time the aphorisms and one of Hippocrates' works.

10. Hoffmann Fiederich

There were several medical books by this author on diverse subjects, from the inflammation of the liver to calculus, from emetic medicine to balneary cures.

The catalogue reveals a large and impressive collection of philosophical works and literature, by authors such as Erasmus, Leibniz, D. Hume, Pascal, Spinoza, Machiavelli, Voltaire, Montesquieu, Montagne, Helvetius, Dante, Petrarca, Milton, Shakespeare, Milton, Newton, etc.. From the incunabula are to be mentioned : Toma de Aquino, *Opus praeclarum quarti scripti*, Mainz 1469; *Breviarum croaticum*, 1493; Petrarca, *Triumpho*, 1488;

Schedel's *Chronicles* (2,000 illustrations engraved in wood), Nuremberg, 1493; *De mirabilibus mundi* by Solinus C. Iulius, printed in Venice in 1488; Strabo's *Geografia*, Rome, 1473; *Natural History* by Piliniu the Old, Venice, 1498; the works of Boccaccio and Petrarca etc. [22]

Relationship with the Esotericism of Cornelius Agrippa

HENRICVS CORNELIVS AGRIPPA.



The two books of Cornelius Agrippa von Nettesheim which Hahnemann had at hand at Hermanstadt were, according to the catalog from 1780: - *De Occulta Philosophia Libri*, in three volumes, published in 1533, and - *De Incertitudine et Vanitate Scientiarum et artii, Declamatio Invectiva* (or *De Incertitudine et Vanitate Scientiarum Atque Artium Declamatio*, as is quoted by I. P. Couliano) with the acknowledgement of the author and some marginal annotations, published at Frankfurt in 1522.

These are capital works of one of the most important European esoterists. About him, I. P. Couliano affirms:

“Heinrich Cornelius Agrippa (1486-1535) is the most influential writer of renaissance esoterica. His De Occulta Philosophia appeared in three books. Written from 1509 to 1510 (he would have been 23 at the time), it circulated widely in manuscript form, and was eventually printed in 1533. It is a “systematic exposition of ... Ficinian spiritual magic and Trithemian demonic magic (and) ... treatised in practical magic.”[23]

Johann Trithemius of Sponheim, abbot of Spoheim Monastery - where he set up a library famous for its “rare, secret, astonishing” manuscripts [24], in his own characterization - and, later, the abbot of St. Jacob Monastery at Wurzburg, is an illustrious personage of European esoterica [25]: Cornelius Agrippa, his disciple, opens his book with a dedication to this Master and an appreciatory answer from him. Paracelsus confessed to being his disciple for a period of time, and considered him one of the greatest personalities of alchemy and the occult sciences of his time.[26]. Trithemius can be considered as “parent of the modern cryptography”, his book *Steganografia* being a treaty about encrypting codes, influenced by the Christian cabala.[27]

It is remarkable that Hahnemann had had contact with the first editions of both those texts, published respectively in 1533 and 1522, a fact that proves the extraordinary cultural propensity of his mentor, Baron Brukenthal, who managed to acquire those rare editions that are still part of the Brukenthal Library.

De Incertitudine et Vanitate Scientiarum et Artii, Declamatio Invectiva, written in 1530, twenty years after *De Occulta Philosophia Libri*, a critical work concerning the renaissance “sciences” that include magic, alchemy, astrology, geomancy, and also the rudiments of physics, chemistry, astrology or psychology. [28] In this work Agrippa critiques all the magical practices that he described in his youth and reconsidered them, using a tone rather ecclesiastic, as vanities (*recantatio*= to resound; the term is slightly different from the term *rejectio*= to reject)[29]. The essay was also published at the end of the last volume of *De Occulta Philosophia Libri*, as an addendum:

“I wrote while I was very young, three large books, which I called Of Occult Philosophy, in which what was then through the curiosity of my youth erroneous, I now being more advised, am willing to have retracted, by this recantation; I formerly spent much time and costs in these vanities. At last I grew so wise as to be able to dissuade others from this destruction.”[30]

De Occulta Philosophia is one of the most fabulous creations of European esoterics. It is a treatise in three volumes about the assemblage of occult concepts and practices at the time: it starts from the basic notions, such as the four elements, the seven astral influences, the occult virtues of things, and goes on to cabala and numerology, magic, incantations and witchery, etc., subjects that were somewhat common in this epoch, but Agrippa presented them in a very learned and systematic form, like a general compendium of this domain.

“In his influential work *De Occulta Philosophia Libri Tres* (1531), Agrippa combined magic, astrology, Qabbalah, theurgy, medicine, and the occult properties of plants, rocks, and metals. This work was an important factor in the spread of the idea of occult sciences.”[31]

Without doubt, it is a fascinating and exciting book, and especially the thought that it got into the hands of a youth full of interest in any domain of knowledge, such as was Hahnemann at 22 years old. It is almost impossible to presume that, having it in his hands, he would not have read it, particularly when it promised the knowledge of the occult understanding of reality and amply described the occult methods to influence it.

While a direct affiliation between Agrippa and Hahnemann’s later ideas cannot be asserted, in *De Occulta Philosophia* there are several concepts that may have cast seeds upon Hahnemann’s young and fertile mind. The following constitute the main points of interest in relation to Hahnemann’s later ideas:

1. Similarity and correspondence, subtle and apparent - the idea of a unitary universe

7	8	9	E	B
8	7	6	F	C
9	8	7	A	D
10	9	8	Z	F
11	10	9	K	G
12	11	10	A	L
13	12	11	M	M
14	13	12	N	N
15	14	13	Π	P
16	15	14	P	R
17	16	15	G	S
18	17	16	G	S
19	18	17	T	T
20	19	18	A	A
21	20	19	E	E
22	21	20	H	I
23	22	21	I	O
24	23	22	O	V
25	24	23	Y	Y
26	25	24	W	V
Terra	N	2	0	K
Aqua	7	0	3	Q
Aer			φ	X
Ignis	7	6	X	Z
Spitz			Y	H

The esoteric doctrines start from the idea of a unitary universe, where exists a permanent correspondence between different levels of reality. Even though magic, i.e., the use of correspondence for magical purposes, would not necessarily have appealed to Hahnemann, the idea of correspondence between different domains is powerful in itself, because it presumes the possibility of influencing certain realities (including disease) using other realities of a different nature, but of similar character. One of the main ideas of magic is to establish tables of correspondence: those tables become more and more ample as they include more and more domains, and in the great alchemical works they propose to be all-inclusive, real images of the world (*imago mundi*) in all its aspects, from angels to planets, from seasons to metals, reaching to the human organs, etc., obedient to the same principles at all levels of reality, no matter how different they are in

appearance and apparent nature. The Sephir Yetzirah (Tree of Life) of Cabala, is one such table.

The title of *Chapter XV*. from *De Occulta Philosophia* - “How we must find out, and examine the virtues of things by way of similitude” – exemplifies this point and explicitly affirms the idea of similitude. In this chapter it is asserted:

“The occult properties in things are not from the nature of the Elements, but infused from above, hid from our senses, and scarce at last known by our reason, which indeed come from the Life, and the Spirit of the World, through the rays of the Stars: and can not otherwise but by experience and conjecture be inquired into by us.”[32]

The theory of astral (starry) rays is commonplace in European esoterica; it has its origin in Hellenistic antiquity and it was the object of a study named *De Radiis* by Abu Yusuf Yacub ibn-Ishaq al-Kindi, a book highly appreciated by Ficino, Roger Bacon and Agrippa, and which significantly influenced their writings, along with another treaty on the same subject, *Picatrix*, also of Arab origin. Generally, the theory assumes a correspondence between the astral level and the level of objects, and the correspondence of macrocosm with microcosm. [33]

We can elicit from this passage three ideas that echo in homeopathy: First, the explicit idea of similitude. Second, the fact that it cannot be investigated except through experience (as Hahnemann will assert after 1796, when *De Fragmenta viribus...* is published), and a concept that also leads eventually to proving, i.e., the direct investigation of medicinal action on the generally healthy human organism. Third is the idea that those properties originate in, and are a consequence of, the *principle of Life (Lebensprinzip)*, otherwise known as *the Spirit of the World* (an idea that will appear also in Hahnemann’s considerations at Koethen).

“Wherefore, he that desires to enter upon this study must consider, that every thing moves, and turns it self to its like, and inclines that to itself with all its might, as well in property, viz. Occult virtue, as in quality, viz. Elementary virtue.”[34]

Agrippa gives the example of salt which tend to salt all things that stay long enough in contact with it:

“...for every agent, when it hath begun to act, doth not attempt to make a thing inferior to itself, but as much as may be, like, and suitable to itself.”[35]

This is certainly a phrase that can be considered as a predecessor for the idea of similar action of substances in homeopathy.

Again, the main idea of esoterica is that, behind the world of appearances, subtle forces weave pattern into being such that the entire universe is a

unitary one and that man himself is a microcosm of the whole. Between human things and cosmos there is correspondence and the possibility of interrelations. An example would be the idea that metals influence disease: to each planet is attributed a metal (Sun = gold, Moon = silver, Venus = copper, Mars = iron, etc.), an organ (heart, lung, genitals, musculature, etc.) and a certain psychic virtue (characteristic). By way of similitude the metal can influence the organ or the psychic state that corresponds to it, a knowledge that was regarded as useful in therapy.

2. Intrinsic Virtues

Chapters 19, 20 and 21 from *De Occulta Philosophia* are centered on the intrinsic virtues of things. Here are the titles of those chapters:

Chapter XIX. How the Virtues of things are to be tested and found out, what is in them specifically, or in any one individually and their special gifts.

Chapter XX. That natural Virtues are in some things throughout their whole substance, and in other things in certain parts, and members.

Chapter XXI. Of the Virtues of things which are in them only in their life time, and such as remain in them even after their death. [36]

Although, among the things whose virtues he sought, Agrippa speaks of Basilic and other fantastic animals, he nevertheless posed valuable questions regarding the presence of the hidden “virtues”, looked at as essential attributes - in part or in whole, in life time or after death - that can be revealed by an appropriate extraction. This connects us to the idea of homeopathic preparation, which is also an extraction of the hidden therapeutic virtues of substances.

In his *Information for a Truth seeker* [37] (Published in the *Materia Medica Pura* under the title : *How Can Small Doses of Such Very Attenuated Medicines as Homoeopathy Employs Still Possess Great Power*) Hahnemann will later write:

*“By trituration (shaking) the **latent medicinal power** is wonderfully liberated and vitalised, as if, once freed from the fetters of matter, it could act upon the human organism more insistently and fully. In reality dilution is potentising, not merely a material splitting up and lessening, in which every part must be smaller than the whole, **but a spiritualising of the inner medicinal powers** by removing the covering of nature’s forces, and the palpable substance which can be weighed, no longer enters into consideration.”* (my bold) [38]

Even so these virtues are seen as special gifts due to some occult influences. What we are interested in is the idea itself of attaining those virtues, peculiarities within the substance, that after a revelatory preparation can be used as a means of cure. Developing the intrinsic medicinal virtues

of the whole or a part of a substance is eminently Hahnemannian, yet clearly the idea has its predecessors in literature that he himself held in his hands in the Bruckenthal library.

The possibility of extracting the hidden part, “*the celestial and vital gifts*” from things during a certain preparation, appears also explicitly in the title and the content of *Chapter XXXVII. How by some certain natural, and artificial preparations we may attract certain Celestial, and vital Gifts.*

“*For although things have some virtues, such as we speak of, yet those virtues do so lie hid that there is seldom any effect produced by them: but as in a grain of Mustard seed, bruised, the sharpness which lay hid is stirred up.*”[39]

And in particular, this passage directly pertains to the idea of dynamization:

“*...so does the Celestial harmony disclose virtues lying in the water, stirs them up, strengthens them, and makes them manifest, and as I may so say, produces that into action, which before was only latent, when things are rightly exposed to it in a Celestial season.*”[40]

And in the next chapter we can find the idea that even some “*intellectual gifts*” can be extracted from substances after an appropriate preparation: *Chapter XXVIII. How we may draw not only Celestial, and vital, but also certain Intellectual, and divine gifts from above.*

3. Olfaction

There did not exist any information, until now, to trace the source of inspiration for Hahnemann’s method of olfaction, with which he experimented in a certain period of his life. The method did not have many followers. It was presumed that it was inspired by Arabic medicine, but in the light of Agrippa’s book, it is more probable that this was the initial reference which suggested to Hahnemann the method of olfaction, as chapter 43 deals explicitly with the power of olfactory methods, fumigation and perfumes.

Chapter XLIII. Of Perfumes, or Suffumigations, their manner, and power.

Agrippa commended air as a good vehicle for some “*like qualities*”, that affect vitality, as he literally expressed it:

“*For our breath is very much changed by such kind of vapors, if both vapors be of another like: The Air also being through said vapors easily moved, or affected with the qualities ... quickly penetrating our breast, and vitals, doth wonderfully reduce us to the like qualities.*”[41]

4. Mind/Body Interaction

In chapters 62-66, Agrippa deals with the relation between mind and body, and what he terms the mind's passions in relation to the corporeal world. Some interesting ideas about the change of the body as a result of passions that possess the mind and those that can induce diseases are described in chapter 63. In the next chapter again appears the idea of similarity.

Chapter LXIII. How the passions of the mind change the proper body, by changing the accidents, and moving the spirit.

“Sometimes also by reason of these like Passions, long diseases follow, and are sometimes cured. So also some men looking from a high place, by reason of great fear, tremble, are dim-sighted, and weakened, and sometimes lose their senses. So fears, and falling-sickness, sometimes follow sobbing.”[42]

Also, in chapter 64, he talks about the transforming power of mind:

Chapter LXIV. How the Passions of the mind change the body by way of imitation from some resemblance; Also of the transforming, and translating of men, and what force the imaginative power hath not only over the body, but the soul.[43]

5. Conclusions



It is almost impossible to imagine that, having them under his eyes and writing them in the archive catalog, Hahnemann would not have read, or at least looked into Cornelius Agrippa's writings. Even so he has never made any references to them and to European esoteria and in due course he refers disdainfully to astrology and divination. Hahnemann penned a vivid critique of the speculative systems in medicine, referring to astrology and other esoterica in his article, *On the Value of the Speculative Systems of Medicine*, especially as viewed in connexion with the usual methods of practice with which they have been associated, *Allgem. Anz. der*

Deutschen, No. 263, 1808 [44] and published in Lesser writings:

“That which had baffled clear chemistry and physics, dim, self-unintelligible mysticism and frenzied fancy were to bring to light: old astrology was to explain what puzzled modern natural philosophy.” [45]

But we can certainly say that the assemblage of esoteric doctrines offered him enough ideas that confer an alternative perspective to the thoroughly unattractive Galenism extant in his day and based exclusively on the principle of contrary action. To summarize some of the ideas of esoterica that may have influenced Hahnemann, especially during his period at Hermanstadt:

- a) The idea of correspondence between the material and the subtle planes of reality.
- b) The similars principle (despite its use in a different context and with another aim).
- c) The idea of a unifying force that make the correspondences possible.
- d) The idea of a practical action that reveal the hidden “virtues” of things and substances.
- e) The power of olfaction

Many pages of Agrippa’s treatise refer directly to diseases and pathological disturbances. It is true that the concepts and principles mentioned have a different meaning in the occult sciences, yet the fact remains that the very same principles can be found in homeopathy, albeit in a more purposeful and systematic form. That Hahnemann held Agrippa’s works in his hands, is directly affirmed by his own handwritten entries in the archives. *De Occulta Philosophia* is a stimulating work that even now cannot be read without stirring an avalanche of thoughts. What is most exciting is less the content of its assertions, but rather *the idea of another kind of reality*, a reality where exists the possibility of *correspondences* that act based on the principle of similarity, and where, using proper means (magical in the work of Agrippa and Ficino; the dynamized remedy in the case of homeopathy), it is possible to act effectively upon the physical domain through correspondences with the subtle dimension.

It is quite possible that Agrippa’s work could open youthful Hahnemann’s eyes to the hidden and subtle correspondence between things, even though the context in which those appear in this book was not likely to appeal to him. Hahnemann refused all magical speculations and he was not at all impressed by such notions as the use of a left eye from a frog to cure the left eye diseases of man.

He received, however, the idea of similarity, which in the course of time, its impress resonating with other readings and experiences, was realized as a fundamental principle of nature. There was no place for the primitive and magical isopathy of Agrippa, in the mind of Hahnemann, and yet all of these ideas must be recognized, again, as seeds that came later to fruition. For Hahnemann the only valid similarity is the one between diseases’ symptoms and the symptoms that appear in pathogenesis. He went further than Agrippa’s magical similarity and Paracelsus’s formal similarity (doctrine of

signatures), but even though there are differences in the significance of the term, in essence the principle of similarity remains the same.

Marsilio Ficino



There is just one book by Masilio Ficino in the archive's manuscript from 1780, written down as *De Voluptate adlig. Jamblichois*, the complete bibliographic title being *Eiusdem Liber de Voluptate*, one of his important works, where he talk about magical and "pneumatic" (spiritual) Eros; it was written in 1457 and compares works by Plato, Aristotle, Epicurus and Zenon. This book is a collection of notes about Greek philosophers, particularly about the concept of "pleasure" (*voluptas*), which is considered as a complete adhesion of the will to the object of pleasure.

Masilio Ficino (1433-1499) was one of the great thinkers of the Renaissance, whose contributions provided an impulse to reconsider the fundamental questions. He was

the founder of the Platonian Academy of Florence, a translator of Plato and a great inspiration for the entire spiritual movement of the Renaissance:

"To Ficino the writings of Plato and his followers contained the key to the most important knowledge for Man: knowledge of himself, that is, knowledge of the divine and immortal principle within him. Not only does this knowledge appear from his letters to have been actual experience for Ficino, but he possessed the magic to make faith in this principle a living ideal for his age." [46]

Unlike Cornelius Agrippa, who traveled a lot and was frequently disappointed by the royal personalities that solicited his assistance, Ficino had rich protectors who showed him deference: firstly, the wise Cosimo de Medici, the leader of Florence, who named Ficino as founder for the Platonian Academy, and afterwards, his son Piero and his grand-son Lorenzo.

(Many times Agrippa was paid by royalty for his services. In 1517 he became the personal physician of Charles III, but the pay was so unsubstantial that he refused it. Louisa de Savoy, the Queen mother of Francis I, did not pay him in 1524, neither did Charles V, in 1530.)

“He was apparently one of the least active of men. It is probable that in his sixty-six years he never set foot outside the territory of Florence and the record of his life is little more than the chronicle of his books. And yet, associated with his Academy and under his immediate influence was the most conspicuously brilliant group of men ever to have assembled in modern Europe. These were the men who embodied the Renaissance - Lorenzo de’ Medici, Alberti, Poliziano, Landino, Pico della Mirandola. Directly inspired by Ficino were the great Renaissance artists, Botticelli, Michelangelo, Raphael, Titian, Dürer, and many others.” [47]

Encouraged by his patrons to translate the works of Plato in Latin, he finished this difficult task (being often respectfully named “the Translator”), but he also translated “About the divine wisdom” and “The Creation of the World”, fragments from the esoteric work *Corpus Hermeticus* attributed to Hermes Trismegistus, one of the most influential writings of the entire esoteric tradition.

“One of the most striking features of Ficino’s work was his insistence that there was no contradiction between true philosophy and revelation and his belief in the inherent unity of classical and Christian teaching.” [48] This attitude protected him against the consequences from the Church that the more categorical Pico de la Mirandola, his direct follower, and Giordano Bruno encountered. To Ficino was also attributed (possibly apocryphally) the alchemic treaty *Liber de arte Chemica*, with is part of the *Theatrum Chemicum*, published in 1702 at Geneva. [49]

Wherein could the fantastic and magical Ficino influence Hahnemann? The answer cannot be found within a linear perspective, but in some general ideas. A first idea is Eros as a unifying force, dynamic both at the human and cosmic level and acting by similitude: “*the paternity of the equation eros=magic belongs to Ficino*”. [50] He wrote:

“The entire force of Magic is founded on Eros. The work of Magic resides in closing things by natural similitude. The parts of this world, as well as the members of an animal, all depend of Eros which is one, and are in mutual relation because of their common nature”. [51]

What makes possible the action of magic is “pneuma”: “*The substance in what all the operation of Eros and Magic take place is unique – The universal Pneuma... Pneuma is the name given to the common and unique substance that put beings in mutual relation.*” [52]

In other words, Ficinian *Pneuma* is a unifying and vivifying principle - as will be later the vital principle, the vital force or *Dynamis* of Hahnemann. Without *pneuma* the Ficinian magic is not possible, because it is based on correspondence and relation between similar things. Likewise without *dynamis* it would be impossible for the action of similar remedies in homeopathy. There is a common relation of these two concepts to vitalism, to the idea of a vital principle, universal and individual in the same time, that penetrate like an omnipresent medium all living creatures, and which is the vehicle for actions that occur pursuant to the principle of similarity. There is an evident relationship between Hahnemann's later concept of the vital force and the Ficinian *pneuma*, even though the domains to which those two refer are different. Here, as with Agrippa, it is the common principle of which we must take note and not the different domain where it is applied. Ficino's influence has to be seen as an impulse towards reflection.

Georgius Agricola



Georgius Agricola (1494-1555) is an illustrative example (as are Ficino, Paracelsus, Giordano Bruno or Newton), of the apparently contradictory researches of the greatest Renaissance thinkers, whose passion for knowledge led to capital scientific discoveries, while they were yet avid students of alchemy and the occult arts. In the Renaissance amalgam those two fields were often mixed and it often happened that, starting from premises which today are considered superstitious and false - regarding alchemy or magic,

real discoveries were made. The great personalities of the Renaissance were far from what we name today men of science; unencumbered by narrow reductionism, their preoccupations covered various domains and their researches were often thorough and intrepid.

Agricola, whose real name was Georg Bauer, while a physician like Agrippa and Paracelsus, is the parent of modern mineralogy, making an extremely detailed and almost exhaustive description of mining in his time, and he is also considered one of the greatest alchemists of the Renaissance, particularly with regard to the preparation of metals.

In the catalog, Hahnemann registered the main and the most influential work of Agricola, *De Re Metallica*, published in 1556 at Basel. For two centuries this was the standard book for mining and metallurgy:



“The twelve books of Agricola’s treatise On Metals, illustrated with over 270 woodcuts, embrace everything connected with Renaissance mining and metallurgical industries, including administration, the duties of companies and workers, prospecting, mechanical engineering, ore processing and the manufacture of glass, sulfur and alum. It provides detailed descriptions of sixteenth-century mining technologies. The mining engineer Herbert Hoover (later U. S. President), who translated De Re Metallica into English in 1912, regarded Agricola as the originator of the experimental approach to science, ‘the

first to found any of the natural sciences upon research and observation, as opposed to previous fruitless speculation.”[53]

And:

“De Re Metallica remains today an important historical and scientific document. In the translator’s preface to the English edition of the book it is stated, ‘we must emphasize that Agricola was infinitely clearer in his style than his contemporaries upon such subjects, or for that matter than his successors in almost any language for a couple of centuries.’ Indeed, it was not until 1738 that De Re Metallica was surpassed by Schlüter’s book on metallurgy.”[54]

Agricola’s treatise is the foundation stone of modern mineralogy:

„His readiness to discard received authority, even that of classical authors, such as Aristotle and Pliny, is impressive. Agricola’s scholarly contemporaries regarded him highly. Erasmus prophesied in 1531 that he would ‘shortly stand at the head of the princes of scholarship.’ Later Goethe was to liken him to Francis Bacon. Melanchthon praised his ‘grace of presentation and unprecedented clarity.’”[55]

As was later proved, Hahnemann was a connoisseur of metals and their methods of preparation (he was the creator of *Mercurius Solubilis Hahnemanni*), and Agricola’s work was probably an excellent base for his knowledge. The exactness of description, the careful observation and the general importance given to metals found in Agricola’s work, might well have been a model for the young Hahnemann.

Theophrastus - *De Historia Plantarum*



The Greek philosopher Theophrastus from Eresos, on the island of Lesbos, lived between about 372 - 287 B.C.E. and is considered to be the father of botany and certainly the most influential botanist of antiquity. A disciple of Aristotle and the director of Lyceum for more than 30 years, in *De Historia Plantarum* and *De Causis Plantarum* he described more than 500 species of plants, making distinctions regarding their botanical parts, both interior and exterior, and pertinent considerations concerning plant reproduction. He described plant growth from seeds, made experiments with germination, discussed the importance of abiotic factors in plant habitat, etc. Unfortunately his books were lost for a long time and were not rediscovered until the Renaissance, in the translation of Theodoros from Gaza (c.1400 - c.1475), who fled after the fall of Constantinople (1453). The Renaissance editions contain marvelous illustrations and were for a long time the main source of documentation for physicians and botanists.[56]

Albrecht Haller (1708 - 1777)



Born in Bern, Switzerland, Albrecht von Haller (1708 - 1777), was educated at the University of Tübingen and at the University of Leyden. In 1735, after practicing medicine for eight years in Bern, Haller accepted the position of chair of medicine, anatomy, surgery, and botany at the University of Göttingen.

*Haller, called “the Great” even in his lifetime, was an illustrious scholar and prolific writer whose interests included poetry, botany, ancient languages, biography, and philosophy, as well as medicine. His primary claims to fame are in medical bibliography and physiology. Haller compiled twenty volumes of bibliographies on anatomy, botany, surgery, and medicine. As physiologist, he proved the concept of “irritability” of tissue, distinguishing between nerve impulse (sensibility) and muscular contraction (irritability). In 1747, he published his observations in *Primae Lineae Physiologiae (First Lines of Physiology)*.”[57]*

The influence of his concepts of physiology continued into the beginning of the twentieth century. No doubt, in a medical world dominated by theories of ancient or medieval origin or vitalism, the experimentalist and positive perspective of Haller was fascinating for a youth seeking a firm base for the practice of medicine.

“Haller revolutionized our knowledge of blood flow and heart action. He clarified the relation between respiration and blood flow. He explained nerve action in muscles. He gave us new insights into human reproduction and birth defects.”[58]

At the time, Haller’s work was a critical formative stage in the development of modern physiology. Hahnemann could only have honoured the fact that it was not based on citation of some authority, but was a result of experimental research. This position, though not entirely new (because it was started by F. Bacon and marks the basis of the whole of modern science), was at least consistently empirical, the research being based on observation and experiment, the inductive method being followed in order to draw general conclusions. Those also became the ideals of the first phase of homeopathy’s inception and, as it has been remarked many times, Hahnemann had an unshakeable appreciation for Haller, one of the few authors he recognized as a precursor of his ideas.

Preusius

In the catalog from 1780 is found Preusius’s book *De Magica transmutatione in Bruta*, published in Region, 1650. As is well known, the subject of the transmutation of base metal into gold was one of the favorite subjects, even obsessions, throughout alchemic literature. However, it must also be stated that it was not “the attainment of gold” that was the final goal of the alchemical art (so much the less the pecuniary advantages that could derived from this) but rather transmutation was considered a proof of the art’s perfection, a token that the alchemic process was accomplished. The ample literature about this subject starts from the famed opus, attributed to Hermes Trismegistus, *Tractatus de Transmutatione Metallorum*, and comprises almost all the great names of alchemy:

Raymond Lully (attributed to him) - *Apertorium animae et clavis totius scientiae occulta in omni transmutatione metallorum, Clavis aurea de transmutatione metallorum* and *Compendium animae transmutationis metallorum*.

Paracelsus - *De transmutatione metallorum* from *Archidoxus magicus*

Eirenaeus Philalethes - *Tres tractatus de metallorum transmutatione...*

Roger Bacon - *Speculum de transmutatione metallorum*

Morienus Romanus - *De transmutatione metallorum*

Thomas Vaughan - *Tres tractatus de metallorum transmutatione...*and so on.

Between the lines, there was much within the alchemical writings that might have appealed to Hahnemann. Analogues to alchemical ideas can be found in homeopathy, though transformed by Hahnemann's scientific and creative genius. It is an influence and not an affiliation - Hahnemann was by no means carried away by the transmutative obsessions of the alchemists - but it is fairly transparent that alchemical ideas and processes, like "solve et coagula", the idea of sublimation, in which the raw material goes through multiple transformations, were also adopted by homeopathy and by the science of chemistry generally, especially the idea of the separation and combination of elements. Some of the homeopathic remedies are close to alchemical preparation, such as *Causticum* or *Hepar Sulphuris*. [59]

Aware or not about having an alchemic affiliation, homeopathic dynamization is an iterative process able to reveal "the hidden essence" of substances; an alchemical transmutation if ever there was one.

Francis Bacon and Inductive Logic

There are indications that Hahnemann was acquainted with philosophy, especially with Descartes, Spinoza and Leibnitz – who dominated the schools of the time – also with the natural philosophy of Schelling, Hegel's speculative philosophy, and also Kant [60], but all of these look excessively speculative in relation to what he considered to be the true mission of medicine.

From numerous conceptual analogies, it can be stated that Hahnemann had known and had been either directly, or (as is less likely) indirectly, influenced by English empiricism, especially by F. Bacon (1561-1626). Besides his attitude - which is one of an empiricist - and the well-known fact that he was a tireless experimenter who considered practical verification the supreme principle to validate any theory, there are also some implicit agreements between himself and the philosophy of Bacon.

(The word empiric comes from the Greek *empeiros*, which designates those healers uneducated in the medical schools of Hippocratic Asklepiasies, who used to treat the poor men and the slaves in ancient Greece, using rudimentary methods that were an imitation of what they saw from physicians or as a result of their own experience.)

Stuart Close writes that "*Bacon had set himself particularly to the task of a complete investigation and reformation of physical science.*"[61] Bacon had made an extraordinary effort to redefine, in a more rational and profound way, the principle of knowledge – as well as their applications in "*mental and moral, no less than physical science.*"[62] This was an effort comparable with that of Hahnemann in his attempt to reform and redefine the principles of medicine.

Bacon, in his *Magna Instauratio* and *The New Organon*, propounds induction as a fundamental method and necessary instrument for the correct interpretation of nature:

“Logical Induction, upon which was based the inductive method of observation and experience. This is the only valid basis of conclusions and the accepted ground of modern science”[63]

The Baconian method differs from speculative deduction (reality is inferred from general concepts like existence, good, truth), and also from the classical Aristotelian induction, because each step requires testing and verification by observation and experiment before the next step is taken, so that each phase in knowledge will be verified through a confrontation with practical reality. The same method of induction underlies homeopathy.

Hahnemann always condemned the speculations in the medicine of his time:

“When Bacon had analyzed the philosophy of the ancients, he found it speculative.” So he *“broke the bars of this mental prison-house; bade the mind go free and investigate nature.”* [64]

In his preface to the second edition of the *Organon*, published at Leipzig, in 1818, Hahnemann wrote:

“Such, has hitherto been the splendid juggling of so-called theoretical medicine, in which a priori conceptions and speculative subtleties only showed things which could not be known, and which were of no use for the cure of disease”[65]

Bacon named his work in which he examines the types of vices that can influence our thinking *Novum Organonum*, the second part of his masterpiece *Instauratio Magna*. Hahnemann also named his capital work *Organon*. The Greek word *organon* means *instrument* or *tool* and the goal for both of them was to make available for humanity a method, an instrument through which we can acquire a more correct thinking, specifically in the case of Hahnemann, a better medical practice. Bacon’s title is taken from Aristotle’s famous work titled *Organon*, which include a considerations about philosophical categories, given or experienced, a priori and a posteriori.

“It is significant that Hahnemann in selecting a name for his own Magnum Opus chose the very word.”[66]

It could be assumed that Hahnemann knew both Aristotle’s work and Bacon’s writings because:

“That Hahnemann should aspire to do such work for medicine as was done for science in general by Bacon has been scouted by his enemies, and even deprecated by his friends, as presumption. And yet no comparison

could better illustrate the real position of the man both in its strength and in its weakness.”[67]

Similar to Bacon, Hahnemann wrote his *Organon* in the form of clear and condensed *aphorisms*. Both Bacon and Hahnemann are against the recognition of any authority without a preliminary rational examination, and offer a biting critique to all speculative systems. No truth must be accepted without being passed through the filter of an unprejudiced thinking. For Bacon, the entire system of false knowledge that influenced our thinking is due to preconceptions and judgments accepted as such, which he called *idola* (idols), by which the thinking is vitiated. Among the idols that corrupt the thinking, he names:

The idols of the tribe (idola tribus) Factors common to every human being. The inherent errors that arise from human nature and which cannot be completely discarded, but can be compensated. Those are: the senses, the tendency to enforce more order to phenomena than exist in reality, the tendency to believe in those facts that are convenient to us and the tendency to draw premature conclusions when we do not have sufficient facts.

The idols of the cave (idola cavis) Errors of the individual point of view. Distortions of culture, education and individual experience, and including our inclination to give credit to some theories and to deny others, a great esteem for some authorities, the tendency to reduce experiences to something that we can conceive through our education.

The idols of the market (idola forii) Those vices of perception or judgment that come from the association with other people. Here are included distortions of language and various jargons (including academic jargons), which either “name something that does not exist”, or “are false, vague, imprecise names for something that does exist.”

The idols of the theatre (idola theatri) Errors arising by the adoption of dogmas and philosophies of supposed authorities. Here, Bacon refers to three types of philosophical systems: speculative systems, empirical systems and those superstitions that mix philosophy with theology.

In the teachings of both Hahnemann and Bacon, the only way to validate the theoretical assertions is through experience and freedom from prejudgment.

“Medicine can and must rest on clear facts and sensible phenomena, for all the subjects it has to deal with are clearly cognizable by the senses through experience.” [68]

Stuart Close, who first noticed the relationship between Hahnemann’s method and Bacon, states:

“Homoeopathy has been regarded too much as a thing apart; a wanderer without friends or relations... The fact is that homoeopathy was the logical and legitimate offspring of the Inductive Philosophy and Method of Aristotle and Lord Bacon “[69]

Though Hahnemann had never made any direct reference to Bacon, Close asserts that there is sufficient evidence to sustain the assertion that he was influenced by the great English thinker:

“He never mentioned nor quoted Bacon in his writings, but few finer examples of the application of Bacon’s principle to the study of natural phenomena can be found than that of Hahnemann in his development of Homoeopathy.”[70]

Another author who gave attention to Hahnemann’s connection with Bacon was Dunham. In one of his articles he wrote:

“In this appreciation of the direction in which alone improvement in the curing of diseases was to be looked for, Hahnemann was anticipated, as I have said, by Bacon, Boyle and Sydenham.” [71]

In his excellent work about the Logic of Homeopathy, Stuart Close shows:

“Homeopathy is a product of inductive logic applied to the subject of medicine. It is, in fact, the first as well as one of the most brilliant examples of the application of the inductive method to the solution of one of the greatest problems of humanity, namely, the treatment and cure of disease.” [72]

Among all philosophical systems, this is the closest one to Hahnemann’s own way of thinking, and implicitly to the way Hahnemann conducted his observations and drew conclusions for what would become homeopathy. As is shown in the catalog from 1780, Hahnemann was acquainted with Bacon’s writings since at least his time in the library at age twenty-two. Bacon’s inductive method and his pleading for facts, observation and experiment must have spoken deeply to the young Hahnemann.

Concluding discussion concerning the influences exercised on Hahnemann by his readings at Hermanstadt

In order to understand this period in Hahnemann’s life and its further consequences, we think it is important to gain a degree of perspective on who he was at this time. Therefore, some general and psychological considerations about Hahnemann in this period at Hermanstadt are necessary and useful.



We must start with the premise that Hahnemann's destiny was yet far off: rather, he was a brilliant twenty-two year old student of medicine who arrived at Hermanstadt due to circumstantial reasons. He was no longer able to provide for his education in the capital and was saved from the situation by Baron Brukenthal's invitation – prompted by Von Quarin - to work in his library. Certainly, he was an extraordinary young man; it is attested by the almost paternal care manifested by von

Quarin for him, his great linguistic acquirements (he was already fluent at that time in Latin, Greek, English, French and Italian), and his tremendous intellectual curiosity.

The fact that Brukenthal made Hahnemann archivist of his library is not likely a matter of chance. With his characteristic generosity, and at Von Quarin's suggestion, Brukenthal probably tried to find him a position that, while covering certain necessities (the archiving of his library and his numismatic collection), also gave the gifted student an opportunity to bathe in this vast literary watershed. Brukenthal's invitation was an act of princely generosity and it can be presumed that it was made taking into consideration Hahnemann's needs more than his own. One proof that may be offered is that another young man, Soterius, the nephew of Brukenthal was appointed to perform this task for the same reason, namely his personal development.

The position offered to Hahnemann at Hermanstadt was a pretext used by Brukenthal in order elegantly to enable the young man to have access to the great European literature and therefore facilitate his personal development. What young man, curious and full of questions, wouldn't desire such an opportunity?

If we consider the relatively small number of books Hahnemann archived, we can assume that the work of writing down the titles did not require strenuous exertion, leaving him instead plenty of time for those readings to which he was inclined by curiosity or serious interest.

Brukenthal opened the way for Hahnemann, while he was still at a formative age. This was achieved intellectually (the library), professionally (he named him his personal physician), and also socially (freemasonry). The last deserves more detailed comment. Another evidence that Brukenthal had in view the interest of his protégé is also suggested

by Hahnemann's extremely rapid initiation into freemasonry. In that epoch, involvement with masonry meant a presence among the influential personalities of the time and many open doors. We have to understand his initiation in masonry not only as an acceptance into a local elite, united by a conspiratorial and fraternal system, but also, his acceptance into a large, trans-national European family. It was a fraternal organization, which went beyond the state limits, and the freemasons recognized and mutually helped each other all over Europe, considering themselves "brothers in spirit".

The influence of masonry was remarkable over the entire enlightened and modern period. Alongside its significant social and political influence, freemasonry had the assumed aim of favouring the spiritual development of its members. The conceptual structure upon which classic freemasonry rests is directly related to the European esoteric tradition. Freemasonry claimed to be the bearer of sacred knowledge of remote antiquity. A young freemason, recently initiated, is quite likely to be interested in the literature of European esotericism, abounding in references to a secret science, symbols and occult processes.

The fact that Hahnemann had those books in his hand is not a direct proof that he read them; but it is also impossible to coherently sustain the position that he could not have been interested by them or that he might have passed them without even looking into them. Rather, we make the presumption that the time spent at Hermanstadt was one of the most essential formative periods of his life, maybe the most significant. He had in hand an immense library, among the largest of that era. He had the time to study, had no pecuniary cares, was young, avid of knowledge and exceptionally gifted.

He had in his hands volumes that addressed the foundations of knowledge in the western tradition: the inductive philosophy of Francis Bacon and Hume, the mineralogy of Agricola, the botany of Theophrastus, the physiology of Haller. Along with this he had the literature that spoke of life's hidden and subtle connections, as in Agrippa. The young Hahnemann undoubtedly had the capacity to understand both realms of knowledge, positive and scientific, as with Bacon, Haller, and Hume, or speculative, magical, and esoteric as with Agrippa and Ficino. In addition, almost all the great alchemists, from Paracelsus to Agrippa and Agricola, were also renowned physicians. Indeed, the reconciliation of the scientific and the apparently esoteric, on the foundation of inductive reasoning, is perhaps the hallmark of the homeopathic system.

Hahnemann was extremely parsimonious in disclosing the conceptual sources of his doctrine (excepting Haller and Huxham, he does not quote any other physician or thinker as a precursor of his ideas). Although Paracelsus proclaimed before him the principle of similarity and the dose-effect relation ("All things are poison and not without poison; only the dose

makes a thing not a poison”)[73] Hahnemann denied he knew his works:

“When Trinks, from his own narrative, pointed out to Hahnemann whilst visiting him in Köthen in 1825, that the main features of homoeopathy were to be found in Paracelsus, Hahnemann replied that it was unknown to him.” and “In a letter to Stapf, Hahnemann refused very definitely and with some indignation to be associated with Paracelsus’s fantastic and none too seriously written ‘Will o’ the Wisp’, as had been suggested by professor Dr. C.H. Schultz” [74, 75]. The full name of the article of Schultz was “*The Homeobiotic Medicine of Theophrastus Paracelsus contrasted with the Medicine of the Ancients, and the Source of Homoeopathy.*”

This does not mean that homeopathy was born from nothing. Homeopathy is an outcome of Hahnemann’s inherent mentality and viewpoint as leavened by diverse influences of idea and circumstance. It also can be placed in cultural context.

The period at Hermanstadt was probably the time when Hahnemann had his first contact with some of the greatest ideas of humanity regarding reality and its attainment, such as with the inductive logic of Bacon and influence through similitude and correspondences of Agrippa. What matters in this kind of intellectual contact is not just the ideas *per se* but their capacity to mold the mind, to create referential patterns, to form a certain assemblage of ideas, values and aspirations.

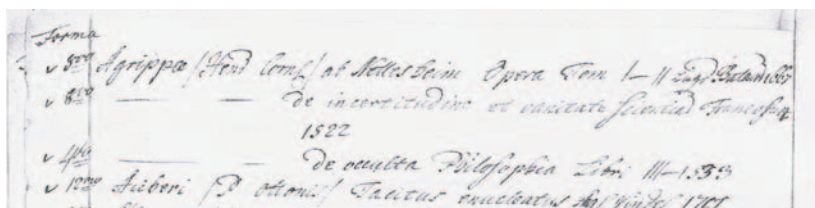
In all of Hahnemann’s laterwork we find him striving to rest his statements on facts, observation and experiment, an aspiration for wholeness, the idea of similarity as an essential principle, the idea of a vital unifying principle, and so on. From the analyses of books registered in the catalog from Sibiu we can see that these concepts did not fall from the sky. They were the outcome of a process of maturation and development, more or less conscious, of the seeds planted by these works in the rich soil of his intelligence. Only after many years of crises, experiences, observations, and reflections do some of them reappear in the incontestably original formulation of homeopathy. It was seventeen years until *Fragmenta de viribus*, until the first edition of *The Organon*, thirty-one years, and until *The Chronic Disease*, forty-nine years.

The period at Hermanstadt was for Hahnemann a formative one, of great intellectual accumulation, in which he acquired a certain system of values and in which have outlined the aspirations of his entire life. Without the readings made there it is hard to imagine the sources of his development. Therefore, we believe that this study of the Bruckenthal library fills a gap (felt by many homeopathic historians) regarding the cultural influences in Hahnemannian homeopathy.



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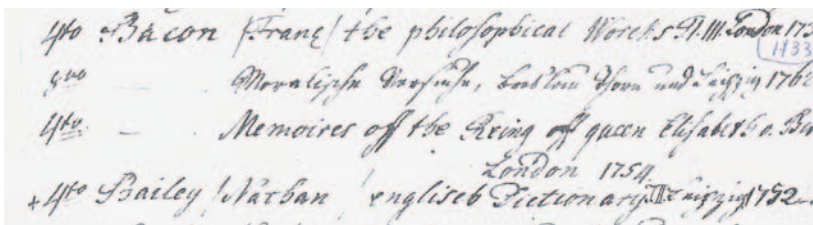
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CACTINA CASE

JEFF BAKER ND, DHANP

The following case is one that some will find controversial since, to my knowledge, there is virtually no information in the existing homeopathic literature about the remedy that was employed. Some so-called purists find it very disturbing to hear that remedies are being given despite their not yet having been proven.

In aphorism #3 of *The Organon of Medicine*, Hahnemann states “.. if the physician clearly perceives what is curative in medicines, that is to say, in each individual medicine (*knowledge of medical powers*), and **if he knows how to adapt, according to clearly defined principles**, what is curative in medicines to what he has discovered to be undoubtedly morbid in the patient, so that the recovery must ensue... *then he understands how to treat judiciously and rationally, and he is a true practitioner of the healing art .”*

Hahnemann did not specifically state that we are limited to the use of substances that have been proven. His requirement (see the highlighted words) is that the practitioner know how to adapt the individual medicine according to clearly defined principles. And that is exactly what was done in the case I am about to describe. Using the known characteristic sensations of a particular plant family and the depth of the pathology (miasm), as was indicated in this particular case, a remedy was judiciously chosen. Therefore, I was adapting the use of the remedy according to clearly defined principles.

The fact is, that our knowledge of curative substances is bound to be limited (many of the historical provings are but a few sentences in length), yet if we have some solid knowledge, enough to base a prescription, is it not the imperative of the physician to attempt to treat suffering mankind rather than wait until we have fulfilled some arbitrarily idealistic construct? This new way of understanding enables us to treat many more people needing help than was previously possible. It is nothing other than the natural unfolding of the seeds that Hahnemann sowed so long ago.

Case of AG, 23 year old female:
Initial consultation, May 2000
For six years I have had really bad generalized to severe panic attacks. I've

always had kind of a predisposition to that, since I was about five. When younger I had really bad OCD (obsessive compulsive disorder). It's the same behaviour, feeling, the same compulsive thinking.

My thinking is just a very tight grip, just very compulsive. I've always been very good at math, logic, so if it gets on something it stays there. I don't have an easy time letting go, just very compulsive, obsessive. My thought processes just gets carried, on its own tumbleweed. Because I have anxiety, it escalates to very bad. I don't leave the house. Lately I'm afraid to eat things, afraid of things contaminated, poisoned, not for any practical reason. I was always like that since I was very young. So that is pretty bad.

And I'm really hypersensitive in my body. Any little pain is magnified and my body splits off, my right side and my left side. One ear will get really hot, and I'll get canker sores, and my left neck hurts, and my left ankle pulses. I have that hot ear a lot, where one ear turns flaming red. I have this split of my body, but I'm really hypersensitive to any sensation in general, just because of my thinking and my body feeling really weak.

All day my body feels really uncomfortable. I always feel like I can't really breathe, that my breath is really shallow. I always have a lot of trouble breathing, because my allergies are bad. I get really depressed if I have bad anxiety, because I can't do anything.

When younger, I had bad OCD because of checking, like checking locks. In '93 I was pulling out my hair. I still do that sometimes, but not too much. I'm just really afraid of most everything. I don't have really bad panic attacks too often. I've had them for so long I can recognize them and deal with that. I don't like the medication I take for that: Zanax. I try not to take that. But I have a hard time leaving the house. I can only go out for about ten minutes.

I was living in New York and just got back to Hawaii a week ago. I get overwhelmed, just too much stimulus (tears). My dad had to come get me because I couldn't get on the plane I had such bad anxiety. I had it so bad it was almost seizure-like. My body goes off on its own. So I went to the hospital. That was three weeks ago, and they shot it into my arm and my muscle feels paralyzed. I had an awful reaction, like a rage reaction. Any kind of medicine is awful. The smallest amount gives me the biggest reaction. So I'm very skeptical to go on anything. That would be a desperate thing for me to do. I hardly ever take Zanax because I hate it so much.

I feel better living here because it's easier to live here than in NY. I'm too hypersensitive for all the stimulus of NY. I'm claustrophobic and in the subway it was too much. I'm an artist. I don't think I can handle living

there, I don't think it's for me. When I first had anxiety, in '97, I had to drop out of school and was pretty much house-bound.

What is anxiety? For me it almost feels like my natural state of being. It's only magnified now, but that's how I always felt. There's been very few times I haven't felt like that. I feel like it's my regular state of being. It's a hyper-mind state. There's not too much body orientation. A lot of times it doesn't feel like I have a body, and often I only get in my body if I'm walking. So a lot of the time I'm not there. It's a mind-controlling state; my mind is operating everything. When I have an anxiety attack, it's when my mind starts obsessing about something I'm afraid of, like drowning or I feel like I can't breathe. It's almost like it taunts my body into having a panic attack.

The most anxious time is during idle time because my mind gets busy. Doing nothing is awful, but I don't feel like I can do anything. And I'm a real speedy person, so to have to work slowly to do anything makes me crazy. I don't know how to deal with being slow. When I eat, I eat fast. It's torture to have to sit still and be quiet, to meditate. I just feel so edgy and high strung. I have an awful time...my body feels anxious moving slow. It's so awkward, and my parents say I was always super speedy, that I do everything fast, like a speed demon. I drive fast, sleep fast, my dreams are fast. I feel like I'm in the next day, today, so much so, that I often dream about what happens the next day and then it happens. My mind is literally days ahead of where my body and spirit are, so I'm split between two places all the time.

What bothers you most? I feel frustrated in that I'm incapacitated by my anxiety, and then I get frustrated knowing that it's self inflicted. So I feel confused and frustrated in that I've caused my own situation that I can't get out of. So I just feel stuck. It's just so weird that when you have anxiety all the time...I've had thousands of panic attacks and it's always as bad as the first time. A panic attack is just anxiety to the nth power. If my body could handle it, I'd be in a constant panic attack, but it's just that your body can't handle it all the time. I sleep for a couple of days after a bad one, I'm just exhausted.

I never had nightmares till lately, bad nightmares. But I can deal with the anxiety better than being paranoid about eating. That's awful. Every time I eat something I have that thought. I have to force myself against my mind, which is the only way to eat. If I get the thought of something being contaminated, I have to force myself to eat it, because then I'll never eat anything.

What is contaminated? It can be anything, like if the food looks weird...I always have paranoia about something being poisoned. When I was

younger I always heard stories of food or people being poisoned. If I get on that track, I think it's poisoned. Then I'll think that I'll stop breathing because what I ate was poisoned. But if anything looks funny, that's what drives me crazy. It's just another way to feel anxious, and what compounds it is that I have so much idle time on my hands, and I hate it because it seems so stupid to have those thoughts, but it drives me crazy. It's like the worst nightmare, when you can't eat.

In 1997 I had an allergic reaction to something I ate, so I actually had a sort of legitimate panic attack and then I got the feeling I'd get it all the time. I ate shell fish and couldn't breathe, and after that it came more and more often. It's the fear of getting another panic attack which makes me more anxious. That's the main reason they keep coming back. I've always been afraid of everything: afraid of animals, the dark, water, crowds, I really can't deal with crowds at all. Elevators are terrible, the ocean, heights, very afraid of heights, sharp things. I can make anything something to be afraid of. I'm afraid of going to sleep at night. I can stay up for hours. I don't like being vulnerable. I want to have my eyes open. I don't trust anyone one to look out for me other than myself. I'm a total control freak, so I feel I have to be on guard all the time. This time it was a bad low. I don't usually get suicidal, but I was having suicidal dreams every night.

Say more about being on guard. I don't feel like anyone is competent enough to assess a

situation, watch out for things. If I'm in a situation that's unsafe, no one can see it but me, but really the situation is fine, but I'm just making it unsafe. Being in a crowd of people is my worst nightmare. I just feel I relate to everything totally differently than everyone else. I feel it's very hard to identify with people.

Sometimes at the beach I can really relax, but it's usually too much of a fight. I see the ocean and see an ebb and a flow kind of thing, back and forth. It goes out and in and it's always balanced, like breathing, like natural breathing. The ocean seems so perfect, in spite of its being massive. Within it is so chaotic. What do you mean by chaotic? Energetically the ocean feels calm and balanced, almost perfect, but inside there's a raging, chaotic world.

How are you about order? I've always wanted things to have their place. It gives me a sense of security. Then I have mastery, a sense of control over it. I like to order things. I think it's a math thing too. I like things to have a place. They're usually grouped by things, things that wouldn't ordinarily be together, but have been brought together under a new set of rules. My new thing is I'm making an onion museum. I'll have an expose of a prison, an onion prison. So onion is the organizing principle. I'll have onion prison next to onion dolls made in the 18th century. You really could explore

anything in the world through one thing.

I used to have a recurring dream, the sensation that you're larger than life, but your body is the same size. You feel that you've become the size of everything around you, a weird expansion. I'm in a large mirrored hall and it was dark and I just felt huge. A lot of times when I go to bed I feel huge, you feel like you're growing. It's not a very stable feeling: it's a weird feeling, you feel huge. You've become the entire space around you. It's scary, but only scary because it's so weird and unusual. And then sometimes when I'm driving, everything is flattened out into wall paper, like glued to the wind shield, nothing is palpable and spatial. The way everything is normally has become like a piece of paper, it's a claustrophobic feeling, like closing in.

One time I had this expansion feeling and I completely hallucinated and it was so bizarre. We were having dinner, and the walls and the ceiling split open and a flood of light with numbers and information was flying everywhere, unreadable text, and people were getting bigger and smaller, it was really weird. A lot of times I never think anything of that because it feels normal.

More about this expansion? Most of the time people have a sense of their physical body, in terms of matter, has its limits, where it ends. An expansion is like a disintegration of the boundaries, like a big growing in all directions, like an upwards and an outwards. In a weird way it's a good feeling. Normally when I close my eyes I feel like I'm expanding and I'm in a room. It can feel a little claustrophobic because I'm in a room. There's limits I'm not going to abide by.

More about boundaries and disintegration. I don't have a very good sense of my body's boundaries. I'm not a body person, so it's easier for me to feel a disintegration of the boundaries into different forms. The way I live those things don't feel set. So however much I weigh, I don't feel I weigh anything or I could weigh a thousand pounds. That's all determined by my state of mind. If my finger tips end at the end of my fingers, or how tall I am, or even if my feet end at the floor, or even its relationship with the air. Sometimes I feel I'm walking through a slurry or even if I'm walking through air.

I hate hiking because I hate feeling trapped in the middle of nowhere. I could potentially be lost. I hate being in the middle of nowhere. Being on an island by myself is my worst nightmare. Snow is interesting. I liked it. That's one part of nature that is equally calming as it is scary. Most things always have a double to them, like I like the ocean and hate the ocean. I'm not an outdoorsy person.

How do you react to plants? I like plants and have always had lots of plants. Most of my jobs have been with people with environmental illness and they've always had lots of plants of their own. I like plants and taking care of them. It disperses energy. Otherwise it's too much of me. I've always had flowers and vases everywhere. It always makes me feel better. I like having all the plants standing on their own because they all have their own needs and personalities. Any favourites? I most relate to non-flowering greens. And I had a lot of cactuses. I had a collection of them. They always felt different: they were in their own clique, like a secret society. I had polka-dotted ones, all kinds of weird and different ones. It's weird that I like plants so much.

How I understood the case at that time:

At that time, prescribing on such cases, where the pathology is focused on the mental-emotional spheres, was largely based on feelings and delusions. I understood the patient to be hyper-sensitive and equally reactive. So I was quite confident that she needed a remedy from the plant kingdom. On top of that were strong indications that her state was drug-like. The most peculiar feelings she expressed were of merging with the environment and of disintegration, getting huge and becoming very small. *Anhalonium*, a drug-like substance from the Cactus family, seemed to be a very good choice of remedies.

Additionally, I was in possession of some of Dr. Sankaran's preliminary studies on plant families. So I was aware that the Cactus family (Cactaceae) is characterized by sensations such as constricted, bound, shrunk, made smaller, and reactions such as expansion, becoming bigger, and boundlessness (no boundaries). One final piece of the puzzle, which seemed to further augment and confirm the prescription, had to do with miasm. *Anhalonium* is in the cancer miasm, so her need for control and perfection and her dislike for chaos increased my level of certainty about the prescription.

How the treatment went:

After taking *Anh.* 200c, AG felt better. She said that her anxiety was not too bad, although the feelings of despair and worry and surreality continued to be quite prominent. Over a period of thirty-two months she received, in succession, two doses of *Anh.* 200c, one dose of *Anh.* 1M and then two more doses of 200c. As time went on the doses had less and less of an effect. In January 2003 she wrote me a note in which she said the following: I thought maybe I was just "faltering" for a while, but it's official that now I feel consistently horrible. While my anxiety is not extremely bad, the feelings of despair and worry and surreality are very prominent. I have little hope these days. So I wanted to write to you and let you know this, as I am feeling so bad that even regular medication is becoming a suggestion and a contemplation. So I must be pretty bad!

Retaking the case:

For a while I was having such awful fatigue that I had to hold my head up...keep it attached to my body. Then that went away and I felt edgy, mood swings, manic, depressed, crying for no reason, really bad anxiety out of nowhere, really edgy, not all right, pretty shaky, paranoid, the works.

It's like I have constant thinking running through my head, non-stop, like non-stop chatter, like static. If your head had the sound of static all the time is what it's like, irritating.

Emotionally I feel just overwhelmed...any emotion you could have is times a hundred because of this buzzing. So the magnitude is something I can't deal with. If I feel sad about anything it's just times a million. I just freak out and lose it. I feel like everything is just magnified.

The other day I had a real bad one. There's this homeless man, someone I know as an acquaintance, but I haven't seen him near my house. I just assumed, though it doesn't make any sense, that he was following me. Then I was napping. The door bell rang. I woke up and I was paralyzed with fear. I couldn't go to the door. I thought he was going to be there. Later on in the night I heard noises and couldn't sleep. I thought he was outside and I was actually seeing myself blown up. It's like a cross between being awake and dreaming. I can see it but it's not three-dimensional, a virtual kind of image and it's frightening. I was pretty convinced that I was going to be murdered.

What was he going to do? He was going to shoot me. It's random. I see people in public and I think they're going to stab me in the back, poison me, drown me, run into me with their car. The times when I see things happening to me, the fear has come to the point where I've had to partially step out of my body. Part of me has to shut down to be in that state. It doesn't feel like the normal waking world.

I've been drinking alcohol lately. I used to drink a lot of alcohol, but I would feel like slitting my throat the next day. But now if I drink just one beer I feel insane, like insanely drunk.

Not a day goes by when I don't feel anxiety, or a moment where I don't freak out. I definitely get overwhelmed by things. I went to a basketball game at the local university. At one point I felt it was painfully bright and loud, and then painfully claustrophobic. Describe the feeling? Trapped...and overwhelmed. It's the same kind of feeling I get in traffic, instant panic from being trapped. All of a sudden I'm just panicking. That's how everything happens, pretty much out of nowhere.

I've been having lots of dreams, journey dreams, like swimming under the ocean for long periods of time. Another time I was in Vatican City. At the end there's some kind of major conflict. Usually something very conservative, some kind of oppression or conservatism that the people are fighting against, like religion.

Once I'm in the water it's very scary, like I'm not going to make it, like panicking the whole time and even when I cross, still feeling freaked out. Always the inability to surrender against the water, the pushing against the current kind of feeling, which is basically what I'm feeling the whole time. It's tension of resisting.

Describe tension, resisting. It's mostly a chest feeling, the muscles in my chest get tight, bracing, the clamping of the teeth, neck, trying to make your body erect, act like a different substance than it is. Trying to push flesh into as tight and as strong as possible, like steel. About as tense as you can make your muscles get, even the organs, making them bracing. What are you tensing or bracing against? In the dream against the current. And in life I always feel tightening of the hanger part of the body: the shoulders, neck, chest and head, but against nothing really, but I definitely feel like that most of the time. I feel there's that intensely bullying force everywhere and sometimes I feel like I run into pockets of that where I can't take it. Pushing water, the breath being suppressed, being held down, a very heavy feeling, like a weighted down. I feel a sensation of that all the time, whether I'm awake or I'm dreaming. I just get used to it. But I pretty much always have that feeling. It puts me into a state of perpetual panic and anxiety.

Analysis:

Somehow it didn't look so difficult to look back and see where I had gone right and where I had gone wrong. By that time I was striving to reach the level of sensation in all my cases, so it was even more clear to me that the common sensation in AG's case were all those of the Cactaceae family: bracing, clamping, tightening, oppressing, weighing down. She said, "Like steel", which is almost identical to the most famous keynote symptom of *Cactus grandiflorus*: Constricted with an iron band. Also, I had come to understand from other cases that I had seen and personally treated that contraction and expansion is the main idea with *Cactus*, something the patient had described beautifully many times. So a remedy from the Cactus family still seemed indicated, but the question was which one?

Where the breakthrough occurred, was that I understood clearly that with such an ever-present sense of panic and anxiety, a remedy from the acute miasm was needed. Earlier, I had not understood that such feelings of sudden danger, and intense threat, are the hallmark of someone experiencing the acute miasm. I had been misled by words like 'control' and 'chaos',

and had failed to grasp the underlying experience. As it turns out, ‘control’ is a very good word for the acute miasm as well, since the feeling is that if things go out of control, then suddenly I’m in a situation of great emergency.

On consulting Dr. Sankaran’s “Periodic table of the plants” I could readily see that my patient needed *Cactina*, the acute remedy in the Cactus family.

The problem:

It is all well and good to decide on a remedy and feel good about that decision, but unless that remedy can be procured, the prescription remains in the realm of theory. And so far, I haven’t seen any patients experiencing improvement from a homeopathic theory. Try as I might, I could not locate a source for the remedy.

This brought me to what is now becoming an all too familiar problem: having to get a remedy made that is not, to my knowledge, available. So far, I’ve been through this process, which can require a lot of patience, on several occasions. But the unsung heroes in this process are the homeopathic pharmacists. They rarely, if ever, get the accolades and appreciation they deserve. It’s an absolute fact that without their help we homeopaths and our patients would be lost.

I would like to give special recognition to two pharmacists who have gone to great lengths, at times like this, to acquire needed substances and subsequently prepare and potentize them in accordance with the strict regulations of the homeopathic pharmacopoeia. Michael Quinn, Chief Pharmacist at Hahnemann Laboratories in the US, and Bob Lawrence, Technical Manager at Helios Homoeopathic Pharmacy in the UK. Both have gone far of out their way countless times to accommodate the peculiar needs of modern homeopaths like myself.

In this particular instance, it was Bob Lawrence who did stellar work, way beyond the call of duty. First I did some investigation to find out what *Cactina* is. As far as I was able to determine, it is an alkaloid found in *Cactus grandiflorus*. So far so good...until I found out that nearly a kilogram of the raw material is required in order to do an alkaloid extraction because only then would there be enough product to make it into a remedy.

But to compound the difficulty, Bob informed me that he would need special laboratory equipment for the extraction process, which was not in Helios Pharmacy’s possession. Acquiring enough of the raw *Cactus grandiflorus* and the chemical supplies necessary to perform the extraction was a challenging project, to say the least, which took significant time, but each step along the way Bob kept me apprised of his progress. Then came the really difficult part.

The first two times the extraction was taken all the way to its conclusion, the test, which he performed on the final product to determine if the desired alkaloid was present, came up negative. With a never-give-up attitude, Bob persisted. And on the third try the alkaloid test was positive. Then came the potentization, which went very quickly in comparison to the earlier steps. Nearly ten months after the prescription was made I was finally in possession of *Cactina* 1M. I do not think words alone can express the gratitude that I feel for the work that was done in preparing this remedy. Despite the fact that I was asked to pay an extra fee for making up the remedy, the cost was absolutely trivial in comparison to the extra effort and expense required. After all, pharmacies are businesses and there is no guarantee whatsoever that the preparation of exotic, hitherto unknown remedies is going to result in any financial gain. So I am greatly thankful to Michael and Bob for their continued belief and willingness to be of service.

Back to the case:

In that lengthy interval, AG deteriorated into a very bad state. She couldn't leave the house, was loathe to eat or even brush her teeth for fear of being poisoned by contaminants, and all of her anxiety symptoms were at an extreme level. At one point I got a call from her mother, who was fearing that her daughter might hurt herself, even commit suicide. Her mother described how she or her sister or her father had to be in her immediate vicinity at all times. During that period of time all that I could do was sit with her, provide an opportunity for her to get in touch with her feelings, and let her know that I had a bright hope that the remedy we were striving to get would help her profoundly...once we got it.

Follow up:

September 2003, one month after first dose of *Cactina* 1M:

I'm doing a lot better...I mean a LOT better! I felt really better right after I took it, like waaaay better. The day I took it I was in bad shape, not walking down the block, sitting in the house, not eating, not doing anything and just two days later I was driving on the freeway and it was just forgotten, how bad I'd been. There was no real transition. Normally it takes a long way for me to work myself up to that. But I was just doing what normal people do and then it was just more and more about that....just feeling like normal, being able to go out, do stuff.

But now I feel like I've plateaued. Now I might be coming down. I don't have much to do. I'm trapped at home. I don't drive. I feel a little bit nervous about doing it.

But before I took the remedy I was doing really, really, really bad. I'm surely much better than that.

Trapped at home: how does that feel? Depressing, crappy. I just don't have anything going on. Once I start something I'll do fine. If I stay home it's just going to fester. Who would feel good staying at home all the time? There's a lot of things I do now and I don't have the same reactions. Now when I use the computer or watch television I don't feel nauseous. I always had that, but anyway I don't have that anymore. I would feel like gagging and throwing up. I don't feel as sensitive in the bad ways and I can go without eating longer before I feel terrible. Before, as soon as my body needed food, I'd feel dire and terrible and weak, and I don't have as dramatic feelings. And I don't want to sleep all day.

And my dreams are more vivid, not that they weren't. They're more interesting, more fun, not all loaded up with those tense, tight, anxiety-provoking stuff. My mind feels different when that's happening, feels more in sync. These dreams are much more colourful and clearer.

What did you mean when you said, not as sensitive in the bad ways? Last night, for example, I had ice cream and a beer, where normally I would wake suicidal, just devastated and I didn't feel anything when I woke up. It didn't make me feel anxious. And I had a coffee last week and I felt a little anxious, but not like I'd normally feel. How is it normally? Crashing with severe withdrawal and now it just feels like whatever. But I was so surprised when I woke up this morning after drinking a beer and I was fine.

Normally it would take me one or at least two days to recover. Ordinarily I'd feel really down: anxious, not clear headed....TERRIBLE! I could just feel the effects so strongly and I would feel so drunk off one beer, which I didn't feel. And the ice cream, I would feel terrible, from just that amount of sugar in my blood.

I've had no anxiety attacks....I've had maybe one time of mild anxiety when I got trapped in traffic. How bad were the anxiety attacks before? Really, really bad, full blown panic attacks and I couldn't be alone at all. I was basically on four leashes, couldn't be alone for even one minute and I wouldn't eat, would brush my teeth or I was paranoid. I was paranoid of everything when I got like that, that the food is bad, the water is bad, the air is bad...really think the air is bad. It's funny because it's so different from that, like two different people, but really paranoid, almost paranoid enough not to trust the people around me, but mostly just the environment. And I couldn't even go to the grocery without freaking out.

What is four leashes? Just a leash to my mom and my sister and just whoever was in the nearby vicinity, so that I knew that if I felt terrible that someone could be there in five minutes. Getting to my mom's house fifteen minutes away was sheer terror, total terror. I'm a completely different person. I was just screaming.

Describe the experience of that sheer terror? I would just feel like waves of adrenaline and I couldn't breathe....trapped, even though there's tons of space around. But just trapped and feeling stranded. All up in the upper hanger of my torso, not in my heart so much as my neck and throat and right side of my head. My throat always feels very small, like it's swelling and tons of tingling and numbness. Describe that sensation a bit more? Just feels like the opening is getting smaller (showing a fist) and the walls are pushing out.

What is that, which you are showing me (meaning the gesture of the fist)? Very, very tightening. I feel like the breath stops right here and there's nothing beyond that area downwards. Just the whole world feels this big, no air and no escape, and I'm sure when it's like that that I'm going to die instantly. And it just takes the whole night to recover after a panic attack like that.

Say a little more about that small space. It's instantaneously like that. And everything starts to shrivel up and I bunch up. I start looking for spaces and there's no way to go. Everything like that (showing with the fist continuously tightened so that her fingers are becoming red) and I always have my hands on my throat and my neck. I can't get enough protection, feels like a soothing and that area feels just vulnerable.

P: No remedy.

January 2004

I'm doing good. I don't know what to say. I feel a lot better, so much better. I haven't really been thinking about how I'm doing...which is weird. I've acclimated to feeling just kind of normal. I haven't had almost any anxiety, just a few brief moments, which weren't overwhelming or strange. And I've been doing a lot more driving, not afraid in the car. I'm just feeling...the way I would describe it is normal. I feel very relaxed, good sleep, really rested all the time, feeling regular about everything. I feel amazing. I don't have anything to complain about. I'm just really grateful to you and this remedy.

P: No remedy.

March 2004

I've been feeling kind of bad for the last few weeks. The last two or three weeks I'm getting kind of back to the old feeling, really anxious, not leaving the house too much, really closed in, not as bad as it was. Feeling a lot of pressure, like I can't breathe. Just a lot easier for me to stay inside. Once I go outside it's really overwhelming. The sensory information is too much for me. And I haven't really been eating well.

Describe pressure. It's mostly in my throat and down in my higher part of my chest, just feeling almost like a swelling and a tightness and a tingling. Also really like edgy, any little thing, any little noise sends me jumping. Any little thing falls, like a spoon falls and I jump, like in a horror movie. An instant moment of total panic for no reason, just a sound really sets me off. A lot of sounds really do it. I'm just hypersensitive to anything.

A lot of bad dreams, scary, sort of nightmarish type dreams, but nothing coherent. But scary, paranoid kind of dreams. Usually in nightmares it's usually someone trying to kill me, I'm always on the verge of dying, just feeling this panicky fear. The feeling or experience? Pretty much the exact same as in the waking time, absolutely confined, like there's no way out...in the waking dream. Like in my dream, I'm always trying to find a way out, usually transportation. Usually the highway is in the sky, roads, made out of glass or water.

Say more about tightness or confined. It kind of feels like an internal swelling, but a tight, stringy, tight, confined, like something is around my throat, like a cage around my throat, closing in.

P: *Cactina* 1M.

June 2004

I've been doing pretty good. Just feeling better. I'm doing a little bit more and driving a little bit more and I'm going on a trip with my mom to SF. I'm nervous about it, but not that nervous, which is a pretty good sign. Getting on a plane is pretty much the worst thing. Tell me about that. Makes me feel like I'm in the middle of nowhere and I panic all the time pretty much, but I'm not that nervous and actually looking forward to it.

P: No remedy.

August 2004

I'm doing good. I'm working, so that's good. You're working? Yes. And it's going pretty good. Nothing has happened where I feel uncomfortable. I drive to work...don't like to, but it's going fine.

Those anxious feelings aren't around as much, so now other things bother me. When I have my period, I notice it more. Before I get it, I get agitated and really sore. My body gets really, really sore. I feel like I can't stand. Just achy and fatigued. I don't remember feeling that way before. Describe it again. Really irritable and mood swingy. And really sore, just my legs. In my thighs the muscles feel basically bruised, like I've walked a hundred miles. Just right before. Lately it's about four days before right through the period. At least I don't feel consumed by them. It's just parts of me, rather

the whole. Even when I have moments when I feel anxious, which doesn't usually happen, it's not the same kind of experience. It's oh, I'm feeling that way, no big deal. I would never have thought that before. It would have been my whole reality. I wouldn't have been objective about it. I'm still sensitive, but it's not as overwhelming, it doesn't like shut me down and weigh me down. It's more like a normal reaction to stuff.

Since when have you been aware of the menstrual symptoms? About two, maybe three, months.

More often I notice the opposite, like things I would have been sensitive to before, now I'm not. And things don't seem as disjointed and strange as before. And physically I feel a lot stronger and spryer. I feel a lot more healthy. It's not a feeling, I'm not conscious of it, it's just normal. For the most part I'm not noticing any feelings, nothing is bothering me.

It surprises me how much I can do now, and I'm not nervous about things. And I'm going to school in the fall, and I'm more excited about it than nervous.

I work full time, five times a week, waitressing, and it's perfect for me because I'm busy, on task, not idle, so I really like it. What is it about idle? My mind can just go off. It's good for me to be busy. It makes me feel a lot better to expend a lot of energy. I have more energy than I realize and I've been idle for so long. I feel more physically integrated than before. I didn't feel embodied. I felt more like a mind, but now I'm noticing how much more I feel physical. Even with other people or animals, I don't have that sense of disconnect that I had before.

Very vivid, active dreams. For a while I wasn't dreaming at all. Lately I've been sleeping really well.

P: No remedy.

Summary of follow up:

Overall, AG has done extraordinarily well. She had two relapses of a much more minor order over the past 11 months. After the second relapse she was given *Cactina* 10M. Within a month she had decided to attend graduate school somewhere on the Mainland of the US, which meant that she would be leaving the proximity of her immediate family. Subsequently she was admitted to a university in San Francisco.

As she described it on her most recent follow up, "My world has expanded, I was living in a very small, contracted world for so long. Now I don't have those boundaries. I can do anything. Things just don't effect me the same way. I'm much more relaxed. I don't get any of those terrible panic attacks."

Jeff Baker, ND, DHANP, CCH has been in private practice, as a classical homeopath, for the past 25 years. In 1990, shortly after moving from Santa Rosa, CA to Hawaii, Jeff founded the Maui Academy of Homeopathy.



Since 1992 he has been closely associated with the developments of the Bombay School, under the auspices of Rajan Sankaran and Jayesh Shah. Today, more than ever, Jeff continues to enjoy the ongoing challenges and satisfactions that come with a very busy day-to-day practice. He feels that in the past five years, especially, his growth, as a practitioner, has been exponential. As director of the Maui Academy, Jeff has been fortunate to have been instrumental in the training of more than 700

homeopaths throughout North America more than a third of the diplomates of the HANP are regular attendees of the academy's advanced clinical training programs.

Jeff is teaching Sankaran's approach through a series of courses in different cities. For details see the full page ad in this issue.



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HENNY HEUDENS-MAST

IN CONVERSTATION WITH JOHN COLLINS ND, DHANP

AUGUST 17, 2005

Henny very graciously agreed to give this interview at the end of a five-day teaching session in Portland, Oregon. In the interview, she was relaxed, yet unflagging in her reverence for homeopathy, cheerful and consistently energetic, just as she had been throughout each seminar day. Those days included eight hours of class and several private consultations held during her lunch breaks and evenings. Personally, I had some trepidation about my ability to endure so much sitting and listening without going stir-crazy. I've succeeded in avoiding long seminars for many years now, but out of curiosity I had signed up for the full treatment this time. Once it started, my concerns were forgotten. I was drawn in by the liveliness of her manner and the sense of expectation that pervaded the room throughout each of those five short days.

Henny's seminar method is to see patients, four or five a day, new patients and follow-ups. The new patients are difficult cases referred by her advanced American students and, as this method has been followed in her Portland seminars every summer since 1996, some of the follow-ups covered many years of treatment, including a lot of problem-solving along the way. Henny takes great care to create an atmosphere of utmost respect and attention in the seminar room when the patient is present: no talking, no eating, no coming and going, full attention on the clinical event unfolding before us. This live interface of the homeopath and her patient is brought forth unmistakably as the "core curriculum" of her teaching.

After each interview, she leads the group very patiently on a thorough search to grasp the key aspects of the case, identify the predominant miasm(s), list the characteristic symptoms, (the foregoing may all happen simultaneously or interchangeably) and finally to compare the indicated remedies with the help of repertorization. Twenty or thirty remedies may be scanned quickly before a shorter list is taken for consideration. Here, the student can't help but wish they'd spent more time in the study of materia medica and miasms; the teacher so masterfully demonstrates the use of such knowledge. Treatment proposals are solicited from the group, who she disarmingly addresses as "colleagues." These ideas are respectfully considered, but the final decision is Henny's and she is, well, decisive. She's quite ready to explain just what led her to a prescription: usually a

strongly-confirmed totality of symptoms with the miasm applied as the final filter.

On follow-ups she may change remedies with good reason, but most impressive is how she waits! Hering's Law is her guide, but only after the patient's condition has been meticulously reviewed, including the stated facts and the obvious but easily overlooked subtleties. And the results of those difficult, live cases, followed for years? With few exceptions, they keep getting better.

JC: How did you get established in homeopathy? What were some of your influences? What was your technique for learning?

HH-M: First I was treated homeopathically as a child. My mother went to a homeopath because of a dramatic death in the family due to an allopathic experience. So she took me to a homeopath who gave me combination remedies which I hated due to the alcoholic drops. I was three or four. This carried on until I was twelve, then I refused to take the strong tasting alcoholic drops and then when I was twelve I wasn't going to go to homeopaths anymore. I went to allopaths alone, as my mother wasn't going to go with me. They took my tonsils out, my appendix out and I was so impressed by everything they did I wanted to study allopathic medicine.

However, before I did this I met my husband who came from a healthy family, (he was not vaccinated, neither was his family) and he did not want to marry me while I was studying. I had a choice: studying or marrying. I got married, and we had children. I wasn't vaccinated, my parents weren't vaccinated, neither were my husband or his parents, but I allowed my children to be vaccinated. This was my decision, and two of the three became sick afterward and one developed asthmatic bronchitis, which does not run in the family, also stomach problems. I went to an allopathic doctor who put the children on antibiotics and other drugs. What I saw was the children grow weak, pale and lose their appetite.

I complained to my husband, saying I don't want this any more, and he suggested I try homeopathy. So I thought I would see what I could do for the children, so I bought books, herbal books, and I tried herbal medicine, which helped temporarily: when you stopped, the symptoms came back. Then I went into homeopathic books and tried prescribing single remedies for my children, which didn't work at all!

Nevertheless, at the time I heard about how wonderful classical homeopathy is, and I went to somebody who called himself a homeopath. For my son, who had asthmatic bronchitis, he prescribed *Bryonia*. My son was about four or five years old (he's forty-four now). That man told me, "After you give this remedy he can never cough again, never have asthma any more", but after one dose my son began to cough more. We went back

to the man the next day. He said, "This is impossible." That is the worst thing you can say to me: that what I have seen is impossible. I went back to my husband and told him that that man told me that what I saw in the child was not true. My husband said, "you have to study it yourself." And that was the beginning of real study. At that time there were no photocopy machines. I went to libraries. I hand wrote books, as we didn't have the money to buy books, and in any case there was no supply of books in our region.

Later I heard about a bookshop in Holland and I went there and bought Kent's *Materia Medica* and *Repertory*. That was the beginning. I found the repertory to be a funny book with so many symptoms I'd never heard of. The *Materia Medica* was wonderful, but it was very difficult to make a differentiation of the symptoms between several remedies. The introduction and the mental aspects were nice, but to me the physical symptoms were just the same as those which all of us have. So I decided this book was too complicated for me. I returned to Holland to find books and found Boericke and the *Keynotes*, and then I started to read the three books together: first Allen's *Keynotes*, then Boericke and then Kent.

JC: Had you studied the *Organon*, philosophy, by this time?

HH-M: No, I didn't know there was an *Organon*.

And in studying the three different books in this way I got pictures. We had a very big crowd of friends and acquaintances, and always when friends had problems, whether in marriage or something else, they would always be found at my table, asking how I would deal with it. That was usual, even before I studied homeopathy. I was always consoling people, etc. It was a natural attitude in our family life. And when I read the materia medica, I would think, "Ah, that's like that man, that's like this one, this is she!" So when they came again with their problems, I thought of trying one remedy or another and some people were helped.

JC: So there was deep involvement with people even before homeopathy?

HH-M: Yes, and a lot of observation which I had already developed. Some were helped, some were not helped

JC: Were you working with children? Now you are known for working so well with them, and your method with adult patients often is to go back to their childhood, to the beginnings of their disease.

HH-M: Well, it was first adults, and then their friends and then their children, and at a certain moment I had a practice and I didn't realize I had a practice. People were coming from six in the morning until the evening and

I had a practice, and I didn't know much, only the remedies I had studied to that point.

Then in the meantime I noticed that after the remedy there would be a certain result, and I could not interpret the result, and I went to buy the books again and so I bought Kent's *Philosophy*. I thought maybe he could help me with more information. Then I bought the *Organon* and read the sixth edition, which I found an awful book. I didn't understand anything. The sentences!

Then I heard, with my big practice-without-knowing-it, that there was a school for homeopathy somewhere in Holland, and I went there, and they put me immediately in the last year. That was in 1970. I didn't learn anything there. I passed the exams without any problems.

So time went on, and really I can tell you that I never wanted a practice, but here I was, going from Monday to Sunday. Then at one point I had a call, "You cured a cousin of mine of migraines when I could never find drugs that would help her." It was a doctor, and he urgently asked, "Can you come immediately? You can have a room here, treat all my patients, and I will learn from you."

Next day I went with my husband, because it was a strange situation. The doctor immediately took me with him on the home visits, asking me: what do you do here, what do you do there, what remedy, a case of blood poisoning, pneumonia what remedy? I think I had a lot of luck - a lot of cases went well, and on the next day the patients came back improved, and he started to want to be a homeopath. He sat with me during my consultations, and I sat with him to learn practical medical work, so both of us were learning from each other. It was nice. So the patients were lining, lining, lining up, and there was a lot of work from six-thirty in the morning, to the evening, and one or two at night - day and night, you could say.

I saw a lot of patients, had a lot of success - a second doctor came, then a third, a fourth, a fifth, a sixth, a seventh came - all in one clinic. Then I quit that practice after four years. Then I started another practice with some colleagues, the practice in which I have been for more than twenty years.

JC: You didn't have a nice packaged homeopathic curriculum that led you through from 'a' to 'z'.

HH-M: It was totally natural.

In that practice, the first practice which I call a practice, we invited George Vithoulkas, because I read that little book. He came, he invited other people, I went to Greece, did everything to learn more. It was a

totally natural development. If somebody would have told me thirty-five years ago that I would be working as a homeopath in a practice, I would have said, “Never.” It was not my ambition. I wasn’t ambitious at all. It was such a totally natural development, and the nice thing is, that at a certain moment, if my family had told me, “we want you at home”, I would have stopped immediately because my first ambition was to be a good mother, but my children and my husband never complained about it.

JC: You had good family support?

HH-M: Wonderful. Without that it would never have occurred.

JC: You say it was a natural development, but you have such a vast knowledge of materia medica. Was there a way that you trained yourself to remember all these things, or did it just come naturally to you?

HH-M: No, there was study, hard study. As I compared the three materia medica, I started to study the repertory together with them. I copied a remedy from all the materia medica that I had, because by then there were photocopy machines. I took the repertory and went from Mind to Generalities, each page of the repertory. I would write the symptoms of that remedy by hand, long lists of symptoms as we do now with the computer extractions. I did this with every remedy: everywhere you would find me with paper, handwritten. I compared these lists with the forty materia medica which I had bought by that time. This was my way of studying. I made a compilation of what I had read in the materia medica and what I had seen in the repertories, and it was my materia medica. In this way I studied almost all the remedies.

JC: How would you choose what went into “your” materia medica?

HH-M: I would include the symptoms that I had seen in the books and had observed in my patients: I had seen thousands of patients. I could reference those symptoms to a case - “this I have seen,” and it would be verified.

JC: Verified symptoms?

HH-M: Yes. Now I use computer extraction, but it is not nearly as effective as hand-writing. That way you write it into your mind. It is much slower, but fifty times better to write it. The computer extraction is much lower in value.

JC: How did you come to use miasms as an integral part of your analysis and understanding of remedies?

HH-M: When I read the *Organon*, and I heard the expressions, ‘syphilis’,

'sycosis', then I bought *The Chronic Diseases* (by Hahnemann). I could not get any understanding of the difference between all the miasms: it was a wilderness, the symptoms were all alike. One thing is that I am very careful. I know what I know, and I don't like it when I am not sure about things. I started to do the same things with miasms that I had done with the remedies, making lists and comparing and extracting, in order to understand the difference. Every book about miasms that I could get, I did, and I read it. Some were worthless, others were very good, and I did get some help from the books of the South Americans, together with *The Chronic Diseases*.

JC: What specific books?

HH-M: Ortega's book on *Notes on Miasms*, and at a certain point Phyllis Speight's book, *Comparison of Chronic Miasms*: it agreed a lot with what I had already found, and I started to use it, and I still recommend it for everyone. Then it was easy to find out which remedy you would have to use according to miasms. For example, *Sulphur* and *Medorrhinum* are such a lot alike: the heat, the fat, the selfishness, the sweets, but because I studied the miasms carefully, I could see that when I have a sycotic *Sulphur*, it's not *Sulphur*, its *Medorrhinum*. In this way I made comparisons of remedies and whole lists, to make it easy for me to align the remedies with the miasm.

JC: One of the problems when in studying miasms was pointed out in an article recently (Morrison, R., *Miasm, Simillimum*, Vol. XVII, Issue 2, Summer 2004: 42-56). This author compared miasms in the lists of Knerr's *Repertory*, Kent's *Repertory* and Boenninghausen and found that only four anti-Psoric, four anti-sycotic and eight anti-syphilitic remedies were the same in the miasm lists of the three repertories, otherwise these sources disagree. So how do you know, how do you become confident, that a remedy belongs in a particular miasm or not?

HH-M: I relied on a lot of different influences and my own perception of it in a way that I divided the symptoms: heat and cold, cold and chills, fear, anxieties and fear, exaggeration, distortion, deformation, just as we do in a case. I am sure I was influenced a lot by the South Americans.

I found it a wonderful idea to bring it back to something simple. In fact, I think I am simple minded. I like to be able to explain things first to myself and then to other people.

So how can I explain it when I don't understand? For that reason I made lists, to see and understand it myself and then it was quite clear for me. It was quite clear what belonged to this, or belonged to that. Now, when I study a remedy of course I know those lists.

JC: Suppose a new remedy comes along, good proving, cured cases, and you want to decide which miasm it belongs to.

HH-M: So I study those symptoms, but now I do it with a computer extraction, and I take all the symptoms which I can find, ten to twelve small printed pages. Then I study which symptoms belong to psora, which to sycosis, to tubercular, to the cancer miasm...., then I can very quickly make my analysis. With most of the symptoms which I come across, I will think, 'this is syphilitic', or "this is sycotic". It's made homeopathy understandable for me. I am able to know what I am doing, and I know why I am doing it. This gives me a lot of confidence in homeopathy and in the wonderful organism that is a human being....

JC: That's evident in watching you take a case.

HH-M: I have a good respect for the patient. I accept them as they are and they feel it.

So I take the case, and I don't let the patient run on for hours because I don't have the time for that. I look for what the main problems are, and I want the patient to tell me all about the main problems, and at a certain point they mention characteristics that I know from remedies.

JC: Are you sorting remedies in your mind as you're listening?.

HH-M: At the end, not the beginning. I'm really totally open so the patient can tell me everything. I don't do anything then. It is when a kind of a picture is showing that I start to work with it. Then I analyse it miasmatically, and then at the end I use some rubrics, and consider "does the symptom also belong with this remedy nicely?" Once all the modalities and generalities are there, then I look to my book, never to the computer. I don't want to get that 'staring into a computer screen' look that patients' hate. I like to be lively - I don't like to have a computer face.

JC : One of the big problems that homeopaths have, is that they've taken a case, they've seen the symptom patterns, they've made an analysis and then they are down to a small group of remedies that are more or less indicated for different reasons - then it becomes very difficult to clearly differentiate one remedy from another.

HH-M: This is when I apply the miasmatic thinking. For example, in one case *Stramonium* worked, but it did not work totally. *Stramonium* is psoric, and there was a lot of sycosis in the case, so I needed a remedy that has a piece of *Stramonium* but more sycosis, and with this characteristic you can come quite easily to the remedy. It is the miasmatic build-up from the patient that decides between the remedies that would come up. This case

could have had *Stramonium*, or *Belladonna*, maybe *Calcarea*, because of a lot of his symptoms and the way he looked, but *Calcarea* is too psoric, so I threw it out. So I can sort very quickly because I know the miasms very well, its really a help.

JC: You use the three miasms.

HH-M: Five: tubercular and cancer miasms as well.

In modern times, I think it's useful to have new remedies. *Carcinosin* I consider still as quite a new remedy. It's not that old. It's a very good remedy. When it comes to new remedies, I like to see who wrote down the symptoms: I know that person, I know if he is a clear homeopath, he's a dreamer or he wants to make his name in the world. I know that there is a lot of wishful thinking in the homeopathic world. This is the reason why I like to give seminars. Patients can be followed-up and seen back again many times. I don't want to give the students only a nice video case, and not show them how the practice is, what you go through, and what the problems are. You can do this with live patients. You have to see the follow-up.

JC: So in sorting through new remedies, one thing is, that when you see who the proving master is, you know this person does good work.

HH-M: I read the remedies and if I see a patient who needs that remedy, that's it. If the prover is a wishful thinker, I wait until other people have a result with that remedy.

JC: Now what do you think of the idea of families of remedies? Many people are exploring this now. Take, for instance, the *Stramonium* case: he responded to *Stramonium*, but *Stramonium* was too psoric a remedy for him. So one way of thinking might be, maybe we need to look for a more sycotic remedy in the *Solanaceae* family? Does this kind of thinking come into your way of doing things?

HH-M: Its not a new thinking. It's an old-fashioned thinking. The wishful thinkers have taken the old idea and said, "I have something new." Its true, of course, that we have families, and of course there is value in it, but there are a lot of animal remedies that have the same qualities as plant remedies and there is an overlapping. For me, it is too simplistic. It is a return to what happened before homeopathy: you see a patient with a certain outlook, and you look to nature for the same thing with the same outlook.

[By "outlook", HHM means the outer/objective appearance of the person]

JC: You mean the Doctrine of Signatures?

HH-M: Yes. Now they are going back to that. Hahnemann came out of that, he said we have something new and much better.

JC: Now a lot of people think that maybe Hahnemann was reacting to the abuses of his day, and that we need to take another look and see if there is something there.

HH-M: Why do you call yourself a homeopath?

JC: Well, it has been argued that some are doing research inspired by homeopathy, but it may not be Hahnemann's homeopathy. Those who are working in that field may say, "We are doing Hahnemann's homeopathy and in addition we are exploring some places where Hahnemann would not go." So this has been argued back and forth quite a lot. Our editor has stated that in a living science there will be a conservative core and an innovative frontier, exploring what may yet be uncovered and brought in. Let's try, let's look. We have to have both.

HH-M: This I can totally agree: I only can't agree when they say that this is the truth, when it's just some ideas.

I think this work has to be done with good and experienced homeopaths together, without money involved, studying the issues and not pronouncing that they know the truth, without experience to back it up. We don't have to fear that allopathic thinking will ruin homeopathy: I think homeopaths can ruin homeopathy. This is the reason why I give seminars, to show how homeopathy works, and that we don't have to have a lot of theories other than the basic ones.

JC: I think a lot of the people working on these new ideas are getting confirmation in their gathering data. What impressed me so much in your seminar is that you are demonstrating the tremendous value of the basic remedies, the keynotes, the modalities, generalities in the case, and how they lead again and again to a remedy that will have a very deep effect. That basic work unites all homeopaths. I think you are preserving and presenting the foundations that we all have to have.

HH-M: And with those basic foundations, you can do tremendous work. It's not my interest to count what percent of success I have, but in a seminar like this, you see there is a lot of success.

JC: One thing that comes across in observing your work is the time factor. You seem to work in a different time-frame from many homeopaths – how long you allow for a change to occur, how encouraged you are when a little change occurs, how long to wait before looking again, to allow time.

HH-M: I think this is experience. After many, many patients, after all the spoiled cases, spoiled by allopathy, all the things allopathy does, spoiled by all the other therapies, the patients are difficult to get on the right track. So if I know my remedy is correct, I usually see it before the patient says, “I feel better”, I see signs that the remedy is working. I mostly see follow-ups after two months. I don’t like to see them earlier, and I send some away for six months.

JC: Why wait so long? The patient is anxious the patient wants to get better. Why make them wait so long to see you again?

HH-M: I do definitely with the homeopaths who I treat, I’ll wait six months, not like normal patients - I don’t want discussions about “better or not” when I know my remedy is correct. Of course if the patient is in great danger, I can follow up in a day, and I see a normal patient in two months.

JC: From reading the cured cases in journals, I get the impression that something very definite is happening within two weeks, perhaps an aggravation or an improvement, and that led me to believe that if I haven’t seen some reaction in a few weeks, then I should consider something else. So it might be possible to see the beginnings.... I guess I’m concerned about the patient who feels neglected, and has to wait 2 months.

HH-M: Hahnemann says, when you get a remedy, you can get an aggravation, you can get an amelioration, and he says that in about six weeks after taking the remedy, the artificial disease of the remedy, you’ll get an aggravation again. He says, this is the moment you have to take your hands off, because it’s the end of what you can see that the disease is still doing in the patient. When I read this, I decided that I would never see my patient on the sixth week, because then I would give him another remedy. We have to be patient. Its true what Hahnemann says, most of what happens appears in the fifth or sixth week, and if I saw the patient in that moment, if they were complaining that much, then I would tend to repeat the remedy and would likely spoil the case.

JC: A lot of us thought that that referred specifically to the LM potency, that after some time of daily dosing there will be an aggravation and then you should stop the repetition, but you’ve observed this in the long reaction after the single dose?

HH-M: Yes. Its very interesting, so I prevent myself from making mistakes, and I prevent the patient from being antidoted at the moment when his health is taking a good direction.

JC: So you’re saying you can antidote with the same remedy?

HH-M: Definitely. You can give the remedy forever and ever, repeating it. I'm very careful in repeating remedies.

JC: On the follow-ups it seems that you rely quite clearly and consistently on Hering's Law rather than on just the chief complaint – e.g. is your arthritis better or worse? You're very much looking at the direction of cure.

JC: Is there anything else that you ask your students to pay attention to when they are assessing a case, whether or not the remedy is acting?

HH-M: You should have a very good memory for what the patient looks like, if the skin is healthier even if he had no skin eruption, if the eyes are bright, if his way of sitting is healthier.

JC: So you're reading the vital force in a way.

HH-M: Exactly.

JC: Let me move to another question: what do you think the miasm is?

HH-M: A theory that's practical and very applicable in our difficult profession.

JC: So you're thinking less about what it is, and more about how it manifests?

HH-M: Mostly you can trace back to a grandfather who was a soldier, a sailor, away for a long time. These are things I like to look for in my practice.

JC: You often have the patient talk about their childhood - is that a routine in all cases?

HH-M: It's a routine that I follow because it is very helpful, as most people are not aware of their own situation at a certain moment. Ask them about emotions, about fears and most of them will say, "I don't know." Yet most of them can easily speak about their youth without any problem. They can talk about their bad dreams, they can tell about their sexual behaviour, they can tell that they have stolen something, but almost no adult can tell about these things of the present time spontaneously

JC: You ask about childhood, about dreams, about anger, and in some cases more about fears, sleep, food, menstruation, vaccination, prior injuries and operations – those are the questions you ask everyone?

HH-M: I never ask about sexual stuff, only if the patient brings it up. I once had a patient, she comes in and because of different things that I observe, I ask if she has MS, and she says, “Yes, but that’s not important. I want to talk about my sexual life.” But, a man for example, they come for a little pain in their big toe, and I feel there is something else they are coming for and then I’ll ask, “How’s your sexual life?” In seminars I never bring this up because I want to protect the patient, given the fact that there is a wide range of people who attend.

JC: I wanted you to talk about the ethics of practice, your standard of respect for the patient.

HH-M: The patient mostly has not chosen how he wants to be, and he comes to be helped. That means he takes a step because he can’t solve his problems. He comes to us to have his difficult problems solved. The patient opens himself up.

The patients tell me everything, even on the stage (during the seminar) there is no problem, no hesitation in telling. I am very thankful to the patient. I am thankful to the patients who teach me such a lot, and this is a real feeling that I have. This you feel in the contact with the patient, and the patient feels it. I will never joke about him. I can talk with the patient in a light way. It can be quite spontaneous. The tone can change totally from one patient to the other: very soft, or a little bit more joking. It’s what I sense in the patient, it’s spontaneous. This is nature.

JC: Any particular advice or special techniques in approaching the child patient?

HH-M: Remember your own childhood: coming to an adult who you don’t know. I can get angry, and I do, at some mothers who say things in front of the children like, “I hate that child, he is so pesky.” This hurts me.

I see the parent alone at some point. It’s very seldom that I would ask the patient to bring a family member with them to the consultation: an exception would be a caretaker, such as for an Alzheimer’s patient. Most patients can talk more freely when they are alone, even a child. If there is something in the face of the child that tells me that they can’t say something, I ask the parent to go out, to let me talk alone with the child. Sometimes the parent suggests this.

JC: You spoke about keeping a clear professional distinction in the relationship with the patient, that you are their practitioner, not their friend.

HH-M: There are a lot of problems from making the patient a friend.

As soon as you make your patient your friend, you lose your patient. You see them with other eyes. As soon as your friend becomes your patient, you lose your friend. You have to know things about them that you don't need to know as a friend, so then they don't want to see you any more as a friend. For example, I don't treat my adult children, they have their own lives, I may see what I see, but I don't interfere as a homeopath.

I may send them to a homeopath, and I can give them information if the remedy doesn't work. I will treat my grandchildren up until puberty. After that, the things I need to know are not grandmotherly. I won't see them after that. And when I do treat them, I see them in my consulting room, and I treat them as a patient: they have to come, they have to know that I am working.

JC: The last thing I want to talk about is education. Anything you can say about homeopathic education, the state of education, the problems and the ideal?

HH-M: To have the best education, you must have the best teachers, and if they teach in a hut or in the university, it doesn't make any difference. The best teacher is one who teaches homeopathy, not trends, not fashions. The teacher must have a practice and a lot of experience, not just teaching from books. A teacher has to understand that the student doesn't know everything, and must never forget that he was once a student himself. [During the seminar, to encourage questions, Henny would remind the class: "there are no stupid questions, only stupid answers." - JC]

There is a need for teachers. Those who have good practices do not always have the time to teach. When I was younger, when I had to provide bread and butter for my family, I gave no seminars, because then I would not have had the time for my practice. It takes a lot of preparation to teach.

JC: What are your thoughts on clinical teaching, where the student learns by doing? Do you have any ideas for how to guide the student to learn the necessary skills?

HH-M: After completing lessons on materia medica, and seeing patients examined in front of class by the teachers, then the students should each see a patient in front of the class. It is videotaped. No one takes notes except for the interviewer, everyone just observes the interview. Then the patient leaves and the students write down the symptoms from the video and the whole class discusses their observations. This should be done before the student is allowed to work alone with a patient.

In February '06, I will begin a seminar for teachers: there will be thirty-five people, in Germany, and classes will be in German. We will study the

Organon: everyone will prepare a part, and present it for discussion. For *materia medica*, everyone will bring one remedy, new or old, to give to the others, then we will have group discussion. Each participant will see patients in front of the group and be commented on, each will see follow-up cases also. This will go on for several years.

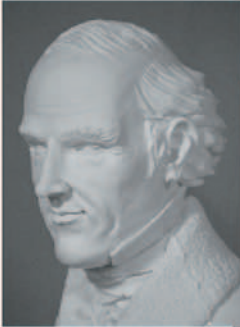
It is wrong to create the division in homeopathy - I'm fed up with all of that. I'm a homeopath! We must discuss in detail and come to a conclusion, "That's how it is." Then we will be a more united group of teachers, and that will train a united group of students.

John Collins ND, DHANP is a member of the board of the HANP. He has been in practice since 1983 and teaches at the National College of Naturopathic Medicine. He practices in Portland, Oregon

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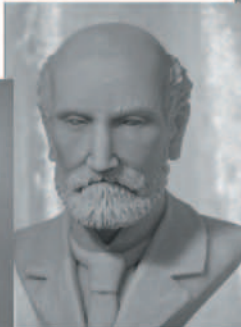
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HENNY HEUDENS-MAST: A TRUE MASTERPIECE

DURR ELMORE, D.C., N.D., L.A.C.

Henny Heudens-Mast is simply the best homeopath and teacher of homeopathy whom I have met. She is essentially a self-taught homeopath, though she did attend some seminars with George Vithoulkas in the early 1980's. Henny went to the source, carefully studying Hahnemann and all of the old masters. Her practice soon flourished. She worked over twelve-hour days, six days a week for years. She devoted her life to her patients and to homeopathy. Every spare minute of her time was spent studying materia medica, homeopathic philosophy, and working on her cases.

In her studies, she discovered that Hahnemann's work on the miasms was not simply a quaint theory, but an essential part of the puzzle of correct prescribing. Henny is a very practical woman. She learned through experience the value of miasmatic thinking in prescribing. Through successfully treating tens of thousands of people, she developed a vast knowledge of materia medica. She brings an amazing focus and perception into her case taking, and her case analysis and prescribing skills are second to none.

Henny has been teaching five-day seminars in Portland each August, and in Orlando each January, for the past nine years. In these seminars she sees patients live in front of the class. Each case is followed by a discussion, and her prescription. These are difficult cases, cases that have proved challenging to experienced homeopaths. I have never seen such courage in a homeopathic teacher! If a patient is not better, she is the first to say so, and will work to find a better remedy. Yet, with her knowledge and confidence, Henny is never arrogant. She is accessible to any questions. Many times we have heard her state, "There are no stupid questions in homeopathy." She empowers students to be inquisitive, to share their ideas, to question her prescriptions or plans. It is amazing to see the results of her prescriptions, and we are shown lessons in all aspects of homeopathy. Henny's skill in finding the simillimum is unparalleled.

Students and homeopaths who study with Henny get to experience the mind and heart of a truly great homeopath. During case taking, her powers of total observation are phenomenal. She misses nothing. By observing her thoroughness, her carefulness, and clarity of perception, we are witnessing

a great mind, a great homeopath, in action. What is amazing is that she is so open, so pleasant, and so downright cheerful! Her deep love of, and her enthusiasm, for homeopathy is contagious.

An “Old-Fashioned Homeopath”

Henny unabashedly describes herself as an “old-fashioned homeopath.” She means that she respects the genius of Hahnemann, Hering, Kent, Nash, Boger, Boenninghausen, and other great pioneers. She carefully studies these masters, and has put their ideas to the test of clinical experience. She is not a faddist. I believe the old-fashioned label also applies to her work ethic—whoever says that homeopathy can be easily learned and practiced is foolish. Henny has paid her dues with years of intense study of homeopathic philosophy, materia medica, and devotion to her patients and students.

In the past ten years many new theories, along with some old previously-discarded homeopathic ideas, have surfaced (or re-surfaced) in the homeopathic community. Her “old-fashioned” label distinguishes her from some modern teachers who seem to be constantly searching for some new theory or method to revolutionize the way we practice homeopathy.

Henny has found that the reason we fail in our practice is not due to inconsistencies or inadequacies in homeopathic philosophy, but rather in our lack of perception of the patient’s symptoms, our lack of knowledge of materia medica, our lack of expertise in repertorization, and/or mistakes which homeopaths make in ongoing management of our cases. One glaring omission is lack of understanding of miasms and how to use miasmatic knowledge in every prescription.

Miasms

Hahnemann became discouraged with his results of practice, and spent over twenty years investigating the reason for the recurrence of symptoms and diseases in his patients. *Chronic Disease* was his answer, in which he describes the miasms and how to use this concept in practice. I have studied with many good teachers before I met Henny, but not one who really understood miasms, and used miasmatic thinking as a basis for every prescription.

There are five miasms that are widely accepted by homeopaths: psora, sycosis, syphilis, tubercular and the cancer miasm. We don’t need to invent more miasms, but we do need to really understand these five miasms to achieve greater success in our practice. Hahnemann taught that psora is the basis for all miasms, so psora will be present in every patient, although it may be dormant or underneath the prevailing miasm. If we treat a patient with strong symptoms which indicate the syphilitic miasm, what can we hope to achieve? Henny teaches that by first identifying the predominant

miasm in a case, we can then select the appropriate remedy. With the right prescribing, this miasm becomes dormant. Here is an example of a case somewhat similar to one of Henny's.

A Case

A five year old child with severe behavioral problems, violence, destructiveness, cruelty, etc., is brought for treatment. He has night terrors. He has lost his friends because of his aggressiveness and harsh treatment towards them. His symptoms all began after a terrible fright. His estranged father, an angry, abusive, depressed alcoholic, broke into the house in a drunken rage, ransacked the house, beat up the mother, shook and threatened the child, then left. A few weeks later the father died, an apparent suicide. The next day after the father's rampage, the boy changed dramatically. Before this event, he was a sweet child, played with teddy bears, drew pictures of nature, animals, sun and trees. Now along with his aggression he refuses to play with his teddies, but insists on playing with toy guns and soldiers. His drawings now are of knives and blood, with dark colours. There is another peculiar symptom: the only positive change is that before he would forget to brush his teeth - now he brushes his teeth many times a day, without being reminded.

The first question we ask is, what is the miasm? A sweet child becomes aggressive, angry, destructive, and develops night terrors. A child who played nicely with friends now hits them without cause, grabs their toys, and has lost his friends because of these behaviours.

Many homeopaths, without considering miasms, would immediately think of *Stramonium*. If we understand the prevailing miasm, we are certain that this is not a *Stramonium* case. Let's see why.

What is the miasm of the boy's current behavior? He has terrors at night (syphilis is worse night), is violent (syphilis), doesn't connect with his friends (syphilis), draws dark pictures of blood and knives (syphilis), and has become somewhat obsessive/compulsive (syphilis) about brushing his teeth. These symptoms all indicate a syphilitic state. *Stramonium* is primarily a psoric remedy, with some sycosis. It is not listed in the rubric Syphilis. *Stramonium* certainly covers the etiology, ailments from fright, but the symptoms of the child are so syphilitic, this cannot be a *Stramonium* case. We might ask why this boy suddenly developed the compulsion to brush his teeth. We know that syphilis is a deep disease, attacking the bones, teeth, and vital organs. After the fright, the symptoms show that he went into a syphilitic state. Perhaps on some level he sensed or resonated with weakness in the teeth or bones, and thus began this strange behaviour of frequently brushing his teeth.

How else can we be sure this is syphilis, and from where did the state

arise? The father was syphilitic. The mother was psoric. The syphilitic miasm was present in the child from birth, but dormant. The child was relatively healthy and happy, in a psoric state, until the shock brought forth the syphilis. He responded beautifully to *Mercurius*. *Mercurius* is in ailments from fright, and every other symptom here. Within a few weeks all of the aggressive behaviours were gone, he re-gained his friends' trust, and he once again began playing with psoric toys, drew bright colourful pictures of nature, and was happy.

Now what can we expect? We have been taught that when a deep psychological disturbance is present, when cured there may be a fairly serious physical ailment arising. The rule is to watch and wait, like a hunter, until we see a clear remedy picture. Good hunters don't fire their rifle randomly or from impatience. They wait until they get a clear shot. It's the same for a good homeopath when following a case. Until that moment in which we clearly perceive a remedy picture, we respect the vital force, the healing process, and wait patiently. We know that if a syphilitic remedy worked well, then at some point the patient will need a psoric remedy.

After a few months he developed a bad cold, then a cough. No remedy was given, because no remedy picture was clear. Over several days, as the cough continued, he developed a fever, then a deeper cough, and wanted to be held continually. He was seeking love and reassurance from his mother constantly. With the fever and painful cough, he was thirstless. Now we have a picture of *Pulsatilla*, a psoric remedy (*Pulsatilla* is also sycotic). This could be pneumonia, with the fever and painful cough. As homeopaths, here we have nothing to fear. He will not die. We know where we are in our treatment. He has moved from a syphilitic state into psora. This is much safer than syphilis. He is moving in a direction of cure, even though he has a serious condition, pneumonia. The following day the fever was gone, cough much better, no more pain and all symptoms completely resolved over the next two days. *Mercurius* caused the inherited syphilitic miasm to become dormant. He will likely stay in psora, and may occasionally need *Pulsatilla* or some other psoric remedy in the future.

This is just one case that demonstrates the utility of bringing miasmatic thinking into our case analysis. With every case, Henny discusses the important symptoms, and which miasm each symptom represents. In studying materia medica, we can go through this same process. This helps us to better understand both the remedies and the miasms. With each case discussion, we arrive at the prevalent miasm. Henny lists the symptoms of the patient, then the symptoms of the disease (usually common symptoms), and the miasm. From here case analysis becomes much easier.

Waiting

One of the biggest mistakes homeopaths make is over-prescribing. Three great homeopaths, Kent, George Vithoulkas, and Henny Heudens-Mast have taught the importance of waiting, of allowing sufficient time for changes to occur after prescribing. They have warned us against prematurely repeating the remedy, or prematurely changing to another remedy. Knowing when to, and when not to prescribe, is essential. I remember one case of Henny's, a woman with ankylosing spondylitis, with lots of back pain, among other symptoms. Henny prescribed one dose of *Calcarea fluorica* 30c, based on the total symptom picture. We saw the patient one year later. She had taken no other remedies. She took only one dose of the remedy in 30C potency, and she was completely free of back pain. Of course, there were other significant positive changes in the case as well, such as better energy, creativity, and overall happiness. Homeopathic remedies are powerful. We are dealing with energies that affect the vital force, and we don't necessarily have to hammer away at it and repeat, repeat, repeat.

Ten years ago, I treated a woman with severe vertigo and tinnitus of twenty years' duration. I gave her *Cocculus* 200c. One month later I did a follow-up, and the symptom picture was unclear. After the remedy her vertigo improved and tinnitus stopped for a while, but returned. She experienced a recurrence of several old symptoms she hadn't had in years. Her energy was lower, she said she was depressed, and needed a lot more sleep. She also developed several new symptoms. Because I didn't see any other clear symptom picture I waited. I saw her 2 weeks later and practically every symptom was gone or dramatically better! About a year later I repeated the remedy once. Some months later her mother was murdered. I saw her several months afterwards, and she endured this trauma quite well, and did not need another remedy. This case proved to me the importance of patience, and of not prescribing a remedy unless it is clearly indicated. If I would have assumed that *Cocculus* was the wrong remedy at the four week follow-up, I would have lost the case by searching for remedy after remedy. This is one reason why many homeopaths have learned to give patients sufficient time to experience the affect of the remedy. Since that case, I schedule follow-ups six to eight weeks after the remedy is taken.

Polycrests

Polycrest remedies are polycrest for a reason. We have a group of remedies that have stood the test of time. These remedies cover a large variety of symptoms, and each remedy represents an archetype of humanity. I have heard of some modern teachers who belittle polycrests, as if they were only for use by beginners. This is nonsense. Henny has taught throughout Europe for years. Her seminars always have live cases. She has seen patients brought by other homeopaths who have taken dozens of remedies without benefit. Many of these patients have been treated by

some of the most famous European homeopaths and teachers. We see the list of remedies—many obscure salts, new remedies, etc. Henny calmly takes the case, observing carefully, and prescribes a remedy such as *Thuja*, or *Mercurius*, or *Palladium*. We see the follow-up and the patient is deeply cured by Henny’s prescription. There is do doubt about the accuracy of her prescriptions when we see the follow-up and the patient is before our eyes.

This suggests to me that many prominent homeopaths don’t carefully observe, and don’t know the polycrests as well as they should. They fail to recognize a polycrest remedy sitting in front of them. They prescribe a remedy of the wrong miasm, and the patient does not improve.

‘Small Remedies’

This is not to say that Henny does not use ‘small’ remedies. Her knowledge of materia medica is second to none. She has numerous cases of obscure remedies. She knows when a polycrest doesn’t fit the patient, and her materia medica repertoire is vast. The point is, she practices not to impress her students with obscure remedies. Her goal is to find the simillimum for the patient. If that means she uses the polycrests frequently, that is fine with her. If a patient needs a tiny remedy, she will prescribe accordingly.

Henny is averse to sloppiness in homeopathy. She will study, and use new remedies, but only if the provings are done correctly. She pays little attention to dream provings, meditation provings, new theories, fads and fancies in homeopathy. She chuckles at the childishness that has crept into modern homeopathy. How can we not laugh when we hear things like, “This person has a pointed nose so needs a bird remedy”, “This person is neat and orderly so the remedy must be a mineral”, “This man is seven feet tall, we must make a remedy from giraffe milk!” The doctrine of signatures was repudiated by Hahnemann as being incomplete and often inaccurate. He showed us a better way to learn the subtleties of our remedies, through carefully conducted homeopathic provings. What would the great founder and the pioneers of our healing art think of such ideas and trends, and of homeopaths thinking and prescribing on such fancies!

Yes, Henny is a great ‘old-fashioned’ homeopath, who happens to be the best prescriber and teacher I’ve met. She also happens to be the most energetic, the clearest thinking, the most unselfish homeopath and teacher I’ve met. She has a phenomenal understanding of homeopathic philosophy and principles. She has the greatest love for this unique healing art, the greatest perception of patients, the most experience, and most importantly, the greatest love and respect for her patients and students. She is honest, compassionate, practical and down to earth. Henny’s clarity of perception and analysis, her creativity in consistently finding the simillimum, and her ability to explain her thought processes are simply brilliant. She brings

experience and knowledge, passion, determination, and enthusiasm into her practice and her teaching.





Henny's book, *The Foundation of the Chronic Miasms in the Practice of Homeopathy*, will be for sale by mid January, 2006. It will be available through luteapress@igc.org

Henny Heudens-Mast's next seminar is in Florida, January 21-25, 2006. For information contact info@floridahomeopathy.org or luteapress@igc.org

Henny will also be teaching her tenth annual five-day seminar in Portland, August 12-16, 2006. For information, contact durrelmore@yahoo.com or durr@molalla.net

Durr Elmore DC, ND, DHANP is a founding member of the HANP and served as its President for many years, he has been teaching at the National College of Naturopathic Medicine for 20 years, edited Simillimum for 9 years, and practices in Mulino, Oregon.

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GETTING SIXTY PERCENT OF YOUR CASE IN TWO MINUTES

WILLIAM BERNO DC

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This article is a continuation and it describes a technique Dr. Banerjea explained to us (during his Orlando lectures) in his wonderful storytelling manner, on how to get to the miasmatic root of a case in 2 minutes or less.

“When I had graduated after five and a half years at the University and I had been interning with my Uncle for three or four years, I said, ‘I think I have gained a lot of experiences from you, can you suggest a friend, someone else I might study with for another year before I start my own clinical practice?’ I was showing some *Lycopodium* traits in my hesitation to begin on my own. My Uncle recommended a friend of his who was forty miles from the city of Calcutta. He used to see seventy or eighty patients a day.

“By the time the patient came up to the homeopathic physician, a remedy would be found in a very short time. I had to be there at eight a.m. So I had to get up very early and travel for two hours to get there because in rural India, travel is difficult. I had a little stool to sit on for the whole day and watch what was going on. People were waiting in a crowd outside.

“By the time the person was coming in, the physician would grab his or her hand and make some funny noise with their fingernail, and maybe look at their toes. Then, within two minutes he would come up with the remedy.

“I couldn’t follow what he was doing. But in India you just can’t ask questions of your teacher. The relationship between the teacher and the student is like a Guru and disciple -- the more you become receptive, wisdom will be flooded upon you! So for the first week, I was there at eight a.m. and staying till six or seven o’clock in the evening, and I was getting nothing out of it.

“At night after my two hour journey home, I would look in all my books. If he had given *Lycopodium*, I would look to see it there was anything about the finger symptoms or nail symptoms and I could find nothing. I looked through all my books about nails and toes and found no clues. So I felt I had wasted an entire week. On the weekend, we had a family got together and my Uncle asked me how I was enjoying. I had to be very cautious because they were good friends. I told him, I wasn’t getting much out of it. So my Uncle told me to keep going and he would tell his friend to explain more to me.

“On Monday morning, my new teacher asked, ‘You don’t understand what I am doing?’ I said, ‘No, sir.’ He explained, ‘I look at the nails and I know the miasm.

“My dear friends, that opened up a new dimension before me. I spent one and a half years with him.

“He used to say, ‘Dry, harsh nails are Psoric. They look rough. They are not the eaten up appearance. They are not glossy. They are dry. Psora has dryness.

“Wavy nails are Sycotic. The key word for Sycotic is incoordination. They should have waves or ridges or corrugated either vertical or horizontal. These are not the concave nails. These are the long ridges or ribs on the nails. The ridges are a proliferation - a hypertrophy, Hyper is Sycosis.

‘Thickness of the nails is also Sycotic.

‘Thin, paper-like nails that bend and tear easily are Syphilitic. Why? Because of destruction and degeneration.

‘Spoon-shaped or concave nails are Syphilitic.

‘Convex nails are Sycotic.

‘Brittle nails which split easily are Syphilitic.

‘Glossy nails are Tubercular.

‘White spots on the nails are Tubercular. Also stains or spots on the nails are Tubercular.

‘If the white spots predominant and the glossiness is there with dryness, this shows that Psora is in the background.

‘Thick nails with mottled eaten up texture are Syco-Syphilitic. Sycosis is the thickness and the mottled nail is the Syphilitic.

‘If you see that the toenails and the fingernails are different this shows a lot of suppression, If all the nails show the same miasm, this means less suppression.

‘Squaring of the nail to a certain extent is Syctic.’

‘He took time during the lecture to look at all the finger and toenails of the course participants. We saw examples of each and several times we could see all three miasms together: dryness=Psora, ridges=Sycotic, and spoonshaped=Syphilitic. Less the symptoms, more the suppression (physical, emotional,iatrogenic).

‘All fungal infections are Syphilitic. When you see the symptoms near the edges of the nail it is Tubercular.

‘If the ridges are on the underside of the nail this is Syphilitic. The nail is being eaten up.

‘When you see the redness behind the nail, when you pull up on the nail, this is Tubercular. All hemorrhage, flushing is Tubercular. She might have profuse bleeding during menses, irregular menses, or a longer menses period.’

Many times during his lectures, Dr. Banerjea would tell us to look up a remedy in Allen’s *Keynotes* or Boericke and then he would indicate what page and what line we would find a certain rubric. The books we use for references, Dr. Banerjea has memorized (Oh, well...next lifetime).

Dr. Banerjea quoted Allen’s *Keynotes*, “Second page of *Sulphur* in the middle.

“Bright redness of lips as if the blood would burst through (*Tub.*).

“Keep an eye on the nails, they will change. My teacher used to tell me, if you see thick nails with pock marks as if the nail looks as if it has been punched by pins or eaten up, this is Syco-Syphilitic. Sycosis is the thickening and the pock marks or pin holes is Syphilitic. This can also be caused by fungal infections and fungal infections are Syphilitic. In India we got it with the barefoot farmers. In the U.S.A. you get it from the prolonged wearing of socks.

“You could perhaps think of my new teacher with the nail diagnosis as

a superficial prescriber, prescribing for seventy to eighty patients a day. But I want to give you an example because I don't want my mentor to be misunderstood.

“A patient came to him and said, ‘I have pain in the stomach area’ and he points with his finger below his stomach area. He also brings a paper from an MD that says he has duodenal ulcer. My mentor finds that the nail is Syphilitic as it should be, because there is an ulcer and ulcer is destruction. Remember, destruction is Syphilitic. If the nail reflects that picture, within two minutes he would come up with *Kali Bichromicum*.

“On the second page of Allen's, second line it says, ‘Pain, can be covered by the tip of the fingers.’ (It actually says ‘point of finger.’ *Kali Bichromicum* covers the peculiar symptom of pain' being covered by the ‘tip’ of the finger and also is a deep acting, anti-Syphilitic remedy. So, both are covered, the symptom and the miasm.”

Then Dr. Banerjea said, “Let this seminar be clinically oriented. I give that much courage to you. The wisdom I have inherited from over a century-old tradition, if you can diagnose the miasm, sixty percent of your job is done.

“The patient will definitely feel better at least to some extent, because what is a miasm? Miasm is a vacuum in the constitution. it is a stigma in the constitution, It is a pollution in the constitution. When you touch the miasm, you are covering the vacuum. So try and understand the soil, the stigma of the person, the lack or deficiency of the person's constitution.

“This mentor told me something very important when I was to leave him after one and half years. He held my ear, gave me his blessings and said, ‘In any case if you cannot understand the totality, diagnose the miasm and give the nosode. Start with a nosode or finish with a nosode.’

“In this world, because of suppression, and suppression, and suppression, it is sometimes very difficult to get a totality, There may be only one or two symptoms obscuring other symptoms. If you give a correct miasmatic remedy or nosode it will go deep into the individual and bring the suppressed symptoms onto the surface.”

Then Dr. Banerjea asked us to look up *X-Ray* in Boericke. “The homeopathic action of *X-Ray* is thus centrifugal, from center to periphery. It brings suppressed symptoms to the surface, especially those of Sycotic origin potency like 200c or 1 M. This will partially cover the totality and bring more symptoms to the surface so that next time you can prescribe a deep acting remedy based on the totality of symptoms.”

In case you were wondering, the answer is: Yes, the homeopaths at the Orlando seminar were displaying the total spectrum of miasms in their fingernails and toenails.

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Page : p. 68-70

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A GLIMPSE OF HOMEOPATHY IN CALCUTTA, INDIA

By JOEL KREISBERG, D.C., DNBHE

Classical homeopathy in India differs dramatically from the style used in the West. The demands of the Indian social and economic environment have given birth to a unique and highly effective style. Dr. S.K. Banerjea, the director of the Bengal Allen Medical Institute in Calcutta, exemplifies particular aspects of this style. In the following paper, I will attempt to outline Dr. Banerjea's homeopathic practice in relation to the type of community he serves in Calcutta. In doing so, I think we in the West can gain insight into the nature of homeopathy as it has evolved in India. We may further get a sense of how our own brand of homeopathy has evolved to fit the needs of our patients. This cross-cultural exchange is vital to the building of an international homeopathic community.

Dr. Banerjea directs two different types of clinics. His private clinic is organized very much like our own private practices in America. Individual appointments are made for individual consultations. A fee is required for services and medicines. The other type of clinic is a free clinic. Dr. Banerjea runs two free clinics, one associated with the local hospital and another private free clinic in the local slum. This latter clinic is a small, single room illuminated by a bare bulb. When the electricity goes out - which is often the case in Calcutta - a small window is thrown open, letting in a bright shaft of Indian sun as well as the ambient noises of slum life. In this room, a number of doctors donate their time once or twice a week. No fee is required for any service.

To better understand Dr. Banerjea's homeopathic treatment style, one must first understand his patients. When the free clinics are open for business, long lines of people wait patiently to be seen. Many of them have traveled long distances - up to a hundred miles - not an easy feat for even the wealthy in India. Most patients walk to the clinic, starting out early that morning. When they arrive, they take a number and wait in line.

In general, most patients have received little or no medical care prior to their visit to the clinic. The conditions for which they are seeking help may have been developing for a long time. Living in dwellings with eight or ten

people in one room, these people often have no running water, no sanitation facilities, and no heat. The average person has one meal a day consisting primarily of rice. Almost all of these people are illiterate. Infectious diseases run rampant in their communities. Tuberculosis, diphtheria, leprosy, pertussis, and other diseases common to overcrowded, underprivileged conditions are prevalent. The predominant complaints are of a physical nature.

Hahnemann states that all impediments to cure must be removed in order for homeopathy to proceed. These impediments include proper nourishment, clean air, sound exercise, and a healthy environment in which to live. Yet the homeopath treating these slum dwellers has little hope of improving their environment or their social lot. Their poverty is overwhelming. The removal of their physical complaints can be an unsurpassed blessing.

Dr. Banerjea often treats forty to fifty people per morning at the free clinic. The average visit lasts five minutes; new visits last fifteen minutes, through Dr. Banerjea will take as much time as needed. Most patients come back each month to receive a dose of placebo which is prescribed as nihilum 200 C or rubrum 30C. After consulting the doctor, the patient is given his or her chart, usually a single, small sheet of paper each visit, with the doctor's notes on it and a prescription. The chart is then given to the nurse who dispenses the medicine and keeps the chart for the next visit. No appointment books are kept. No exchange of money is expected.

Dr. Banerjea has adapted his treatment methods to meet the unusual and often extreme demands of this setting. He begins by asking the patient to describe the main complaint. He asks for combatants, generalities, and any other related health complaints. He examines the patient if necessary. He then asks a few pointed questions to home in on his remedy choice, and he prescribes. For example, a homing question is "Which food would you prefer: eggs, fish, or sweets?"

Dr. Banerjea's process is fairly straightforward and relies heavily on the use of keynote. He is exceedingly well versed in Allen's Keynotes and Boericke's *Materia Medica*. He uses this information to rule in or out a remedy. Rarely will he throw out a significant characteristic of a remedy such as body temperature, time of day aggravation, type of stool, food craving, etc. Generally, the remedy he prescribes has no data arguing against it in his analysis.

Dr. Banerjea's incredible memory for *Materia Medica*, coupled with his ability to rule out polycryst remedies quickly through lack of confirmations, and his knowledge and experience of smaller remedies are at the heart of his success at rapid prescribing. For example, I witnessed an amazing prescription of *Rhus venenata* in a case of scleroderma, in which the

total visit took five minutes. The indications for the remedy were itching relieved by hot water and pains in the long bones (look in Boericke). After twenty years of suffering, the woman was significantly better in a month, where pains were almost gone and her finger tufts had significantly healed.

Dr. Banerjea primarily uses the centesimal scale. He prefers to give the remedy in one ounce of water, shaken ten times. The patient takes the bottle in two doses twenty four hours apart, finishing the bottle in their time. If the remedy is having any effect, Dr. Banerjea will wait a very long time before re-prescribing. He always gives a remedy at each visit, usually placebo. If there is no change after three visits, he will change a remedy or give a higher potency. If he feels he cannot help, he will send the patient to another doctor.

Dr. Banerjea's other clinic is a private practice. It is here that he makes his living. This clinic naturally attracts a wealthier clientele. Medicine is generally free in Calcutta, so only those who can afford quality care seek private care. Often, these patients have seen many other doctors, both allopathic and homeopathic. In general, patients are seeking care for physical diseases, chronic or acute.

In contrast to the free clinic, prior to seeking Dr. Banerjea, the patients at the paying clinic fill out an extensive form with practically every piece of information a homeopath needs. This standardized form includes physical data for the entire body, mental data, generalities, modalities, etc. One or two intern doctors, recent graduates from homeopathy school working in the clinic, reviews the chart and makes an analysis, flagging the outstanding information for Dr. Banerjea.

After the analysis is complete, Dr. Banerjea sees the patient and reads the prepared chart. At this point, he asks a number of questions, thinks it over, and prescribes. His remedy covers both the totality and the miasm. This is his preferred and most accurate type of prescribing. If a new totality cannot be found, he will begin with a nosode that covers the miasmatic diagnosis. He will look for a totality later in the case.

The analysis performed by the interns is an important part of the way Dr. Banerjea practices homeopathy. The first analysis he considers is the totality - much the same way most homeopathy. The first analysis he considers is the totality - much the same way most homeopaths see the simillimum. He notes the remedies and the indications in the chart. He does not prescribe yet. The second analysis he considers is the miasmatic analysis. The miasmatic analysis includes any of the four major miasms - psora, sycosis, syphilis, or tubercular - or any of the combinations of two or three. A miasmatic diagnosis is made and the indications for it are presented in the case file. The final analysis includes the totality and the

miasmatic diagnosis and a remedy is given which fits.

Dr. Banerjea has a very impressive memory for materia medica. His prescribing most often comes from the materia medica, particularly Kent, Clarke, Boericke, and Allen. He seldom uses a repertory, though he is well schooled in a number of them. He has also mastered key indications for miasms. He has made them available in his most recent book, which facilitates a quick miasmatic diagnosis.

One can easily see that Dr. Banerjea has tailored his practice to fit the needs of his patients and himself. In the free clinic, because he has so much work with so little time, he has developed a style that enables him to treat many patients quickly and successfully, using keynotes and smaller remedies, he has synthesized a system that is effective without being time consuming. Of course, prior to practicing this style, the time must be put in by the practitioner to learn the materia medica intensely. In his private practice, Dr. Banerjea has developed a situation in which his patients get complete consultations in a minimum amount of time. With these patients, Dr. Banerjea is able to use more extensive classical analysis, including miasmatic diagnosis and he trains new doctors at the same time. By and large Dr. Banerjea's practice of homeopathy is well suited to both his patients and the types of illnesses he commonly treats.

Dr. Banerjea's practice is an excellent example of how homeopathy can be adapted to a variety of social and economic situations. The demands of Indian health care are extreme and overwhelming by Western standards. Homeopathy - a safe, effective, and affordable alternative - has achieved a major foothold in India's effort to care for its people. Observing practices in this context, such as Dr. Banerjea's, opens up new ways of thinking about homeopathy for us in the West. This type of viewing also allows us to add the context of the treatment into our discussion of technique, furthering our ability to communicate with people of different cultures.

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Joel was founder of the North American Network of Homeopathic Educators and President of the Council on Homeopathic Education. Dr. Kreisberg founded the Teleosis School of Homeopathy in 1996.

THE LEGITIMATE USE OF THE KEYNOTE

READ BEFORE THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION,
JUNE, 1928. FROM THE HOMEOPATHIC RECORDER VOLUME XLIII
W. A. YINGLING M.D.

The keynote has been shamefully abused by some of our best prescribers, so much so that even its legitimate use has been ostracized by some excellent homeopathic physicians. These critics apparently forget that Hahnemann points out in the Organon (paragraph 153) that “the more prominent, uncommon and peculiar (characteristic) features of the case are especially and ALMOST exclusively considered and noted,” or as Dudgeon translates it: “The more striking, singular, uncommon and peculiar (characteristic) signs and symptoms of the case of disease are almost solely to be kept in view.” Per contra, the common symptoms without modalities or concomitants are of comparatively little use in individualization though they may be of use in certain cases in deciding between two or more remedies.

The abuse of the keynote consists entirely in depending on some peculiar symptom, whether that symptom is a true keynote or not; for what is a keynote in one case may not be a keynote in another, if less prominent or peculiar in its setting or if another keynote of greater significance should be present. I attended a young lady who was in a dazed condition with inability to pass urine in the presence of others, even the mother or nurse. This symptom was prominent and emphasized by the nurse and family. This is a keynote of *Natrum muriaticum* but that remedy made no impression whatsoever on the patient. That was an abuse of the keynote system. The next morning I watched the patient carefully and noted great sensitiveness about the neck, unable to endure the slightest pressure or lightest clothing about the neck. There was also great sensitiveness about the pubes and lower abdomen; she was continually picking up her light chemise from these parts. Here we have a double keynote or two keynotes both very prominent and peculiar and superior to the one belonging to *Natrum muriaticum*. *Lachesis* 9M (Finke), three doses hours apart completely relieved the entire condition promptly so that all were smiling and rejoicing when I called that evening. She needed no more medicine and was as well as usual in a couple of days.

The keynote is not the only note by any means but it is the guiding and controlling note as in a piece of music. No musician would try to make music by banging on the keynote alone; there would be no harmony, nor music in such playing, but neither can there be intelligible music without the keynote. Of course, the keynote is not applicable in all cases because some present no keynotes or only superficial or irrelevant symptoms that resemble, but really are not, keynotes. Some remedies with only a paucity of symptoms have only one keynote which, when it does occur, does valiant work. "Sensation of a hard-boiled egg in the stomach" is about the only guide to *Abies nigra*, but when it is present it is a thriller. "Sensation of corkscrew pains in the uterus and appendages" leads directly to *Sumbul*. Others of the well-proven remedies have peculiarities that point them out clearly. *Sulphur*, *Nux vomica* and a few others can be recognized by a mere look. A physician in New York had a call from a gentleman just as he was leaving the office. Being very busy he merely looked at the man and told his office help to put up *Nux vomica* for him. The man said, "No you don't. I have not come from far off South America to have you prescribe for me on a mere guess. I want your best work." The doctor made a very close examination and said he could find nothing but *Nux vomica*, and he prescribed it with brilliant success.

The reputation and advance of homeopathy has been largely through the keynote. In the beginning it was essential. Before the day of reliable repertories, prescribers depended on the legitimate use of the keynote as a guide to the remedies to be studied in the materia medica. No mind could contain all the symptoms and no practitioner had time to examine a large part of the materia medica to find the remedy. The keynote led to the proper and easy study of remedies similar to the case.

I think it is safe to say that all the old wheel horses of homeopathy depended largely on the keynote. Drs. Ad. Lippe, H. N. Guernsey, P. P. Wells, C. Hering, the two Allens, Farrington, Dunham, Swan and many others, the men who made homeopathy famous and established it in this country, were all users of the legitimate keynote.

The old provings of remedies are the most reliable and superior, because the peculiar and uncommon keynotes are recognized and emphasized. The modern provings are too scientific to be of any great use. They depend too much on diagnostic symptoms, and ignore or minimize the keynote. Diagnostic or pathologic symptoms do not lead to the simillimum as do the legitimate keynotes. Our old books are the best books and are sought after, commanding an extra price. The *Homeopathic Physician* and the *Organon* (the journal) are in demand at high prices.

The most difficult part of our duty is taking the case to discover the

Winter/Spring 2006 Volume XIX / **SIMILLIMUM 92**

keynotes. Some patients offer too much while others think that the doctor must merely look at them and prescribe, giving their symptoms reluctantly, especially those which are peculiar and uncommon. The prominent ones are recounted, often exaggerated to such an extent that they become useless unless one has the skill to unravel the tangle. I have had patients say as they were leaving the office, "Doctor, why is thus and so? It seems very peculiar to me." This might be just what I needed and if mentioned before would have saved much time and hard work.

It is not the aggregate symptoms of a case that gives us the "totality." The aggregate may even confuse and prevent the discovery of the simillimum or near simillimum. "Totality" does not mean all the symptoms but the completed symptom complex including Location, Sensation, Modalities and, if any, Concomitants.

Even when we have the true totality and the remedy has been selected thereon, the degree of potency must be considered. According to P. P. Wells in his Intermittent Fever the potency should be "in direct ratio to the similarity of the recorded symptoms of drug action, i.e., the greater the similarity, the higher the potency. This is but a general rule and there may be circumstances in the vital condition of the patient which may, at times, render the rule impractical or not beneficial", e.g. if the patient is too susceptible to drug action. A medium potency may then give better results.

Sometimes there is an apparent conflict between keynotes. *Bryonia* has a keynote of aggravation from the least motion. *Rhus tox.* has a keynote of amelioration from motion although in low degree. But *Bryonia* is worse from any motion while *Rhus tox.* is worse from the beginning of motion and from long continued action. Kent places *Bryonia* in the lowest degree in the rubric "aggravation from the beginning of motion." These differences must be kept in mind to distinguish one from the other.

Again, in "aggravation after motion," *Rhus tox.* is given in the highest value. *Bryonia* is not mentioned in "aggravation from motion of the affected part" Both are given the highest degree in amelioration from continued motion. These two remedies apparently run very close together, yet are far apart. In desire for motion *Bryonia* is given the lowest place but it does have the desire. *Rhus tox.* is given the highest place. In aggravation while lying down *Bryonia* is given the second degree while *Rhus tox.* is given the highest. In amelioration from lying *Bryonia* is given the highest place while *Rhus tox.* is given the lowest, yet the *Rhus* patient is sometimes better lying. In aggravation from lying in bed both are given the same value. In amelioration from lying in bed *Bryonia* has the highest value but *Rhus tox.* is given the second degree. In aggravation from walking, both have the same value yet in amelioration from walking *Bryonia* has second degree value while *Rhus tox.* has the highest.

In aggravation from the beginning of walking both have the same value. They run very closely together and in some cases it is difficult to distinguish between them. We can hardly censure the uninstructed prescriber for alternating the two. The college professor should receive most of the censure. This ineptitude to understand homeopathic prescribing causes them to alternate to the detriment of the patient and the shame of the prescriber.

Nevertheless, this practice is more excusable and is far superior to the mongrel practice of substituting crude drugs. The first is based on lack of knowledge and is not always the fault of the prescriber but the second is often based on culpable ignorance and laziness and sometimes from a desire to be in the swim in the big puddle.

The abuse of the keynote is far better and will accomplish far more than any other method except the true Hahnemannian. The abuse of the keynote will often cause the prescriber to miss the mark, but the very best prescribers not infrequently miss also because of lack of discrimination or from paucity of symptoms or because the patient is unable to give the symptoms. The one who abuses the keynote is on the border, just at the outskirts of the Hahnemannian practice and only needs encouragement and guidance to get within the camp. Our members who ruthlessly abuse those who abuse the keynote really do great wrong and harm, often driving good honest men away from the Hahnemannian camp. Often these intolerant Puritans base their own prescriptions on the keynote. In a session of this society a few years ago a prominent member made quite a lengthy tirade of abuse against the keynote. The very next day he read a paper to the Association reporting a case which contained the keynotes of *Cina*. The paper said: "Of course I could do nothing but give *Cina*." Let us oppose the abuse of the keynote but not discourage by abuse the many who are just about to enter the kingdom of pure homeopathy.

We all differ in some way and yet have success. We should not in our egotism demand or expect that all others proceed as we do and adopt our way. Men differ mentally; therefore they must proceed differently to become successful prescribers. The successful mode in one would be near failure with another just as competent live and let live with due allowance for the procedure of the other man. Individuality must be recognized in the individual prescriber as well as in taking the case and prescribing for it.

Occasionally the keynote alone may lead directly to the curative remedy. For instance, the modality of alternating sides is found in almost any condition of *Lac caninum*, but in most cases the keynote is only the main note and the materia medica must be used to compare remedies or confirm the choice especially in chronic sickness and when we may command

the time necessary. Sometimes there are apparent inconsistencies in the pathogenesis of remedies. These very inconsistencies are valuable in the hands of the skilled prescriber. *Bryonia*'s desire for very large quantities of cold water is a keynote yet it has also "gastric affections; dry mouth, tongue and throat without thirst" in the highest degree. Motion is associated with *Rhus tox.* yet it has "weakness; with desire to lie down at the beginning of disease (typhoid) wants to lie perfectly quiet because of the great weakness." Restlessness is a keynote of *Aconite*, so much so that some of our best prescribers say that it can only be useful when restlessness is prominent. Yet we may find a child who has been playing during the afternoon in open chilly air comedown in the early evening with high fever, hot head, and desire to lie perfectly quiet without the least restlessness. I have cured many such conditions with *Aconite*. Many remedies have constipation yet with patients needing the same remedy diarrhea may be marked. But there is no use going further into these details. Every student of the materia medica knows of the seeming inconsistencies and greatly profits by them.

As to the future of homeopathy, *Si Deus nobiscum, quis contra nos?*
(If God be with us, who can be against us?)

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THE TERRITORY IS THE PATIENT

MASSIMO MANGIALAVORI MD

INTERVIEWED BY MELANIE GRIMES CCH, RsHOM(USA)

&

NEIL TESSLER ND. DHANP

EDITORS: Tell us about the way you teach.

MM: At first I taught seminars, but I was not happy with the results. The seminars were good in terms of attendance, in terms of participation, however studying just a few remedies or one family was interesting but it was just a small bite. I chose to open a school instead and to work deeply. I have not given seminars for the last five years but, rather, have dedicated my time to the school.

The school offers an opportunity to work together for sixty days over three years, and to have enough time to demonstrate the ideas and go deeply enough so I could train colleagues how to “fish” for themselves.

Of course, the advantage of a school is to give ideas and improve one’s own perspective. I respect the individuality of our patients and I respect the individuality of my colleagues.

I don’t think you can expect that everyone will do exactly what you are doing, but if you’re able to present your ideas in a good way, so that the students can really understand how and why you arrived at this point, it’s possible to have a successful school.

EDITORS: How often are the courses?

MM: I opened a school in Italy five years ago. That was a two-year course. The first course was twice a year for seven days and then five days in the summer. The second course in Italy was for nine days twice a year. I started the Boston school in 2002. I also give a seminar in Capri in the summer that is open to everybody.

EDITORS: What language do you teach in?

MM: The teaching is in English, my English.

EDITORS: You have organized recent courses and seminars around plant

families. What is your perspective on these “families?”

MM: Even though the search for families (related groups) of remedies in homeopathy is now quite common, let me say that I still consider it superficial. It will be interesting in the coming years to see how much it will improve our prescriptions.

EDITORS: What do you mean by superficial?

MM: It is not a need of nature to classify: it is our need to classify nature. There are different ways of classifying phenomena in nature. First, it is important to decide what you mean when you speak of a “family”. When you say something resembles *Arnica* and you don’t specify what you mean when you say “*Arnica*”, it could be anything.

A classic example that I often give in class to show that this is always a matter of perspective, is to examine a horse, a table, and a car. These could be part of the same family because they all stand on the floor with four feet. When you say there is a resemblance, there is a similarity, this is based on what you consider important to be seen. It is a great idea to move forward the thinking of one single remedy and to be able to recognize that this kind of information belongs to a larger group of possible remedies. I believe it is important to define, from the homeopathic point of view, what one means when one says “the family of.”

Let’s consider that there are at least eight to ten different ways of classifying remedies from the botanical point of view.

The classification of Linnaeus was from a historical point of view. That does not mean that it was the most precise one. It doesn’t mean it was the best one.

My impression is that frequently someone’s theory or idea enters into our homeopathic world, on the basis of speculation but not necessarily supported by good, well-tested homeopathic cases and follow-up. Of course, I believe that in every science you will have ideas proceeding quickly, but it is important to declare what is an idea, what is a perspective, what is a possible investigation, and what is the practical outcome of this.

The reason I wanted to redefine this concept of families is because a homeopathic remedy of one family can also belong to another family. This was the reason why my first book about methodology (it will come out soon in English) was about the family of drugs. Because, from the homeopathic point of view, there is a consensus that *Opium*, *Cannabis*, *Anhalonium* and so on, all come from different botanical families but are similar from the point of view of alkaloids producing similar effects.

From the point of view of anthropology, the use of these drug substances has, more or less, a similar impact on human beings all over world. But even if there is a clear similarity, not one of the plants belongs to the same botanical family. You find a lot of similarities between *Opium*, *Cannabis*, *Coca*, *Piper methysticum*, *Anhalonium*, and even *Bufo rana*, despite coming from different kingdoms and families, but their main themes, from the homeopathic point of view and the anthropological point of view, are very similar.

It is not a need to look original, but to say that it is a good idea to work with 'families' and for twenty years I have been doing this.

EDITORS: What were your early influences, how did you come to homeopathy, how did you start sorting things out for yourself?

MM: I first worked as a cardiac surgeon for kids. I was also involved, for pleasure, in medical anthropology: the study of myths and rituals in different cultures, and how traditional medicine was used and in what ways. We considered the ecological, social, and the anthropological side: the meaning of ritual in medicine among different populations. We were mainly trying to find out what they had in common. My focus of study was what was done in the southern part of Italy. I became involved in the study of Tarentism.

Then I was involved in studying magical medicines and decided in the Eighties to study shamanic medicine in South America. I spent some years going there, almost once a year to Columbia and Peru.

EDITORS: Are you referring to Ayahuasca and similar plant medicines?

MM: Ayahuasca is a part of the work that they do. In many traditional medicines, it is considered useful to be involved in some drug experience, but not compulsory, maybe once or twice during one's life. There is enormous preparation for it. There is a ritual to contain this experience and the outcome, and I don't think this is the most important part

More important is how these people relate with nature. You are part of an environment, just one part of the system, not the world revolving around you. You are in a relationship with this environment. You are who you are because of this relationship. It is a kind of collage that exists. It is a world based on relationships, how things relate together. It is very different from the western idea with man in the center of the universe observing, understanding and being the owner of all the planets. I think it is much more interesting, in my perspective.

The main thing that struck me when I was there was that everything around you is medicine. Everything around you has a soul. This is pretty close to what Hahnemann said in some way at the end of the 18th century, the idea that there is something that is not physical. Even in German it was a bad translation for the term “spirit.” Spirit means something non-material. It is not an esoteric concept. There is something that is not material in every substance, even a rock. It is a way of expressing that from the point of view of physics: there is a specific order and organization of molecules, a way of recognizing that everything is unique, that everything has its own aggregation, its own meaning, a kind of life, a specific organization that is alive.

EDITORS: When did you first travel to South America?

MM: I went there the first time in 1983, and it changed my life. When I came back home after being with these people, I thought it would be interesting to translate this into medicine, because I saw that their medicine had a serious impact on them. What was interesting was that coming back from the first trip to the border of the Amazon jungle, I met a homeopath who had moved from the center of Bogotá where he was a very famous doctor, to the jungle, in order to treat the Indians for free. He was a very intelligent and spiritual person, a person who really touched my heart. He was born in Europe, and later studied homeopathy in Germany, then he moved back to Colombia. I already knew something about homeopathy but very superficially. I had a long talk with him and found that many of his ideas were a modern translation of what I had started to see with the Indians. It was the idea of the anima of all substances.

EDITORS: How was the traditional medicine similar to homeopathy?

MM: We try to say there is something immaterial, an energy vital force, that there is a specific aggregation that is immaterial in every substance. I saw in the medicine of these people that they were seeking one remedy to treat the person. Not a combination. They were very classical in their prescription. And it was not even sufficient to decide, for example, that rosemary could be your medication, because they changed the potency according to the procedure of preparing the remedy. Different preparations brought out different energies in the same plant. You could chew, cook, eat or just pray to the spirit of the plant to come to you. It was rosemary, but just a different kind of potency, a different level of the energy of this plant. It was very interesting to see how they managed well with this approach to applying medication.

And it was not always related according to our concept of sickness. Usually we consider a serious pathology from an anatomical point of view, an organ that is damaged. For them the concept is different. They can't

investigate organs as we do. They look at the entire structure of the person, how much this person is in balance with his life, with the world, with his environment. According to how much he is not in tune with his system (which includes his whole world), they consider this a less or more severe pathology. If the pathology is more severe, it is not sufficient to boil the plant, you have to pray also. It was interesting to me that in some way it sounded pretty close to homeopathy, in a much more modern way, in a positivistic way, in a way that at the end, if you think of what happened at the time of Hahnemann, it was the beginning of positivism (a philosophical doctrine according to which sense perceptions are the only admissible basis of human knowledge and precise thought - editors).

In my understanding, it is clearly written between the lines, that Hahnemann had a very good alchemical background. No one could have been so good at chemistry at this time without that knowledge. I think evidence that Hahnemann had this knowledge is also found in his ability to make remedies such as *Hepar sulph*, which is a clear alchemical preparation.

What was great about his brilliant mind was his ability to translate something as sophisticated as a difficult chemical preparation into something a doctor could use, just by taking the mother tincture and potentizing the remedy.

EDITORS: Meeting this fellow stimulated your interest in homeopathy?

MM: Yes, this was the serious start for two reasons: because he was a very striking person, a good doctor, and because of the theory he presented. I thought homeopathy was a good mixture between something already known in traditional medicine, and something proven in a more modern way. It looked to be solidly based, well respected in our tradition, and progressive. I got involved in the study but I was severely disappointed. I attended three homeopathic schools in the meantime because I was eager to learn. I attended many seminars in Europe and the main disappointment was that beyond this great idea of seeking the individuality of the patient, at the end, the same remedies were prescribed. That sounded very strange to me, because with a materia medica of thousands of remedies, to shrink to using just twenty substances looked reductive.

In the meantime, I had some cases, from my very little experience, with my very basic knowledge, with good results using smaller remedies.

I started twenty years ago to find a method to investigate remedies, to study remedies, to study substances, from a different point of view that allowed me to enter into a larger perspective. Of course, this idea of families started from the very empirical observation that colleagues

prescribed *Lycopodium* many times and it didn't work. They were good colleagues, they had good reason to prescribe *Lycopodium* and yet *Lycopodium* did nothing. Or that there were good reasons to prescribe *Sepia* and *Sepia* did not work, while other close remedies like *Medusa*, *Asterias* did very good work. I started to think, "What is the relationship between these remedies that makes *Sepia* closer to *Medusa* than to *Phosphorous*?" I think that there is a simple level of similarity between homeopathic substances that is based on the substances themselves. Let's say from a chemical point of view, it is not that difficult to figure out that *Calcarea*s could resemble one or the other. It is easier to find the similarity between *Calcarea phosphorica* and *Calcarea carbonica* than between *Calcarea carbonica* and *Pulsatilla*. It makes sense. If we start from a similar substance, it should have similar action. But in the meantime there was also evidence that certain plant and animal remedies look very similar to each other. This was an important point driving me to create a structure for the classification of families.

Another was to move away from the idea that the most important source of information was the proving. I don't believe this at all. I believe that a proving is a great way of investigating. It is a beautiful way to start to give us a map, a possible map of the territory that we are investigating. And I do believe that in using this map, it is extremely useful to go to patients who really react in a good way. The patient is the landscape, the territory, not just the map. The best source of information is a cured case, not the materia medica. It is great to make a good proving, but of course a good proving needs to be interpreted, in order to be used. I don't think there is anything bad in making interpretations. The point is to make a good interpretation.

You can consider a proving to be a good map that can guide you to a better understanding of the landscape, if you don't forget that there is much more fruit in what the patient can tell you, better than any guru of homeopathy in the world. My idea from the beginning was let's use good provings, let's try to interpret, to analyze in different ways, but don't forget, never forget, that the real source of information is our patients. The greatest source of my material comes from them. I do respect my patients in terms of letting them express when they can. I don't squeeze them at all.

When I see good results and these results are long lasting then I consider that I have a good case. That means that this substance seems to work quite deeply, that it does not just cover the symptoms, but seems to push deeply in the system, reacting in every situation, including acute kinds of disease, and that this is long-lasting in its action. I consider this the most useful tool in of the understanding of how this remedy really works.

First of all, our duty is to treat our patient as best as we can, but it is a common experience for many of us that you can have cases where one

single remedy is long-lasting in its action for years, and others where you have to change the remedy after a few weeks or a few months.

It is a common observation that many times when you prescribe a constitutional prescription, you may later see that patient have an acute health event with symptoms that are not known to be symptoms of this constitutional remedy and yet the patient responds much better to this remedy than if you made a symptomatic prescription.

To give a very simple example, if you have a good case of *Calcarea carbonica*, and this patient has an injury, you can say that if you prescribe *Calcarea* it works much better than *Arnica* because this is a *Calcarea* case. This does not mean that *Arnica* doesn't work, it means that if this is really a *Calcarea* case, it works much better. This is a common experience of everybody.

When you are able to collect a few of these cases with long-term follow-up, with long observation, where the remedy worked acutely and chronically these are the best cases to learn how deeply this substance works. Beyond the information that we can obtain from our literature, when we are able to put together the common information from these patients we can build a better understanding of what is really important for this substance.

In other words, whenever you are able to find cases with a long-term follow-up, and when this remedy was prescribed in chronic conditions and whenever there was a reactivation of this picture and you prescribed this remedy even with symptoms that do not apparently relate to this remedy and still the patient is reacting, I think this is an example of a really deep acting substance.

What I used to do, when I had these types of cases in front of me after long term observation, was to have these people come back and ask them everything. When they say "I have sore pain", I ask them, "What do you mean by sore? In which way?" So it's really a kind of intense investigation because I want to know and understand everything.

EDITORS: Once you've already established that the remedy is acting, you're going to go much further into it, to understand that picture more completely.

MM: Yes. Each of us can know certain substances better than others because each one of us has resonance with them, but if you have good *Arsenicum* cases you ask them, "What do you mean by fear of death? What is making you so anxious? In which way do you feel this anxiety? In which part of the body do you feel it?" They can tell you, and this is much more

valuable than any speculation.

EDITORS: Early on in your practice, presumably you used traditional keynotes, characteristics, what was known, then used this analytical approach to better understand those cases that had done well. Is this how you built up knowledge of remedies?

MM: Exactly.

Let's say that what we consider keynotes, what we consider good symptoms, could be an interesting access point for a good prescription. And when you have a good prescription, you can start to ask yourself why, and how, does this remedy look alike or different. *Bellis* and *Arnica* are known to be remedies for injuries, so you ask, "In what way do you cope with sore pain? How does it feel to you? In what way do you mean 'your integrity'?"

EDITORS: When we thought they needed that *Lycopodium*, we now realize, hey, its *Millefolium*.

MM: I think it's incredibly useful to know when something doesn't work, maybe more important than when a remedy is really working. What is clear to you is that you thought about *Lycopodium*. Many times in cases of *Myrica cerifera* you can think, "It looks to me like a *Lycopodium* case. I should remember that I already made this mistake, I had this impression and it was not *Lycopodium*, perhaps I should consider *Myrica*".

When is a keynote, really a keynote? More often it is a keynote of a number of remedies. For many different reasons, there was a certain development in homeopathy, as with any other science. It is normal to start from a simple approach to disease and move forward to something more sophisticated. It is normal that at the beginning, both doctor and patient were satisfied with a certain kind of reaction. This is because the concept of sickness, the expectation of doctor and patient was not as high as it is nowadays. At the time of Nash and Kent, it was a miracle to treat an abscess because there were no antibiotics. It is absolutely understandable that from that perspective, *Sulphur*, *Causticum*, *Calcarea sulphuricum*, *Pyrogenium*, *Silicea*, *Pulsatilla* were considered similar remedies because all of them were good at opening an abscess. Now it is easy for us to treat an abscess, but now a patient wants to be treated in a much more enlarged way, they want to feel better, have better relations with their husband or wife, so it is more complicated. The expectations of doctors and patients has become more sophisticated, more complex.

It is true that a remedy can make the abscess open, but what is the behavior of an *Arnica* patient during an abscess? What is the behavior of a *Hepar sulphuricum* patient during an abscess? Or *Pyrogenium* or

Tarentula? There are many more elements to consider because we are not just opening an abscess but doing something more sophisticated. Outside of the abscess itself, is the person who has that abscess.

EDITORS: We were talking earlier about the relationship between healing and psychology. Do you prescribe on psychological or physical symptoms?

MM: It is a difficult topic. What I am trying to do is work on a psychosomatic model though I believe that trying to relate what is psychological to what is physical is just a model of thinking, it is not reality. At least it is not my reality, not my way of thinking, of working. I consider a symptom more interesting when there is a clear resemblance between what is observed in the soma and the psyche. If this symptom crosses both, that means it is working on a whole system level.

It is not psychological, it is not physical, it is not spiritual, it's the system. To give you an example, we can find in our repertories many remedies with sore pains but the concept of soreness in the case of *Arnica* or *Arnica*-like remedies have a very specific meaning that makes sense according to the concept of armor and integrity. If you see "sore pain" for this group of remedies it doesn't matter if it is listed in the repertory in the first degree. This concept of sore pain is fundamental to these remedies, that is, the same theme will be found throughout the person, but sore pain for *Lycopodium* or *Pulsatilla* is not a fundamental issue, it makes no sense within the entire system of *Pulsatilla*. It is not, therefore, a real psychosomatic problem, because there is not a resemblance on the same physical and psychological level.

Of course it is normal in our daily practice that a remedy ameliorates superficially, that often our daily work cannot be done better. I have to be aware of my daily mistakes and that I cannot do better than this. Sometimes (and in some cases) we have to say that this way of working is good enough and we cannot have greater expectations.

But what I try to do is to seek the remedy concept that addresses in a practical way the psyche and the soma because I think that is an entire system. A pain in the thumb can be more than a simple thing, it can be a clear description of the whole system. This is the reason why we have keynotes.

EDITORS: Are you saying that the keynotes are symptoms that run through the whole system?

MM: A keynote is usually a simple symptom that gives you a description of a concept. This is why keynotes still work, because they are attached to the entire problem that transits through the whole system.

EDITORS: So your interest is more in that totality?

MM: Theoretically speaking this is what we should do.

EDITORS: You are seeking something within the knowledge of a remedy that brings all the pieces into a certain conceptual theme.

MM: A proving is a listing of symptoms. If there are different ways of evaluating a case, then there are different ways of evaluating a proving - according to what you want to investigate, according to what you hear, and according to what the prover can tell you. In the end, I think that all the good homeopaths in the world are always trying to figure out a way to describe as much as possible, as extensively and precisely, and in a synthetic way what it is they understand. The difficulty is in making a good and significant synthesis.

I believe there are, what I call, fundamental themes - something that you can always see in a remedy. If you have a child who is *Arnica*, the matter of integrity, a fundamental theme of *Arnica*, is clear from the first month of life and this problem will always be there throughout their life. It will never change. You can help the patient cope better, to adjust, to compensate, but you can't remove it. To rid the person of this fundamental theme would be like saying you can change a horse into car - it's impossible. You can only make a better horse. What you can do is try and understand that all of the symptoms coming from the proving, and coming from the patient, point to a few concepts, a few themes, in the end. Of course, each homeopath experiences the concept of a remedy according to his culture, knowledge, and ability to comprehend it. Every doctor is able to observe this according to his own sensibility, but again, we are dealing with the same few concepts. If you take a look at this in a dynamic way, you are able to understand that this problem of integrity can be seen in their soreness - an *Arnica* patient might say, "I am not sore, I am superman".

EDITORS: Did you study materia medica by applying it, or through repertory? How did you get to a level of accurate understanding?

MM: One way is from the literature and the other way is to understand the material coming from the patients. Let's say that the first level of working, is starting with good material, the rich amount of information available from the masters/predecessors - the problem is trying to create a synthesis out of this work. We have to try to make sense of our observations.

So we try to organize the huge amount of symptoms that we have in our materia medica and repertory. I prefer to work with the repertory more than materia medica, because even if a repertory is very imprecise, there is a

great quality that only repertories have - you discover that many colleagues were able to observe the same concept: it's a concordance, a consensus.

And it is important to look at what is NOT in the case, or in the literature. Imagine we have a patient with a strong dictatorial side. You repertorize the case and it comes out that *Pulsatilla* is the first remedy suggested. But no one before us has ever detected this symptom in a *Pulsatilla* case. So if you are sure that *Pulsatilla* is not dictatorial, even if the repertorization suggests *Pulsatilla* for all the other symptoms, then forget about *Pulsatilla*. If it is clear that *Pulsatilla* is not dictatorial, in whatever way it means to be dictatorial, according to how we understand the concept, it means that *Pulsatilla* would not be a good prescription. However if the concept of dictatorial is missing in your case of *Coccinella*, then who knows? Since no one has understood *Coccinella* as a remedy very well, it may be possible to have a case without this concept. So you will have to utilise another strategy to detect or prescribe this remedy.

First of all, it is important to define clearly what is there, and what is not there, for the important polycrests, then to consider that polycrests are often a consensus of the most common ways that human beings react. I think that the reason why these few substances became so famous was because we don't have many ways to cope with our problems. Each one of these polycrests is a kind of large concept, a kind of archetype, that generally describes a common way of being. A frigid woman is the archetype of *Sepia*. Dictatorial people can be the archetype of *Lycopodium*. Sympathetic people can be the archetype of *Phosphorous*, and so on.

But these archetypes of *Phosphorous*, *Lycopodium*, and *Sepia* are actually a part of a larger range of substances, of which *Lycopodium* is one of the better-known remedies, but around this *Lycopodium* planet, there are many satellites. The problem is how to find out about the satellites. One possibility is to look for a resemblance between substances. If the alkaloid of one plant is very well known in other plants, it makes sense to make a hypothesis. And I underline the word hypothesis. This hypothesis must be supported by good cases. For example, looking at the Compositae, you can see a clear resemblance between *Arnica* and *Bellis perennis*, while there is not a clear resemblance between *Arnica* and *Echinacea*, or between *Arnica* and *Tanacetum*, or *Arnica* and *Nabalus*. They are not similar at all from the homeopathic point of view, even though they belong to the same botanical family.

Often, if you are able to examine this constituent, this alkaloid, it's easy to detect that a cactus like *Anhalonium*, a mushroom like *Psilocybin*, and a frog like *Bufo rana* are similar. Each contains the same kind of alkaloid. It causes a resemblance, a similarity despite the fact that one is a mushroom, one a cactus, and the other a toad.

There is another level, however, that cannot be detected by substances. It is what I call a vertical level of resemblance. For example, if I gave a patient *Lycopodium* and the prescription failed, but later I gave *Myrica cerifera* and it worked, I must ask myself, “Why?” If other colleagues did the same, or if I have more than one case like this, then I must ask, “What is the relationship between those two remedies?”

I call this approach “the method of complexity”, because it is not just one line of consideration. One method of examination is by studying substances, another is by investigating our literature, and yet another is by understanding the material coming from our patients. What I am seeking is a coherency. Often, when we seriously study a remedy, we find incredible similarities between what is known about the substance or source of the remedy homeopathically in other fields as well: the same concepts, the same themes in history, in traditional usage, in toxicology, in myth or legend. When you discover this kind of coherence, it means that the same substance that was seen by different minds, from different perspectives, from poetry, to mythology, to the chemical substance, shares in some way the same or similar hypothesis/expression/theme/concept. I think that whenever you are able to find this coherency, this coherent information, it becomes one of the most important tools in understanding the remedy.

If you are able to find this kind of coherency it is interesting to hypothesize that the substance could have symptoms associated with it. It may be that there is little information in our homeopathic literature about this substance, or about the specifics of a pain in the knee, or a kind of eruption, for example, but if one is lucky enough to have a patient who comes with a pain in his knee, and one has ideas about a substance not yet proven homeopathically that can support the hypothesis, then my idea is to use this substance as a remedy. If I prescribed it in more than one patient, and it worked, then I would question them to tell me what they observed. I have no time to conduct a proving, but in effect this is what develops from my experience of such cases, and the observations gleaned through long-term follow-ups and cured cases. I ask the patient to sign the information that I compile from what they have told me, and for permission to allow me to publish it. I think that if any patient allows you to publish their story after two years of follow-up, and after they have signed off on it, then this amounts to a kind of authorization, an agreement, as to what constitutes the truly cured symptoms from a prescription, and I think that’s enough.

Even if information is missing in a proving, I think you can have enough good information from the patient to support this. I don’t see anything wrong in making a hypothesis. The problem is that a good hypothesis has to be based on something serious, not on bubbles. Of course, we have to make good hypotheses or there is no progress in our science, or in any

science. The problem is to prove your hypothesis. It's a common process in science to make a hypothesis and either to fail or to be right. This happens in every science. The problem is not in making a hypothesis, but making hypotheses based on a solid way of thinking, on good epistemology and to confirm it. That's all.

EDITORS: There are different opinions in homeopathy. There are those who want to argue that all this talk of hypotheses belies the supposedly pure nature of inductive reasoning. Of course, inductive reasoning and deductive reasoning interact. The same people argue that provings are the main source and that clinical findings are much less important, that they are more speculative. (See *Simillimum*, Fall/03, Editorial; & *AJHM*, Summer 2003, page 82.)

MM: Ask your patients.

I have had serious discussions like this with many colleagues. I remember once I went to a seminar and presented my cases. At the end of my presentation they were skeptical about what I was saying. They said, "We studied this remedy with another teacher and they have a completely different idea about it". I said, "Interesting! I'm really looking forward to knowing this because I think it's important to share information. The more you have, the better and more precise an understanding you can put together." They said, "Yes, yes! We have a completely different idea, but we don't have any cases."

EDITORS: What do you think about provings?

MM: I'm really fond of ideas, speculation and theoretical discussion. But it is normal that it should be supported by something. If you conduct a proving and this proving is beautifully done from a theoretical point of view, it is a mistake to call a proving a "remedy". This substance doesn't cure anything until you use it and test that it works. Until then it is not a remedy for anything. It becomes a remedy after you use it and it cures some of the huge amount of symptoms that you got out of the proving. Some of the symptoms in provings are confirmed and some of the symptoms are not confirmed at all. Some were just occasional symptoms that anybody could have in his daily life, for example, if you had a cold during a proving. Who never had a cold in his life? It is not a symptom of this remedy that you got it. On the other hand, if someone else had a cold twice a month during the proving, this is something else. In one case it is an occasional symptom, in another case it is a fundamental symptom.

I think that a good proving is the best, the only and the most interesting way to get in touch with the possible reality of some remedies, from the

homeopathic perspective, but it's only a map. The territory is the patient.

EDITORS: If you were taking homeopathic students today from square one, how would you formulate core homeopathic education?

MM: I can tell you what I do now. We need to have an awareness of the importance of our relationship with the patient, but it has been a kind of taboo in homeopathic medicine. I believe that a large share of results come from this relationship because, technically speaking, one clear requirement of a good homeopathic prescription is good homeopathic case taking. This case taking is an incredibly therapeutic tool. If you try to take a look at what is happening in medicine all over the world, from the beginning of medicine to the present day, you find that there are at least two hundred different methods of healing, and some of them are completely opposite in their natures. The only thing that remains constant in each of these methods is that you have a patient and you have a doctor/practitioner. This means that someone is asking for help, and that someone else is able to say, "I can help you."

This has a tremendous therapeutic effect, independent from any kind of medication you use. This tool is a poorly considered placebo aspect, particularly in homeopathic medicine, and very often is used by the adversaries of homeopathy to say that we're not doing real work. Whenever I hear this kind of criticism I always answer by saying that it means we are good doctors, because every single case taking has a placebo impact, has a therapeutic input, for the simple reason that it is an interference. I think that it's extremely important to be aware of this and to know how significant and useful the result of this interference is. To be able to evaluate clearly and precisely what is happening because of the homeopathic prescription and what is happening because of the interaction is very important. Very often in my daily clinical work, when I see a patient reacting to a prescription, whenever possible I prescribe placebo, because I want to see how much the substance is working, compared with the effect of the therapeutic relationship. Many times I have seen beautiful results because of a telephone call. I often prescribe a dose of placebo after the initial prescription to test if the patient is reacting to the substance. I think that listening to the story of the patient, taking the case in this specific way, has a strong impact on our patients. I think this information is missing in our training. I think it is very important to deal with the meaning, the result, and with the possible interpretations of the patient-doctor relationship.

Secondly, I think it is absolutely important to know our literature, but to study this literature in terms of the development of thought in homeopathy. The difference between a fundamentalist religion and a science is that science considers that even the best origin of our thought came from a genius able to be a giant, or a better dwarf on the shoulder of a giant. It

was not the only truth. It was not the only way of thinking. Otherwise if everything has to resemble what we think Hahnemann thought, then it becomes a religion. It is better done in a church, not in a clinic or a hospital. It is very important to study the evolution of our thought.

EDITORS: You're not studying homeopathy as a sacred canon but as an evolving science.

MM: I don't mean we should not recognize the enormous revolution of Hahnemann. Without Freudian psychology, psychoanalysis would never have existed. Without Newton, physics wouldn't exist at all. As homeopaths, we have to recognize how enormous his work was. To say that his work was simple does not mean that it was stupid or was not good: it was a beginning. The number One is absolutely indispensable to every other number. There is a normal evolution of human thought, otherwise you have a fundamentalist religion, not anything that has to do with science.

EDITORS: One of the recurrent assertions of those who regard themselves as the Hahnemannian standard bearers is that since Hahnemann named this science "homeopathy", only that which is in his writings can be called homeopathy.

MM: Oh my God! I think this is a bad relationship with the father that must be investigated at the level of psychoanalysis. This is another problem. This has nothing to do with homeopathy.

EDITORS: Is there more you'd like to say about homeopathic education?

MM: We have to give more space to the study of substances. I am trying to encourage the study of the source, the natural history of our remedies, because I believe that homeopathic medicines are not just names. So very often when you study our remedies, let's say gold, you know nothing about gold, the sense of gold, the use of gold in medicine, in traditions and so on. These other things give us a HUGE amount of beautiful information about the substance. I look at this from the very beginning of my studies.

Of course, I want students to have a good medical training. It doesn't matter if they are doctors or not doctors, they have to have medical training.

EDITORS: You use the Q potencies. Can you elaborate on the distinction between the Q and LM potencies?

MM: Before the publication of the sixth edition of the *Organon*, Hahnemann used the LM potencies, but his ideas were not yet published, nor were his precise instructions. The people who made up the LM potencies did it using the same process as the C potency, starting from

mother tincture. Then the numbering of the potency resembled the C potency as well. They used the LM6 or the LM12, more or less as Hahnemann did with the C potencies in the very beginning. In reality, what Hahnemann wrote at the end of his life was that he had better success using these LM's starting from the LM1, giving this daily, even more than once a day, until he observed a reaction. Then he stopped, observed what was going on, did nothing, until there was a relapse. Then he continued with the LM2. Now these LMs, according to what is written in the sixth edition, were always done using a trituration. Whatever the substance, it was made from a trituration.

The publication of the sixth edition came after LMs were already in use and were made the traditional way using the mother tincture. In Germany, the mother tincture was made from the tincture. In France, it was made by maceration of dry material. Only a few started to make these potencies according to what was exactly written in the *Organon*. The term LM technically is a mistake. LM means fifty thousand, not quinquagintamillesimal. This should be written, one part in fifty thousand starting with Q. The reason why they wanted to use Q instead of LM was because Q differentiates this specific preparation based on trituration from the LM. If you make an LM or a Q of a metal, they are exactly the same. If you make an LM or a Q of *Pulsatilla*, they are not the same.

EDITORS: How do you use the Q potencies?

MM: I use 3-5 drops, once or twice a day, from a bottle shaken in-between. Very seldom do I have to go above Q19. I don't use Q 2, 4, 6, because it is hard for my local pharmacy to have all the medicines in stock. We have an agreement that they will carry Q1, 5, 7, 9. If it is a good prescription it is hard to reach Q9. If it is not working anymore, it is not a good remedy. Generally if Q9 is not working, it means there is a better remedy.

EDITORS: In a number of places, Hahnemann speaks glowingly of the power of trituration, especially in its ability to bring out the medicinal power of metals. There can't be that many pharmacies doing this, that is, always working from trituration.

MM: Not that many. In Europe it is a serious matter because there is a pharmacopoeia and what is written there is a completely different procedure. It's very possible that as soon as they are able to agree on a European pharmacopoeia, they will consider homeopathic preparation impossible. I think it is very possible they will forbid it. We face a serious derangement in homeopathy in Europe. We are on the descendent curve.

EDITORS: Why is this?

MM: Previously the main enemies of homeopathy were fundamentalist allopathic doctors. Now in addition to them, we have homeopathic pharmaceutical companies. It has never happened before in the history of homeopathy that people were interested in pharmaceutical companies. Until a few years ago, only pharmacists or doctors were using remedies. Now in many places in Europe, including Italy, you must make prescriptions through a pharmacist. The interest of the pharmaceutical companies is that they need to follow the law of the market as with any other goods. The law of the market is to make something that is sold and consumed.

In reality, homeopathy can never support this. If a remedy is properly prepared, then with one little globule you can make a bottle of remedy that can be used for months, and you can see that this is completely against any law of the market. This is not good business for them. These companies are owned by people who want to make money. They have to change the minds of students who enter into universities. They have to make their own schools to derange things to what they need to do. This is a serious risk. They have influence in government. I think that what we call classical homeopathy is in grave danger because of this. A regulated environment will be a disaster for us.

EDITORS: What about treating young children?

MM: There are two ways to practice homeopathy. One is the symptomatic approach. You do your best to help people to overcome some thing. The other is to move someone closer to their core and to teach them to cope with the world in a better way. If a child is not sick, symptomatic homeopathy is the best you can do. It is all they need. In case taking with children, you may not discern a clear constitutional case, unless the child is very sick. If, as a classical homeopath, you are treating a child with bronchitis, you do not have to think of the prescription as always having to be constitutional. Often, a child's system only needs to be supported by a therapeutic remedy, and then they will adjust themselves.

If there is a very deranged vital force, you can take a case as you would for an adult, but only if the child is very sick. It is not always useful to treat a child constitutionally.

EDITORS: What do you think about miasms?

MM: What Hahnemann wrote about miasms was different from what we intend now. His idea was to give a sense to the possible origin of diseases, because he had to face unsuccessful cases. He wrote that it was impossible to know why a person got sick, yet he wanted to find an explanation. Homeopaths in South America, like Ortega and Masi, interpreted miasms in different ways: their concept is different from Hahnemann's.

Practically speaking, the use of the concept is a way to define a possible group of patients. If you call them miasm it is just a way to classify. The idea of making a classification is OK. It is human to seek to classify personalities. In the end, it is important to define the words: psora, gonorrhoea, family of *Chamomilla*, and consider what you mean. In the world of homeopathy, concepts and words are used in different ways. Personally, I use groups of remedies larger than just the three or five group system of the miasms. I think it is more complicated than that.

EDITORS: Do you use miasms in your practice?

MM: I do not use miasms in my prescriptions. I was not able to apply the theory with success. I think it is good for people who are successful at it. I don't understand it so I don't use it.



MASSIMO MANGIALAVORI
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THE NECESSITY FOR AN INNER PREPARATION OF THE CLASSICAL HOMEOPATH

BY PROFESSOR GEORGE VITHOULKAS

A lecture given at the end of the four year course in the International Academy of Classical Homeopathy in Alonissos.

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Today I am going to share with you some thoughts that have come out of my experience concerning the necessity for an inner preparation of a homeopath working with classical homeopathy.

What does it mean when an individual decides to go to a homeopath and what are the implications and the objective of such a consultation?

It means that the individual is suffering and that you are willing to try to relieve his suffering.

So we have a situation that has two sides. An outer side: the patient has come to you and he is sitting in your consulting room. And also an inner side: the expectation of the patient that he will get well and your expectation that you will cure him.

The necessity for a double preparation

So actually this consultation has the necessity for a double preparation, on the part of the physician, an outer and an inner preparation. The outer preparation started when you went to a school, you learned a certain therapeutic method and then you felt confident to open a clinic or a practice. You furnished it well, trying to create a nice atmosphere so that the patients should feel comfortable and this outward preparation may impress them positively.

These are important things, but to what extent do they really matter in the phenomenon of healing? It matters of course how much study you have done, how much preparation you put in, in order to meet the challenge

but where is the homeopath who can say that he is thoroughly prepared to meet the great challenge: to cure every case that come to his office? For all who know how difficult is to find the indicated remedy this objective is something much beyond simply the intellectual capacity of any physician. Even with the best preparation still you may fail.

The importance of the inner preparation of a homeopath

So on the one hand you have to face a very difficult task on the other hand you were able to deliver some cures where nobody else could do it. That is why this new patient is in front of you. This fact has a lot of implications for the inner state (mental - emotional and spiritual) of the homeopath.

Since the finding of the correct remedy is a difficult process and one that contains a high degree of uncertainty, several questions are raised, like: can you promise to the patient that you will cure him? Can you be certain that the remedy you have chosen is the correct one? Are you going to confess to the patient your uncertainty or the vulnerability of the system you are practicing?

You realize soon once you start practicing that what you are requested to accomplish is not only bordering to the impossible but has a high degree of uncertainty with several parameters attached to it (medical, social, legal ethical and philosophical).

What should then be the right frame of mind and feelings of a physician who wants to undertake such a difficult task: to bring about cures, on a regular basis, which border almost on the miraculous?

What should be his spiritual preparation in order to take up such a colossal task without risking his mental balance, without getting drunk with the glory of his successes and without falling into the abyss of despair because of his failures.

The serious homeopath is prepared to meet challenging cases of severe pathology and deep suffering not simple common colds and bruises. People will come to you to be relieved of their deep and distressing chronic ailments.

I am sure many of you will reach this state of fame. So the more famous you become, the more difficult the cases will come to you to be treated; actually these will be cases which have been given up entirely by all other therapies, physicians and practitioners. So you can imagine the expectations of such a patient. He has gone in vain from one doctor to another and eventually has found out that Dr. So and So is the best. You

realize the expectations of the patients that they need a promising word on the first consultation, they need to hear that you can cure them irrespective of their deep pathology. So, if you are the famous Dr. So and So how do you feel? It is a very challenging situation if you look at it from an esoteric point of view. On the one hand you know that it is highly uncertain the finding of the right remedy on the other hand you have accomplished some exceptional cures that brought you the fame and this recent patient. That is why your own inner preparation is of the greatest importance in order to meet this challenge. Do you feel, "I am the greatest and I am going to cure everybody"? If you do, then prepare for an unpleasant surprise. Do you feel insecure and in order not to lose your patients you promise the impossible? Do you feel that the outcome is not your responsibility and you are totally detached? Can you tell the whole truth every time to everybody? How uncertain it is whether you can help them? Are you going to encourage them to continue when they are in distress or in an aggravation period? Are you going to keep cool when things look dangerous for the patient? Are you going to get rid of every patient that looks even a little bit dangerous? All of these questions need to have an answer and also require inner strength and an all around preparation of a higher order on the part of the homeopath in order to face and answer them correctly.

It does not matter what you show outwardly; the outside preparation is different and definitely much easier to deceive. You can decide that you want to look wise, or exceptional and you dress accordingly and also you take an air of superiority. You may like to show off to the patient. All this is really immaterial in connection with your objective, which to cure the patient. **What matters is your inner preparation.** You can bluff nobody on your inner preparation. I can tell you that if you have prepared well spiritually, you can be in a little room which is just big enough to have two chairs, but the atmosphere of this little room is filled with warmth and love that gives confidence to the patient. You think that if you have a large, impressive room will give confidence to people? You are wrong. What will give confidence is your inner preparation.

The secret of a correct inner preparation.

What I mean by the inner preparation is simply this: an inner process that has led you to the realization that you must stay detached from all your successes, even if people around you say that you are the greatest. This is the great secret.

I am not talking today about your outer preparation that should have included a lot of study, great enthusiasm and great concentration, that drives you all the time to learn. If the desire to help the other persons is missing - if you do not really care what happens to your patient, and you cover up some symptoms in a superficial way, muddle the case, or pretend

that you have done something special for this patient while you know you accomplished nothing— you can forget about steady success in classical homeopathy. For a time you will be successful, then you will become very tired, tired of thinking and analyzing every case, tired of listening to patients. But if you really have the desire to heal them, it is a great experience to see them come back and say they are not suffering any more. Every healer is filled with energy and with satisfaction when he gets this feedback.

But here lies the most dangerous trap: If you have such a good feedback and admiration from the patients and you start thinking of yourself as being an accomplished homeopath, or that you are very good, or the best, then you are in for trouble.

The trouble may come as a desire to drink alcohol, or to take drugs, or to smoke a lot. The choice is immaterial, the sure thing is that it will come. Give the correct prescription and forget immediately the good effect that was reported to you. Concentrate only on your failures. The very next case may be a failure and then you become depressed and disappointed. Why? Because you had a great idea about yourself, about your knowledge and ability, and you thought that what you succeeded in doing the day before, you can do it every day. If your inner spiritual preparation does not succeed in reducing your inflated ego, if your preparation has not brought to the state to stay humble and in awe in front of this phenomenon of healing, you are going to regret it soon. You will soon start losing the information and the ability to cure most of your cases.

In conclusion let me say that the desire to heal and the enthusiasm should be there all the time. The idea that “I can do it” should be totally eliminated from your mind. There should almost be a kind of ‘fear’ when you take even the simplest case. The almost ‘mystical’ question to yourself should be: Will I be able to bring about again with this new case that phenomenon of healing which borders almost to the impossible?

The homeopath that feels, “Now I know enough”, automatically starts going down the drain. It is like an internal flame that was there before but now with this egotistic attitude the flame fades away. There are a lot of homeopaths to whom this happened, but they do not know it, despite the fact that they were in the beginning having the flame and were very successful, later on became only mediocre doctors. There is a time when you will feel secure with your knowledge, and that is the time when you start losing it.

I do not suggest that you show your humbleness or your insecurity to the patient. On the contrary, if you do, it will be a mistake. If you have real interest for curing this patient he will perceive it immediately and that will

be enough to spark his confidence in you in spite of your inner uncertainty.

Curing the patient with one little pill with infinitesimal small quantity is really a phenomenon.

This has happened because you were given the information and the ability to do it and you have applied yourself and studied and learned properly so that with one little pill you have changed the life of the patient. But because of its dimensions and implications this phenomenon has to be understood and handled properly in order not to destroy the one who uses this science.

The homeopathic interview, is a crucial meeting point and a very important one in the life, not only of the patient but also of the physician. It is almost a love affair, a meeting of two beings at the right time at the right place for a purpose: to bring out the real “good” which is in both. If you have the desire to cure the patient then the spark will become a flame and burn the disease and bring about that which is miraculous, but at the same time will give to you a deep satisfaction that you have not lived in vain.

Forget about hugging the patient and comforting her and telling her how nice she is and much you care for her/him, and all the other niceties. This does is only for augmenting the placebo effect but will never bring about a real deep cure for the patient. You can say kind words, when you feel, to a person who is suffering from real distress, but also you should be detached,

Therefore, a homeopath should be a master of his own feelings. Also, you can imagine that when you give the correct remedy, the patient comes back, and praises you to the limits. If you listen and enjoy the admiration and compliments your ego will start inflating and your knowledge and wisdom will start deflating. You have to remain detached. If you can maintain this attitude then the phenomenon of healing will continue happening.

You will be lost if you identify with the situation of the patient. Your job is to bring about that phenomenon of healing, and if you identify with the suffering of the patient you cannot do it any more, you are paralyzed.

You know how difficult it is to cure a person who will not give you the right information, or will give you only partial information. Perhaps they think the details are not important and of no concern to you. They suffer with a duodenal ulcer but will not reveal that they are extremely angry or even violent. Then it becomes very difficult or impossible to cure such a person. Another patient comes and opens up and gives you all the information you need. What is the difference in their inner state? In the

second case the patient is admitting with humbleness that he has all these problems. His ego has been put aside. The homeopath has the knowledge to relieve a person who has given all the necessary information. The patient, when he first comes for a consultation will not know exactly what to do, but by the interest and attention you will show him, you help him to bring out what is happening on his mental emotional levels (to describe all his fears, anxieties, anger, depression, etc) and then you are able to come to a conclusion regarding the correct remedy. When the patient brings out what is inside him, when he reveals the dark side of his that bothers him and causes suffering, you are able to find the correct remedy. Then the miracle takes place. It is a blessed synchronicity, no less important than life itself

This is the meaning and the purpose of a homeopathic consultation.

Professor George Vithoulkas has been an international teacher of Classical Homeopathy for over 30 years. In 1996, he was awarded the Alternative Nobel Prize for his work in the field of Classical Homeopathy. He is the author of *The Science of Homeopathy* as well as a *New Model of Health and Disease*. He is also the founder of the International Academy of Classical Homeopathy. He is widely regarded as one of the most influential practitioners of homeopathy in modern times counting among his students a great number of contemporary homeopaths.

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THE FIREFLY: A CASE AND A PROVING MERGE

MARTY BEGIN ND, DR.AC

In the spring of 2004 a 35 year old female, E.A., came to see me for clinical depression and was loathe to go on antidepressants. She described her depression like this:

“I’m desperate and I don’t want to take antidepressants. Saint John’s Wort didn’t work.

I become undone, feel possessed, have no appetite and I can’t work. I just sleep or piss around on the internet. It feels chemical. It comes over me, don’t want to return people’s calls. I can’t talk to people, but I don’t like to be alone either. Friends think if they take you to enough nice places you’ll buck up. I can’t enjoy their company, feel isolated. It’s good to remove yourself. The worst thing you could do is force yourself into emotional situations.”

Her depression had been low grade chronic for seven months with one or two weeks of heightened intensity per month but not related to the period. The periods of heightened intensity included a racing heart with palpitations on waking?

“I’m slipping. I was so proud of myself for stopping smoking, eating properly for months and now. I’m just going to allow myself but I will stop, I’m committed, I’m articulate and clear, how do I get immobile? I feel paralyzed.

I can’t make decisions. People need me to make decisions and it’s not easy. It requires a huge long equation.

I need a distraction to sleep – a movie or a drink, which I know is contradictory. We live in a society where we must be functional, effective, and good workers and if anything hampers that, let’s get rid of it. Of course I want to be effective. Men want to anesthetize pain at all costs. I lie in bed and think about being alone, berating myself for what I didn’t intend to say. I fall into a funk. I get horrible nightmares waking up with a start, my

heart pounding. Often I blackout while my heart's racing. It's like I'm an amnesiac. I'm confused and can't remember anything. Two dreams I do remember are very long and intricate."

What I observed was that E.A., even in her dark state had an intense, passionate energy. On the one hand she was very smart and articulate and on the other she was loquacious with childlike enthusiasm: both child and adult were there. She presented lengthy dreams that were a little trying to keep up with, similar to keeping up with a child's meandering tale, but her dreams were rich with archetype.

Here are the dreams she gave me in the first visit:

"I walked into a damp cave with built in catacomb shelves and I pass by a bloody and scared man and women bound together by ball and chains. The whole atmosphere was very dark – the whole dream was dark. A lot of times my dreams are either dark or light – very distinctly contrasting. In this cave there was a beautiful woman who was pure white, like the color of this paper. She was beautiful, but her whiteness made her repulsive. She was a gorgeous dominatrix type and her lovely spine curled into paper ribbons at her buttocks. I went to her and said I wanted to be initiated and that I'd do anything to be so. After I told her all I'd do, she said nothing, so I offered even more. She said I would have initiated you with your first offering, but since you have already offered more than required, you must fulfill those promises as well for your initiation. I thought in the dream that it was fair – after all you don't offer something in public if you can't fulfill it.

Then the dream switched to a second part: There was this huge convex shaped stadium, in contrast to the cave shape of the first part. This dream had a light environment, not dark like the first. Sitting in the stadium were thousands of black people – and I mean black – pitch black, like this computer. I was there very high up and was the only white person in the whole stadium. A play was going to occur and the female director was casting the black people for parts, and that was also the play – like a play within a play. I was in the audience but also participating, yet she cast everyone except me. I said 'excuse me –What's the point of this?' She forcefully said, 'You want a role?' and in that moment all the black faces turned toward me looking fearful. She sent me into this kiln. I spoke back, 'but this isn't a speaking part.' When I got in there it was dark and there was another white women who looked just like me. I wondered what they were going to do – they wouldn't burn me since the kiln was non-functional.

Before I tell you the second dream I have to tell you that I'm in no shape or form interested in sci-fi, or Star Trek, or any of that. I was on this space

ship. It was all light. I was both the engineer and the captain. There was this huge viewing screen in front. Aliens were bombarding us. I issued three commands to try and repulse them, but it wasn't working and we were about to be destroyed and the dream changed to the second part:

I was in my apartment which was inside a post office box – you had to shrink to the size of a fly to live in there. It was an illegal, shady place with fugitive types living there. Everything was on the dark side in this part of the dream. Two detectives came to call on me. They had to shrink too, to get in. They asked what happened on the ship. I thought was I guilty? I didn't think so. I replied let's go back to review the tapes, knowing full well I made these tapes able to edit them in tune with however I want them to be. I could program history the way I wanted to, so it wouldn't really show my guilt. We watched and I started getting nervous, because it was showing things I never programmed. Like, there was a crew-member who was thwarting my command. It showed me shrinking down to the size of a fly – that's the only way I could exert my power to my foe. I was this glowing tiny little pink creature. My foe showed up and I had to shrink her down to the size of an ant so I could step on her to stifle her descent that was thwarting my command. She turned into a tiny T-rex and devoured me: little pink E. At the same time the ship exploded and I was walking through this dark suburban parking lot and pieces of the ship were raining down from where it had exploded, but no dead bodies – it was just the shell of the bare bones – all dry. I woke with a start, my heart pounding.”

A lot of my dreams are a whole series of doubts...where I end up wondering if I'm the enemy.”

She goes on to describe her general difficulty and her nature:

“I'm hyper-responsible in everything. For example, I visit my grandmother all the time. In fact, I'm intimate with all my aging relatives. I do my parents taxes for them because they're intimidated by it. It's partly to pay them back for all the crap I put them through when I was a teenager. I feel responsible for my parent's happiness. I'm nurturing, would like to be a parent and I'm ambitious. When I stay busy it makes me feel attractive, strong, competent, and connected with the world. I'm just walking along the street, just buzzing along – energetic, sassy. I'm a bull in a China shop what do I do? In my work, getting clients to work with us comes naturally. I lay on the charm. People are attracted to me. When I'm traveling the most interesting creative people are attracted to me. I give off a kind of energy. I'm a little firefly. I love traveling – you leave behind all the shit in you, you can't get out, you leave all the responsibilities behind you. It cures my constipation. I feel free, foot loose and fancy, light, strong, thoughtful, clear, every historical ruin fills me with a sense of discovery and exploration. On the other hand things like crappy movies deplete me.

My company is a big problem. They're a bunch of laid back hippy types with Birkenstocks. They have no drive, initiative, or passion. I'm passionate and my positive attributes aren't being met. I tell them that (the companies products) don't sell themselves – they believe they do. I've worked hard gaining clients and there's no marketing support. There are deadlines to be met but they don't have any sense of ownership, can't think outside the box. I'm depended on. I'm the energy source at my company. I give out so much and not a lot is reciprocated. My time, ideas, enthusiasm – people feed off it. I know it's my greatest strength but it needs to be met with like-minded people. They're like my “be here now” hippy boyfriend. I dwell in the past and future – he's totally non-committal. I'm peripheral to his decision-making. I want the world to respond to me as I respond to it.”

That was most of the first visit in the original case. In addition she had menstrual irregularities, and GI problems: periods of constipation and of diarrhea associated with her stress levels. She had tight, clenching neck problems. She'd get extremely constipated when she was about to make a big decision: a kind of nervous bowel situation. In fact most of her neuro-musculature functioned erratically in a hypersensitive way, as if the nervous system couldn't get it together with the body. The mind and body disconnect was big in this case on its own and as part of an overall duality.

She dreaded and did worse in the winter, developing this burning skin dryness, and her mood was worse, although she didn't first present her depression in the winter when it was really peaking.

The big decisions often involved relationships, an area of her life in which she said she was hopeless. She was with this “hippy guy” who she also called her “Peter Pan man,” someone who couldn't commit to her, even though she made the rules that she'd only see him at specific times. Throughout our treatment she went out with two other guys, one very dark and depressed, one intellectually witty, and then her Peter Pan. It became clear to me that she chose these relationships and behaved in them in a way that reflected these two opposing sides of her self: in essence a dark and a light side. Recall the nature and content of her dreams. I will elaborate more on what came up in later visits of the case relative to what came up in the proving.

The way I came up with the firefly remedy for this case was when she mentioned she was like one, I had a bit of an intuitive flash, and thought to myself well let's see how much of one she is, maybe she needs that. The language started to work and somehow I was really considering the prescription but I think I didn't want to face the implications of it and so I temporarily forgot that flash but then I found it again later going over the case when I realized that her language, the dark and light dreams, with black

and white and big and small, and some other source related associations correlated well with the provings. It was clear she felt small with a need to be seen, but at the same time a need to accept the vulnerable side of her self and others. She said she was this little tiny glowing creature and I was compelled to believe it. It was however, a leap of faith for me to prescribe this almost unknown remedy, collect my own species, and stay with the case.

Indeed the first category I highlight in the proving has to do with *Not facing the Change or Challenge, Breakdown/Facing the Change or Challenge, Breakthrough.*

The serendipity in my experience from the first visit of this case to the proving and a little beyond, to the time at which our patient was completely well, was one long proving that I was always a part of, whether or not I did the remedy, which I did at one point, but had to stop because of the restless disturbed sleep (proving symptom) that I suffered night after night. When I write or reflect on all my experiences there isn't one that doesn't align with some strong element of the case or proving, which seemed to have formed into one experience.

E.A. was out of her clinical depression, and I strongly believe it was clinical, in one week. She proceeded to work through her relationship issues and thus her inner dichotomy (proving theme). It was slow, but her menstrual difficulties, nervous bowel problems, and outside of one re-injury, her neck problems all got resolved. Her dreams were wild, and reflected a whole inner process toward the integration of her dark and light sides. She went back to and settled down with her original Peter Pan man, committing them both to a house they moved into, planning to adopt kids, and perhaps to live happily ever after.

The Proving of Firefly

The proving involved eighteen provers: four men and fourteen women. There were no placebos. Provers were to keep daily journals according to instruction. All provers were assigned supervisors for support, observation and dual symptom records daily for the first week and weekly thereafter. Only the Master prover knew the remedy source. Prover's 1, 7, 9, 11, and 17 received a 200CH potency remedy. Prover #18 received a 100C, and #17 took a subsequent dose of 1M. The rest of the provers received a 30CH potency. The remedy was attained and is available from Helios pharmacy of the U.K. Provers were given two reserve doses, and instructed to do a reserve dose only if they were aware of no effect, but to check with the Master Prover before doing the third reserve dose. A couple of provers repeated the remedy, independently, because they liked it.

I only knew of the existence of *Lamprohiza splendidula* from Helios (donated by Karl J. Muller) 6 months into the case, having used my own preparation of *Photinus pyralis*, with no apparent difference. Karl had done a dream proving in the mid-nineties, only for what I believe was a quick flash revelation of this remedy. He also wrote up two cases, all of which I had translated. There was one “acute case” of a man who had been shocked with a horrible dream of a severed head chasing the body, a similar dream happened in the dream proving, and a colleague’s case of an irascible child with a cough who had experienced a horrific accident. So his idea was that firefly was a bit of an *Aconite*-like remedy.

Certainly this is a valid interpretation of his findings, and we did notice a lot of fight or flight energy happening. I would also relate it to the separation of body and head, as there was in my case and in the proving. Even E.A. had a dream of someone’s head being cut off, as did one prover, and cuts and splinters came up in the proving. I also noticed E.A. would be in a way fighting against her body, and would have a difficulty getting the intellectual side of her relationships together with her bodily side. There was also a strong somatization of her emotional state which would build until a revelation on the mental/emotional level lead to profound and immediate relief of her bodily symptoms. She herself came to recognize the split without me saying anything.

I think we generally see lots of dismemberment happening in insect remedies. We see the same in the damselfly for example. We also saw *morbidity* and *death* and *corpses* and *blood*, coming up in the proving, which coheres into one side of the light and dark dynamics of this remedy that we’ll explore further on in the discussion.

The initial response in the proving was full of adrenaline. The symptoms that most defined the primary (in most cases, for some secondary) reaction was: *High energy, despite lack of sleep; Speed like; Adrenaline; Heightened awareness; Clarity; Sharp; Buzz; Giddy; Shaky; Butterflies.*

We see in the case above that E.A. had a similar kind of energy, and would experience heart racing on waking from her dreams. *Disturbed Sleep* was also a symptom as was *Nervous Anxiety, Palpitation* in the chest, and *Anxiety Waking*. Two people were “spinning and feeling like a live wire” in the proving. They were busy as well and getting a lot done, regardless of how much sleep they got. Conversely, they didn’t get much done at all, and we know the firefly’s bioluminescent light not to be too efficient.

One main archetype that came forward in the case, if you haven’t already guessed it, was Peter Pan, which also came through in the proving. In fact, the proving had a dream of flying over a desert hand in hand to a magical place. *Pirates, Ships, Magic and Synchronicity* were other words in the

proving. *Dogs* were also a theme, and it is notable that the patient's little white dog played a big part in subsequent dreams.

I can confidently say that Peter Pan and Tinkerbell reflect the firefly world perfectly. We knew this from the case and then it was dually confirmed in the proving, not to mention some of the movies that came out. It so happens that *Finding Neverland* and a *Peter Pan* movie came out during the period of the proving, which was also the hundredth anniversary of the play. First, there's the non-committal nature of Peter Pan. The Peter Pan syndrome, in Jungian psychology known as the *Puer Aeternus*, or Eternal Youth problem, is about the inability to grow up and face adult responsibilities, or conversely having to grow up quickly in the face of a sudden burden of responsibility. During the proving a number of provers were running into people/relatives getting sick, dying, etc., and at least one prover was imagining these problems to be bigger than they were.

In the proving a frequent pattern was *Carefree; Free from Responsibility or Obligation; Break the rules; Bad versus Trapped by Responsibility or Obligation; Guilt; Follow the Rules; Good*. There were eleven provers with a total of seventy-two entries that had to do with this heading.

Other phrases that had to do with the *Puer Aeternus* were *Growing up from/Regressing to; Highschool;Traveling; Adventure; Happy; Excited; Dancing; Singing; Music; Fun; Weddings; About to commit; Committing*.

In the above case, E.A. definitely loved travel and adventure: it made her feel alive and her symptoms would improve. She felt the burden of responsibility and the desire to escape it. She'd put herself in the middle of people who needed a lot of attention. She had this childlike side and would take on guys who she would find were like children. E.A. has a presence and she knows how to strut her stuff, just like in the symptom *Vanity, Wanting attention*.

Louis Klein had a case of firefly, about a year ripe, that cured severe long-standing migraine headaches in a woman who amongst other characteristics, couldn't commit to anything or any path in her life.

The idea of *Recreational vehicles* came up in the proving in the same context of not settling into things, as well as *Getting away from home* (and it's opposite)

Besides not growing up we can emphasize the general idea of *Escapism*. Emotionally, it was a quality E.A. did not appreciate in her heroin addict X-husband, and she loathed the antidepressants. A huge theme in the proving was *Vulnerable; Raw emotionally; Emotionally sensitive; Weeping; Real; Fighting emotional state; Detached blocking; Numb*. As well E.A. had this

difficulty with her emotional self, both the numb and raw sides. And from the dreams she was getting, it was clear the numbness went into emptiness or an empty shell, a kind of walking dead. She had one dream of looking across a glass barrier into her own eyes and seeing she was soulless, like a zombie. We also saw the themes in the proving of *Empty; Open; Naked/ Full; Contained*.

With this sense of vulnerability can come a great empathy for others which the case expressed and which was another large theme in the proving, *Empathizing; Caring for; Absorbing energies*. There was a lot of prover-supervisor empathy as well. One supervisor needed an antidote after the proving. She said she was picking up everything the prover was going through. This was fairly common in the proving overall. She said she was trapped in her own feelings, feeling completely isolated there. I gave her *Luna 200*. I gave her *Luna* for 2 reasons. It showed up thematically in the proving and clinically I've seen *Luna* patients who would get very deep into their emotions without any sense of control especially around a full moon. The moon was another proving theme. Provers were either diving head on into deep grief and feeling, or wanted to escape some feeling that seemed too hard to take.

The deep feelings are part of the dark side in this remedy, about embracing the dark side, or redemption of the dark, (as in *Solanacea*) or liberation from the dark: lighting up the dark. There were a lot of light/dark dynamics. Of course in Peter Pan, Wendy has to pin on Peter's shadow so he doesn't lose it. *Black and White*, as seen in one of the dreams above, was also a proving theme.

One of the supervisor's was a therapist who featured entire ongoing workshops on embracing the dark side. She noticed many synchronous events relative to the Peter Pan archetype, although it was post-proving when she was filled in about that.

I enjoyed one dream from Prover nine about lighting up the dark: 09, 16: 07:00 Part of a dream: ...Then we landed in this sort of corridor that was gloomy and lit with neon lights suspended in the sky.

Embracing the dark side and absorbing energies isn't all peaches and cream. This is the point of Firefly. What weaves through the whole proving is facing something: facing the darkness, facing responsibility, facing commitment, facing the body, facing emotions, facing death and so on. Yet, not facing these things is also a theme. There is a certain irony or oppositional dynamic between light and dark, probably best explained in the dynamics between yin and yang. Not facing something is staying in the dark, but ironically it is the desire for light and freedom that keeps one there and the same irony makes it the dark we should be facing in order to find the light. Consider Prover # 2's entry, which is a physical but has some

confluence to the isolation of the dark and need to face it:

3 03: I'm feeling dreamlike today, like there's a distance between myself and others, as though my ears were plugged. I felt not as connected, removed, like I had to strain to hear them, as if my ears needed to pop. I felt distanced as if I was not affected by the words. I felt like I needed to turn and face them squarely.

The light, open and free spirited, born out of an oppressive heavy dark cave is the challenge. The cave is either full of emotion or void, having been drained by the oppressive, intrusive dark elements therein, or perhaps the cold darkness just is, and there you are; alone, embracing it completely.

1305: 07:30: Dream – I can't remember the whole dream, just the last bit before waking. I was walking down a cold dark street, poorly lit, few lights, wrapped in a dark shawl. The feeling was alone, not lonely, just alone.

The nighttime dream world is the unadulterated, fully expressed time of feeling, and not easy to deal with, which is why, I presume, it is the world of the unconscious. During the time of the proving, and when I took this remedy for around 8 months, I had never remembered so many dreams, and was often shocked or disturbed of the content. There was a lot of disturbed sleep in the proving, and anxiety on waking. Clinically, my original patient had a highly significant, difficult to handle dream-life, complete with a Jungian analyst friend. She'd awaken with her heart racing, and we see good representation of the anxious, speedy heart in the proving. On the lighter side, she actually enjoyed her dream life, looking for answers to the mysteries of her psyche. My patient refers to the movie *Eternal Sunshine of the Spotless Mind*, which, in addition to being about programming out bad relationships, is also about gaining some control over the dream world. One of prover # 4's entries resonated nicely in this respect:

04 02: XX:XX: Sometime in the night I was feeling sad because I was involved in something deeper, sensation of dreaming although awake, sensation of trying to escape waking so I could dream more, like the movie *Eternal Sunshine of the Spotless Mind*

Escaping into a dream world, as one may do as they escape their responsibilities which present a foreboding challenge, another major group of proving entries.

Deep feelings will arise the most from relationships, especially the

making and breaking of them. Deep feelings will arise the most from relationships, especially the making and breaking of them. This was important in both the case and the proving, the making having to do with commitment and the breaking having to do with the deep grieving.

Prover # 6 gives an entry that for me, brings together the duality of themes of home, reconnecting with people known long ago (a huge category), and going out, and perhaps meeting someone new, when she says:

06, 08: XX:XX : Always good to go away and always good to get home. More connections made and old ones renewed. Seems to be the order of the days.

And it's no surprise that commitment, or having had enough of a relationship both surface strongly in my case and in the proving.

Prover #13 later informed me that not long after the proving she had split with her boyfriend who during the proving split on her. She had a very interesting experience, encapsulating different aspects of the proving, well relayed in this entry:

13, 06: 7:00: I awoke very tired, feeling stressed and anxious about all the work still ahead of me at the end of this long week. No memory of dreams from last night. My mood is the same as the past 2 days; it's as if old emotions, emotionally painful moments (recent past and long past) are all mashed together and back on the surface. My usual ways of putting these feelings aside and moving on with my day don't work; I can't suppress these feelings, I feel like the control I can usually manage with myself is gone. I feel dark, grey, cold – maybe a sunny day would help.

In the proving the themes of, *Heroin/Crack addicts, Insanity lurking, Invasion*, attest to the difficulties associated with the dark side of the firefly story. When prover #15 told me about her husband, I found myself a little frightened. She knew he was the jealous type, and would often hold her back from pursuing her dreams, but in the proving he became insanely jealous, a lurker in their own house and she had to have him institutionalized. Then there was the Prover #14 and her roommate's ex-boyfriend turned heroin addict invading their house to get money.

It turned out however that Prover # 15 had finally taken a stand on things that had emerged from the dark into the light regarding her husband, and she was a big contributor to the themes, *Confident; Take charge; Strong; Calm; Say no; Take a stand*. Prover # 14 also took a stand against the heroin addict trying to break into her house.

Of course, then theirs E.A.'s ex-husband who was a heroin addict. She also had a dream of him and his cat-killing friends invading her house. The idea of invasion, and rape stood out later in my case.

Getting stuck in the dark also keeps one in the dream world, and the character of the dreams in that respect was interesting. Just as you see in the case above, there was a theme in the proving of *Dreams getting long* and *Intoxicated feeling, Dreamlike*. The challenge is getting through the dark, or perhaps *Getting through a deep grief* as was reflected by another theme.

On the physical side, like other beetle remedies (such as *Cantharis*) herpetic eruptions were big. There was a physical coldness, vulnerable, and lame feeling lining up with the mental. Loss of appetite was big. You could also see how it could be an excellent remedy for depression and S.A.D. (Seasonal Affective Disorder). Junk food and red wine were notable food cravings.

The numbness, parasthesia, and lameness may suggest this as a possible M.S. remedy. We already know it to be a good migraine remedy, if Lou's case is any indication. Judging by the proving symptoms, I would say it would be a good influenza remedy as well, with lots of muscular aching. The neck and back stiffness and contraction, just like in my case came up in the proving as well. Wounds and injuries would be significant in this remedy, my patient demonstrating the injury part, and the proving demonstrating the wound/splinter part.

Menstrual irregularities were both produced and cured. Menopausal-like symptoms, dysmenorrhea, pungent vaginal discharges, and brown discharges were also noted.

Other beetles or *Coleoptera* we use in homeopathy are *Coccinella septempunctata*, or the lady bug, *Cantharis* (*Meloe*)vesicatoria or Spanish fly, and the less known oil beetle *Meloe majalis*. I suggest remedies such as *ATP*, *Ignus*, *Iridium*, *Adamas*, all *Lithium/Carbon* series remedies – especially neon can be compared. In addition luminescence aspect makes remedies like *Phosphorous*, *Positronium*, *Butterfly* and *Hummingbird* notable. Bird remedies in general are worth comparing, especially seagull. Also sea remedies with the sensation of trapped and vulnerable come close. *Hydrogen*, *Camphor*, *Sol* and *Luna* are worthy of comparison. The recent explorations of dragonfly (Melanie Grimes proving) and damselfly also have definite commonalities, as probably do most insects which pass through metamorphosis into flight. On the trauma side, remedies like *Aconite*, *Calendula* and *Millefolium* show some similarity. The *Solaneacea* family comes close in its “redeeming the dark side” quality. The attention seeking emotional symptoms (we'll see) are worthy of comparison to

remedies like *Palladium* and *Paris quadrifolium*. *Caladium* will fear his own shadow. (We'll see the significance below) Butterfly has trouble growing up, but more from adolescence.

The whole proving is available for downloading from www.homeopathycourses.com.

The firefly experience has been as magical for me as when I first encountered them as a child. This present sketch may serve as an introduction to this interesting remedy, whose source has long been a fascination to humans and is likely to become a valued addition to the materia medica.

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for 15 years, devoting much of his time in the last 10 years to advancing his knowledge and skill in classical homeopathy. He has studied extensively with Jeremy Sheer, Massimo Mangialavori, Jayesh Shah, Rajan Sankaran, Divya Chabra, Jan Schoultzen, Louis Klein, and others, keeping abreast of the latest innovations and at times pushing past the historical materia medica with successful prescriptions of rarely used or unused remedies.

CLINICAL OBSERVATIONS

BY ADOLPH LIPPE MD

FROM THE HAHNEMANNIAN MONTHLY OCTOBER 1858
WITH COMMENTARY BY JOSEPH KELLERSTEIN DC, ND, DHANP

Mr. Wm. E, age 21; a robust man, with dark complexion and black hair, was taken ill on the ninth day of August last. Born in Philadelphia, he had lived there until within eight months, during which latter period he had been engaged in the lumber business and lived near a sawmill, in South Carolina. In that country, Fever and Ague was prevailing, and he had been persuaded, in order to ward off the miasm, to take a dose of Quinine in whiskey every morning. He had no attack of the prevailing malady while in South Carolina, but on his return home, was seized with a severe chill early in the morning of the August ninth, after having spent a sleepless night.

During the chill, and still more during the heat which followed, he had complained of a violent headache, fullness, throbbing; the eyes were bloodshot and very sensitive to the light; pulse 120, hard and full; thirst for cold water; the tongue was slightly furred and red on the edges; face very red. Purple color. At noon of this day, he received a single dose of *Belladonna* 200C when he soon broke out in profuse perspiration, and improved in every respect until August 11th, when he had a discharge from his bowels in the afternoon, followed during the evening, by very frequent painless, watery, black, very offensive, and involuntary stools; abdomen tender to touch; pulse very small and hard; mouth dry; complained of very great debility. I ordered there to be dissolved six pellets of *Sulphuric acid* 200C in half a glass of water, a spoonful to be given every two hours until the diarrhea should cease. He received but a single spoonful before the desired effect was produced. He commenced to improve until the thirteenth, when he had a return of similar discharge from the bowels, which was at once checked by a repetition of the solution of *Sulphuric acid*, when he again began to improve. He slept considerably, drank very little, and occasionally asked for a small quantity of very light food. On the eighteenth he had a very restless night slight headache and more thirst; the pulse again became small and hard; he was more uncomfortable after midnight, and would have tossed about had his weakness not prevented it. He received one dose of *Arsenicum* 40M after which he continued steadily to improve.

On the 25th he sat up; his appetite returned and he was fully convalescent.

September sixth he was perfectly well, with the exception of profuse perspiration at night; which was speedily checked by a single dose of *Psorinum*.

Commentary by Dr. Kellerstein:

There is so much to learn from the old masters of homeopathy. Note the descriptions - brief accurate phrases delivering a clear picture of striking features of the person, the disease and its development. We see the use of the word 'miasm' to express infectious epidemic (nothing more esoteric). The first picture was clearly *Belladonna*. The headache was more during the heat phase (although *Belladonna* is a 3 in both headache during heat or chill). Note the observation of pulse rate and quality (as was practiced prior to the common use of the clinical thermometer). Although *Belladonna* clearly relieved the disease in its first stage (inflammatory) the illness proceeded to the next phase (discharging).

I had a great deal of trouble repertorizing this case as an exercise — please try. I had to use only the most general rubrics. *Sulphuric acid* is not in many of the sub-rubrics we would like to use. My next foray into frustration was reading as many sources as possible on the diarrhea of this remedy. Again not a clear match so I kept reading. Could it be that the most characteristic aspect of his state at this time was the debility (weakness) juxtaposed to the black offensive discharges in this low state? The excellent similitudes of the remedy clear from the low potency rapidly on both occasions it was required.

Then the picture changes again showing new symptoms: increase thirst but for small quantities, worse after midnight and the guiding symptom of restlessness with great weakness leading the way to *Arsenicum*.

This last prescription of *Psorinum* seems puzzling but a brief peek at Allen's keynotes tells the story. Here we read the indication: profuse perspiration after acute disease.

We may well marvel at the knowledge of the pioneers of homeopathy. This short case offers the opportunity to study several remedy images, indications and to note the rhythm and cues the famed Dr. Lippe used in management of the various stages of illness. It really is all there in our old literature - treasure after treasure.

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BEYOND TARENTULA HISPANICA: BROWN RECLUSE SPIDER FOR A CHILD WITH OPPOSITIONAL- DEFIANT DISORDER

BY JUDYTH REICHENBERG-ULLMAN, ND, LCSW, DHANP
AND ROBERT ULLMAN, ND, DHANP

An Overview of the Homeopathic Spider Medicines

One of the main criteria that we use to select a medicine for a patient is the kingdom: animal, plant, or mineral. The category of nosodes (medicines made from the products of disease, such as *Tuberculinum*, is considered to be a separate category). Of equal importance is the distinction of which miasm (how the patient is affected by his disease, or the level of desperation in the case). We differentiate between: acute, typhoid, malaria, ringworm, sycosis, tubercular, cancer, leprosy, and syphilis, according to the miasmatic schema proposed by Sankaran. Prior to the past five years or so, homeopaths prescribed *Tarentula hispanica*, the most well known of the homeopathic medicines made from spiders, in a rather generalized way. In other words, this medicine was given, successfully or not, in many cases that likely will have needed a different spider medicine whose characteristics were not fully elucidated or understood. This is due to developing insight into materia medica that has shown that phylogenetically related remedies tend to share certain common characteristics. Thankfully, due to new provings, material medica development, and an overall intention to find a much more specific match for each patient, homeopathic prescribing is more accurate and sophisticated.

The general characteristics of individuals needing spider medicines are as follows:

- sensitivity to vibrations, noise, music
- busyness
- cunningness, conniving, and deceit
- isolation
- movement, jumping, climbing, hiding, dancing
- activity of the hands
- jealousy, revenge

- hurriedness as if time is passing quickly
- teasing, trickery, flattery
- feeling of being small, powerless, weak
- often a fear of or fascination for spiders
- issues of being trapped or caught
- fear of death
- attractiveness, heightened sexuality
- issues of female dominance

There are a growing number of medicines made from arachnids in the homeopathic pharmacopoeia. They include: *Androctonus* and *Buthus australis* (scorpion), *Aranea diadema* (papal-cross spider), *Aranea ixobola* (cross spider), *Aranea scinenencia* (grey spider), *Atrax robusta* (trap-door spider), *Latrodectus hasseltii* (redback spider), *Latrodectus katipo* (New Zealand spider), *Latrodectus mactans* (black widow), *Loxosceles reclusa* (brown recluse), *Mygale* (black Cuban spider), *Tarentula cubensis* (Cuban spider), *Tarentula hispanica* (tarantula), *Tegenaria domestica* (common house spider), *Tela arnaea* (spider web), *Theridion* (orange spider).

In general, spider medicines are considered to be part of the tubercular miasm. Typical characteristics are a hectic level of activity, often to the point of hyperactivity; a feeling that time is running out so that one must burn the candle at both ends; a sensation of being suffocated; a desire for change, travel, and anything new and exciting; a predisposition to respiratory complaints.

Trey

This child's mom first consulted us two and a three-quarters years ago. All of the consultations have occurred by phone consultation from Texas. We tried four other medicines before arriving at the correct prescription of *Loxosceles reclusa* (brown recluse spider) ten months into our care. This was our first case of a patient with this medicine. Over the past two years, Trey has needed repetitions of the *Loxosceles* on an average of every six weeks. He has not needed any other medicine since, with the exception of one dose of *Belladonna* 30C acutely one month after the first dose of the *Loxosceles*. In retrospect, we wonder if he might have benefited just as much from another dose of the constitutional medicine. At the beginning of treatment, we tried several other remedies, including *Tarentula hispanica*, with little success.

Since we have found many of the rambunctious, wild, defiant children in our practice to benefit from spider medicines, we thought this case would be useful to present a lesser-known member of the family.

Trey was five years old when his mom first called us. An adopted child, his adoptive parents were able to meet the birth mom. They described her as "manipulative", which is relevant to Trey's subsequently needing a medicine from the spider family, since this is a common characteristic. The child, like his biological mother, was smart, "could learn anything and

was very adept at reading people.” She was extremely concerned about her appearance, also a very spider-like feature. Trey followed suit. “He’s very concerned about how he looks and has been since an infant. He is fascinated by watching himself in the mirror and admiring his clothing. At two he’d say what was and wasn’t a cool outfit.”

The youngster was a major risk taker, with apparently little regard for his safety. The child demonstrated a “calculating nature”, always trying to figure out what he could get away with without reprimand. He “loved to climb objects which were high enough that, if he fell, he cracks his head open.” The agile child scaled walls, fifteen-foot rock ledges, and zoomed his bike down the family’s steep driveway as fast as he possibly could. He was not long for training wheels.

At two, Trey jump off the brink of a high slide instead of sliding down. The boy had always been a jumper and was enthralled with rope climbing. In fact, he had a passion for installing knotted strings and ropes across the backyard and swinging across eight-foot gaps from his hands like Tarzan.

Trey’s mom described him further as impulsive and calculating, and always five steps ahead. The day before the first appointment, the youngster decided he wanted to stay home from school the next day. Pretending to have a fever, he put on his pajamas and got ready to watch a movie. Trey was not fond of school and saw no reason to attend. He had a rough time taking “no” for an answer and conforming to other’s demands.

The child was quite anxious and had a habit of chewing his fingernails and toenails to the quick. The nibbling extended to his clothing, especially collars and shirtsleeves. He had actually eaten through the collar the previous year. An extremely active youngster, Trey loved to sing, was a natural when it came to catching on to tunes, and vowed to become a rock star when he grew up. The boy loved to learn dance moves from videos, especially to rhythmic music, to which he would snap his fingers and bob his head to the beat. His sense of timing was extraordinary. Despite his super-high activity level, Trey had a tough time falling asleep, experienced nightmares, and previously suffered from night terrors.

Trey had a hot temper and often flew into rages, threatening to kill his mom or to take a knife and cut the family dog into pieces. Or to “get a gun and shoot you and your brains will be all over the floor and it will be a goopy mess.”

The boy hit, grabbed, and threw chairs, books, and whatever he could get his hands on. He even threatened to throw a knife and had opened the kitchen knife drawer a couple of times recently to seize his weapon. The boy’s fascination with knives was frightening to his mother. Once, during an argument, Trey had cut his dad’s hand slightly when he had raised it defensively.

Our conversation with Trey was quite animated. He shared with us how his mom had lots of lipstick and how she liked flowers, dressing up, and dancing. He went on to explain that it upset him when his parents punished him for not listening. “I protect myself with armor with a sword and with

real knives. Like knives that cut potatoes. I jump up on things and it kind of scares my parents. Or I hide, get a perfect aim, then throw the knife out from where I'm hiding. I point it right at them and throw. I take the biggest and sharpest knife we've got. I like that they can hurt people." At this point Trey tired of knife talk.

When asked what kinds of things scared him, Trey replied, "When I sleep over at someone's house, then it's dark and I'm afraid of monsters with sharp, pointy teeth. At home I'm scared of whatever's under the bed-like goblins with long horns and scratches all over their eyes. They're so big and I'm so small. They're BIG!" Trey's mom added that he used to be quite afraid of wasps and bees.

At that point, Trey broke into an Elvis impersonation of Heartbreak Hotel then entertained us with a song and dance from a Disney movie- all across the phone wires!

When we inquired about dream content, Trey recounted the frightening animals in his dreams, including crocodiles, hyenas, werewolves, lions, and sharks.

The mom provided more information towards the end of the first consultation. "We have to hold him down at times. I think he feels, 'kill or be killed.' He's always sided with the antagonist in any story or movie. He always wants to be the bad guy and asks us to kill him. When he turns rageful, he's literally out of control. His face even looks different. And he won't be alone for anything.

The child had recently begun seeing a psychiatrist. She had prescribed Depakene, which made the youngster terribly aggressive. He next tried a course of lithium.

Trey had few physical complaints. His mom described nickel-size red blotches on his butt after taking a bath. And a wart on his knee for the past year and a half.

The First Ten Months of Homeopathic Treatment

We first gave Trey *Stramonium*. For a number of months, his mother reported a considerable improvement from several repetitions of a 1M potency. However, the progress reached a plateau and a dose of *Stramonium* 10M produced no further improvement. At this point he was forty percent improved overall, fell asleep more easily, knives were no longer an issue, and was still the entertaining rock star of the future. Trey exercised a bit more caution, no longer barreling down the driveway at full speed.

Trey's Reponse to *Tarentula Hispanica* Over Four Months

His parents' and the babysitter's description of Trey following the *Tarentula* 1M was, "He's just calmer. He's not running around behaving like a screaming banshee, which is fabulous. He has a better attention span. He's at least fifty percent better."

Over the subsequent two months, Trey's threats were fewer, he appeared

more relaxed, and his mom judged the *Tarentula* to be “by far the best remedy so far.”

It is at this point that we could have stopped searching for a better medicine, but we know that a fifty percent improvement simply is not good enough. In children with behavioral and learning problems, and with most other conditions, homeopathy can produce a much more positive response. We knew we must be somewhat close to the correct medicine if there had been an improvement, so we delved further into the case.

Prescribing Brown Recluse

Ten months into the case, Trey’s mom was sure that the *Tarentula hispanica* was the best we could do with homeopathy, but we weren’t convinced. The downside was that he had twelve new warts on his knee after taking the first dose of *Tarentula*. Trey had continued to make periodic threats to his teacher, insisted that he didn’t want to go to school, and his mom described him as somewhat “reclusive.” We asked her to elaborate, immediately looking up the Brown Recluse in our material medica and noting in the proving of this medicine, “Do not wish to be seen at school... Don’t want to interact with anyone... Decide to just stay home today.” This goes against what we have observed typically with the outgoing, lively children who need *Tarentula*. Trey’s mom continued, “He just likes to stay at home. Doesn’t want to go to school or out in public much. He tells us he doesn’t like going to the first-grade classroom because it’s too loud. It really bothers him when we turn on the mixer in the house.” This again, reminded us of a spider medicine as those needing spider remedies tend to be highly sensitive to noise and vibrations.

“Like I said, he’s kind of reclusive.”

We asked about slyness, knowing this to be a prominent quality of spidery kids. “He’s very sneaky. A couple of weeks ago we were playing cards. He wanted to take the cards to school. I told him ‘no’ twice. I got a note from his teacher yesterday that said they were sending the cards back because they belonged at home. He’s consistently sneaky about doing what he wants to do, like hiding candy and stuff when knows he’s not supposed to have it. Trey tells us, ‘I wanna surprise you,’ which means that he’s up to something.” Again spider-like. He knows he can’t use his Play Station in the morning before school. I caught him doing it and he wouldn’t stop. There went his privileges for a week. It made him so mad that he pelted me with walnuts. (In the Brown Recluse proving, there was an increased tendency to watch television, which may or may not be relevant to this incident.) Trey had also been diagnosed with dyslexia.

It was at this point that we decided to prescribe Brown Recluse. When we informed Trey’s mom, she commented that these spiders were common in Texas where the family lived. We prescribed one dose of *Loxosceles reclusa* 200C.

Brown Recluse Proving

The proving of this medicine was supervised by Louis Klein, RS Hom.

Some relevant excerpts are the following:

- Decide to just stay home today. I don't really want to deal with people on any level.
- Do not wish to be seen at school or see.
- Don't want to interact with anyone.
- Dyslexia while taking case today. I knew the words I wanted to write, but I'd be writing the wrong letters.
- Felt like being rude and outspoken.

Response to Brown Recluse

This was the point in the case, one month after the first dose of the Brown recluse, when Trey's mom called urgently to say he had a fever of 104F, was sleeping all the time, was suffering from dry, chapped lips and canker sores, a moderately red face, and he had vomited once in the morning. She had given him *Oscillococcinum* with no great improvement. We prescribed *Belladonna* 30C. Although she called two days later to say she had given him three doses of the *Belladonna* and recovered promptly after sleeping for thirty-plus hours, in hindsight we would have given another dose of the Brown recluse 200C

At his one-month follow-up visit, Trey's mom reported. "We love Brown Recluse. I can't tell you how wonderful, patient, polite, loving, and wonderful he is. There were changes from the *Tarentula*, but it's like not all the pieces of the puzzle were there. He was still battling his violent reaction, hitting and threatening to kill us. Then we gave him the Brown recluse. It's like that rage isn't even there. We're getting notes every day about much he loves us. How much he loves our dog. A lot of the fearfulness is gone. They'd been trying to get him to go down to the first-grade classroom for short periods of time. He'd go unwillingly and only with a teacher. In the last three weeks, he goes without any teacher at all. No problem."

"Trey is developing more friendships. It seems like every week it's getting a little easier. He's only been on the remedy for a month. There's just been a huge change. Even when he had the fever, he was so kind and patient. He told me, 'Mom, I'm so sorry to make you get up.' It's an amazing, amazing change. His father feels the same way. It's more than we could have hoped for. As angry as he was before, now he's loving and caring to the same degree. I can't tell you how thrilled we are. Such an angel. Before he could not sit and do anything. Now he sits with his little hands crossed together. He even shares his things and doesn't give it a second thought. This remedy has totally changed Trey's personality!"

Three months later Trey continued to do very well. Five and a half months after beginning the Brown Recluse, Trey had taken three doses of a 200C potency. His mom described him as “helpful, loving, and kind.” He was holding their hands rather than using swords and fighting. The youngster was able to relate much better to peers and, overall, was much more cooperative and loving. His mother estimated an eighty to ninety percent change since changing to Brown Recluse. He hadn’t picked up any knives, was receiving great marks in school, could sleep through the night, and even bought flowers for his grandmother with his own money. “I can’t even tell you how incredible it is. We’ve only known you for fifteen months. I can totally tell you I’m your biggest fan.”

Trey has continued to do beautifully from that visit to the present. We have had phone consultations every three months and have repeated the Brown Recluse as needed. For the past year, Trey has taken *Loxosceles* 10M. In late April, his mom gave him a dose of the 10M and there was no significant response. Since the youngster had improved so dramatically over the year and a half since beginning the new medicine, we decided to actually go *down* in potency to a 200C since his state was so much less intense.

We last spoke to Trey’s mom one week ago. He is now eight and a half years old and about to enter third grade. His mom was happy to tell us, “The 200C was just what he needed. He has tons of friends, is sleeping well, and his anger is pretty much in check. Such a joy to be around. He’s probably ninety percent better. I can’t say enough good things. He’s centered, calm, in control.” We agreed that we needed only fifteen-minute brief appointments every three to four months.

(This article was also published in *The Townsend Letter for Doctors and Patients*, Fall 2005)

Judyth Reichenberg-Ullman ND, DHANP and **Robert Ullman ND, DHANP** have authored many books, including *Ritalin-Free Kids*, *Rage-Free Kids Prozac Free*, *Homeopathic Self-Care: The Quick and Easy Guide for the Whole Family*, *Whole Woman Homeopathy The Patient’s Guide to Homeopathic Medicine*, and *Mystics, Masters, Saints and Sages-Stories of Enlightenment*. They teach and lecture internationally and practice at The Northwest Center for Homeopathic Medicine, in Edmonds, WA and Langley, WA. Their latest book, coauthored with Ian Luepker, ND, DHANP, is *A Drug-Free Approach to Asperger Syndrome and Autism: Homeopathic Medicine for Exceptional Kids* (May, 2005).
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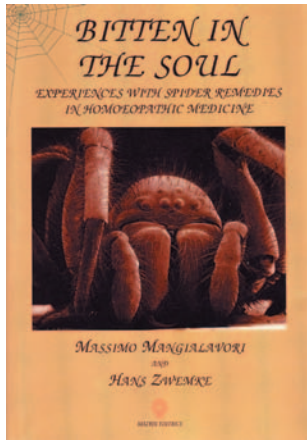
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BITTEN IN THE SOUL:
EXPERIENCES WITH SPIDER
REMEDIES IN HOMEOPATHIC
MEDICINE

MASSIMO MANGIALAVORI AND HANS ZWEMKE

PAPERBACK 301 PAGES US\$75.00

REVIEWED BY RICHARD PITT, RS HOM



This book attempts to explore the world of spider remedies and to distinguish the differences between the following remedies: *Tarentula hispanica*, *Mygale lasiodora*, *Aranea diadema*, *Theridion curassavicum*, *Latrodectus mactans* and *Buthus australis*.

Many homeopaths are familiar with the work of Mangialavori and the inclusion of his research on the MacRepertory computer platform. He has come to represent one perspective in the debate on the evolution of homeopathy, challenging the reliability of old and new provings, making the claim that provings are not the only or necessarily the most effective means of finding the therapeutic possibilities of many substances. His contention

is that it is crucial to study a substance from as many angles as possible, including the cultural, historical, metaphorical and even mythological knowledge of a substance in order to gain a more complete understanding of it. Proving may give isolated symptoms and phenomenon of a substance but by no means give a more complete textural understanding of the complexities of a substance and its interaction with human consciousness. That can only be achieved through a much more in-depth study of a substance that is to become a homeopathic remedy. Ultimately, a close study of the patient who reacts deeply to the remedy will offer up the most comprehensive understanding.

This approach is in contrast to that of the more “traditionally” minded homeopaths and therefore has earned him some criticism in the midst of this debate within the profession.

Mangialavori has spent much time developing themes that remedies can be grouped in and identified by, and the spider family is one example of this. They are a good example of his approach. Given the paucity of knowledge of many of the existing spider remedies, *Tarentula hispanica* dominating the materia medica and repertory, how can we confidently prescribe other spider remedies and how can we ascertain the differences between them and the individual remedy pictures of each spider? This is the goal of this book.

In reviewing this book, the reviewer does not have a fundamental issue with the philosophical position taken by Mangialavori. It makes total sense to explore a substance from as many different angles as possible. Surely if we are exploring what is objectively true of a substance, then everything about the substance that is deemed true can potentially be used to aid us in our understanding. The argument that this is just an extension of the Doctrine of Signature, which Hahnemann spoke against, does not address the type of research that Mangialavori and many other homeopaths are doing. The attempt to understand the type of synchronicity that often occurs in studying the relationship of a substance to its surrounding environment and the human interpretation of this relationship as expressed in myths, metaphors and other forms of anthropological interaction can only deepen our knowledge. The only question is whether connections made in this way can be verified through clinical practice – that is, can this knowledge aid us in finding the correct remedy. This is what Mangialavori attempts to do and makes the case that our materia medica is already full of information gleaned from more “observational” sources. However, he also states that “we find it astonishing how little the homeopathic method has taken advantage of the breathtaking progress that has taken place in the other fields of science”, information which he feels can be vital in helping us in our understanding of the remedy and the patient. He also states that the homeopathic profession, in spite of its two hundred year track record, has

left an insufficient record of how previous masters really worked and how they achieved their results. This, he states, has led him to establish a strict measurement of the information gleaned from clinical practice.

His criticism of the validity of old and new provings is an interesting debate. Some homeopaths have assumed that Hahnenmann's provings are better than many of the modern ones, whilst there is evidence that Hahnenmann's own methodology would be criticized today. There is ample documentation that certain provers produced similar symptoms in different provings, revealing the real challenge in proving methodology in discerning the effect of the substance with that of the person. He also goes one step further and makes the case that provings alone cannot give us the depth of information necessary for accurate prescribing. It is merely one facet of knowledge. Ultimately, well-documented clinical experience is the most important thing.

Therefore, he states that he only uses cases that have been given only one remedy over a two-year period, with the same remedy being used in chronic and acute conditions. He feels that many cases presented in homeopathic journals lack the detail and depth to validate their efficacy, which reflects on the difference of approach and understanding that homeopaths bring to their work. However, the high standard of accountability that Mangialavori has set himself before deeming a case cured by a particular remedy raises some eyebrows. How long therefore does it take to accumulate enough cases of a remedy to use as evidence of its efficacy? What if a remedy works really well for a more chronic condition and doesn't work in an acute? Does that invalidate it? This last point has revealed a lot of confusion - in the reviewer's eyes - about the whole notion of acute and chronic conditions. Some homeopaths believe that there is no such thing as an acute illness and that any "acute exacerbation of a chronic condition" has to be treated by the constitutional remedy or not at all. Mangialavori is not saying this exactly. Rather he believes that the chronic remedy will simply work more effectively in an acute than will an acute remedy. The reviewer doesn't altogether agree with this, finding that in cases where an acute illness takes place, mainly due either to trauma or infection, a different acute remedy may be needed, which doesn't nullify the significance of the previous constitutional/chronic remedy given. It therefore seems a rather high standard that Mangialavori is setting. How many cases do we really have that have had only one remedy given, both in acute and chronic conditions, and which have stayed around for two years? The reviewer doesn't have that many and rather doubts that there are many others who do.

Some homeopaths have taken from this position of the "one remedy for two years approach", that there is really only one remedy for a person, and that any other approach is more superficial and meandering in the process of cure. This issue reveals another dichotomy in homeopathic thinking.

Although many homeopaths would agree that the ideal situation is to find one remedy that covers the breadth and depth of a case, how often does this really work in practice? If this idea is taken up as a fundamental philosophical doctrine, does it create confusion for students and others when faced with complex cases that reveal more than one remedy picture? Whether Mangialavori believes this, the reviewer doesn't know, but in the reviewer's experience, the idea that one remedy can cure all of a person's ailments is too simplistic, and not verified in clinical practice. Mangialavori also states in the book that he doesn't consider miasms in prescribing – another major schism in the history of homeopathic thinking – which further emphasizes the idea of the one remedy, as opposed to the concept of layers, multiple miasms, complementary nosodes - ideas expressed by Hahnemann and countless homeopaths since the beginning of homeopathy.

Both authors in the introduction define their approach and the importance of exploring information about possible remedies from every source possible, including biology, toxicology, and cultural anthropology. They give a very good explanation for why this is important. They then make some general remarks about spiders, discussing the importance of spiders in human consciousness from a psychological, mythological and anthropological approach. The description of the origins of Tarantism and its cultural significance in Greece and Italy is fascinating, exploring the symbolic significance of this ritual in these cultures and its significance to us as homeopaths when we are looking at using spider remedies, especially *Tarentula hispanica*. The authors state that they chose only those spider remedies with which they had significant experience, and therefore couldn't include some of the other spider remedies. The remedies chosen had ten to fifteen cases, cured, with two year follow ups. They then give some of the main themes characteristic of the six spiders studied. Some of the themes are fairly obvious, based on existing knowledge of spider remedies whilst others are not so well known and reflect the authors' experience with these remedies. The majority of the themes have a psychological emphasis to them which brings up an interesting debating point when analyzing remedies and ascribing psychological personality characteristics to them.

Mangialavori criticizes the validity of some proving material, stating that it consists of isolated phenomena not connected with the holistic dynamic of an individual, and devoid of the context in which it takes place. In order to address this issue, many homeopaths, Mangialavori included, have identified certain psychological types and themes in remedy pictures in order to give a more comprehensive image and understanding of the remedy. However, one problem with this is that some of the descriptions can be very generalized and may come across as being too vague or generic to be of use. There can also be a tendency to make absolutist statements about the type of character that would need a particular remedy, or to make personality generalizations based on a few cases. This process is

understandable. From a disparate group of symptoms one is attempting to identify certain archetypal characteristics of the person who needs such a remedy. However, it is symptoms that we prescribe on, and as we know, the same remedy can be given to people of quite disparate personalities. So, a danger always exists when making such generalizations or categorizations about a remedy and how this information can be taken as true, when it may be based on the opinion or experience of one person.

Mangialavori, in establishing such a strict measurement of a remedy's action, is obviously attempting to address some of these concerns by ensuring that no other remedy is indicated in the case, and therefore it is clearer to ascertain the depth of action of a remedy. He also presents his material quite discreetly, not extrapolating far from the basic themes which he is suggesting are characteristic of spider remedies. However, it will be interesting to see if other practitioners confirm his following description: "*Tarentulas* are generally less irresolute than *Theridion curassavicum*, less fearful than *Latrodectus mactans*, clearly less transgressive than *Mygale lasiodora*, much less sophisticated than *Buthus australis*, and much less organized than *Aranea diadema*."

Tarentula hispanica is the first remedy studied, with a brief initial overview of the themes of the remedy, followed by three cases in which the remedy has been given and acted well. All the cases show clear action of the remedy, although in two of the cases a different remedy was given to begin with. One case was a child who was also on allopathic medication for a while, but the third case was the most interesting, revealing to Mangialavori more of the symbiosis in the behaviour of the spider to that of the patient.

In all cases, some of the key symptoms of *Tarentula* were there to help confirm the remedy, but all showed a clear image of the remedy, if not at the beginning, then after the initial remedy had been given but not acted curatively.

Mygale lasiodora is the second remedy studied. This is an interesting remedy, because, in comparison with *Tarentula*, with its well developed homeopathic picture and keynote confirmations, there is relatively little written on this remedy in existing materia medica. A clear description of the *Mygale* personality type is given, which can be summarised as being a person who is indulgent, greedy, self-satisfied, focusing on an "instinctual satisfaction of sense pleasure." They can be "competitive and quite showy." It is stated that *Mygale* is characterized by a theme of transgression, to go beyond usual limits. Also, consistent with other spider remedies, there can be a theme of being a victim, of being persecuted, and a tendency to a hypochondriacal and complaining attitude. In comparing *Tarentula* to *Mygale*, it is stated that "While *Tarentulas* are afraid of their instincts,

resulting in an inhibited feeling, especially in the sexual sphere, *Mygale lasidora* takes the offence, finding sex and other pleasures a challenge. Their attitude is expressed, “Okay, let’s be a sinner and do it right.”” Mangialavori states that people needing *Mygale* are competitive, have a strong desire for pleasure and often have a narcissistic display. They can affirm themselves through affairs. Further descriptions are given which are quite original given existing knowledge of the remedy.

All three cases are instructive in showing the action of the remedy and the clear qualities of spider symptomatology. One interesting observation of Mangialavori’s cases is how many of them have a strong sexual component to them. This is obviously going to be seen a lot in animal remedies, which he has focused on, especially in the sea remedies which he has discussed as well as the spider remedies. However, it is interesting how central a theme it is in many of his cases.

Aranea Diadema is the next spider remedy given, Mangialavori providing quite a detailed description of the remedy picture at the beginning, before the cases. The cases do not reveal the themes he describes, as well as the cases did with *Mygale*. Two of the cases are children and whilst they are good cases in themselves, it is harder to see the “archetype” of the remedy as described. In essence, he says that *Aranea diadema* has a problem with identity, that they may be completely dominated, and that the feeling of being unrecognized and unappreciated leads them to a restless overactivity, which, because of the lack of recognition, makes it fruitless activity. However, given the lack of information about this remedy, this information can be a useful addition to our knowledge of this remedy and its possible differences to other spider remedies.

Theridion is the next remedy discussed. Mangialavori describes the key aspects of *Theridion* as having the same fruitless over-activity as other spider remedies, fuelled by their tremendous inner restlessness. He states they have a great desire to please others, to meet the family’s standards, whilst living their own life, which creates a great level of tension. They feel conflicted between these opposite pulls. This can lead to paralysis and irresolution, resulting in immature behaviour. This can lead to a state of complaining - a condition the authors emphasize in spider remedies - but which is only expressed to their partners, as they feel too weak to express it to their family directly, which the authors say is similar to *Latrodectus mactans*. Like other spiders, *Theridion* can express hypochondriacal moods, the physical expression however, being mainly in the neck and the ear, which is compared with *Latrodectus mactans*, which affects more the heart. As the conflict between two opposing impulses deepens, a more broken down state develops, with symptoms becoming more chronic and physical, the neck being a major area of affection. To quote, “For the *Theridion* patient it represents the conflicted connection between the life of

convention and the life they would rather live.” The authors then discuss the characteristic sensitivity of the hearing, which disrupts *Theridion’s* “fragile and rigid state.” They state that the common environment in which a *Theridion* patient lives, is experienced as suffocating and from which they try to escape, relying on being faster than everyone else. They can become competitive and focused on sports, to obsessive levels, leading often to injuries. Other themes mentioned are common to other spiders, relating to food, coldness and periodicity of complaints.

Each of the *Theridion* cases illustrates a clear action of the remedy, showing the characteristic spider qualities of affinity for speed, action and activity, and the characteristic sensitivity to hearing, motion sickness, and overall sensitivity. However, apart from the last case, a thirteen year-old girl, we don’t see the characteristics of a person dealing the opposing influences of desiring to please others and a desire to live their own life, and given the age and maturity of the girl, some of this can be attributed to her age and situation. However, each case is interesting and clearly shows signs of needing a spider remedy.

Latrodectus mactans is then discussed. The person needing this remedy is described as fearful, hypochondriacal and often hysterical. Similar to other spider remedies, complaining is a key expression, but is stated to be less malicious than in *Tarentula* and *Mygale*. It is stated that *Latrodectus mactans* and *Theridion* are the most sensitive of spiders from a homeopathic perspective. In *Latrodectus*, there is often a connection to sudden and frightening experiences, seen often in the possibility of their own death. There can be feelings of constant alarm and a fear of death, and they may have out-of-the-body experiences as part of a life-threatening event, often connected physically to the heart. One key aspect highlighted in this remedy, which directly connects to an understanding of the species, is that the *Latrodectus* patients “typically grow up in families where they’ve had to cope with a very hard, demanding, masculine, phallic mother.” This leads to individuals becoming dependent with a low self-esteem. This can lead to a compulsive, hyperactive industriousness, with a feeling of being persecuted – as seen with other spiders. However, it is stated that *Latrodectus* is more chaotic and disorganized than other spider remedies. Also, it is stated that the attitude toward food is less malicious than it is in other spiders. They may have bulimia and may use medicines as a substitute for their unsatisfied need for security and stable support.

It is stated how under-represented *Latrodectus* is in our materia medica, and the first case presented illustrates the challenge in finding the correct spider remedy for the case. However, case does offer the example of a man under the dominion of a strong woman, and had a couple of keynotes that fitted *Latrodectus*. The second case showed a case of a fifty-four year-old woman, who had a strong connection to death and had an antagonistic

feeling toward Mangialavori as well as distinct heart pathology. The third case also revealed a theme of female dominance, with a corresponding hypochondriasis and fear of death, along with restless quickness, impatience and business. The patient, a seventeen year-old boy, also had a hobby of doing embroidery!! Although each of the cases was fascinating and revealing about spider themes, they also revealed the challenge of finding the correct spider remedy, which the cases succeed in doing to some extent but not completely.

The last remedy discussed was *Buthus australis*, which is a small scorpion. The authors state that the scorpion shares many characteristics with the spider remedies, but the characteristic hyperactivity and restlessness tends to focus much more on the intellectual level than the physical, an interesting distinction. However, similar to many spider remedies, there is a lack of confidence with a need to prove themselves. It is stated that they are bent on demonstrating how clever, brilliant and sophisticated they are. As they decompensate, they can become complaining and hypochondriacal – like the spider remedies, and see themselves as a victim and become suspicious. One other characteristic strongly associated with *Buthus australis* is a ticklishness, a sensitivity to being tickled, expressed as a psychological ticklishness. It is emphasized that they can feel like outsiders – a feeling which can be compared to *Androctonus*, the more familiar scorpion remedy, but which isn't mentioned in this analysis – but which is most likely an attribute of all scorpion remedies. One other distinction from spiders is regarding the relation to food, which is described as being more rebellious and obstinate, leading to a refusal to eat, more aggressive than the spiders.

The book succeeds well in highlighting the key qualities which can indicate a spider remedy. This is revealed both in the initial introduction to the remedies as well as in the cases themselves. All the cases are interesting and show a clear action over a long period of time. However, as mentioned, they don't always reveal some of the key attributes of each remedy and therefore don't solve the challenge of differentiating between various spider remedies. Given that the biggest challenge in prescribing a spider remedy is to know which one to give, it would have been useful to have had a chapter dedicated to differentiating between all the spiders. Although a summary of the key aspects of spider remedies is given at the beginning, any real differentiation is only mentioned in the introduction to each remedy and not as a chapter in itself. The book would also benefit from a comparison with other similar remedies, in order to differentiate spider remedies from other similar ones.

It would also have been useful to have had more description of the characteristic zoological behaviour of each spider and to connect this with the remedy picture. Although some themes are discussed, there could have

been more detail: for example, indicating which spiders make webs and which don't, and generally exploring this area further, especially given the stance the authors are taking regarding the importance of studying material from different sources.

The book itself is well presented though there are a number of spelling mistakes and grammatical errors which do detract slightly. Although it is not easy to make such things perfect, the book would have benefitted from a more thorough editing.

Therefore, the book succeeds well in broadening our awareness and knowledge of spider remedies and illuminates a picture of a previously little known remedy – *Buthus australis*. All the cases are very interesting, and that alone can greatly help practitioners recognize when a spider remedy may be needed. However, the book doesn't succeed so well in distinguishing between the remedies and perhaps suffers from an over-generalization of archetypal themes for each remedy. In order to really accept some of the themes which the authors attribute to each remedy, other practitioners will have to confirm these observations in clinical practice. However, the authors have made a significant contribution to our knowledge of the spider family of remedies.

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BITTEN IN THE SOUL: EXCERPTS FROM THE INTRODUCTION

WRITTEN BY HANS ZWEMKE AND MASSIMO MANGIALAVORI
REPRODUCED BY PERMISSION

Hahnemann appears to have understood that there was much more to grasp in a case than a mere listing of the patient's symptomatology. We can see this in his remarks in the foreword to the remedy *Pulsatilla* (MMP Vol. 2):

“The homeopathic employment of this, as of all other medicines, is most suitable when not only the corporeal affections of the medicine correspond in similarity to the corporeal symptoms of the disease, but also when the mental and emotional alterations peculiar to the drug encounter similar states in the disease to be cured, or at least in the temperament of the subject treatment.

Hence the medicinal employment of *Pulsatilla* will be all the more efficacious when, in affections for which this plant is suitable in respect to the corporeal symptoms, there is at the same time in the patient a timid, lachrymose disposition, with a tendency to inward grief and silent peevishness, or at all events a mild and yielding disposition, especially when the patient in his normal state of health was good tempered and mild (or even frivolous and good humouredly waggish). It is therefore especially adapted for slow, phlegmatic temperaments; on the other hand, it is but little suitable for persons who form their resolutions with rapidity, and are quick in their movements, even though they may appear to be good tempered. “

Here we have one of the rare statements of Hahnemann that goes beyond the mere matching of words and symptoms. It shows clearly that he tried to understand the patient's disposition, temperament and psychological situation. He used clinical information, even constitutional features, which were not elicited in proving symptoms as valuable hints to make a prescription.

Despite Hahnemann's example, the century after Hahnemann was

characterized by a limiting of homoeopathic prescribing mainly, though not exclusively, to physical proving symptoms. In Hahnemann's time the science of psychology was not born. Homoeopathy today cannot ignore the enormous change of perspective that the work of Freud, Jung and others brought about in the evaluation of the emotional and behavioral aspects of the patient and his symptomatology. Yet we know homoeopathic schools that warn their students not to go into the psychological jungle.

This warning may be justified for those with limited education in psychology and are not prepared to go into these areas. But it cannot lead to a generalized exclusion of a subtle, in depth exploration and analysis of the patient's psyche to gather information essential for a successful treatment.

Other fields of science offer homoeopathy insight into the remedies. The healing properties of many substances, brought out in detail by homoeopathic proving, have been used intensively before during hundreds of years of medical and cultural history. Their peculiar names often mirror toxicological, medical, and other experience with these substances since ancient times. Although the information from other fields is often less precise than ours, it contributes useful empirical knowledge to the picture of those remedies.

Biology and ethology furnish interesting information about the qualities and behavior of many animals, and their potential as homoeopathic remedies. Clinical experience confirms that the nature and characteristics of the organism from which the remedy is prepared are related homoeopathically to the symptoms and characteristics of patients for whom this remedy is curative. One of the greatest available sources to enrich our judgment whether a remedy may be suitable for a case is the science of cultural anthropology, which deals with the history of cultural development in its many different aspects.

This clinical observation raises an important question. When we select a remedy, can we rely only on proving symptoms alone or should we consider other reliable sources of knowledge? We are concerned that when homoeopaths limit themselves to proving data, relying on the orthodox Hahnemannian perspective alone, they cut themselves off from beautiful information about remedies, and thus about their patients. This self-imposed limitation has been one of the biggest obstacles in the development of homeopathy in modern times.

Our frame of reference comes from the study of the patient and the remedy. We try to analyze the patient's symptoms as a whole, as a coherent pattern of reaction that this organism developed during its life span to cope with its existential problems. This is also the way we understand the proving symptoms. For us it seems limiting to simply register the

symptoms derived from the verbal expressions of the subjects. It makes much more sense to try to grasp the specific pattern that this substance can cause and heal.

To do this the information from provings is not sufficient. Most provings were not well conducted and influenced by factors which can be misleading. It is therefore not surprising that our understanding of remedies differs from the textbooks. The study of successfully cured, well-documented cases is essential to the complete understanding of a remedy. Using this data to develop the complete picture of the remedy, we are able to match our subjective perception with the objective and subjective reality of the patients.

Hahnemann and his disciples, revolutionaries as they were, often ignored the history of the substances they proved. He also openly criticized the “doctrine of signatures,” which claims that the healing properties of substances can be derived from its qualities. He criticized such theories as “the folly of the ancients”. By doing so Hahnemann freed himself from the mysticism and metaphysical theories that supported the medical theories of his time; but he also lost truths these theories encapsulated.

We do not want to be misunderstood as arguing that these old theories should be revived. We want to increase the awareness of the substances in use. We wish to connect what is known of a substance from its historical use and homoeopathic provings to the patient’s clinical history, using a process of metaphor and analogy. The metal gold is a good example. By its shining beauty and decorative properties, this metal gained status as a precious material from ancient times; this serves as a basis for its use as coins. People have killed and even started wars to possess it. “El Dorado” the land of gold, inspired the dreams and energies, and took the lives of many men seeking it. Hundreds of legends, fairy tales and proverbs center on this material.

Hahnemann had the insight to make this metal into medicine by potentizing it although he respectfully mentions the use of gold by arabic physicians in the treatment of “melancholia” and heart-failure long before. Why should we, two centuries later restrict our knowledge about the remedy *Aurum metallicum* only to the list of proving as the only truth of relevance? We look at these facts as a kind of historical proving of this substance and take it as an inspiring addition to the proving symptoms, hints for the prescription of *Aurum metallicum* in sick people! These data are already unconsciously reflected in our materia medica. There we find *Aurum* under the rubric “ailments from business failure,” an experience which never appeared in a proving. This information comes from relevant clinical cases but also from the study of this metal out of a cultural anthropological perspective.

It is our observation that the underlying coherence in this information is reflected in themes, which are reflected in diverse circumstances. These themes appear recurrently in healthy people participating in homoeopathic provings, in the historical and cultural uses of the substance, and in clinical cases. From these sources is derived a remedy picture, a “Gestalt.” For successful homoeopathic prescribing, this picture has to be perceived and documented, and then demonstrated with cured cases. The utility of this line of thought can be seen in the case material about the spiders that we are presenting in this book.

We want to underline another important aspect. Remedy relationships (another level of coherence) have not been studied extensively until recently. Farrington, Teste, Lesser, and a few others, tried to group certain remedies, but the practical use of this classification was not obvious. The use of biological, chemical, and other criteria to understand the resemblance between remedies can be very helpful when searching for a curative remedy.



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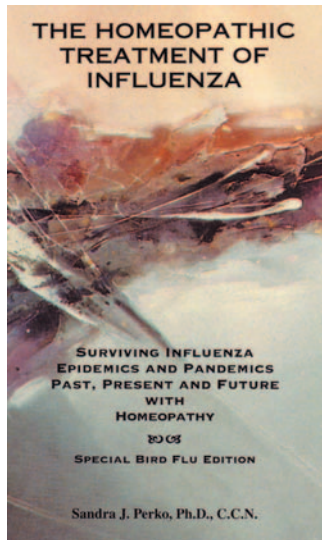


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THE HOMEOPATHIC TREATMENT OF INFLUENZA

SANDRA PERKO PH.D., C.C.N.
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REVIEWED BY NEIL TESSLER ND, DHANP



“Two children die of flu in Colorado” screamed the headlines, the fifteenth front-page article on the flu in the previous three months. In the meantime, around thirty-five thousand North Americans die of the flu every year, shots or no shots. When so many patients come in sick from flu shots, highlighting the shrill and orchestrated media madness of recent years, my reaction to the avian flu scare has been understandably skeptical.

Even after attending the Boiron sponsored Homeopathy and Avian Influenza conference in November, I still did not gain very much understanding about the nature of the supposed beast, though it was an interesting and useful meeting. So it was quite a surprise to read Sandra Perko’s thorough discussion of the Avian flu in the new edition of her

Homeopathic Treatment of Influenza. She presents the conventional argument that the threat is grave and serious, but is this in fact the reality? The avian flu scare has had many analogies to the flu vaccine terrorism of recent years. Is there a connection? Perko does not address such issues as the Rumsfeld/Tamiflu money trail, though the depth of information she does offer is considerable.

In fact, this is a valuable book that deserves to be owned and reviewed by all practitioners as a homeopathic resource and to gain some perspective on the modern issues surrounding influenza's epidemic potential. Sandra Perko has been practicing homeopathy and clinical nutrition for almost thirty years, including serving as the Director of the South Texas Education Center for Homeopathy. She is also the author of *Homeopathy for the Modern Pregnant Woman and Her Infant.*

In approaching the subject of influenza Perko takes up the task most seriously. She goes into the history of the flu and flu pandemics right up to the present with a lengthy review of the famous Spanish flu epidemic. She covers a range of social and epidemiological issues, including cross-species viral "jump" and vaccination. All of these discussions are fascinating reading.

The second section of the book has several major features. First it is a detailed discussion of the major stages, symptoms, symptom complications, and various natural treatments for the flu. She discusses herbal and hydrotherapeutic treatment protocols. She also offers the opinion of a number of homeopathic authors on the prevention of the flu.

The homeopathic section is enormous. She begins with lists of remedies and relevant indications categorized according to the predominant system that is affected. She then offers a detailed discussion of the influenza indication of sixty-eight remedies, adding the thoughts of several specific authors regarding each remedy. She has a separate section for remedies pertaining to complications of the flu, particularly pneumonia, post-influenza complications and remedies of convalescence. The majority of these are referenced to one author or another.

The last section of the book is an up to date discussion of the rise of avian flu and the specific reasons that it is causing a great deal of alarm. It is a hair-raising tale of how a combination of modern farm practices, cultural habits and the overuse and abuse of medications is spawning viral monsters in the avian world that have the very real possibility of one day devastating the human one. Along the way, she discusses a number of relevant issues pertaining to children, vaccination, antiviral medicine, etc. This is a very valuable book that will be of great value to any practitioner seeking to gain in their understanding of the issues and acquire a handy

guide to the tools for natural and homeopathic treatment.

In the following section, Sandra discusses the possible cause of the current H5N1 avian flu:

Although there are a number of strains of avian influenza, which pop up from time to time throughout the earth, H5N1 is truly the “Typhoid Mary” of all bird flu. It is the one that causes the most fear among the world’s virologists. It is the one that commands the constant nervous world monitoring by the CDC and WHO. It is the one that stands alone as having the ability to cause a worldwide pandemic to rival the infamous 1918 Spanish Flu. This strain was believed confined only to other fowl - that is, until 1997, when a Hong Kong boy died from a highly pathogenic strain of H5N1 believed to have been contracted directly from a single infected duck. This alarming event triggered the immediate slaughter of almost the entire population of Hong Kong’s poultry industry.

Even though this extreme action was successful in heading off a dangerous chain reaction, it by no means put an end to this virus. Since that first momentous case in 1997, country after Asian country has been battling the now infamous H5N1 bird flu. As of February 2005, Vietnamese officials reported that their latest outbreak of avian influenza was finally showing signs of abating - this after recording its ninth bird flu fatality in only two months. Despite stringent efforts throughout Asia, and the destruction of over 100 million chickens, ducks, and geese, United Nation’s Food and Agriculture Organization representative, Anton Rychener, cautioned that the virus is not likely to be easily eradicated. “What is happening this year (2005) is not an outbreak,” he warned. “It is an endemic recurrence of a disease that is here to stay.” The most logical question then is: What caused this frightening situation in the first place? What change in the avian ecology of Asia is possibly responsible for allowing a here-to-fore impossible viral jump from birds directly to humans, producing this new horrendous viral threat?

A disturbing disclosure that appeared in the summer of 2005, may point to the possible cause. The World Health Organization (WHO), on June 20, 2005, formally asked China to “explain a new report saying authorities encouraged the indiscriminate use of a poultry antiviral drug that may have given rise to the resistant H5N1 strain of bird flu.” Apparently, Chinese farmers, since the late 1990’s had been widely using the antiviral drug amantadine in their flocks’ water sources in order to suppress bird flu outbreaks. Roy Wadia, WHO spokesman, warned, “Any misuse of drugs, and especially antivirals which are key in the fight against pandemics would be very disappointing indeed.” Later that month, The United Nations Food and Agriculture Organization (FAO) strongly warned China that they could expect serious consequences for all Asian countries if they did not stop the

misuse of this considered effective bird flu drug intended only for humans. FAO's representative in China, Noureddin Mona, said, "If poultry farmers continue to be provided with amantadine, and the virus becomes resistant in birds, the drug would be useless in future human cases of avian influenza."

Unfortunately, due to this astonishing and reprehensible unchecked practice by Asian farmers, this situation appears to already be a reality. Labs in the United States, Hong Kong, and England, have been zealously testing the H5N1 strain's susceptibility to several antiviral drugs, and the findings so far are not encouraging. Initial genetic tests indicate that the anti-influenza class of drugs, namely amantadine (Symmetrel) as well as rimantadine (Flumadine) demonstrate H5N1 resistance. This, at a time when Vietnam had just announced that 6,000 chickens in the south of that country had become infected with the flu strain, and Indonesia had confirmed its first human case of the H5N1 bird flu.

It is no secret that farmers the world over, for years, have routinely used antibiotics in their poultry feed in an effort to keep down bacterial infections in their flocks. They also routinely vaccinate whole flocks against various avian viruses. This, in spite of virology experts warning that "such vaccinations - done in hopes of saving farmers' livelihoods - could, at least theoretically, increase the danger of a mutation occurring if the virus succeeds in resisting the vaccine." If the Asian farmers' use of the relatively new antiviral drugs in combination with antibiotics and vaccines eventually proves to be the "ground zero" cause of the deadly H5N1 bird flu, then the world is in deep medical trouble indeed. It's anyone's guess what eventual consequences will result from the continued "medical messing" with the bacterial and viral environment of the avian and mammalian species.

Part social study, part history, part epidemiology, part homeopathy, this is a vast, informative, practical and highly readable discussion of one of the most common illnesses that effects humanity. One that we have perhaps taken too much for granted before now.

THE USE OF HOMEOPATHIC MEDICINES IN THE 1918 INFLUENZA EPIDEMIC

FROM JULIAN WINSTON
THE FACES OF HOMEOPATHY
GREAT AUK PUBLISHING 1999

TAKEN FROM THE PROGRAM OF THE WORLD MEDICAL CONFERENCE:
HOMEOPATHY AND AVIAN FLU NOVEMBER 19, 2005

Avian Influenza Epidemic

There has been much discussion about the merits or otherwise of Avian Flu anti-viral medicines in the media but no discussion of the effectiveness of homeopathy in the treatment of influenza. History shows us that homeopathy was used by homeopathic physicians in USA to treat patients during 1918-1919 influenza epidemic. From information recorded by these doctors, homeopathic treatment was highly successful. In most cases one or two homeopathic medicines needed. These are known as the “genus epidemicus” in an epidemic and become known through the careful observation of a number of influenza cases. It is difficult to speculate exactly what homeopathic remedies will work best in the possible Avian flu epidemic. However there are a number of known “flu remedies that may be useful eg; *Gelsemium*, *Bryonia*, *Arnica*, *Eupatorium perforatum*, *Arsenicum* etc. In the 1918 epidemic *Gelsemium* and *Bryonia* were most commonly indicated according to the following extracts.

1918 Influenza Epidemic

In 1921, W.A. Dewey MD published a paper in the *Journal of the American Institute of Homeopathy* entitled *Homeopathy in Influenza - A Chorus of Fifty in Harmony*. The following extracts are from this paper:

In Philadelphia twenty-six thousand seven hundred ninety five cases of influenza treated by homeopathic physicians had a mortality rate of 1.05% compared with the conventional mortality rate of thirty percent.

In Connecticut thirty physicians reported six thousand six hundred and two cases with fifty five deaths, (<1 %)

Dr. Roberts in Connecticut also reported eighty-one cases in the transport service all treated with homeopathic treatment and all recovered.

In a factory in Chicago, Dr. Wieland reported influenza in eight thousand workers with one death. All were treated with *Gelsemium*. He reports no aspirin was used and no vaccines.

Dr. Williams in Rhode Island reported no losses from influenza and a 2.1 % loss in those that developed pneumonia. He observed that Doctors using aspirin as the main treatment were having sixty percent mortality in those patients that developed pneumonia.

Dr. Sappington reports that from fifteen hundred influenza cases recorded by the Homeopathic Medical Society of the District of Columbia only fifteen died. The Recovery rate in the National Homeopathic Hospital was one hundred percent

Dr. H.A. Roberts was a physician on a troop ship at the time. Another boat pulled alongside to get any spare coffins it's mortality rate was so high. On his return to port, the commander said to Roberts "Used all your coffins?" To which Roberts, who had been treating his ship with homeopathy, replied, "Yes and lost not one man!"

One physician in a Pittsburgh hospital asked a nurse if she knew anything better than what he was doing, because he was losing many cases. "Yes, Doctor, stop aspirin and go down to a homeopathic pharmacy and get homeopathic remedies." The Doctor replied "But that is homeopathy". "I know it, but the homeopathic doctors for whom I have nursed have not lost a single case" - W.F. Edmundson, MD; Pittsburgh.

Three hundred and fifty cases and lost one, a neglected pneumonia that came to me after she had taken one hundred grains of aspirin in twenty-four hours. - Cora Smith King, MD, Washington DC.

It was generally observed by homeopaths in the US at the time that the use of Aspirin was a major cause of death during the influenza epidemic. Its indirect action came through the fact that aspirin was taken until prostration resulted and the patient developed pneumonia.

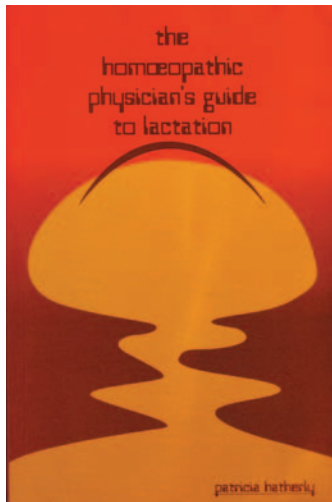
In Kentucky, Dr. Huff wrote "I almost invariably gave (homeopathic medicines) *Gelsemium* or *Btyonia*. I hardly ever lost a case if I got there first, unless the patients had been sent to a drug store and bought Aspirin, in which event I was likely to have a case of pneumonia on my hands"

THE HOMEOPATHIC PHYSICIAN'S GUIDE TO LACTATION

By PATRICIA HATHERLY

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CAHPEL HILL, QLD, AUSTRALIA
PAPERBACK 278 PAGES US\$59.95

REVIEWED BY NEIL TESSLER ND, DHANP



Patricia Hatherly has offered an outstanding combination of scientific, practical and homeopathic information on the subject of lastation. It is both informative and above all, thorough. There is so much material, covering virtually every facet and ever contingency pertaining to breast-feeding, that the book will be of tremendous value to anyone interested in a textbook coverage of the subject, which should be every healing arts practitioner. The volume is illustrated with photos and charts and each chapter has a long list of footnotes.

Nutritional and homeopathic considerations are applied to a wide list of conditions and situations. Towards the end Ms. Heatherly offers a detailed consideration of three remedies, *Lac caninum*, *Lac maternum*,

and *Lac humanum*. She provides an excellent schemata and more direct proving information drawn from her own work done on *Lac maternum*. *Lac maternum* is the milk of nine women collected from day three to ten months following childbirth. *Lac maternum*, unlike other milk remedies, also contains colostrum, which the author believes is the most important component of the remedy. Her extensive usage of milk remedies and long homeopathic experience, makes this a singular volume. If helping people is your goal, and you work with pregnant and nursing woman and infants, this is a book not to be missed.

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THE HOMEOPATHIC PHYSICIAN'S GUIDE TO LACTATION

BY PATRICIA HATHERLY

PREFACE

The *Lac humanum* type dreams of a variety of animals, especially of amphibious creatures. This is perhaps suggestive of the notion that monotremes (of which our Australian platypus is an example) provide an evolutionary link between reptiles that lay eggs and abandon their young, and mammals that birth live and suckle their young. As a species we are defined by our ability to nourish our young in this special way. That this ability evolved is perhaps due to the willingness of an amphibious creature millions of years ago to allow her young to lick the sweat from her chest, thereby increasing their chance of survival to reproduce in an adaptive manner. Sweat, like saliva, is rich in lysozyme, an enzyme with potent anti-bactericidal properties from which lactalbumin, the main protein in human milk, is derived.¹ Milk, a unique substance, which varies slightly from species to species in the mammalian kingdom, affords all newborns an increased chance of survival due to a range of protective and potentiating characteristics, which will be explored in depth in this book.

With the advantage of modern methods of scientific enquiry, it is universally acknowledged that to be nourished with a milk that is species specific is an optimum experience. However, the benefits of breastfeeding have long been understood. One of the earliest of recorded references comes from Hippocrates who is reported to have written: "One's own milk is beneficial, others' harmful." Furthermore, an interesting Spartan law ruled that all women (including the wife of the King, were required to breastfeed, at the very least, the eldest son. Indeed, Plutarch reports that a second son of King Themistes inherited the Kingdom of Sparta only because he was nursed with his own mother's milk. The eldest son had been nursed by a stranger and was therefore rejected.² Subsequent to that historical period, Emperor Caesar Augustus was reputed to have ridiculed mothers who hired wet nurses to suckle their infants.³

Such a tendency to view with disfavour those women in our society, who adopt the seemingly easy option and abandon breastfeeding in favour of artificial feeding, still persists, especially among health professionals.

However, to be fair, historical evidence suggests that, from the earliest of recorded times, traits of our reptilian heritage have prevailed, and alternatives to breastfeeding have had to be found in order to accommodate those women who eschewed breastfeeding for either physiological or psychological reasons. For women, the eternal (“Catch-22”) question seems to be: “How much can I give to the next generation without taking too much away from my own soul’s journey?” It is the Curse of “Eve”; and, when we reflect that women, at the time of weaning, are limited in their choices of breastfeeding substitutes and cannot reach for one made of human milk, it says much about society’s priorities. Wet-nursing had its advantages; at least it was human milk that babies received!

Archaeological evidence indicates that in ancient Egypt feeding flasks were relatively unknown. This is especially so among the graves of families who enjoyed high status. These women tended to breastfeed for up to three years as indicated in the Boulak Papyrus: *Thou shall not forget thy mother... for she carried thee long beneath herbreast as a heavy burden; and after these months were accomplished she bore thee. Three long years she carried thee upon her shoulder, and gave thee her breast to thy mouth. She nurtured thee, and took no offence from thy uncleanliness...*⁴ This is a far cry from the current situation, as exclusive breastfeeding in Egypt is now as low as twenty percent and inversely linked to the household ownership of a refrigerator!⁵

Additionally, spouted feeding cups dating from 2000 BC have been discovered in the graves of European infants; and Hammurabi’s Code (c1800 BC) contained regulations pertaining to the practice of wet-nursing.⁶ A pair of spouted feeding cups (dating from c600 BC) was discovered in the grave of premature Sudanese twins.⁷ It is believed that such devices were filled with milk from goats or donkeys. We know from ancient drawings and legends passed down (particularly Greek and Roman), that direct suckling from animals was not unknown. The legend of Romulus and Remus is perhaps the most familiar, and may give cause for speculation concerning the essence of *Lac lupinum* and the Italian psyche. However, the dog, jackal and wolf are repeated themes in the artefacts and traditions of many ancient civilisations, and we know from Nancy Herrick’s work on *Lac lupinum* that one of its main themes concerns that of “children in danger”; an ironic comment on infants who have no access to human milk! Wet-nursing was always a popular option for those who could afford it, and provided a regular source of income for those who were resilient enough or desperate enough to endure it. Infanticide and abandonment were widely practised in parts of Europe by the bourgeois as well as the working classes in the C18th. Few women breastfed; their babies being sent out to wet nurses who became known as “the angel makers”.⁸

A review of infant feeding in Great Britain from 1500 to 1700 AD

suggests that most wealthy English women did not breastfeed; and, although it was recognised as a reliable means of contraception even back then, they preferred to run the risk of bearing a baby each twelve to eighteen months rather than breastfeed.⁹ Henry VIII's probable syphilitic miasm notwithstanding, the history of England may well have been vastly different had Catherine of Aragon (herself) breastfed her firstborn son, who lived for five months under the care of the royal wet nurse and four royal rockers of the cradle! She, in fact, gave birth to ten children and only one (Mary) survived.

Working-class mothers, who were forced to leave their infants for varying periods throughout the day resorted to pap gruels, which consisted of a much diluted mixture of milk mixed with bread, rice or flour. Those mothers, who were forced to take their children with them to work, often resorted to a mixture of treacle and opium (called "Godfrey's Cordial") to keep their babies co-operative.¹⁰ The majority of these infants died.¹¹ Those who made it through to adulthood truly epitomised the notion of "survival of the fittest".

Breastfeeding, however, has always ensured that a woman is able to mother in a very special way. Not only is she certain that her baby will, throughout the lactation, obtain nutrients entirely appropriate for meeting the unique needs of each developmental stage, but is certain also that she can satisfy her baby's emotional needs during those times when he comes to the breast for comfort rather than nutrition.

On an endocrine level, breastfeeding completes the conception/birth/lactation cycle dominated by oxytocin and is, therefore, of importance in a psychosexual sense for a woman's physical and emotional integrity. Because of this, it is my belief that the relationship, which a woman shares with her baby throughout the lactation, is as personal and private as that which she shares with her mate. Society at large, therefore, should respect this need for privacy by according each woman the freedom to mother her baby as best she sees fit, by offering real and practical support. Cultural beliefs play a part here and, as health professionals, we need to be cognisant of the wide variety of cultural practices that prevail.

Since the earliest of times suspicion concerning colostrum has abounded and taboos persist today, especially among some Asian and African races. In Europe, the use of herbal teas has always played an important part in mothering, especially during episodes of "teething". Dietary patterns among mothers are diverse due to both cultural and philosophical beliefs. Breastfeeding positions vary as well. While most women in Western cultures adopt the "Madonna position" for feeding, those mothers who traditionally carry their babies on their backs or hips simply swing them around for feeding in an upright "primate position". Because they digest

their milk relatively quickly due to the low protein content, babies need to feed every few hours. Being carried in a sling in close proximity to the breast provides continual warmth and security as well as nourishment, and is a carryover from our hunter-gatherer origins where easy mobility was essential as groups moved from place to place to prevent the depletion of resources. It is also a practice that acknowledges that human mammals fall into the category of “altricial” rather than “precocious”. Foals and lambs are examples of the latter as, in a relatively short time after birth, they are able to walk and follow their mothers.

Human babies, however, like most other mammals, need a safe “nest” where they can complete their development.¹² The evolutionary compromise that occurred as a result of bipedalism (and the ensuing narrowing of the pelvis) was to give birth to relatively immature young. Humans are particularly immature at birth with their brain size being only twenty five percent of the final size. At the breast all systems mature, but the brain develops at the same rate it did in utero until the age of twelve months, at which time it reaches eighty percent of the final size and the growth rate slows down. It completes its maturation some two years later.

Therefore, there can no denying the weight of medical evidence that implies that “breast is best”, and there are well-recognised common parameters pertaining to the management of lactation. However, each mother/baby dyad knows in what ways breastfeeding best accommodates its needs. Although nine months has traditionally been seen by some to be an optimum minimum length for lactation (mirroring ex-utero, a similarly timed period of attachment in-utero), hunter-gatherer mothers feed for at least two years and up to four years. A woman’s lactation, therefore, may be lengthy or short for a variety of social, cultural and economic reasons. And, in every case, she can be certain in the knowledge that her baby has had the very best start that she and Nature can offer to life outside the womb.

Epidemiological studies suggest that sustained breastfeeding rates are higher in our society among those women who have attained higher levels of education.^{13,14} Put simply, this means that although almost all women begin breastfeeding, about fifty percent of those in developed countries stop within three months. In fact, the most recent data from the US suggests that only twenty-two percent of infants are still receiving breastmilk at six months.¹⁵ The majority of those who persist do so because they are well informed and appreciate the important role that breastfeeding plays in the protection of infants from a range of morbidities.

Research, however, also consistently emphasises the importance of the Physician’s attitude in ensuring continued breastfeeding success.^{16,17} As health professionals we homoeopaths have a special role to play in that

our unique understanding of the importance of the mother-child bond that comes through our study of materia medica, particularly of *Lac caninum* and, more recently, *Lac humanum* and *Lac maternum*. Issues about developing self-confidence through being nurtured are significant in the milk remedies. Interestingly, western medical sciences also acknowledge the role that a strong mother-child bond plays in promoting psychological independence in the child and in preventing bouts of anxiety and depression in later years.¹⁸

It is my hope, therefore, that through this book, homeopaths may come to have a better understanding of the uniqueness of human milk (and, therefore, its Doctrine of Signatures) from both a western medical and a homeopathic perspective; thereby ensuring that we give informed and best-practice care to mothers and babies.

Patricia Hatherly BA DipEd IBCLC BHSc (Homoeopathy) AROH MAHA




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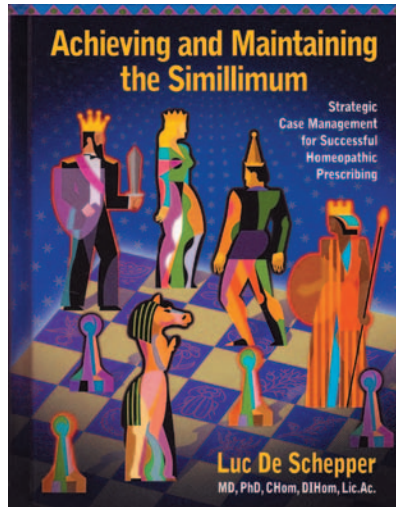
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REVIEWED BY NEIL TESSLER ND, DHANP



Achieving and Maintaining the Simillimum is an outstanding reference for those seeking a clear picture of Hahnemann’s posology. It is less about the selection of remedies but instead offers a minutely detailed dissection of “stategic case management”. Special emphasis is placed on the effect of dosing method and the superiority of water dilutions over dry pellets.

In order to set the stage for his discussion of potency ‘Dr. Luc’ begins with a detailed and nicely illustrated section on the fundamental concepts of the homeopathic action of medicines, discussing the primary and secondary action of the vital force and the effect of the artificial remedy disease. It is only by understanding the nature of homeopathic effects on the vital force that we can begin to appreciate the importance of dosage in the process of curing.

He next lays out chapter by chapter the various phases of development of Hahnemann's selection of dose. This much is similar to LM evangelist David Little, who has also been at the forefront of disseminating the value and significance of this later life discovery of Hahnemann, that had remained essentially unknown until the early part of the twentieth century. This section is well illustrated by special summaries and boxes, so that it becomes very clear why the method is so valuable and how to practice it with both centesimal and LM dilutions. In this regard, he offers very precise instructions as to the appropriate potencies according to the different dosing methods for differing clinical situations.

Chapter twelve is a series of illustrations and associated discussions on case management, not dissimilar to those offered by Vithoulkas in the *Science of Homeopathy*. What is unique is that he offers different follow-up scenarios depending on whether the prescriber is applying the posology method of the fourth, fifth or sixth editions of the *Organon*.

Along the way, Dr. Luc offers clarification on the alternation of remedies, the position of nosodes and isopathic remedies in homeopathy, complementary remedies in chronic illness – a section that includes several valuable charts, and a detailed discussion of obstructions to cure.

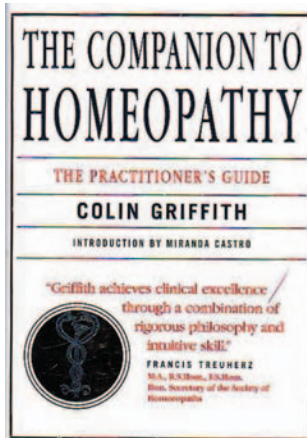
The later sections of the book offer various clinical examples and answers to questions. He ends with an interesting discussion of Hahnemann's Paris casebooks, from his last years of practice.

We can well appreciate the efforts of Dr. Luc and David Little in disseminating a better understanding of the utility and methodology of liquid dilution prescribing and the differences in case management that result from using this approach. We appreciate the tremendous efforts that Dr. Luc has made in this book to carefully and thoroughly explain and illustrate core principles of homeopathic cure, and how to utilize dosage to best advantage in all manner of situations. This is a quality addition to the modern literature.

THE COMPANION GUIDE TO HOMEOPATHY

THE PRACTITIONER'S GUIDE
COLIN GRIFFITH MCH, RS.HOM, FS. HOM
WATKINS PUBLISHING, LONDON
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REVIEWED BY NEIL TESSLER ND, DHANP



Despite the title, this is not a practitioner's guide as such. In fact, the book is written for a general audience. Essentially, Griffith offers a very wide-ranging collection of thoughts, insights, opinions, information and experiences on generally homeopathic topics. Of course there is much here that could be of interest to practitioners, who may profit from the many case reports sprinkled throughout or be stimulated by Griffith's insights and research on various topics.

These musings by one seasoned British homeopath, reminds of us of the famous writings of another: Dorothy Shepherd, author of *Magic of the Minimum Dose*, who also offered a depth of information in a topical style to a general audience. However, Shepherd's works were more focused and concise, at a quarter the size. Griffith has a lot to say and wants to get it all off his chest at once. This is somewhat like having the *Lord of the Rings* in one volume, when it was easier to manage as three separate books.

Appropriately, the book is broken into three distinct parts starting with *The Fellowship of the...woops, ah, The Cinderella of Medicine* – an original, if not slightly embarrassing metaphor for homeopathy. This is a more or less roving introduction to the philosophy of homeopathy, including discussions of vital force and the hierarchy within the organism and disease. All of the topics are dissected at considerable length. Probably the most obvious omission is any detailed discussion of dose. It is a somewhat surprising absence when the overall length and breadth of the book is considered.

The second section covers a wide range of topics under the general rubric of ‘maintaining causes’, a reference to various management issues in the process of the homeopathic case. Topics include medications, hormones, dental issues, nutrition, vaccination, allergies, families, and ‘recreational’ drugs, with a particularly scathing look at marijuana use, which Griffith characterizes as one of the worst things to come out of the sixties. The birth control pill is given twenty-five pages. There are also considerations of the training and judgment of the homeopath as a maintaining cause. Vaccinations are given a forty-page treatment, including the potential side effects of each vaccine and various cases illustrative of problems associated with vaccination.

The last and longest section of the book, weighing in at four hundred pages, is on miasms. How many miasms? Griffith counts six miasms, adding Cancer and Leprosy to the usual three plus Tubercular. He covers the issues from the ground up and from many different angles. He offers considerable detail regarding the diseases associated with each miasm, which is, of course, very interesting in its own right. Along with this he emphasizes the importance of the mentality associated with each miasm. As with the entire book, there is much to learn from and much to chew on. He often takes you down an unexpected track, or looks at issues in a somewhat novel, at times idiosyncratic manner. However, this is often to the benefit of the reader.

All in all, Griffith has offered a tremendous amount of interesting reading. Again, our major complaint is that at twice the weight of Brewster-O’Reilly’s hardcover edition of the *Organon*, one has to feel up to the physical labor involved. Its not the best book to take to the beach, though we did so many times last summer.

We would have liked to offer some worthy excerpts, but for some reason the book scans poorly, so our advice is to thumb through at your next opportunity and see if it speaks to you. The price per ounce is fairly reasonable and there is certainly much of value, if you happen to have the stamina

HOMEOPATHY & SERVICE

By ELENA CECCHETTO

After hearing Karen Allen speak at the West Coast Homeopathic Society's (WCHS) conference, I talked to her further about a new project she's involved with. Here a bit of information that I think ought to be shared!

Homeopathy & Service

Karen is working on setting up a Homeopathic Clinic in Nicaragua. Karen has been in close contact with a spirited go-getter named Lavonda Womack. She's been helping people in need of health care in areas of north-western Nicaragua.

The President of Nicaragua has declared the country in a state of economic emergency because they cannot afford to buy oil. There have been electricity shortages and therefore the water pumping stations and water supplies are unreliable.

Lavonda has been treating cases of diarrheal fevers, malaria, denghe fever etc... Pesticide poisoning is the number one cause of death for men in Nicaragua. She emails Karen and other practioners who are offering their time to the *Homeopathy & Service* project to ask for advice on prescribing because Lavonda is still new at Homeopathy.

There are plans in the near future to create training books for Lavonda to use to train people around her. They will be translated into Spanish and sent to her. Karen has personally couriered \$200 worth of remedies but it is the shipping costs that are more prohibitive (\$600 in shipping costs to ensure Lavonda will actually receive the package).

The people involved with *Homeopathy & Service* see this project as a wonderful opportunity as a student clinic in the future. *Homeopathy & Service* is a philanthropic arm of the Texas Institute of Homeopathy. The website is in development.

If you are interested in more information about this project or would like to help with your time/resources/ideas/funding, please contact Karen Allen at homtut@isomedia.com.

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The editor invites the submission of articles, essays, case reports and correspondence. The purpose of Simillimum is to provide high quality educational and clinical information to practitioners. 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) whether in the areas of materia medica, posology, case management, miasms, etc. The main point is that each article should provide a valuable homeopathic learning experience, so discussion must be thorough enough to achieve this goal.

Cases will be evaluated on individual merit by a peer review committee of qualified practitioners. 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.

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