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# SIMILLIMUM

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

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## LETTER TO THE EDITOR:

### Homeopathic Library Information Service

I am writing to let you know about The British Homeopathic Library and the services we provide.

The British Homeopathic Library (BHL) holds a pre-eminent collection of homeopathic literature, our oldest volume was published in 1796 (Hahnemann's first article on homoeopathy) and we have a significant collection of 19<sup>th</sup> and 20<sup>th</sup> century holdings.

We are the only homeopathic library in the UK providing public access to current and historical journal articles through the document delivery service "Hom-Inform", and borrowing access to our book collection. The library is also a non-profit independent organization and all service charges are used to support the running of the service.

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## EDITORIAL:

NEIL TESSLER ND, DHANP

As you read this summer issue, the leaves may already be turning towards autumn, a virtually unavoidable fact due to a collision of circumstances both personal and general to the journal.

Each issue seems to have its own organic life, its own identity and sometimes its own timing to percolate into form. Moving home and office into interim quarters, preparations for a new home and office at the start of fall, as well as an August marriage, combined with only a trickle of submissions to mitigate against the hoped for early June production. However, you will find a stimulating compilation of articles and ideas to enjoy as you reap the summer's harvest.



In the early spring I was reading an article in the very worthwhile *American Journal of Homeopathic Medicine* by one of the foremost of the new cadre of Boenninghausen adherents. I was intrigued by the method of selection and repertorization of characteristic symptoms, yet at the same time questioned whether this was really a future for homeopathy, or simply a righteous movement backwards. It is certainly easy enough to respect good work, good thinking and good cures, but I could hardly recognize in the cases offered, much that resembled the average new client in this practice. It seems there has been a backlash against the mental/emotional pictures of today.

While this is certainly understandable, it is hard to imagine that this is the path forward for homeopathy, which must attend to the profound, central reality of the mental/emotional sphere that was identified but never adequately realized by Hahnemann or homeopaths throughout homeopathy's first century.

A characteristic symptom is a beautiful thing, whether realized clinically or through provings, whether physical, emotional, or mental. When we read under *Sabina* in Boericke or Boenninghausen, the characteristic symptom *Music is intolerable*, we are moved to appreciate the marvelous fact of this discovery. It is part of the joy and genius of this field. The essay *The Mind in Homeopathy* is an attempt to give context to the evolving ability of homeopathy to discern not only characteristic symptoms but also a characteristic state, through the mental and emotional expressions of the patient. The cases of Kent and Tomas Paschero are a part of this article.

Roger Morrison's outstanding and scholarly essay describes the history of miasm theory to the present day.

Harry Swope's, *White Paper on The Homeopathic Profession* was originally written for discussion by the Homeopathic Action Alliance. It has been edited for inclusion in this issue by the author. It should be of value to all practitioners to understand some of the regulatory issues that face homeopathy internally and in relation to the larger political environment.



This spring, three student cases were sent for consideration from one teaching institution. Unfortunately, they exemplified problems that have been remarked on by many in the profession. They each applied a caricature of the methodologies espoused by Rajan Sankaran and Divya Chhabra, to arrive at (the usual) unusual remedies, though the analysis never really hangs together. In some of these and other cases being sent, we get a kind of mythic feeling, imaginative approach to case analysis, with much reference to analogy and synchronicity. As with Vithoulkas's so-called 'essences' in the eighties; they represent a misuse of contemporary and potentially useful concepts, on what one surmises may be an inadequate foundation.

These cases demonstrate that it is a very delicate time for the profession, where new methodologies and new remedies are in some centers being introduced prematurely and damaging the development of well-grounded practitioners. We can only hope that as these problems are identified, homeopathic educators are able to address them appropriately, towards a higher and consistent standard of training based in the fundamentals of classical method. The introduction and use of new methods must never interfere with setting the strong foundations of practice. Also, these cases are reasonable evidence that the application of new methods could use better supervision.

On the other hand, there are certainly times when repertory and *materia medica* fail to yield the answer we seek. In such cases, new methodologies may show their value. The rage case is an example where years of work yielded only brief gains, but new methods brought a breakthrough with apparently stable and exciting results. It may also help us better understand an otherwise well-known remedy whose emotional aspect is not adequately defined.



Again, we invite articles, papers, reviews and cases for publication. Contribute to the conversation of a modern profession by adding the voice of your insight and experience.

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# THE MIND IN HOMEOPATHY: RHETORIC VS. REALITY

NEIL TESSLER ND, DHANP

*Adapted from a speech given to the West Coast Homeopathic Society, Vancouver, B.C. June, 2004.*

The intention of this presentation is to share some thoughts on the historic development of homeopathic method, most especially with regard to how we understand characteristic symptoms, the symptoms upon which we base our prescription. We will particularly concern ourselves with those characteristic symptoms coming through the mental/emotional sphere.

The driving force of all homeopathic development is the quest for accuracy. Certainly, we can never know the *materia medica* deeply enough, and many of us fall down there. The *materia medica* is vast, virtually unattainable and always growing away from us. The repertory was developed to make the *materia medica* practicable, but its limitations have been a stimulus of further evolution with the same purpose in view. How are we to move beyond remedy preferences and access the breadth of *materia medica* available to us?

*Materia medica* and method are very closely interwoven. Just as the provings are meant to bring forth the face of the remedy, the case is meant to accurately reveal the characteristics of the patient. As long as we lack full and complete understanding of each remedy or a sufficiently accurate knowledge of what is characteristic of the patient, there can be no straight path to the *simillimum* in every case.

In navigating the modern homeopathic world, where potentially valuable new methods are often half-understood and misapplied, it is important to travel upstream regularly to immerse one's self in the historic literature, one can find both solace and guidance. Along with the *Organon* and *The Chronic Diseases*, the lesser writings of Hahnemann, Boenninghausen and Kent are tremendously valuable headwaters.

It is also instructive to read cases from practitioners of the nineteenth century to better understand the method of remedy selection and potency choices of the earlier generation. Kent, for example, very often prescribed

single doses of extremely high potencies, far higher than are generally applied nowadays. He also prescribed a very wide range of remedies.

What are the symptoms that are most valuable for prescribing and how are they attained too? Famously, Hahnemann states that the striking, exceptional, unusual and odd (characteristic) signs and symptoms are chiefly to be considered in the selection of the homeopathic remedy. However, as Boenninghausen points out in his marvelous essay "*A Contribution to the Judgement Concerning the Characteristic Value of Symptoms*", "...it is here left to the physician to judge what is understood by the more 'striking, particular, unusual and peculiar' symptoms." Boenninghausen was concerned that no one had produced a definition, a schemata of characteristic symptoms.

He himself attempted to do so in the same essay, offering seven categories of characteristic symptoms. These seven categories of Boenninghausen are: *Quis, Quid, Ubi, Quibus Auxiliis, Cur, Quamodo, Quando*. This translates as Who (the nature or the personality); What (The Chief Complaint); Where (the location of the disease); Concomitants (accessory symptoms of the person); Why (Causation); Modalities (modifying influences); When (time of appearance, aggravation, amelioration).

(This ready summation was borrowed from a footnote to a recent essay on Boenninghausen published in the *American Journal of Homeopathic Medicine*, Summer 2003, titled, *The Boenninghausen Repertory Method* by George Dimitriadis.)

In the Spring 2004 *Simillimum* editorial, we quoted Boenninghausen from the same essay regarding *Quis*, or the person, which comes first in most homeopathic consideration. He writes, "As a matter of course, the personality, the individuality of the patient, must stand at the head of the image of the disease, for the natural disposition to rest on it... *we have all the more cause to fathom these states with all possible exactness* (my emphasis), as in them, frequently the bodily ailments recede to the background, and for this very reason offer but few points for our grasp..."

"...Every man presents an individual nature different from every other one, and ...every medicine must be exactly adapted to this individuality, in agreement with the symptoms, which it able to produce in the total man...A great many medicines are thrust aside, just because they do not correspond to the personality of the patient"

This is a very significant statement indicating the tremendous esteem and clinical value accorded to the mysterious potency of the personality. Also, Boenninghausen is referring to "states", the "total man" "individuality"

– something beyond the mere collection of symptoms. Yet, when we review the cases of the old masters, we find little evidence that these wonderful ideas translated into practice. Instead, mental/emotional symptoms are generally used as flat, undeveloped facts.

Hahnemann himself had said, Aphorism 211: *This pre-eminent importance of the emotional state holds to such an extent that the patient's emotional symptoms often tips the scales in the selection of the homeopathic remedy. This is a decidedly peculiar sign which, among all the signs of disease, can least remain hidden from the exactly observing physician.*

Edward Whitmont summarizes the baseline homeopathic view of mental/emotional symptoms when he writes, “The homeopathic prescriber has learned to use the mentals (actually alterations of the affect response for most of them pertain to the emotions, not the mind) as aids in finding the *simillimum* in the treatment of physical conditions, ordinarily classified as somatic disorders. This is based on the rationale that the somatic derangement of the proving is attended by emotional alterations which operate in demonstrable functional unity...” (*Psyche and Substance* page 173).

While waxing eloquent on the sphere of the personality, moving on to the practical side of things, Boenninghausen places a great deal of emphasis on modalities (*Quamodo* and *Quando*), often useful in classical method and a strong source of striking, characteristic symptoms.

Boenninghausen writes:

“This category has a double importance to Homoeopathy, first, because it was first discovered and developed by Homoeopaths, and is, therefore, their indisputable and exclusive property, and secondly, because all the results of provings and of experience, without exception, belong to the more or less characteristic signs....

During the progressive development of our science the importance of modalities appeared more manifest, and it was soon declared to be indispensable, so that in the later provings, the attention was more and more directed upon it....

... I may openly confess that I consider the indications obtained from this (category) and the following (quando or Time – time modalities) as the most important, indubitable, and therefore the decisive ones for therapeutic purposes.”

It is interesting to realize that even though he gives first importance to the person, he relies very much on modalities to guide his prescription. Now there is nothing wrong with this as far as it goes. A lot of great homeopathy occurs within the bandwidth of keynotes and modalities, but it is hard to escape the conclusion that the philosophy and the practice were

not wholly congruent.

In the course of his article Boenninghausen gives important reminders regarding the nature of totality, its reflection in the characteristic symptoms and the importance of forming an artistically accurate image of the whole person, just as a painter captures all of the characteristic features of the peculiar physiognomy of a face, as he puts it in paragraph three under *Quibus Auxiliis*. It is an inspiring image, yet the face he perceived was quite dramatically different than the face we see today. It would appear that the philosophical rhetoric ran ahead of the clinical reality. In fact, this apprehension of the importance of the personality, while revolutionary to medicine, and remarkably detailed as evidenced by the repertory, was still very young in its development and applied in a rudimentary way.

At this juncture, it may be interesting to point out that Kent took exception to Boenninghausen's schema. He felt that the twin concepts of the affected part (*Ubi*) and the concomitant or accessory symptoms (*Quibus Auxiliis*) created false distinctions that violated the pure, holistic view. Kent erased these from the schema saying that there are no concomitants because there is no local disease. Kent further believed these distinctions were dangerous to homeopathy and against the idea of Hahnemann. "I urge you to shun concomitants, as it leads away from the idea emphasized by Hahnemann" (*Lesser Writings*, page 598).

Of course in clinical practice, we do have a main complaint, typically followed by the patient mentioning other health issues that may or may not offer useful or even superior prescribing symptoms. So, from that point of view, we can perfectly well understand the distinction that Boenninghausen is making. Yet, Kent's rigorous holism is philosophically enticing and consistent with Hahnemann. Kent, informed by both the esoteric spirituality of Swedenborg and the historic primacy that homeopaths gave, if only in name, to the nature of a patient, was able to realize a greater perception of the distinct character and nature of the remedy. Although this was still conceived to a large extent in terms of specific symptoms, now there was a more formed appreciation of the remedy, as if it were a person, with a striking and distinct personality. It is for this that Kentian homeopathy is especially noted. Without a doubt Kent's homeopathic philosophy and his approach to teaching *materia medica* essentially defines the development of homeopathy ever after.

Kent writes, "It is the physician's duty to know that every proved drug contains the image of man, and the likeness of the disease and diseases it can cure. To be able to see a drug in its totality, to see symptoms collectively as it assumes the human form – not the body, but the character of the man, or his image – must be the end in view in order to use the *materia medica* for the healing of nations." (*Kent's Minor Writings on*

*Homeopathy, The Trend of Thought Necessary to the Application of the Homeopathic Materia Medica, or a Rational Use of Curative Agents,* Gypser edition, page 360)

This timeless statement sets the tone of post-Kentian homeopathic development. Kent is speaking to the reflection of the remedy in the very innermost nature of the person. So then why is it that perusing Kent's cases is far more like reading the cases of Boenninghausen than anything seen today? Why is it that so much high-minded nineteenth century philosophy finds such little reflection in nineteenth century homeopathic practice?

Homeopathy may have started with the body, but quickly discovered the mind. The provings revealed the fact that in every individual and in every individual case of disease, the emotional/mental apparatus was more or less affected – and this was not only to be taken into account in the case but also regarded as the foremost seat of characteristic symptoms. Hahnemann discusses this in the *Organon* aphorisms 210-213.

While applied homeopathic philosophy in the form of provings and careful case taking made it possible to perceive with much greater understanding the psychological patient, the old homeopathic literature betrays the era of its inception in many ways. We can be sure that if homeopathy had been invented thirty years ago, its psychology would have been as sophisticated from inception as it has become in more recent times.

The early homeopaths were a product of their age. They had entirely different reference points in terms of the psychology of the patient and this reflects in their cases. Intimate and personal information was elicited or revealed and it must have registered the enormous impression that inspired our essayists, yet at the clinical level, mental/emotional symptoms were treated more or less as flat facts with little development.

Kent writes: “Hahnemann made use of the information thus obtained (from provings) when he stated that the mind is the key to the man. The symptoms of the mind have been found by all the followers to be the most important symptoms in a remedy and in sickness. Man consists in what he thinks and what he loves and there is nothing else in man.” (*Lectures on Homeopathic Philosophy*, page 24).

The three cases of Kent on page 17 offer average cases found in *Minor Writings On Homeopathy*. Kent philosophized wonderfully about the innermost of man and wrote eloquently on the mental and emotional aspects of remedy and patient. Yet in his cases, emotional points that come up are left with little development or context. Like the earlier homeopaths, he relied heavily on very characteristic physical and/or mental and emotional symptoms and his vast knowledge of *materia medica*.

So where is the state, the individual, the total man of which all these brilliant practitioners spoke? Really it is with the advent of the Freudian age, in other words with cultural changes outside of homeopathy, coupled with the philosophic elaborations and remedy pictures of Kent, that case taking seemed to begin to run deeper.

Tomas Paschero, who lived from 1904 – 1980, was a highly influential Argentinian homeopath who was a student of Arthur Grimmer, one of the well known students of Kent. He writes, “The homeopath is forced to investigate not only the specific function of a given organ, such as the heart, the stomach or the liver, but also the total complex evolution of a human being as a person, i.e., as a living whole, in adjusting himself to the cosmic and social environment within which he moves. This compels the physician to come in contact with ... a knowledge of that inner essence or intrinsic unfathomable reality that is the mind.”

Paschero’s case on page 19 is certainly an advance in the attempt to understand the whole person towards aiding remedy selection. Paschero’s selects the rubric, *anxiety about salvation*, as the best reportorial analogy for the patient’s feeling of lost womanhood due to her apparent inability to become pregnant. This is a clever abstraction of the repertory that finds its reflection in the modern writings of Indian homeopath Sehgal.

Paschero’s case is particularly interesting because it begins with a highly elaborated psychoanalytic view of the patient that is almost amusing in its fine tuned dissection of the internal conflict. Yet his detailed analysis seems to have little bearing on his actual prescribing. Also, it is important to notice that the case is not offered in the language of the patient. Hahnemann, in aphorism 84, says that the physician “... writes everything down with the very same expressions used by the patient and his relations.” While this is a fairly easy case due to the physical characteristic symptoms and emotional patterns, dispensing with the direct expressions of the patient and asserting a psychoanalytic view, could be ruinous to the pure homeopathic case.

Without straining too hard to trace this development after Kent, we might mention Margaret Tyler’s *Drug Pictures*, which gave us a glimpse of the English Kentians. Psychiatrist/Homeopath Whitmont is sometimes also cited, though like Kent, his homeopathic method of practice was fairly conservative. He appears to divide his perception of the patient between the two sides of his professional life\*.

In terms of a detailed elaboration of the mental/emotional picture, George Vithoulkas has probably been the watershed figure of modern

homeopathy. If only we had known his homeopathy was just as deeply imbedded in the physical characteristics of the remedy. Katherine Coulter, Bailey, Herscu, Zaren, Sherr, Mangialavori, Klein and Sankaran have all offered lengthy personality profiles, largely based on clinical findings.

Rajan Sankaran and Divya Chhabra, grounded in the rigorous homeopathic training of the best Indian schools, driven by voracious intellects, have gone more and more deeply into the methodology of case-taking and the language of the patient. They use the significant expressions of the patient as sign posts and doorways rather than as symptoms. This represents a movement beyond psychological profiling.

Sankaran's work is towards the deepest common state that encompasses the characteristics and the totality, the point where patient and remedy become one and where not a single aspect of the case deviates from a definable unity.

The experience of his case taking methodology has led Sankaran to propose a structure he calls the seven levels.

- 1) Name; limited to a part of a part of the person; Diagnosis, pathology.
- 2) Fact; limited to a part of the person; local symptoms.
- 3) Feeling; limited to the person; concomitants, general effects.
- 4) Delusion; limited to mankind; cravings, sleep, general modalities.
- 5) Sensation; limited to all things on earth; general sensations, affections.
- 6) Energy; encompassing the whole universe; general movements and patterns.
- 7) Blank, consciousness.

Through understanding these levels, the practitioner is able to know where they are within the case taking process. In its fuller form, this is an intriguing model that any practitioner can test for its value in better understanding the patient and the case. For example, as the case taking progresses, one can differentiate the exact point where the patient has dropped from the emotional or feeling aspect into expressions that represent something more general and encompassing, less particular to the emotional plane, yet more characteristic of the patient as a whole. This can be a subtle, yet valuable distinction, alerting the practitioner to a potentially critical point in the case taking process.

There are many other teachers who are also delving more deeply into the fundamental characteristics of patient and remedy. Kent spoke of “the image of man” in the remedy, yet clearly this image itself must change as our understanding of what constitutes “man” evolves. The ability of homeopaths to access the inner world of the patient has certainly seen great advance. This also reflects in our ability to understand our remedies in new ways. Homeopathy is not a closed revelation or a static science. Evolution in understanding and utilizing the mental, emotional realm was an inevitable, natural development presaged in the words of Hahnemann, Boenninghausen and Kent. It is a quest into what is uniquely and holistically characteristic in each individual case and a valuable aid in the homeopathic cure of many patients who might otherwise have never received help.

\*See the essay “Psychosomatics” in *Psyche and Substance*.

Whitmont writes:

“I have taken the nature, preponderance or absence of modalities, to indicate the direction of therapeutic management and likely prognosis. A preponderance of mental and emotional modalities points to the necessity of psychotherapy whereas the preponderance of physical modalities makes me expect more of the remedy; the less of *any* modalities, the poorer the prognosis either way. Please note that I say *modalities*, not *mental symptoms*. A case may have many mental symptoms and yet few or no emotional modalities. Modalities are not merely characteristics or symptoms or concomitants, but *are conditions of amelioration and aggravation*. They indicate the fixedness or changeableness, hence, the responsiveness of the organism and of the pathology... Preponderance of physical modalities makes me look for a remedy; preponderance of emotional modalities makes me tend to explore the unconscious psychological background. Too few modalities make me shake my head.”





# THREE CASES OF JAMES TYLER KENT M.D.

FROM LESSER WRITINGS

Mr. H. has suffered for years with involuntary urination day and night; he is compelled to wear a rubber bag.

Constant urging to pass water.

Urine dribbles all the time; it is loaded with mucus and is bloody.

Catarrh of the bladder.

Sensitive to cold.

Otherwise a vigorous man and attends to business at his office everyday.

*Rhus aromatica* 30<sup>th</sup>, 200<sup>th</sup>, 10m., and 50m., at long intervals cured this long-standing case.

Mr. S., aged 47 years.

Has suffered for several years with bleeding from the rectum during stool.

Ulceration of the rectum.

Diarrhea alternating with constipation.

Diarrhea always in the morning.

Stool copious, watery, green and yellow.

Pain in the region of the liver, worse when lying on the left side; no pain when on the right side.

Strong impulse to commit suicide; must exert his utmost will power to resist.

*Natrum Sulphuricum* 20m. at long intervals, cured.

Mr. X., age, 34; following is history of the case:

Mother has enlarged liver; has carbuncles.

Grandfather hung himself.

Father paralyzed since attack of gripe.

Losing flesh; gains in fall and always sick in mid-winter.

Skin brown at times.

Tongue shows imprint of teeth; not badly coated.

Restless.

Lies awake and thinks of foolish business plans; makes millions.

Irritable, quarrelsome; it is a strain to look pleasant.

In the winter, running causes burning-stinging, eight inches above knee; in thigh, as if hot iron were placed on skin.

Pain under scapulae.

Much distress in bowels; a dull pain makes him so nervous he can neither

read nor sit still; sometimes this extends to end of penis, then end of penis is cold.

Numbness in fingertips and backs of hands get very cold and cannot be warmed in any way.

Often has aversion to people.

Talks too much in company; desires to say something witty to make people laugh.

Easily offended.

Catarrh; raises much after eating.

Hair dry; much dandruff.

Distress in stomach; sensation as if rock in stomach.

Cannot digest meat; never has nausea; can digest only the simplest foods.

Constipation since childhood; stool sticky, like clay, hard to wipe clean; stool dark or light colored or dark green; tight feeling in rectum; stool, large, knotty – looks smooth and oily.

Thirst for cool water.

*Exercise or exertion aggravates; feels better himself when he does not take exercise.*

Becomes excited if pressed in business.

Desires plenty of heat.

Worse from becoming cold; “The bottom drops out of me if I become cold;” *sitting in cold room gives him indigestion.*

Aversion to beef and milk.

Likes canned peas.

Poor appetite, but after eating appetite returns.

Full of fear; fear of nothing special but as if somethings was going to happen.

Can read and concentrate mind except when he has that distress in the bowels.

Forgets names, also things he starts to do; sometimes forgets what he started to get.

Mouth tastes as if he had eaten too many eggs; back of tongue always coated.

Drinks much water and often.

Belching, with taste of bad eggs.

Urinate several times during the day; color light; sometimes red deposit settles in bottom of vessel; urine sometimes dribbles five or ten minutes after urination.

He has taken *Kali silicatum*, 10m., 50m., and C.M., a single dose at long intervals. He is now in perfect health and has gained twenty-five pounds.

# PSYCHOSOMATISM IN HOMEOPATHY

A CASE OF *TOMÁS PABLO PACHERO MD (1904-1986)*

In November, 1962, a lady came to see me complaining of dyspeptic disorders that persisted after innumerable treatments and which she could endure no more. Careful analysis of the nature of her disorders reduced her disease to a simple case of flatulent dyspepsia with acid eructations, constipation and especially a painful sensation of fullness in the stomach shortly after the beginning of every meal, no matter how good her appetite. I came to the conclusion that the cause of her anxiety could not reside in those simple gastric disturbances, but in some underlying factor which she either ignored or tried to conceal and which was responsible for the alteration of her normal gastric functions. Confronted by direct and adequate enquiries as to her personal situation and private life, she burst into tears, admitting that she thought she would never find a way out or be saved from her anxiety. She added that though she did not consider herself guilty of anything, she thought God punished her with one more failure by denying her the privilege of motherhood after nine years of marriage, when she was already 37 years old. She did not regret the lack of children, since she admitted that she did not care very much for them, but she felt that she had not achieved her goal in life as a woman, and that once more, as it had been through her whole life, she had been thwarted in her eager search for triumph.

She proceeded to give me a short but detailed account of her childhood, in which the dominating figure was her mother, a selfish and baffling woman, who over-protected her daughter in her attempt to shield her from every possible danger and, therefore, followed the same false course of action that many women choose to pursue when “taking care” of their only child, whilst what they are really doing is to try and conceal their guilt about their unconscious rejection of a child they did not want. Unable to give her daughter the love she did not feel towards her, as she herself openly admitted many times, she vexed her with her demands for perfection in whatever her daughter attempted and her claims were real aggressions. She thwarted her relentlessly and tormented her by accusing her of clumsiness and inefficiency in whatever she did, until she created in her daughter a feeling of importance and total failure that rendered her unfit to achieve any kind of success in life. Furthermore, her influence was so great that her daughter could not even accept the fact that she could be successful through

her own personal intelligence and ability, and whenever she was on the point of attaining a victory she refused to accept it, overcome as she was by the feeling of guilt she nestled in the innermost recesses of her soul, due to the grudge and rage her mother had imbued her with, through her frustrated love and permanent derision.

Hence we have that this patient when confronted with the impossibility of bearing a child and considering her incapacity as a sign of immaturity, due to the lack of normal psycho-hormonal development, for which her own thwarted childhood and dependence on her mother were responsible, reacted by developing an anxiety conflict. Her failure as a woman seemed to be ratified once more and she translated that failure into somatic disturbances of a gastric type, since what she really could not digest was her hatred towards her mother, and that was why she said, she could not find a way out and that she could not be saved from her anxiety.

No further details were needed to understand which were this patient's characteristic determinative symptoms. Another particular trait was that her anxiety increased when she walked in the open air or when she felt warm, either because of the mild climate itself or because she wore heavy clothes. Hence we have that the essential symptoms were the following:

Anxiety about salvation

Anxiety while walking in the open air

Aggravation of anxiety on becoming warm in the open air

Aggravation when wearing warm clothes

Fullness in stomach after eating ever so little

Only one symptom out of the vast syndrome of gastric disorders that afflicted the patient was taken into consideration *Lycopodium* offered a perfectly analogous image with pathogenetic symptoms of a gastrohepato-intestinal nature in an individual haunted by an insurmountable inferiority complex that warps his sense of security and self-confidence. The most common reaction is therefore for the patient to develop a psychic state of pride or a special organic substitute that will help to conceal the anxiety, like transferring the emotions to the digestive apparatus, as was the case with this patient.

The patient had to be freed of her anxiety and not of her dyspeptic disorders, just as *Lycopodium* must never be prescribed for gastrohepato-intestinal troubles that do not arise from a mental conflict based upon failure and a debasement of one's own personality.

From *Principles of Prescribing* KN Mathur

Rubrics selected from the case:

MIND; ANXIETY; salvation, about (38)

MIND; ANXIETY; walking; while; air; open, in; agg. (12)  
GENERALITIES; HEATED, becoming; agg.; walking, while (84)  
GENERALITIES; CLOTHING; intolerance of (82)  
STOMACH; FULLNESS; eating; agg.; after; ever so little (39)



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# A CASE OF INTERNAL RAGE

NEIL TESSLER ND, DHANP

Mary S (fictional), Age 48, Married with four children. Oct, 6 / 03

I have been seeing Mary periodically for ten years. She is a pleasant woman with very large bags under her eyes and a rather sad, worn, cast to her. The remedy that has previously been the most useful was *Tuberculinum*. It helped her with very deep fatigue and a chronic chest problem, it seemed to give her a little breathing room, but did not fundamentally offset her chronic pattern of anger, being scattered, mental foginess and recurring bouts of deep fatigue.

Screaming and crying. Crying and angry, crying and angry. On antidepressants since April. Overwhelmed like I'm going to explode with anger. So, so tired, thick heavy fog. I walk around suppressing my rage. Like my whole body is tense and tight. Yelling and screaming gives me release. I'm always in a state of suppressing my anger. My jaw is clenched a lot. Many times not saying what I want to say. Feel angry. Feel there is a lot of people in my life trying to control me. It takes all my energy to resist them but not fight. I could spit nails at any given moment. I feel like my energy is all suppressed. Its bad how angry I am. I feel disappointed in myself daily. I beat myself up daily because I don't do what I should do... I don't meet anyone's expectations. My chest hurts, its just keeping things inside. Neck and shoulders are really tight, I'm holding a lot in there. I run all these writing projects in my head. Daily I imagine dealing with the clutter. It all moves around and it never gets done. Feels like a huge burden. There is so much junk. I get part way... My anger is so bonkers...I don't even realize what's going on.

I feel disrespected by everyone. I came home one night and the kitchen was spotless and I was enraged. I snapped, felt disrespected. Husband puts me down on a daily basis. It makes me feel like I'm stupid, I'm a failure. I get no credit. I feel totally unappreciated.

Son goes ballistic daily. I'm constantly afraid my son is going to kill himself. I'm like a raw nerve. Walk around growling at everyone. I'm incredibly unfocussed. I wander around in a stupor. I live in my head – unconnected to what I'm doing most of the time.

When I was little I was loud and gregarious – I had a lots of energy. My

dad was a drinker, very abusive to my mother, lot of fighting. We moved every three months and changed our name in the phone book. I thought we were secret agents. You never knew what was going on. Made up another family and I lived in my head. I was allowed to go and do whatever I wanted. I got in trouble a lot. Dad was very intellectual, a big drinker and got fired a lot from the type of work he did. My mom was really shut down and angry all the time. She would often mutter obscenities to my father under her breath. It was safer to stay outside. Lots of secrets, everything was hush, hush.

I was sexually assaulted at age seven. It was a big secret. I took it to mean I was dirty. He went to jail and I lived in fear. It took me into my twenties to be sure he wasn't coming to get me. No one cared what I felt or thought. I felt like the stupid one in the family. Dad died of lung cancer at sixty-two. My mother died of ovarian cancer nine years ago. They divorced when I was twelve. For months we were hiding from my father but no one ever explained anything to him. I worshipped my father as a child but he was a lousy provider and husband.

At age thirteen my best friend moved away. I totally shut down. I shut down for five years. I was scared. At fifteen I took up alcohol. Mother kept us from my dad for three years. I hated my Mom. Raged at her throughout my teens. I was on my own from fifteen onward. Suicidal a lot in my teens.

I feel exhausted and burned out. I don't have what it takes to go forward. Dirty, stupid, worthless.

Itchy all the time. I have a rash under the right arm near the axilla, raw feeling. I like being with other people and sharing. I want to be a good person and do good things for people. I want to know my purpose, I don't want all the crap, it all seems like crap. I want to enjoy people and company and be loving. I want things to be simple. I hate all this chaos, crying, turmoil. I don't feel I get to enjoy them much...the kids. I'm always warding off their berating of me. (Sighing periodically) I can't enjoy life, I'm too tired.

Thick heavy fog over comes me at times, so much effort not to fall into brain stupor. Takes a huge effort to get out the door. I'm always better out of my house. As soon as I eat I feel blown up and stomach is sore.

Reoccurring urinary tract infections after my period. Normal periods. Dreams – lots of chasing and explosions.

(In the following segment she discusses her clutter, which is a chronic problem due to her inability to throw things away). When I try to let go of

stuff I feel like they're taking part of me away. I keep stuff of my kids and parents. Afraid to be left with nothing, I guess that's stupid. I feel alone. If I get rid of stuff and have nothing then I keep thinking I'll be alone. Stuff gives me a feeling of comfort and security but I think that it owns me... Sometimes I wish my house would burn down. Everything is part of me. I'd be getting rid of parts of me. I keep everything... Clinging. All my stuff is in boxes. I can't move forward, I'm stuck. Always start things and never finish, feel like a failure. My stuff is my friend and energy but I cling to it for life. I never felt secure with my parents, my dad was a pack-rat. My mom always snapped at me and yelled. She slept on the couch and told me to go away. I hate people telling me what to do.

I feel like a ball of fear. (Fears?) My kids being hurt, people being hurt, people being killed, bugs, spiders. I scream when I see them. Bridges. Lions Gate bridge terrifies me. When I'm driving I think something is going to make me go off the bridge. I would just do it. Can't go anywhere, I feel trapped. Airplanes, amusement rides, tunnels.

**Ass:** What I attempted to do here was simply see the case in broad measure and apprehend, through her language, what were the fundamental characteristic expressions in this very intense case.

I wrote in my analysis: "Constantly suppressing anger" as the fundamental and central theme. Through her childhood to the present, I felt that this was most characteristic of her inner state.

The words I found that embodied the energy of the case were: Anger, Screaming, Suppressing, Alone, Pursued, Explosion, Chaos, Stuck, Trapped, Sighing, Fog, Exhausted.

She is absolutely feeling based and closely matched Sankaran's attributions of the plant family. Sankaran teaches that plants in general show sensitivity and reactivity, that they are emotional, sentimental and

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disorganized. In general, he states, plants reacts emotionally, animal – competitively, minerals structurally. In considering plant families the connection within a family is not the mental state or symptoms, but the generals, the sensations. Sankaran explains that within a family, the mental symptoms can be very different, but the sensation is the same.

She has the feeling of dirty and worthless that might be more typical of animal remedies. However, other suggested animal themes of survival, competition, top dog/underdog, are not prominent.

The plant family characterized by rage and violence, panic and sluggishness, is the *Solanacea* family.

Mary’s intense and incessant struggle with a desperate, chaotic feeling, the continual effort to exert control over her emotions, as well as cancer in both parents bring us to the Cancer miasm as defined by Sankaran. This led me to consider *Tabacum*, which Sankaran has identified as a canceric remedy of the *Solanacea* group.

Reading in *An Insight Into Plants*, I discovered that Sankaran’s attribution for the vital sensation of *Tabacum*, is “Keep control in a situation of violence and rage.” This seemed to me very closely analogous to the phrase, “Constantly controlling anger”. When Sankaran says “a situation of violence and rage”, he is certainly referring to the inner fact as much as the outer. In her life she has had both, first through her upbringing and now through her own inner state.

On this basis alone – combining the family and miasm, confirmed by Sankaran’s attribution for the “vital sensation”, led to the prescription of *Tabacum*. In this case, I did not consult the repertory before making the prescription, as I found the *materia medica* of the mind for *Tabacum* was not well developed. It seemed reasonable, given the preponderance of violent and angry remedies in the family *Solanacea*, to imagine that this side of *Tabacum* might so far have been missed. After all, we typically associate smoking with centering, standing apart from one’s feelings. The act of smoking has an element of control and detachment.

Kent lists *Tabacum* as a one under Mind; irritability and a one under Mind;weeping. It is not listed under Mind; anger. Boenninghausen does not list *Tabacum* under any of these rubrics, but does list it under Mind; incapacity for thinking, losing senses, Mind; senses; consciousness affected, lost, coma, sopor, etc. Distracted, confused, concentration difficult.

Plan: *Tabacum* 1M

1/18/04

Summer 2004 Volume XVII No. 2 / **SIMILLIMUM 28**

Was really good for a long time until the beginning of January. In less than a week I began feeling better. a lot of energy. Brain no longer in a fog. I felt good, positive. Really was good, things really turned around. My daughter got sick at Christmas, then I developed a bad cough. Then my energy went down a bit. My temper was much better. I was dealing with things on a much more even keel. It was really good. I was happy with how I was feeling. The bronchitis has chipped away at that. I've been feeling angry again, though I'm still not nearly as bad as I was before the remedy. I'm just a bit off. My energy level is pretty bad. Lots of problems with my stomach. I feel sick all the time. When I eat I get very bloated with enormous pressure. Feelings of nausea. Just a lousy feeling. Cough is a lot better. I feel like I hold my anger in my neck. I try not to be, but I guess I am angry. I wasn't for those few months. I do get chest pain at night...sharp pains in the middle that radiate out. I notice it in bed sometimes. I don't think I have the same tightness I had in the chest. That was pretty intense. Jaw is a little clenched. Before it was bad. I don't have the thick fog in my brain. I'm angry with my husband. He doesn't consider my feelings or opinions. I feel dismissed, unheard, unimportant. I try to ignore it, think that its not really bothering me. I think this is causing me physical pain. Still a little itchy, it comes and goes. My back tends to get itchy. Actually it very mild right now. The rash under my arm was gone. I was amazed, I felt set free. I end up feeling like a raging lunatic so I suppress it.

Plan: *Tabacum* 1M

April – *Tabacum* 1M

May – Fog isn't there. Before it was chronic.

June/04 – More energy, functioning better, not in the fog, not nearly as angry. I'm handling things without flying off the handle. I'd say I'm ninety percent better.

**TABACUM** – Some glimpses of mental/emotional indications for *Tabacum* in the literature.

Mangliavori lists the following rubrics for *Tabacum*:

MIND, AILMENTS from, grief, sorrow, care

MIND, CONFIDENCE, want of self

MIND, CYCLOTHYMIA

MIND, FORSAKEN feeling

MIND, FORSAKEN feeling, isolation, sensation of

MIND, WEEPING, tearful mood, tendency, alone, when, amel.

Hering gives the following mental symptoms:

Forgetful, slow perception.

Difficulty in concentrating his mind for any length of time on one subject.

Idiotic, epileptic idiocy.

Cheerful, merry, loquacious, sings all day, talks nonsense.  
Becomes quite stupid, loses his senses, precordial anguish, with faintness.  
Melancholy, anxiety better from weeping.  
Sudden anxiety, with angina pectoris, also with oppression of chest, driving him from place to place.  
Excessive depression of mind, with indigestion and palpitation, intermittent pulse, great despondency.

Clarke adds to this list: Restlessness, which prompts continual change of place.

Conclusion: While there are resonances for aspects of this case in the *materia media* of *Tabacum*, it is hard to imagine how this remedy would have been arrived at by traditional means. I would like to remind that this is a case where many remedies were used according to more traditional methods of analysis over years. Breaking the information down into kingdom, family and miasm (according to the schema of Sankaran), showed a different way through the thicket that led directly to a virtually exact match with the vital sensation as defined by Sankaran.

I have offered this case as an example of utilizing information attained on the mental/emotional level according to the careful use of a contemporary method of analysis.

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# PRAGMATISM: THE HEART OF HOMEOPATHY

INTERVIEW WITH WILL TAYLOR, MD

NEIL TESSLER ND, DHANP

*Will Taylor exemplifies the best spirit of homeopathy. He is scholarly yet affable, conservative yet innovative, discerning yet open. Presently Will is serving as the chairman of the homeopathy department at the National College of Naturopathic Medicine in Portland after many years practice in Maine. Will has lectured to homeopathic audiences throughout Europe and North America. Our conversation occurred over lunch during his recent seminar in Vancouver, B.C.*

NT: As a progressive conservative, perhaps you could start by sharing your perspective on some of the modern controversies in homeopathy.

WT: Yes, there are different perspectives and differences of opinion in homeopathy today. I think that it's really important that we aren't scared of tensions within the community. Tension and conflict is where growth starts. As much as I participate in these discussions sometimes and will express my opinions, I think its really essential ...well let me tell a story. I used to work among the Navaho nation. One night I was transporting an old Navaho women, I had to go with her from one town to another in an ambulance. It was a beautiful desert night. She had broken her femur, so I'm pushing Demerol in her IV. Old Navaho ladies don't talk English to anglos, but after a little Demerol she started loosening up. She told me the story of when the creator made the earth and the rocks and the trees – that her heart was so full of love for everything, that it broke into a million pieces and everything got a piece of God's heart. I think that we each got a piece of God's eye at the same time. The important thing to remember is that it's God's eye, but it's a piece, so that when we look at anything like homeopathy, we have this precious vision, but it's only a piece of the vision.

I think that the discussions and arguments that we have in the community about what is legitimate or what we feel the core of homeopathy is... that's where the growth will occur and has always occurred in our profession. There is nothing new here. It's important because out of this we create the organic synthesis. We need people walking to the edge of the table so that

we see where the edge is. We even need falling off the edge.

NT: I wrote an editorial where I emphasized that you always have an innovative periphery and a fundamental core. Without those two you don't have a whole.

WT: Another homeopath and I were having a conversation last night. He had read an article about how do you define a classic. When Dvorak presented his music, it was not considered as fitting in with the classics. Now we look at classic music and who would exclude Dvorak? There are others as well. So pieces that are on the periphery are going to be incorporated into the center. "Classic" is not fixed, it's an organic reality, it evolves and moves. We need people creating what we call "periphery" because at some point we are going to create these.

When Hale introduced *Gelsemium* in 1865 people got on his back about it. "Why do we need all these new, small, weird remedies?" (Hale introduced many American native medicinal plants to the homeopathic materia medica including *Hydrastis canadensis*, *Phytolacca decandra*, *Gelsemium*, etc.) Who would go without *Gelsemium* today?

The error we follow is to proclaim one is right and aligning ourselves with a dogmatic position and creating alliances. And perhaps as I do this, I may be critical with my students, but I also tell them, this is just my opinion, test it against your reality.

At the same time, I appreciate that there are various methods, like tools in a carpenter's toolkit. A carpenter wouldn't show up at a job with only a screwdriver. We need to be adaptable, look at our case and apply the tools that case will yield too.

My metaphor is that you roll a case around like a coconut. You roll it around to find the place where you are most likely to crack it open. So we have to find out, where does that case yield. The first thing that this case screams at me is "I am a Tubercular miasm case". Or is the first place you start the fact that you have three modalities and two sensations and a concomitant and we jump in and let Boenninghausen lead us into the case. Or the case screams out the essence of *Pulsatilla*, which gets us into trouble because that's one of the remedies that we know so well. Then there was the case that I love to teach, of a young woman with amenorrhea. It was so obviously a *Pulsatilla* case, but she'd taken *Pulsatilla* three months before seeing me and that's when her periods stopped. The case was solved by *Aquilegia vulgaris*, a remedy you're never going to come to by essence, by the mental emotional picture, because we don't know any of those things about this remedy. We know a few characterizing symptoms. This is an example of how staying locked into one way of finding a remedy can get us




into trouble.

NT: Tell me about your miasm concept, things that have influenced your views in this area.

WT: The first cogent explanation I had regarding the miasms was from Rajan Sankaran's *Substance of Homeopathy*, and it's an interesting perspective, and it's when I thought I could begin to appreciate how miasms could be useful and helpful in understanding remedies and in understanding cases.

At that point there wasn't that much more contemporary that was available. There wasn't much of a conversation in the homeopathic community that I was in touch with about chronic miasms. So I dug back into sources at that point and read *The Chronic Diseases*. At that point, Stephen Decker had a parallel translation of *The Chronic Disease* posted on the internet. He had the German and the English. It wasn't a polished translation, but a transliteration, so I turned to the translations that were available. I poured over it and poured over it, dug into Choudhury's book *Indications of Miasms*, Phyllis Speight's book *A Comparison of Chronic Miasms*, and Ortega's book *Notes on the Miasms*.






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I started to understand that there was a lot of confusion and misunderstanding about chronic miasms in the homeopathic community. A lot of this work is pretty inaccessible. One of the things I learned a long time ago is that if there is anything new under the sun, go back and try to find it in the *Organon* because it's probably there. Sometimes I know when I've had discussions on internet mail lists, I've been accused of being a scriptural literalist around Hahnemann and I kind of laugh at that a little bit. I laugh and say that I was born breach with Aquarius Rising. (Aquarius is known for its independence).

The world of authority is not something I put much stock in, but I've found again and again that Hahnemann was pretty brilliant and he presaged a lot of things that come up. So digging into his writings as a standard, I really like to start from the place he started with, which was looking at the chronic miasms as diseases that are communicable and inheritable; there is an agent of communication, there is a germ. In sycosis we have the Human Papilloma Virus, in Syphilis there is *Treponema pallidum*, or Tubercular bacillus. So there is an agent of transmission. In addition there is some sort of inheritance of these acquired characteristics.

Conventional medicine likes to call into question the inheritability of acquired characteristics, where the notion of chronic miasms would be suspect with my allopathic background. Yet we know from the human genome study that most of the human genome is acquired over time from other organisms. We carry the genetics of over thirty retroviruses that have contributed their genome to ours. Our mitochondria has a genome that's separate, it's not mammalian. Mitochondria were evidently a commensal organism that invaded animals a long time ago and the mitochondria genetics are independent from the genetics of the organism itself. So we know for example the reason we don't reject the fetus as a foreign object is that the placenta excretes substances that are not encoded for the intrinsically human genome. They're encoded from retrovirus genetic material that's been incorporated into our own. So in order to have live birth we've taken on this acquired genetic characteristic. Perhaps a similar mechanism exists for the transmission of acquired chronic miasmatic disease. Can the things that we associate with the tubercular miasm be inheritable in this fashion. We have a model that's plausible, at least, whether we understand the mechanism or not.

The chronic diseases are not so much looking at the nature of disease itself, but as a means of classifying or characterizing groups of remedies, though of course that follows and that's a reflection. I think starting at the point of looking at these as diseases that have variable expressions. Hahnemann's observation that to appreciate the whole chronic disease of a person, we need to appreciate how this disease expresses at various times in that individual, as well as in different individuals, in the same way that

we understand influenza, not by a single patient but by a population. So just as we find the *genus epidemicus* by looking at a population, we have to understand the chronic miasms by looking at how psora manifests in a number of people. Understanding that larger image of the disease helps us in treating the individual afflicted by it.

Hahnemann wrote about four chronic miasms. The three that we're well aware of; syphilis, sycosis and psora but he also wrote about tuberculosis and he called it pseudo-psora. He recognized late in his life that he had been combining pseudo-psora and psora together as one. Later in his life he stripped the symptoms of pseudo-psora or tuberculosis out from those of psora. So, he recognized a fourth miasm, already breaking the mystical triad of three. He also wrote very briefly in *The Chronic Diseases* about the rabies miasm. He described it as a sub-acute miasm differing from the chronic miasms in that it was an acute disease with a very long course, but again he wrote about this, and so it was that Louis Klein's contemporary elaboration and that of others were pre-heralded by Hahnemann. Once again we see that there wasn't much that he missed.

There are those who feel reluctant to move beyond the sacred three. The principle argument comes from Hahnemann himself, who said we're talking about four, maybe five. However, what prevents us from looking further. There is the Lyme miasm, where we know there is an agent of communication, a chronic disease that results, a complex of symptoms where individuals are similar but varied, the disease doesn't kill you but lasts a long time and tends not to go away on its own in most people. So we can introduce this perhaps as a chronic miasm. It isn't terribly prevalent, except in certain parts of the world but it may be interesting to look at in the way we look at the other chronic miasms.

Once again, you would have to do a group amanesis. I've had fun playing with this. Back in Maine, where I lived previously, there was a lot of Lyme disease. Sadly I didn't think when I moved to Oregon that I was losing my experimental group. You can take the common and frequent symptoms of Lyme disease, look at the population and throw in some of the oddities that occasionally happen and repertorize them all off. When you do this it is very interesting because what comes up is *Kalmia laterifolia*, first, *Ledum* second, *Rhododendron* around sixth or seventh.

The interesting thing is that *Kalmia* comes from the family *Ericaceae*, *Ledum* comes from the family *Ericaceae*, *Rhododendron* comes from the family *Ericaceae*. In fact, botanists now call *Ledum*, *Rhododendron tomentosum* and so these three important remedies in the amanesis of Lyme's are all from the *Ericaceae* family. And if you take a look at the amanesis of Lyme and you limit your search to *Ericaceae* you'll find *Gaultheria procumbens*, a very rarely mentioned remedy, yet nearly all of its symptoms

are included in the amnesia of Lyme's as well.

So one of my current speculations is the notion that the Lymes is an *Ericacea* disease. *Ericacea* wraps around this miasm. I have a case that I presented at the HANP conference of a boy who was helped a great deal by *Ledum* overtime and finally it was an unknown *Ericacea*, *Andromeda glaucophylla* that is botanically so closely related to *Ledum*, resembles it in so many ways, including its odor and growth habitat. Although it was going way, way out on a very thin limb, it worked well for him. So I have this tremendous interest now in looking at other members of the family *Ericacea*, doing provings on them – some of the small *Kalmias*, some of the small *Rhododendrons*, some of the heaths.

NT: Families have been controversial and you seem to be rather excited about it and making your own discoveries in this area.

WT: If we go back there is the oft-quoted objection of Hahnemann to families, it was early, it was 1796, it was really the article that gave birth to homeopathy. (“Suggestions for Ascertaining the Curative Powers of Drugs” found in *Hahnemann's Lesser Writings*. The discussion of family relationships occurs on pages 255 –258.) I think his point was to say that we cannot rely on botanical families to discern medicinal properties. We find even Hahnemann making comments for example, in his discussion regarding the proving of *Ignatia*, “The positive effects of *Ignatia* have a great resemblance to those of *Nux vomica* (as may be inferred from the botanical relationship between the two plants)...”

He goes on to say, in a paragraph that few people quote, that there are many hints that the natural system may afford us in understanding remedies not yet proven.

I think family relationships have been something homeopaths have talked about ever since the very beginning and realized there is something of value here. Also realizing that, just as two brothers may resemble each other closely... I have two sons who are at opposite ends of the spectrum. So within a family we may have resemblances and we may not. My bent is not so much to try to discern the common characteristics of a family, so that we can look at a case and say, this is probably an *Ericacea* case, now lets stay within the *Ericacea* to find our remedy, but rather to use the family relationships within a classical analysis which can help us maybe recognize patterns and find some small remedies, we might not be able to find otherwise.

For example if you recognize a case and find *Pulsatilla*, *Cimicifuga*, *Aconite*, and *Helleborus* are all within the top twelve remedies, a little light bulb should go off in our heads perhaps, that these are all *Ranunculaceas*.

Let's look at this case carefully because none of these four well known *Ranunculaceas* look terrific for my case. Perhaps a small, poorly known *Ranunculacea* may fit.

NT: What if this extends into poorly proven or unproven?

WT: I think the ice gets thin under our feet. Yet we often have to accept the fact in homeopathy, that we often find ourselves in a place where the ice gets thin under our feet in many arenas. As long as we enter into that area with that knowledge, with some trepidation and some caution, we're OK. For example in the case of the kid with Lyme disease – *Ledum* helped, but only helped so far. I can't make a justifiable case for any of the other *Ericacea's*, and then Jan Scholten's comment comes to mind, when you have a case that doesn't need a well known remedy, no well known remedy fits – it has to be a poorly known remedy, there is a lot of things we haven't proved, so maybe we go out on a limb a little bit and introduce something. I would much rather introduce it after a proving. It's a trial, it's an experiment, but it's the best experiment we can do at this moment.

NT: So you're a pragmatist.

Well, the heart and root of homeopathy is pragmatism. It's the footnote to aphorism one. Hahnemann said, don't try to weave empty speculations about the interior organism. He said that the true goal of the physician is to heal and we have to do our best with the tools at hand, which sometimes are inadequate. This is one of the things I struggle with, with those who promote rigidity in the homeopathic methodology is that ... you know there was a homeopath in the early nineteen hundreds who wrote a little booklet. He decided to write a *materia medica* that would only include clinically confirmed symptoms that occurred in two or more provers. It was sixteen pages long. I don't think we can do any better today on that.

So, those who say we have to rely only on proving symptoms, we can only do it in this way and such and such, they'd be in trouble. Even Boenninghausen's method was really designed to make up for the inadequacies of the *materia medica*. Some provers of *Pulsatilla* hadn't bothered to stand by an open window to see if they felt better. In the proving of *Colocynthis*, the only thing that was better by pressure was abdominal colic. So he said, lets make up for the deficiencies of the *materia medica* by generalizing the sensations and modalities. Instead of putting *Colocynthis* in abdominal colic better by pressure, we're going to put it in the generals under better pressure. Now we'll apply that rubric to a headache. If someone comes in with a headache that is ameliorated from pressure, using Boenninghausen's pocketbook repertory, you may come up with *Colocynthis* as a remedy – and in fact it works, it covers that symptom. So in many places we need to make up for the inadequacy of our *materia*

*medica.*

NT: What about modern provings?

It's across the board, which is no different than traditional provings.

I've seen people come down very critically on modern provings, saying they just don't meet the muster of the Hahnemannian provings. Let's look back at the proving of, say, *Bufo*, that I don't hear people jumping in and criticizing. A frog jumped into the mouth of one of the women provers and jumped out again while she was sleeping. You know the proving of *Cuprum* (you have to have a British accent for this), "A woman and her maidservant partook of fricassee of fowl cooked in a copper pot." So we have a lot of funny stuff in the old provings.

You know we talk about having a control group for our provings. A lot of our conventional provings were done on three individuals, one individual! Not blinded, etc. Yet out of this comes a really precious body of literature. I think that one of the biggest concerns with provings, whether

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they're contemporary or conventional, is the separation of pre-existing symptoms of the individual from symptoms of the proving. Some of the contemporary provers have not done a really good job of this and we find too many common symptoms in there.

NT: So have you developed your own miasm schema.

WT: No, I don't think so. I've adopted Hahnemann's miasms and attempted to understand them as thoroughly as I can. I found it useful in practice, even though I don't understand what the cancer or near-syphilitic miasm is... I don't like the word cancer miasm, because I feel it has little to do with cancer as any of the other miasms do, so I prefer to call it the near-syphilitic miasm. In trying to understand that and some of the remedies that others have grouped in there, they do form a logical grouping. I found the Typhoid miasm, in terms of Sankaran, interesting, though I don't know what relationship it has to Typhoid. I have an issue with the term "acute miasm" which is related to the Rabies miasm. The remedies he has listed have been historically useful in the treatment of that disease.

I don't really take issue with Sankaran's other miasms. I keep an eye open to see if they are useful in practice. I'm kind of warming to the notion of finding the malarial miasm useful. I'm struggling with his ringworm miasm to find where it fits within my understanding of my *materia medica*. I'm kind of a Missourian, so I'm a show-me kind of guy.

One of the pieces that I'm kind of working on in understanding Hahnemann's miasms is to get a better understanding of *psora* and *sycosis*; what they are and the remedies affiliated with them and to sort out some of the confusion that exists in the literature. For example, equating *psora* with scabies, is a historical mistake. Hahnemann never equated *psora* with *scabies*. I've been evolving a notion that *psora* is yeast, which is something I'm not going to put my neck in any chopping block about, but it's a question that is fun to explore.

NT: Is it possible that *psora* is a number of conditions of the skin?

WT: Just as Hahnemann did say late in his life that what he had been understanding as *psora*, was in fact, *psora* and *pseudo-psora* mixed together, we perhaps have that issue today. Maybe if we look more carefully we can find this. I have been using the metaphor of whales. What Hahnemann was saying late in his life was basically that what he had been calling Humpback Whales were some Humpback Whales and some Blue Whales. "They looked a lot alike and now I can understand the difference." Again, maybe if we look at it again, we can subdivide *psora* into more chronic diseases. What is the causative organism remains an interesting question.

Over the years I've wrestled with trying to understand the relationship of *Medhorrinum* to *sycosis*. It just doesn't fit. You have to really modify the understanding of *sycosis* to make *Medhorrinum* fit. If you want to study *Medhorrinum* alongside any other remedy in the *sycosis* group, you'll have problems. It is very hard to study alongside *Thuja* or *Natrum sulphuricum*. You'll find some similarities, but if you really want to study it alongside anything else, how about *Tuberculinum*? Then the lights go on, as these two remedies have a lot to do with each other. Hahnemann described *sycosis* as this disease with figwort. I've treated lots of cases of *Gonorrhoea* in my career. None of them have figworts. That's Human Papilloma Virus. Its very different.

When Hempel translated *The Chronic Diseases* into English, he translated the word for urethral discharge as Gonorrhoea and so the presence of the word Gonorrhoea in relation to *sycosis* in his work is a mistranslation. I think it's very, very clear that *sycosis* is HPV. Hahnemann has a little footnote where he says that other urethral discharges seem to affect the urinary organs though not systemically. These are easily treated. Its clear that he's talking about GC, Chlamydia, other urethral discharges. So I think that taking *Medhorrinum* out of *sycosis* allows us more freedom to make a good amanesis of *sycosis*, that Hahnemann promised but never left us with before his passing.

Gonorrhoea seems to be a simple acute or has alliance with the Tubercular miasm. Study *Medhorrinum* alongside *Tuberculinum* and it fits.

NT: Well, there is certainly a miasmatic potential in Gonorrhoea. I've seen evidence in a number of cases where the *Medhorrinum* symptoms of the child made if possible to accurately predict that one of the parents had Gonorrhoea.

WT: It was probably Tubercular. What do you see with *Medhorrinum*? You see muco-purulent discharges, which is not part of *sycosis*. It's really part of the Tubercular miasm. You see the restless discontent, the extremes and alternations of behavior, changeable symptomatology, you see the social charisma that we associate with Doc Holliday and Johnny Depp, which is very Tubercular. So you can see that whole Tubercular image in *Medhorrinum*.

Looking at Sankaran's miasms for example. He has *Pulsatilla* listed as sycotic rather than Tubercular. I know that it is a work in progress, which Sankaran clearly states, but really – purulent discharges, changeable symptoms, discontent, restlessness – I would say it is strongly a Tubercular remedy. Boeninghausen was cured of terminal tuberculosis with *Pulsatilla* at the age of thirty-five. That is why he became a homeopath. He was



diagnosed with terminal tuberculosis and given six to eight months to live. He was a Jeffersonian character. He owned a botanical garden, he wrote about agriculture, (a landed, wealthy family, trust fund). He was diagnosed with tuberculosis and sat down and wrote letters to everyone he knew saying goodbye, which were many, since he was a very affable character, as we would expect knowing he needed *Pulsatilla*. One of the doctors who had studied with Hahnemann and frequented the botanical gardens came to him, took his case, and cured him with a 30C of *Pulsatilla*. Boenninghausen died at 86 of a stroke. He was so enamored with the cure that he decided to study homeopathy and became the first unlicensed homeopath.

# MIASM

ROGER MORRISON MD

Miasm is staging a comeback. After nearly sinking into oblivion, Hahnemann's concept is receiving tremendous attention in many locations. Harry van der Zee published his *Miasms during Labor* describing the miasms in terms of Grof's psychological insights. Jeremy Sherr recently published his scholarly book, *Dynamic Materia Medica: A Study of the Syphilitic Miasm*. Rudolph Ballentine's new book, *Radical Healing* deals mainly with miasm. And Rajan Sankaran has been slowly evolving his concept of miasm for the past ten or more years. Why this sudden rebirth of interest in the concept that Hahnemann proposed one hundred seventy-five years ago?

## A Little History

Hahnemann published *Chronic Diseases* in 1828, bringing to the world his theory of miasm. Hahnemann had been grappling with the question of the frequent failure of homeopathy in chronic conditions. He writes, "Why, then, cannot this vital force, efficiently affected through Homeopathic medicine, produce any true and lasting recovery in these chronic maladies even with the aid of the Homeopathic remedies which best cover their present symptoms...?" (*Chronic Diseases*) In other words, Hahnemann was searching for the reason that chronic cases relapsed after benefiting from homeopathic treatment. He says he began to consider this problem in depth from 1817 or 1818 and after many years of thought and effort he came to the discovery of miasm, "To discover this still-lacking keystone and thus the means of entirely obliterating the ancient chronic diseases, I have striven night and day, for the last four years, and by thousands of trials and experiences as well as by uninterrupted meditation I have at last attained my object. Of this invaluable discovery, of which the worth to mankind exceeds all else that has ever been discovered by me, and without which all existent Homeopathy remains defective or imperfect, none of my pupils as yet know anything." (Letter to Baumgartner) He felt he had unlocked a great truth. Eventually in 1827 he revealed his theory to Stapf and Gross – his two closest students.

Hahnemann had a special understanding of the word miasm. Miasm is understood to be a derangement of the vital force that predates and is more fundamental than the current illness from which the patient suffers. The job of the physician is to try to understand the whole of the true disease

inside the patient – not just its current manifestation. To do so he must “find out as far as possible the whole extent of all the accidents and symptoms belonging to the unknown primitive malady.”

Hahnemann felt that there were three of these primitive maladies. He calls these miasms, psora, sycosis and syphilis. Of these three, he concluded that psora was the most fundamental. “The monstrous chronic miasm of psora is immeasurably more widespread, and consequently more significant....” (*Chronic Diseases*)

Hahnemann believed that the miasms were both contagious and hereditary. Especially psora he believed to be virulently contagious. “The itch disease is, however, also the most contagious of all chronic miasmata, far more infectious than the other two chronic miasmata.... The miasma of the itch needs only to touch the general skin, especially with tender children. As soon as the miasma of itch for example touches the hand, in the moment when it has taken effect, it no longer remains local. Henceforth all washing and cleansing of the spot avail nothing.” (*Chronic Diseases*) After the itch appears on the patient, it is almost always suppressed into the deeper parts of the patient. The symptoms that then occur were considered by Hahnemann to be “secondary” psora.

It was Hahnemann’s opinion that the external manifestation of itch (or other signs of infection in the other two miasm) came about only after the patient was thoroughly diseased by the miasm. He felt that the miasmatic infection was communicated almost instantly to the whole vital force. “The nerve which was first affected by the miasma, has already communicated it in an invisible dynamic manner to the nerves of the rest of the body and the living organism has at once, all unperceived, been so penetrated by this specific excitation that it has been compelled to appropriate this miasma to itself until the change of the whole being to a man thoroughly psoric...” (*Chronic Diseases*) Thus he believed that the miasm is a dynamic, energetic entity.

After laying forth these theoretic principles in his *Chronic Diseases*, Hahnemann then goes on to describe in detail the symptoms of patients infected with each of the three miasms. He described in detail the known symptoms of syphilis and gonorrhea (which he connected to figworts). Then he gave a more in depth description of psora and its main characteristics. Today very few homeopaths have bothered to read the full list of symptoms that Hahnemann ascribes to psora that goes on for over twenty-five pages. Anyone who has made the effort will admit that they cannot keep even a fraction of this extensive list of symptoms in mind. Some homeopaths (see H. A. Robert’s *Art of Homeopathy*) tried to clarify the main symptoms of psora. Most merely repeated Hahnemann’s lists. Kent (*Lectures on Homeopathic Philosophy*) devotes two entire chapters to

psora without ever specifying a single symptom of the miasm – though his next two chapters on sycosis and syphilis are quite illuminating regarding the characteristics of those miasms. Boericke only mentions the word psora under three remedies in his *materia medica* while listing over one hundred and twenty remedies as syphilitic! It seems clear that psora was for many an elusive concept.

It should be noted that Hahnemann and other great homeopaths saw the miasms as a living, spiritual force. They described especially the Psoric miasm as something malign and almost consciously destructive of mankind. At other times, homeopathic authors have declared that the miasms could not have existed if man was not already himself evil. “Psora is the underlying cause and is the primitive or primary disorder of the human race. It is a disordered state of the internal economy of the human race. This state expresses itself in the forms of the varying chronic diseases, or chronic manifestations. If the human race had remained in a state of perfect order, psora could not have existed. The susceptibility to psora opens up a question altogether too broad to study among the sciences in a medical college. It is altogether too extensive, for it goes to the very primitive wrong of the human race, the very first sickness of the human race, that is, the spiritual sickness...” (Kent’s *Lectures on Homeopathic Philosophy*)

But let’s return to Hahnemann and his *Chronic Diseases*. After laying forth the symptom lists which would lead us to suspect that a patient is either psoric, sycotic or syphilitic, Hahnemann tries to give us clues as to how to cure the miasm in the patient. The therapeutics were quite simplified for sycosis and syphilis. Hahnemann states that Thuja is specific for sycosis (that is any patient who is sycotic should be cured by this remedy). Likewise he felt that Mercurius was specific for syphilis. However for psora he gives a much more extensive list of remedies which he called, “antipsorics”. This list of remedies is essentially all of the remedies found in *Chronic Diseases* except for Thuja and Mercurius. The remedies he detailed as antipsorics were:

*Agar. Alum. Am-c. Am-m. Anac. Ant-c. Ars. Aur. Aur-m. Bar-c. Bor. Calc. Carb-an. Carb-v. Caust. Clem. Coloc. Con. Cupr. Dig. Dulc. Euph. Graph. Guai. Hep. Iod. Kali-c. Kali-n. Lyc. Mag-c. Mag-m. Mang. Mez. Mur-ac. Nat-c. Nat-m. Nit-ac. Petr. Ph-ac. Phos. Plat. Sars. Sep. Sil. Stann. Sulph. Sul-ac. Zinc*

From perusing this list one can easily see that of the ninety some remedies then in use in homeopathy, many were not included here. These were the remedies which Hahnemann either felt applied to the “various acute miasms” (such as *Belladonna* for Scarlet Fever) or he was uncertain as to which miasm they applied. These undesignated remedies included: *Aconite. Ambra. Angustura. Argentum Nitricum. Belladonna. Bismuth.*

*Bryonia. Camphora. Cannabis Sativa. Capsicum. Chamomilla.  
Chelidonium. Cicuta Virosa. Cina. Cinnabaris. Cyclamen. Drosera.  
Euphrasia. Ferrum. Helleborus. Ignatia. Iecacuanha. Ledum. Menyanthes.  
Moschus. Nux Vomica. Oleander. Opium. Pulsatilla. Rheum. Rhus  
Toxicodendron. Ruta. Sambucus. Spigelia. Spongia. Squila. Staphysagria.  
Stramonium. Sulphur Iodatium. Taraxicum. Veratrum. Verbascum.*

It is interesting to note that many of the remedies on this list are considered by Sankaran as falling into the acute or the typhoid miasms – thus confirming Hahnemann’s excluding them from the chronic miasm list – but more on that later.

Hahnemann instructed us to use one of these antipsorics when the case had the features he had described for psora. Unfortunately, Hahnemann never stated explicitly whether a remedy could belong to more than one miasm – though no remedy is listed as relating to more than one. Nor did he ever state that the remedies he had listed as antipsoric were the complete list. Nor did he ever suggest that any remedies could apply to the sycotic or syphilitic miasm other than Thuja and Mercurius respectively. These missing statements have left the understanding of how to use the miasmatic concept in some confusion.

One might suppose that homeopaths throughout the world would have embraced Hahnemann’s discovery and proclamation about the miasms with joy. This was not the case. Perhaps it was the difficulty in understanding the nature of the psoric miasm from the long list of symptoms that prevented its use. Certainly many did not see any practical application of the discovery. Thus the result was that the majority of the homeopathic world either shrugged their collective shoulders or thought the seventy-five year old master was past his prime.

Hering himself wrote: “What important influence can it exert whether a homeopath adopts the theoretic opinions of Hahnemann so long as he holds the principle of the master and the *materia medica* of our school. What influence can it have whether a physician adopts or rejects the psoric theory so long as he searches for the most similar medicine possible?” This attitude more or less summed up the majority opinion: simply search for the *simillimum* and forget the rest.

Yet Boenninghausen wrote, “And yet the much reviled and ridiculed theory of the three miasms laid down by the founder of our Homeopathy is nothing else than a consequential application of the doctrine of anamnesis of chronic disease, as this is most plainly laid down in aphorism 5 and 206 of the *Organon* (5th edition). It is therefore totally incomprehensible how this has been so overlooked, unless other, by no means praiseworthy motives, have been brought into play. For all the fair phrases about the

exact obedience to the fundamental principles of homeopathic therapy cannot deceive the experienced practitioner and persuade him that he may at all times select the most appropriate remedy by means of whole sheets of images of the disease in which there is nothing therapeutically characteristic.

I do not wish to deny by any means that there may be perhaps beside the three above mentioned anamnestic indications, and beside the medicinal diseases, one or another additional miasm to which may be ascribed a similar influence upon health. Nevertheless such a miasm has not so far proved by means of demonstrative documents and it must therefore be left to future investigation. ” (*Allg. Hom. Zeit Vol. 65*). Thus Boenninghausen makes two points: First he says that long lists of symptoms often do not help us to find the simillimum – something is missing which for him (and Hahnemann) is the knowledge of the miasm of the patient and of our remedies. Second he explicitly states that there may be other miasms beside the original three mentioned by Hahnemann which he leaves for future investigators.

There were many others besides Boenninghausen who took Hahnemann’s ideas very much to heart. The most prominent of these was HC Allen (not Timothy Allen who edited Allen’s *Encyclopedia*) who wrote a three volume work entitled, *The Chronic Miasms*. This work was to be the first of a series of nearly religious writings and ideas about miasm. Allen gives an alternate list of symptoms which correspond to the three miasms and an alternate list of the remedies which apply. Thus we see that there was no uniformity in the view about what symptoms constitute a psoric or syctic or syphilitic constitution. There was thus no uniformity about which remedies belonged to which miasm.

Boenninghausen states, “... it is on the other hand not to be denied that this circumstance has given an additional difficulty to our practice, as we have not so far any certain signs by which we can distinguish certainly the domain of the one miasma from that of the other.” (*Allg hom Zeit Vol 65*.) Thus theoretic squabbling became the norm. The 1st aphorism was effectively thrown out of the window as homeopaths argued abstractly about many facets of miasms.

For example a fierce debate sprang up about tuberculosis. Some adherents said it was psora combined with syphilis. Others argued just as certainly that it was sycosis and syphilis. Almost no one dared to suggest that there might be a miasm that Hahnemann missed. Like many of Hahnemann’s other ideas, his pronouncements about miasm became almost gilded in bronze. No one was allowed to alter or add to his lists of symptoms or remedies.

There were some few who tried to improve upon Hahnemann's work on the miasm. For example Boenninghausen wrote extensively about sycosis, adding many characteristic symptoms of the miasm (such as the well known characteristic, fixed ideas) as well as many new remedies to the antisycotic list (including Anac, Ant-C, Puls, Sil and many others).

**Thus we can see there has been almost no general agreement about the need for the miasmatic concept nor the characteristics of the various miasms.**

This brings us to our next important point of discussion: the remedies. The creators of our repertoires were those most known for their knowledge and experience in homeopathy. By looking at the remedies they list for each miasm we can hope to learn what they thought and how they used Hahnemann's important discovery. And yet when we look at several important repertoires we are struck by the differences and inconsistencies we find. Below are the rubrics for sycosis and syphilis from Kent's Repertory (note that Kent does not have a rubric for psora at all!).

Generalities; SYCOSIS: *Agar., Alum., Alumn., Anac., Ant-C., Ant-T., Apis, Aran., Arg., Arg-N., Aster., Aur., Aur-M., Bar-C., Bry., Calc., Carb-An., Carb-V., Carbn-S., Caust., Cham., Cinnb., Con., Dulc., Euphr., Ferr., Fl-Ac., Graph., Hep., Iod., Kali-C., Kali-S., Lach., Lyc., Mang., Med., Merc., Mez., Nat-S., Nit-Ac., Petr., Phyt., Puls., Sabin., Sars., Sec., Sel., Sep., Sil., Staph., Sulph., Thuj.*

Generalities; SYPHILIS: *Arg., Ars., Ars-I., Ars-S-F., Asaf., Aur., Aur-M., Aur-M-N., Bad., Benz-Ac., Calc-I., Calc-S., Carb-An., Carb-V., Cinnb., Clem., Con., Cor-R., Crot-H., Fl-Ac., Guai., Hep., Iod., Kali-Ar., Kali-Bi., Kali-Chl., Kali-I., Kali-S., Lach., Led., Merc., Merc-C., Merc-I-F., Merc-I-R., Mez., Nit-Ac., Petr., Ph-Ac., Phos., Phyt., Sars., Sil., Staph., Still., Sul-I., Sulph., Syph., Thuj.*

When we examine these two rubrics we see that fully twenty-two of the eighty-nine remedies listed are in both rubrics. Furthermore, compared to Hahnemann's original forty-eight antipsorics, thirty-one are listed as either antisycotic or antisiphilitic by Kent.

Next we turn to Boenninghausen's repertory.

Generalities; Constitution; PSORIC: *Ant-C., Bar-C., Brom., Calc., Calc-P., Carb-An., Carb-V. Cupr., Graph., Hep., Iod., Kali-I., Lyc., Nat-C., Nat-M., Nit-Ac., Petr., Psor., Sil., Sulph., Tub.*

Generalities; SYCOSIS: *Apis, Arg., Arg-N., Ars., Calc., Caust., Dulc., Fl-Ac., Graph., Kali-S., Med., Nat-S., Nit-Ac., Sel., Sep., Staph., Thuj.*

Generalities; SYPHILIS: *Am-C., Aur., Carb-An., Cinnb., Iod., Kali-Ar., Kali-I., Kali-S., Merc., Nit-Ac., Phyt., Sars., Sil., Syph., Thuj.*

Here we see there are only eight remedies double categorized in two miasms – somewhat more consistent than in Kent’s repertory. Furthermore, Boenninghausen tries to correct Hahnemann’s original list by reclassifying some of the original antipsorics (eliminating some thirty-two of Hahnemann’s original forty-eight remedies and adding four remedies to the list). Also of great interest is how different Kent and Boenninghausen’s lists appear. Kent has forty-one more remedies than Boenninghausen listed as antisycotics, and only fifteen of the remedies are on both lists.

Finally we can look at Knerr’s repertory.

General; Constitution; PSORIC : Ars-I., Calc., Graph., Hep., Kreos., Psor., Sulph.

General; Constitution; SYCOTIC: Aran., Aster., Med., Nat-P., Nat-S., Nit-Ac., Sars., Thuj.

General; Constitution; SYPHILITIC : Ars., Asc-T., Aur., Benz-Ac., Clem., Cor-R., Crot-H., Cund., Euph., Ferr-I., Fl-Ac., Guai., Kali-Bi., Kali-I., Merc., Merc-C., Merc-D., Merc-I-R., Mez., Nit-Ac., Petr., Ph-Ac., Phos., Phyt., Sars., Sil., Still., Sulph., Syph., Thuj.

Knerr has eliminated even more of Hahnemann’s original forty-eight antipsorics, leaving only four of the original remedies. He adds three new remedies, of which two were not included by Boenninghausen. Furthermore, Knerr lists only eight antisycotic remedies, three of which are not mentioned by Kent or Boenninghausen. He similarly adds nine remedies as antisiphilitic which are not listed in Kent or Boenninghausen and does not list seven of Boenninghausen’s fifteen antisiphilitic remedies at all.

The three repertories only concur about four antipsoric, four antisycotic and eight antisiphilitic remedies.

**Thus we can see that there is almost no agreement about which remedies apply to which miasm.**

With all of this confusion about the meaning of miasms and the remedies that can apply to the miasms, it is little to be wondered that homeopaths stayed away in droves. Most practitioners could not name more than a handful of remedies that clearly pertained to a specific miasm. In my own training in homeopathy, we paid very little attention to the miasm of remedies except in glaring cases (that is, if the patient had a history of gonorrhoea and recurring gleet or warts, we would strongly consider *Medorrhinum*, *Thuja* or *Natrum Sulphuricum*). But of those frequent cases to which Boenninghausen refers as “whole sheets of images of the disease in which there is nothing therapeutically characteristic” we did not use and did not know of the tool of miasm. And this was generally true of most



homeopaths from the time of Kent until the middle of the twentieth century.

The next move forward was in the LIGA meeting of 1944. The renowned Mexican homeopath F. Ortega put forward his concept of miasm. He maintained the concept of Hahnemann's original three miasms (something nice about three). However he attempted to make a clear and simple delineation of the mental and physical characteristics of each miasm. He described the main characteristics of the three constitutions in this way:  
Psora = inhibition  
Sycosis = excess  
Syphilis = destruction

The benefit of this simplified view of the miasm was that the main thrust of the patient and his constitution could readily be identified much of the time. Thus the practitioner could readily categorize his patient into one of the groups. The concept became widely accepted.

There were many inconsistencies with this concept. For example, the remedy *Aurum Muriaticum Natronatum* had generally been considered as antisyphilitic was famous for excessive tumor growth (i.e. sycotic). The remedy *Mercurius* (which is antisyphilitic) is often found to be inhibited in its expressions (psora) where *Sulphur* (antipsoric) is often audacious and flashy. So when the theory came against actual remedies, we could see much variation.

Perhaps more importantly, we still had no clear idea of what constituted a miasm – that is no clear definition of miasm. And once again we are hampered by the fact that no consistent agreed upon list exists for which remedies belong to the miasm.

Some further intellectual progress was made by Vithoulkas in his book, *Science of Homeopathy*. Vithoulkas points out that there is no reason (echoing the words of Boenninghausen) that we are limited to three miasms. He states that rather than postulate that tuberculosis is a combination of two miasms, why should it not represent a fourth chronic miasm. Further, Vithoulkas points out that the first step should be a clear definition of miasm. "Based upon what has been said thus far, we can now present a definition of miasms: A miasm is a predisposition toward chronic disease underlying the acute manifestations of illness 1) which is transmissible from generation to generation and 2) which may respond beneficially to the corresponding nosode prepared from either pathological tissue or from the appropriate drug or vaccine." (*Science of Homeopathy*).

The work of each successive homeopathic scientist brings further clarification of the basic concept brought forward by Hahnemann. Thus, by the time of Vithoulkas' writings we had three characteristics for miasm:

Infectious – a miasm must be contagious.

Hereditary – a miasm or the susceptibility to a miasm must be transmissible from parent to child.

Nosode – a nosode must be obtainable from the miasmatic disease.

Vithoukias stated clearly and for the first time that Tuberculosis was a separate miasm since it fit all of these criteria. He gave us a means for discovering new miasms. However he considered miasm as mainly a way of looking deeply at our science but did not consider the miasm to have tremendous clinical application except in cases where the miasm was obvious – and not always then. Thus by the end of the 1980's we were pretty much where Hering left us: What difference does it make since we have to choose the *similimum* by the symptoms any way?

**Most modern homeopaths in Europe and North America used miasmatic relationships in only a limited way.**

Finally in the 1990's, Sankaran made some logical and yet revolutionary steps in the understanding of miasm. He created a new paradigm for miasm. Specifically he made three rather astonishing postulates:

- 1) Each remedy is assigned to a specific miasm and only one.
- 2) Each miasm was given extremely clear and tight defining characteristics - both physical and mental -- that are readily identifiable in the homeopathic interview.
- 3) Each patient has only one miasm evident at any time.

The value of these postulates, if correct, is clearly enormous. Most importantly from a practical standpoint, the ability to eliminate from consideration all but the remedies assigned to the miasm of our patient is of inestimable value. Just as we can eliminate all warm-blooded remedies when a patient is very chilly, we can limit the field of inquiry by knowing the miasm. Furthermore, by knowing the miasm, we can understand the emphasis of both physical and mental symptoms for each remedy.

In doing this, Sankaran and his coworkers assigned to date nearly two hundred and fifty remedies to specific miasms – each remedy being assigned to only one miasm. For details of Sankaran's work on miasms, refer to his books, *System of Homeopathy* and *Insight into Plants*.

So where do we stand today in our understanding of miasm? Many homeopathic authorities have proposed new miasms – exactly as Boenninghausen predicted. Foubister proposed a cancer miasm in the 1950's. In the late 1980's Vakil proved the remedy Leprominium. Sankaran has proposed three new miasms – bringing the number of miasms currently discussed to ten.

Here is the list as I see it at present. The name in parenthesis is the person who first proposed the miasm as a separate entity:

Acute miasm (Hahnemann) – also called the Rabies miasm by some.

Typhoid (Sankaran)

Malarial miasm (Sankaran)

Ringworm miasm (Sankaran)

Psoric Miasm (Hahnemann)

Sycotic miasm (Hahnemann)

Cancer miasm (Foubister)

Tubercular miasm (Vithoulkas)

Leprosy miasm (Vakil)

Syphilitic miasm (Hahnemann).

### **How do we know that the remedies specified for each of these proposed miasms actually belong?**

Here the answer is strictly pragmatic and experiential. Since a miasm cannot be seen with a microscope nor identified by any laboratory test, it is necessarily an invention. No prover ever volunteered the information, “I am feeling quite syphilitic since I began proving this remedy.” Therefore the distinctions of the miasm are useful only if they have clinical relevance – that is if they help us to find the correct similimum. In a sense, it does not matter if the proposed miasm is “real”. If the definition of the miasm is clear and easily determined by all trained observers in the patient, and the remedies can be more easily identified by this grouping or categorization, then the concept is useful. The proof, as they say will be in the pudding.

### **How can there be so many miasms that were missed for so many years?**

Probably the answer lies as usual in language and terminology. For example, many of the remedies that Hahnemann considered a part of the acute miasm, are now placed in the typhoid miasm by Sankaran and his coworkers. And the remedies of the Tubercular miasm were likewise grouped in the psoric and other miasms. It seems to be more a process of differentiating useful distinctions than unknown characteristics.

The question then becomes, “Are these refinements and further differentiations useful?” Or is it just further theorizing?

The answer to that question must be made in the clinic – as with all ideas and observations. For my part, I have been working with Sankaran’s miasmatic observations and categorizations for the past five years. I can state that my results have improved substantially during that time. I consider this work to be the greatest contribution to our science of the past twenty years – that is since the pioneering work of Vithoulkas.

Below is a rather shorthand summary of the characteristics of the miasms and the most important remedies for each miasm. I should note that these ideas are founded on Sankaran's approach but supplemented by my own experience – so please take the mistakes below as my own and give the credit for the original concept to Sankaran as his due.

### **Acute Miasm**

Originally, these remedies were used during acute illnesses such as scarlet fever, pneumonia and delirium. Later it was found that they are useful in chronic conditions where the sensation of the patient is identical to the sensation of an acutely ill patient. The patient feels as if he were reacting to a sudden, unexpected, life-threatening situation (illness, attack, accident, etc). The patient is in an almost “primitive” state usually accompanied by great fear and child-like reaction. There is no compensatory mechanism except fight or flight. He seeks reassurance and protection. Often mania states require remedies from the acute or typhoid miasm. Severe phobia disorders also frequently fit within this miasm.

Known Remedies of the Acute Miasm:

*Aconite. Arnica. Belladonna. Cactina. Calendula. Camphora. Chocolate. Coffeinum. Croton Tiglium. Digitoxin. Elaterium. Ergotaminum. Hydrogen. Hypericum. Lithium. Melilotus. Morphinum. Oenanthus. Stramonium. Strychninum. Veratrum.*

**Nosode:** *Lyssinum. Morbillinum. Diphtherinum.*

### **Typhoid Miasm**

Also known as the subacute miasm. Remedies in this miasm were originally used for typhoid fever – that is high, unremitting fever often associated with prostration from violent diarrheas or other infections. The infections are slightly less rapid in their onset (like all of our descriptions of *Bryonia*) than the remedies in the acute miasm. Now we find these remedies can be useful in a variety of chronic conditions such as colitis, Crohn's disease, collapse states, psychosis. Patients in this miasm who have acute or recurring psychotic breaks have good prospects from homeopathic treatment. The patient feels himself to be in an urgent, life-threatening situation requiring his full capacity to survive. The patient is willing to use any means to return to a secure position: violence, scheming, flight, lying, etc. Willful children who demand their desires so strongly that parent's cave in often require remedies from this group. The patient's goal is to conserve every resource to combat the threat. Thus materialism and business struggles are a strong component. The feeling is, “If I can just get through this crisis, I have it made and I can rest.” He seeks rest and a secure position.

Known Remedies of the Typhoid Miasm:

*Abelmoschus. Acetic Acid. Aethusa. Ailanthus. Anantherum. Argemon. Asclepias Tuberosa. Baptisia. Benzoic Acid. Bryonia. Carbo Animalis.*

*Carbo Vegetabilis. Carnegia gigantea. Chamomilla. Doryphora. Euphrasia. Gallic Acid. Gambogia. Helleborus. Hyoscyamus. Ipecac. Lycopus. Mancinella. Nux Moschata. Nux Vomica. Paris. Petroleum. Polystyrene. Podophyllum. Pyrogenium. Rheum. Rhus Tox. Sacchrum Album. Sulphuricum Acidum. Thyroidinum. Veratrum Veride. Viscum. Nosode: Typhoidinum.*

### **Malarial Miasm**

In malaria, the situation is still less severe. The patient is suffering but not in immanent danger for his life. Instead he finds himself repeatedly accosted by highly uncomfortable conditions. These conditions leave him weak and vulnerable between the attacks. He is partially crippled by the condition causing him to be dependent on those around him. His forward progress is arrested as he deals with these harassing attacks. For chronic conditions, the remedies of the malarial miasm feel they are facing recurring attacks from life – they feel stuck in a situation where nothing goes right and he is never truly well. He can do little more than complain or act out. Patients in this miasm often feel miserable and make those around them miserable from their negative outlook. The patient especially suffers with intermittent fevers, recurring hemorrhoids, recurring or allergic asthma, migraines, neuralgia, rheumatism.

Known remedies of the Malarial Miasm:

*Ammonium Muriaticum. Angustura. Antimonium Crudum. Aurum Muriaticum Kalinatum. Berberis. Boletus. Cactus. Capsicum. Cedron. Chelidonium. China (and it's salts). Cina. Clematis. Colchicum. Colocynthis. Eupatorium Perfoliatum. Eupatorium Purpureum. Iris. Kalmia. Magnesia Muriatica. Menyanthes. Natrum Muriaticum. Peonia. Prunus. Ranunculus Bulbosus. Sarracenia. Spigelia. Sumbulus. Verbascum.*

**Nosode**— None.

### **Ringworm Miasm**

Ringworm and fungal disorders are annoying but not at all life-threatening. These conditions often get better very slowly but slip back in at the first vulnerable moment. It is a constant effort to combat the condition. The theme for ringworm miasm is the struggle against an external object but alternately feeling optimism or pessimism. The patient often repeatedly uses the word, “trying.” The feeling is that he must try and try and yet he never quite gets there though never quite gives up.

Known Remedies of the Ringworm Miasm

*Actea Spicata. Allium Sativa. Calcarea Fluorica. Calcarea Silicata. Calcarea Sulphurica. Dulcamara. Fagus. Gossypium. Magnesia Sulphuric Opuntia vulgaris. Pseudotsuga. Rhus Venanata. Sarsaparilla. Taraxicum. Teucreum. Upas. Veronica officianalis. Viola Tricolorata.*

**Nosode** – Ringworm nosode.

## **Psoric Miasm**

The theme for psora according to Sankaran is struggle against an external problem but with a feeling of optimism. Paradoxically, since many of the remedies and characteristics of psora have been differentiated into other miasms, few remedies are left in this category. Many have noted the similarity between Sankaran's description of this miasm and his description of the ringworm miasm.

Known Remedies of the Psoric Miasm:

*Calcarea. Cuprum. Ferrum. Graphites. Kali-Carbonicum. Lycopodium. Niccolum. Sulphur. Zincum.*

**Nosode:** None.

## **Sycotic Miasm**

Gonorrhea is a condition that is not life threatening but is shameful and embarrassing. The remedies used to combat gonorrhea and gleet also treat the ailments of suppressed gonorrhea. All of the diseases that respond to this group of remedies are fixed and intractable: They do not go away but they do not progress. The patient spends a great deal of time trying to cover up or compensate for the illness. Thus we have the well-known characteristic of the sycotic miasm: secretiveness. The patient is often riddled with guilt and insecurity. Inferiority complex is a common finding in this miasm. The physical conditions often center on the urinary or genital tract. Also common is asthma, tumors and neoplasms, eczema, genital herpes.

Known Remedies of the Sycotic Miasm:

*Argentum Metallicum. Borax. Bovista. Calcarea Bromata. Cannabis Indica. Caulophyllum. Crocus Sativa. Digitalis. Gelsemium. Kali Bichromicum. Kali Bromatum. Kali Sulphuricum. Lac Caninum. Lac Delphinum. Natrum Sulphuricum. Palladium. Pulsatilla. Sabadilla. Sanguinaria. Silica. Thuja.*

**Nosode:** *Medorrhinum*

## **Cancer Miasm**

When a patient receives a diagnosis of cancer, it is obvious that the condition is life threatening. The patient and the family feel there is almost no hope but yet they do not give up. They search high and low for a new drug trial, a new surgery, or even a farfetched alternative like homeopathy. The feeling is one of desperation, of holding on to hope with the fingernails. The patient who needs a remedy from this miasm feels he must carry out his life perfectly – one failure of duty, one lapse in cleanliness, one cheat of the proper diet and all will be lost.

Perfectionism and the need for control with the feeling of being strained to one's very limit are the normal presentation. Physically the cancer miasm is often found in patients with a history of cancer but many other physical ailments can be produced. Anorexia nervosa is often treated by remedies of this miasm. Tumors of any sort, neurological disorders such as multiple

sclerosis are often found in this miasm.

Known Remedies of the Cancer Miasm:

*Agaricus, Anacardium. Anhalonium, Argentum Nitricum, Arsenicum Album. Asarum. Baryta Arsenica, Bellis Perenis, Calcarea Arsenica, Calcarea Nitrica, Causticum, Conium. Ferrum Arsenicum, Ignatia, Kali Arsenicum, Kali Nitricum, Natrum Arsenicum, Nitricum Acidum, Opium, Physostigma, Ruta, Sabina, Staphysagria, Tabacum, Viola Odorata.*

**Nosodes:** *Carcinocin, Scirrhinum*

### **Tubercular Miasm**

The feeling of the miasm relates to the ever encroaching and eventually fatally suffocating infection. The patient rebels, struggles, longs for freedom from his condition. He hurries to live his life even as he intuits that it is burning away from him. He feels the walls closing in upon him. His loved ones cannot be trusted. He suffers from respiratory conditions, persecution complex, deformative arthritis.

Known remedies of the Tubercular miasm:

*Abrotanum. Acalypha. Apis. Aranea. Arsenicum Iodatum. Atrax. Balsamum. Brucea. Bromium. Calcarea Iodata. Calcarea Phosphorica. Cereus Bonplandii. Cimicifuga. Cistus. Coccus Cacti. Coffea. Drosera. Elaterium. Euonymus. Ferrum Iodatum. Ferrum Phosphoricum. Fluoric Acid. Ginseng. Iodum Kali Phosphoricum. Latrodectus. Magnesia Phosphorica.*

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**Nosode** – *Bacillinum. Tuberculinum* (in all its preparations). *BCG vaccine.*

### **Leprosy Miasm**

Lepers have suffered enormously through history. The condition is slowly progressive and eventually leads to death. However, even more disturbing to the patient is the reaction of those around him. He is reviled by his friends and community. Where they looked at him with affection they now feel loathing. This results in a desperate state of self-disgust and self-hatred. He feels contempt with his condition and towards himself or others. He desires to tear, mutilate or bite himself. He suffers from suicidal thoughts or impulses, depression, morbid obesity.

Known Remedies of the Leprosy Miasm:

*Agraphis. Aloe. Ambra. Androctonus. Aristolochia. Aurum Sulphuricum. Azadirachta. Baryta Iodata. Baryta Sulphurica. Cereus Serpentinus. Cicuta. Coca. Codeinum. Comocladia. Curare. Cyclamen. Fumaria. Gratiola. Homarus. Hura. Hydrastus. Hydrocotyle. Indolum. Kola nut. Lac Defloratum. Laurocerasus. Ledum. Mandragora. Mephites. Ocimum sacntum. Rhus glabra. Secale. Sepia. Skatolum. Solanum Tuberosum Aegrotans. Spiraea.*

**Nosodes** – *Leprominium. Psorinum.*

### **Syphilitic Miasm**

Syphilis was an inexorable death sentence in the pre-antibiotic era. The condition is utterly destructive – either physically or mentally. Extreme nihilism marks the patient in the uncompensated state. The diseases are destructive of bone and tissue leading eventually to death. The patient reacts to his illness or his perceived life situations as though under a death sentence. He is prone to feelings of violence and revenge. Suicide or homicidal feelings are common. Destructive addictions often result. Physical conditions include advanced cardiac conditions, aortic disease, aneurysm, alcoholism.

Known Remedies of the Syphilitic Miasm:

*Alumina. Anagallis. Aurum. Cenchrus. Clematis. Crataegus Echinacea. Elaps. Hepar Sulphur. Hydrocotyle. Lachesis. Lathyrus. Leptandra. Mercurius. Origanum. Osmium. Naja. Platinum Plumbum. Plutonium. Psilocibe. Stillingea.*

**Nosode** -- *Syphilinum*

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# THE STORY OF CONNOR:

## AN EXCERPT FROM A FORTHCOMING BOOK

JUDYTH REICHENBERG-ULLMAN

Connor

*Clawing, Biting, Swearing, and Screaming*

Michelle was very anxious to have us treat her seven-year-old son, Connor. She explained in private, “Connor’s dad and I fought a lot during the pregnancy. Having him was the only reason we stayed together. During the first and second trimesters, I was in a constant adrenaline rush. My basic feeling was one of being trapped. I found myself in a situation I could not get out of. There was residual depression from my previous pregnancy, which ended in a stillbirth as well as the financial stress of his dad abruptly losing a well-paying job. The family violence continued when Connor was an infant and toddler. Shouting and throwing things. Now and then his dad hit me. We’re in the midst of an ugly divorce now. I’ve been trying to shield Connor and his brother from what’s going on.”

“It’s the rage that brings me here. We’ve been doing the Feingold Diet with some benefit, but his temper is still out of control. I can say something to him about a relatively unimportant matter. It’s as if a little switch goes on, especially if he’s tired or hungry. Suddenly he’s screaming, clawing, biting, and leaving welts on my skin. Out of the blue, this kid goes from being mildly frustrated to a cornered animal. It’s like putting a cat in a basket. If there’s one thing that Connor hates, it’s being held down. In fact, if you restrain him, he’ll bite. Then, when you release him, he’ll hit you. The trigger might be an event that Connor perceives as unfair or if he trips over something on the floor, or has a meltdown after being teased. He becomes livid, sinks his teeth into my back and threatens to pull out my eyes.”

“Connor’s behavior was even worse before we tried the Feingold Diet. All hell broke loose everyday. Over the past four years, he’s attended seven different schools and daycares. There was no way I could take him to a neighbor’s. On a typical day back then, Connor would come home from preschool and dissolve into tears at the least correction.”

Connor would insist vehemently that his parents couldn’t make him do anything he didn’t want to do. These power struggles ended up with their dragging the child to his room kicking and screaming. On a number of occasions during these meltdowns, he bit them hard enough to break the skin. There was no way his parents could touch or hold Connor until he had

worked through the anger himself.

The previous year he had gotten in big trouble at school for calling his teacher the F-word and trying to push her down a flight of stairs – and that was only kindergarten! The second day of school, he demanded of his teacher, “Get out of my way.” Rude and insolent, he just did not know when to stop. Other children did not appreciate his coming behind them furtively and stretching his shirt over their heads or knocking off their glasses. Connor’s tantrums, replete with pouting, kicking, biting, swearing and scratching, were even worse than those of his two-year-old sister.

*“Don’t Hold Me Down!”*

Clothing that was too tight or rubbed in an uncomfortable way was intolerable. He flat out rejected any shirts or pants that had caught a burr in the bushes in the past. From the age of three Connor refused to wear socks and he could not stand having his nails cut. Also sensitive to particular foods, Connor reacted violently to Skittles and exhibited muscle jerking after eating even a single Ritz cracker.

Unwilling to go to sleep without his mom lying beside him, recently he went a step further and would sleep only in her bed. In fact, Connor never did sleep on his own until he was five. Nor would he go upstairs alone, even for a minute, even if all the lights were on. He was also “petrified of dogs.”

“When Connor was tiny,” Michelle told us sadly, “I would hold him tightly while his father yelled at me, punched the wall, and threw things. At three or four he would run between us, pounding his fists on our legs begging that we stop fighting. Connor seemed especially affected one time when his father was in my face and shaking my shoulders. After that, as soon as voices were raised, Connor hid immediately.

“At nineteen months, due to a bad flu with diarrhea and vomiting, he was found to be dehydrated and was administered intravenous fluids. The medical staff refused to allow his dad and me to be in the room during the procedure. They had to do three pokes in one arm and four in the next because the veins kept collapsing. Eventually they inserted the IV in Connor’s neck. The poor baby was strapped down, screaming. The staff would not permit me to breast feed him and tried to keep me away so that he wouldn’t want to nurse. I battled with them for twenty-four hours straight.

There was another incident that seemed to terrify Connor. I had a full-term, stillborn daughter when he was just shy of four. He was in the room when she was born. The baby died because of the cord wrapped around her neck. My husband burst into uncontrollable animal-like sopping. Connor became so frightened that he climbed into the birthing tub with clothes and all. I don’t think he’s ever completely gotten over that trauma.”

## *“I Don’t Like Being Held Tight”*

When we asked Connor if anything bothered him, he replied straightforwardly, “I don’t like being held tight. It’s not fun. You just try to get away.” He went on to share that he was a bit afraid of dark bugs that he couldn’t see because it was almost like being blindfolded. Upon mentioning to us that he was having bad dreams lately, Connor spit at his mother, explaining, “I spit when I try to keep you from attacking me,” at which point he buried his head deeply in the chair. In his dream world, Connor was visited by scary, yellow-headed guys who tried to “get the kids.” His mood quickly turned nasty, first ordering his mother to remove her feet off the floor then to sit in a particular chair, running away from her rebelliously, spitting, and adamantly refusing to cooperate.

Michelle continued, “Connor has always hated getting water splashed on him, especially from the waist up. As a baby, washing his hair was challenging because Connor would squirm and try to get away. Even a wet washcloth on his head was objectionable. In new situations, he reacts by losing his eyes, flopping around his head and screaming in a high, squeaky voice. Eye contact has been difficult for him from the start. Connor prefers rough and tumble play like bouncing off the trampoline, crashing spaceships into other objects, or jumping on another child. “

### *Exceptional Features*

It was clear that Connor needed an animal medicine. The biting, spitting, clawing, and threatening, all suggest an animal, in addition to the intense victim-aggressor relationship between his parents. While watching the interaction between Connor and Michelle in the office during his angry outburst, it reminded us of cats and dogs, the latter of which also terrified him. It is curious that at the stillbirth, which seemed to deeply trouble Connor, Michelle describes her ex-husband as sobbing uncontrollably like an animal. The child’s most extreme sensitivity was to being restrained, which is reminiscent of his mom’s trapped feeling during her pregnancy with him. When he was restrained, his response was to bite, flail and try to find a way out, just like an animal. But which animal? Or perhaps one of the homeopathic plant medicines that can pose at times as animal medicines. Unfortunately, at the beginning we were not familiar with the medicine that best fit his case and did not prescribe it until much later. The very first medicine we gave Connor, with some benefit, was *Stramonium* (thorn apple), one of the most common homeopathic medicines for violent behavior coupled with fears of the dark and water. Later *Lyssin*, prepared from rabies vaccine, made a big difference in Connor. It is beneficial for children who break into violent rages, typically after being teased or tormented, typically with biting, spitting, clawing, and scratching. In the symptom picture of *Lyssin*, we also see a tremendous

fear of water, especially in the face. But, you will see that the medicine that unquestionably affected Connor the most came from a different animal. Now that we are more familiar with the medicine that ultimately produced the most benefit, the case is very clear from the beginning.

### *Rabid Rage*

Five weeks after he took the *Stramonium*, Connor's fears were less intense and he was no longer having nightmares. The fear of dogs had lessened somewhat. *Stramonium*, given at two-month intervals, benefited Connor to some extent over the next eight months. The tantrums were considerably better until each prescription of the remedy inevitably wore off. The biting diminished. As long as the medicine was acting, Connor was willing to sleep alone in his own bed; when it stopped acting he reverted to insisting on sleeping with Michelle. We were not satisfied with the amount of improvement.

We restudied Connor's case and, based on the rage, fear of water, animal-like behavior and terror of dogs, prescribed *Lyssin*, the homeopathic preparation of the saliva of a rabid dog. At his next appointment three months later, Connor had made a surprisingly smooth transition from private to public school. Hitting was less, biting was gone and Connor was "hugely better with water, willing to lay down in the bathtub and gets his hair wet for the first time in his life. His speech therapist was particularly impressed with his progress as was the sand tray therapist who had been seeing Connor for two years. She had observed such a significant change in the child that she had recently 'fired him' from therapy."

Over the next year, the progress continued. On those occasions when Connor did experience a meltdown, it was short-lived and he could recover quickly. The ability to back down was a new skill for him. Michelle also reported "a dramatic improvement socially." Connor was now actually being invited for play dates. Much more agreeable and thoughtful, his aggression was tremendously better. "We've come from blind animal rage." His teacher actually stopped Michelle to inform her about the huge academic progress he had made. The change in his ability to get along with his peers was "like night and day. At this point Connor was given the diagnosis of Asperger's syndrome.

### *"Peregrine Falcons are My Favorite Animal"*

The next interview with Connor took a rather surprising turn, though not surprising at all in hindsight. We had learned a new technique and had decided to explore with him a bit more his attitude towards the animal kingdom. "My favorite animals," Connor replied, "are peregrine falcons, wolves, dogs, cats, and mongooses. Peregrine falcons are my favorites. I just took a liking to them. I think falconry, hunting with falcons, is way cool. The falconer throws off the falcons with his hands to hunt for small

prey like rabbits. One specific kind of falcon is the fastest animal on earth.” We found this new information to be most interesting. We were reminded that people needing bird medicines tend to be thin-boned and wiry, just like Connor. Even more curious was the theme of *Falcon* (peregrine falcon): a strong feeling of being restrained, confined, or trapped. We asked Connor to tell us more about birds. “Birds are different from any animal on earth. They are kind of prehistoric. Did you know what one of the first creatures on earth was a birdlike animal?”

We prescribed for Connor a homeopathic medicine made from a drop of blood of the peregrine falcon. The main feeling of those needing this animal is of being trapped and restrained.

### *A Remarkable Response*

We received a phone call from Michelle five weeks after Connor took the *Falcon* assuring us that he was doing well. A month later, during our scheduled phone consultation, she bubbled, “Connor is doing fantastic! Better than ever. It is remarkable. He’s solving problems with other kids rather than walking away and is able to handle situations with his sister that never would have been possible before now. I would call him more resilient. It takes him five minutes to recover rather than two hours. There has not been a single instance of Connor deliberately striking me or his sister. His dad has definitely noticed the academic improvement.”

“Would you believe that Connor is reading at an eighth grade level after having just learned to read last summer? In fact, he’s been reading one three-hundred to four-hundred page books each week. Connor’s willing to try new foods and to engage in activities with people he doesn’t know.”

When we told Michelle what medicine Connor had received and why, she was fascinated because he had always shown an interest in raptors. She reiterated how much Connor hated being restrained. Even when he was quite young, if she tried to restrain him during a tantrum, “he would go ballistic, biting, screaming, and kicking. I know never to pin his arms.”

Four months after first taking the *Falcon*, Connor was still progressing quite nicely. He had reached another stage of development and maturity and no longer had any desire to sleep with his mom. Much more conscious of his body, Connor had developed a normal sense of modesty and a much more appropriate social awareness and perception of the rules of peer behavior. We asked Connor again which was his favorite animal, to see if anything had changed. Again, he confirmed that it was a falcon. “They’re cool, they’re fast, and they’re not a common favorite animal. It would be neat to be able to fly. You could hunt your prey and kill it and eat it extremely messily instead of having to use any manners. Carry it ruthlessly. Some falcons can die if they don’t eat for three or four days.”

Now, nine months after changing to *Falcon*, all of the other positive changes have continued and his sense of smell, gone since he was four, is back. Connor’s reading is still way off the chart and he even received

a recommendation for a gifted program. During Connor's most recent appointment, Michelle glowed, "I'm thrilled. Connor is doing better than I could have imagined. I have a kid that I can live with now."

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# THE HOMEOPATHIC SYMPOSIUM

MALCOLM SMITH ND

I appreciate this opportunity to share with you a project that grew out of a question that I suspect many homeopaths have asked themselves. Why isn't homeopathy further along? If it really does work the way the books and articles and teachers say it does, wouldn't more people be using it? I myself, know from personal experience that it works, because a single dose of a remedy in a health food store almost eight years ago took away my food allergies, improved my abilities as a writer and stopped the nose bleeds I'd had all my life. But what about the person on the street who hasn't experienced a deep acting remedy? What about those students in medical school that know they want to be healers, but haven't even heard of homeopathy, much less know enough about it to want to study it?

Is the issue with Avogadro's law? That science says homeopathy can't work? Or does it have to do with the difficulty of providing the clinical training needed to learn homeopathy well? Or could it be that we as a community are so disparate in our views that we're missing the solidarity needed to action a move into mainstream acceptance? Or perhaps enough people just haven't actually seen it work for themselves? Could a venue which presents excerpts of cured video cases to doctors elicit more referrals, and collaboration between allopaths and homeopaths?

I suspect the answer is D: all of the above. And it's publications like *Simillimum* that help to address these issues, but something more is clearly needed to propel homeopathy out of it's nascent state. This was the basis for the creation of *The Homeopathic Symposium*. *The Homeopathic Symposium* is a project that has the potential to grow the study of homeopathy exponentially, and to rally our community into working together for the common cause of furthering our medicine.

*The Homeopathic Symposium* is an encrypted, private site on the internet that is an archive of interactive cured patient videos for use in the teaching of homeopathy. It is a high-tech fully interactive venue in which both students and Practitioners of homeopathy can exchange information and share in patient video cases from skilled Practitioners in the field. Imagine watching a case taking session over the shoulder of Will Taylor, Jeremy Sherr, Alize Timmerman, Paul Herscu, Roger Morrison, Nancy Herrick, Rajan Sankaran, Bill Shevin, Andre Saine, Lou Klein, Judyth or Bob

Reichenberg-Ullman or Divya Chhabra? Wouldn't it be even better if they were able to stop the intake or follow-up at any time and share with you what they were thinking at that moment, the cues they were picking up from the patient? That's what *The Homeopathic Symposium* has been designed to recreate, as each case is interspersed with commentary most often from the practitioner who solved the case. As part of what we call a "mentorship" approach to teaching homeopathy, incremental assistance is there to help only when you need it. The themes of the case are presented together with, a discussion of what led the practitioner to a deeply acting remedy.

Studying remedies with similar patterns of action is a wonderful way of learning *Materia Medica*. To encourage this, we've included a virtual prescription pad where the user enters a remedy suggestion. If it matches the one that was prescribed, a video discussion of the remedy and why it was chosen follows. If it isn't one that was prescribed, but one of the top ten remedies in the practitioner's repertorization, then a differential follows explaining why the remedy *wasn't* given. All cases in our mentor modules include several video follow-ups tracking the curative effect of the remedy prescribed and discussing second prescription issues, often a much neglected part of homeopathic training.

One of the ways this system will be used is to introduce new remedies. Cases can be shared with the entire community demonstrating clinical results of newly proved remedies or ones not well represented in the repertory. We've also created a way to share difficult uncured cases on-line. We call it our "Team Effort" Series and it is cases of patients who have yet to be successfully treated with homeopathy. We open the case up to the community and invite students and practitioners to send in their analysis and remedy ideas. Those who participate receive a certificate that gives them four hours of CE credit towards the five-hundred hours needed to sit for the CHC exam. These cases and the "mentor-module" cases also both give four hours of CEU's by the Board of Naturopathic Examiners.

After the unsolved case has been on-line for about a month, we host a conference call and invite a guest homeopath to discuss the case. Then each month we'll post a follow-up on-line so that everyone can track the progress. In our first "team effort" case, Jeremy Sherr performed a wonderful analysis, in which he explained in detail his understanding of the case. It was a fantastic learning experience and certainly helped me understand his classical analysis methodology. He suggested a new prescription that I would never have considered for the patient. The case, Jeremy's analysis and monthly video follow-ups will remain available on-line, free for anyone in the community to watch. The patient committed to at least a year of follow-ups, as has Jeremy, who is contributing his time to the project for free.

I've been approaching successful businesses within the homeopathic community hoping to get our "team effort" series sponsored so that we can subsidize subscriptions from India and other countries where currently even our nominal subscription prices aren't something that people can afford. As yet I've been unsuccessful, but am working with a grant writer in search of funding along these lines. We've already got some very talented practitioners who are offering their valuable their time to assist in analyzing future cases in the "Team Effort" series and they include, Roger Morrison, Lou Klein, and Alize Timmerman.

With regards to addressing the issue of "warring factions" within our community, *The Homeopathic Symposium* is a place that invites students and practitioners to check their preconceived ideas of how homeopathy should be practiced at the door and to explore various techniques of case taking and prescribing through the common denominator of a deeply curative response. Part of our goal of helping to unify our community is to allow the study and comparison of different methodologies within the privacy on one's own home. While people are unlikely to invest their time and money on a seminar by someone whose methods are not of primary interest to them, they may be open to spending the nominal time and money on-line to experience other successful techniques in the context of a cured case. Homeopathy is not easy to practice, there's no way around it, and this project has not been designed as a replacement to live classroom and seminar teaching, but as an adjunct to them. Presently, homeopathy is mostly taught in courses that meet once a month or as a small part of a multi-modality program such as is offered by the naturopathic schools. With two new cases and multi-media offerings each month totaling over 100 hours of fresh material each year, HS can help bring homeopathy into line with other professions by offering a way for homeopaths and students to receive *on-going* training.

But there is another distinct and separate goal of the HS. For each case presented on the site, we create a two to five minute preview showing brief windows into the patient's journey from sickness to health. A non-homeopathic physician will be able to get a go online and in a couple of hours see video summaries of a dozen cases of migraine cured with homeopathy. The HS then becomes a tool allowing the greater medical community to better appreciate homeopathy and to refer more often to professional homeopaths.

As I mentioned earlier, it's our intent that *The Homeopathic Symposium* will be a part of making the homeopathic community more cohesive. It's fine to disagree amongst ourselves about the merits of different methodologies of practice, but it's important for us to present the united front of the *value* of homeopathy to the public at large.

Homeopathy truly is on the frontier of modern medicine, and as pioneers of a modality of which much of the world is not even aware, part of our work needs to be about sharing, in a very tangible way, what it is that we do. *The Homeopathic Symposium* is one way that our community can come together not only to solidify our training, but to present a body of irrefutable evidence that our medicine works, and deserves to be an active part of primary health care.

Malcolm Smith



**Malcolm Smith, N.D.** is a homeopathic physician who left his writing career to study natural medicine after having years of food allergies cured by homeopathy. He has studied under many talented practitioners including Divya Chhabra, Lou Klein, Massimo Mangialavori, Andre Saine, Rajan Sakaran, Will Taylor, Alize Timmerman, and Joseph Tooker. Malcolm brings his skills as a story teller to case analysis, and to teaching the process of case analysis. He currently is on staff at the Homeopathic Academy of Southern California, and is a regular grand rounds presenter at the National College of Naturopathic Medicine. He lives in Portland, Oregon and is a founder of The Homeopathic Symposium.

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# WHITE PAPER ON THE HOMEOPATHIC PROFESSION: HOW CAN WE CREATE A WIDELY ACCEPTED AND THRIVING HOMEOPATHIC PROFESSION?

HARRY SWOPE ND, DHANP, CCH

## DISCLAIMER:

This article is based on a “white paper” that was prepared at the request of the Homeopathic Action Alliance, a cooperative joint undertaking by all the major homeopathic organizations to advance homeopathy in North America. Although I have consulted on this with numerous friends and colleagues, this document is my opinion and should only be regarded as such.

While I believe I have been one of the most constant and outspoken advocates for supporting a broad range of approaches to homeopathic practice, my fondest hope has been and remains that the naturopathic medical schools will develop homeopathic specializations that attain the highest possible standards of preparation for homeopathic practice while conferring the only degree whose scope of practice currently specifically includes homeopathy. While that vision and my personal commitment to naturopathic medicine to some extent may color the remarks that follow, I have sought to present here the most balanced, fair, and thoughtful consideration possible of how we can provide for the growth of the homeopathic profession as a whole.

Harry Swope ND, DHANP, CCH

[The “profession” in this discussion, will be narrowly viewed as those full time practitioners that most commonly treat chronic health problems using methods that generally follow the “classical” method.]

*A profession is “ a calling requiring specialized knowledge and often long and intensive preparation including instruction in skills and methods as well as in the scientific, historical, or scholarly principles underlying such skills and methods, maintaining by force of organization or concerted opinion*

*high standards of achievement and conduct and committing its members to continued study and to a kind of work which has for its prime purpose the rendering of a public service.”*



-- Webster's Third New International Dictionary

### A Historical Perspective

Today, few states have any provisions that define the practice of homeopathy as a professional health care practice other than those that include it within the scope of practice of persons licensed as health care providers (particularly, but not exclusively, ND's and MD's). Since the early 1980's, ongoing efforts to fully define a standard for education and training that support the professional practice of homeopathy have continually reached an impasse over issues related to medical training and licensing. The most likely models for expanding the practice of homeopathy now include: 1) integration within the practice of existing licensed health care professions, 2) creating a new licensure category for professional homeopaths, and 3) pursuing passage of "health freedom" laws in all states.


There are significant strengths and weaknesses for each of these three

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options (as well as for variants on them). While we may wish to simultaneously pursue several courses of action, we should consider whether our time and talents will be sufficient for us to do so, and if we do pursue several, we need to be clear about the extent to which basic training in medicine is a necessary component of each.

1) Integration of homeopathy within existing licensed professions (MD's, ND's, nurses, acupuncturists, chiropractors, etc.) has the advantage that these professions are already recognized as providers of primary health care, and we would only have to ensure that their scope of practice would allow them to practice homeopathy without hindrance. However, if these practitioners saw homeopathy as only one of many services they offered and if their training in homeopathy was limited, it might lead to a lesser standard of homeopathic practice. Therefore, the homeopathic community should encourage all professional groups to participate in joint setting of standards for education and for certification.

2) Creating a new licensure for professional homeopaths might encourage the practice of a "pure" form of homeopathy, undiluted by the precepts and expectations of existing health care professions. However, as we can see from the uphill struggles to gain licensure by the chiropractors, then the acupuncturists and OMD's and, most recently, the naturopathic doctors, this is a long-term and not very likely prospect for homeopathy. Without accredited schools of homeopathy, and depending on the willingness of states to license individuals with limited (or no) medical training, there is little likelihood that this could be achieved on a national level in the next 50 years.

3) Nationwide adoption of health freedom laws is the one strategy that offers a source of hope for many current homeopaths since the principle behind these laws is that states should not restrict anyone from practicing health care (subject to some very minimal constraints that largely focus on informed consent). While this may offer some protection to non-licensed people from the "practicing medicine without a license" issue, it does not protect licensed people from disciplinary action by their licensing board. However, we need to be aware that in the states that have passed health freedom laws a few unfortunate tragedies caused by poorly trained and/or unscrupulous persons who call themselves homeopaths (or other types of healers, for that matter) might be all it would take to replace health freedom with a direct prohibition of the non-licensed practice of homeopathy. Finally, since these laws have not required attainment of any level of competence, anybody can do anything and call it homeopathy, so this offers no framework around which to build a profession that will be recognized by the public.

### Our Legacy

In Aphorism 3, Hahnemann advises us that, “If the physician clearly perceives what is to be cured in diseases, that is to say, in every individual case of disease (knowledge of disease, indication)”...Although Hahnemann’s genius lay in looking for the deeper, more fundamental, causes of disease, he was first and foremost a man of medicine as were the majority of those who learned homeopathy from him and the several generations of homeopaths that followed. In my opinion, suggestions that we dismiss the necessity of some basic level of medical training and the application of that training to managing a homeopathic practice is totally inconsistent with the vision and experience of Hahnemann and the leading homeopaths of the eighteenth, nineteenth and early twentieth centuries.

### **So, how do we define a profession?**

If we begin our effort to define the professional practice of homeopathy as having a prime purpose of serving the public and add high standards of achievement and conduct as guidelines to follow in pursuing that purpose, we must regard the professional practice of homeopathy in ways that will challenge each of us to pursue levels of excellence in every aspect of our practice and our lives.

Therefore, I will briefly examine the following elements that, taken together, define a profession: commitment and dedication, education, training, experience, certification, and professional membership.

### Commitment and Dedication

Those who choose to pursue the professional practice of homeopathy should begin with a willingness to adopt a sense of responsibility and dedication that the public expects of health care practitioners. They should also recognize the necessity of making significant sacrifices to attain a level of training and experience that will equip them to serve the public in the fullest and best way they can. While each of us needs to establish boundaries within which we can practice successfully, our boundaries and limits must show reasonable regard for the needs and expectations of the clients we serve.

### Education

The Council on Homeopathic Education (CHE) and the North American Network of Homeopathic Educators (NANHE) are individually and jointly working to define a curriculum that adequately prepares individuals to become professional homeopaths. Several years ago, after several rounds of discussion, the CHE published a document with specific educational standards. This document generally received positive support from the



homeopathic community, but it was difficult for the community to come to a unified decision about the medical elements of the proposed educational standards.

Many people, especially potential patients, feel that all professional homeopaths should have a basic understanding of medical science. This would include anatomy, physiology, pathology, and other aspects of life processes and disease that may have their effect on the prognosis for each individual client's health.

Today, the extent of the medical training of people who practice homeopathy varies widely and includes a significant number of people who have minimal formal medical training. It is not clear whether this is entirely acceptable to the public, or whether it is a significant barrier to wider public acceptance of homeopathy. That is something that we need to carefully research, rather than extrapolating from our current client base and our own opinions. If the general public expects homeopaths to be licensed, registered, or otherwise certified, then we need to stop saying that this doesn't matter. If it isn't an issue, we still need to consider how self-regulation would strengthen our standing in the eyes of the public. After all, it is the opinion of the public, our potential clients, that really matters.

This has several practical implications. The first issue is that in order to be a proper steward of the health and welfare of a client, a professional homeopath needs to know enough about normal and abnormal physiology and mental-emotional states as well as the nature and course of common serious diseases to be able to ensure that a client's case is managed in a manner that ensures that the client will have adequate information to make informed choices. Even in situations where clients have "a regular doctor" or where the homeopath practices in conjunction with a licensed primary care provider, to the extent that a client places strong reliance in the advice he or she is receiving from a particular homeopath, that homeopath needs to be alert to aspects of the client's case that are not self-limiting, or not benign, or not routine. The basis for this point of view is that the welfare of the client is paramount in circumstances where a relationship of trust has been established. It is not simply a question of what responsibilities a homeopath would like to avoid.

A second issue is that to accurately understand and use symptoms that are strange, rare, and peculiar, one must first know what is common to various diseases and conditions. This may also be an issue in determining the center of gravity of the case. Thirdly, in order to manage a case properly, one must be able to assess the client's prognosis and progress as well as the probability that homeopathy will be the appropriate means of addressing an individual's health concerns.

## Training

In addition to education, a professional homeopath should complete a sufficient period of mentored training by a skilled and experienced homeopathic practitioner. There are many necessary skills that by their subjective or experiential nature usually must be learned by observing and emulating an experienced practitioner. (Skills like observation, listening, interpersonal interactions, fine points of case management, etc.) This is where the science of homeopathy gets transformed into the art of being an effective healer. This is a challenging requirement since there are still too few opportunities throughout North America to find appropriate training. Therefore, all those who want to see the profession grow should commit to doing the planning and work that will address this need.

## Experience

A professional homeopath should be committed to attaining and maintaining the highest possible level of experience. A corollary of that principle is that the homeopath should take care in accepting or continuing to work with a client whose health problems exceed the homeopath's level of experience. In that case, the homeopath should discuss with his or her client the advisability of referring the client to another practitioner (homeopathic or other appropriate type) or, with the client's permission, authorizing the homeopath to consult with a health care practitioner whose training and experience are appropriate to the circumstances. One of the clearest areas of danger arises when a homeopath puts undue reliance in his or her abilities or in the likelihood that homeopathy will provide an appropriate management of a particular case. While we believe that our medicines will do no harm, a failure to recognize and deal with a person's health problems in a timely manner may jeopardize their health.

## Certification

Certification assists the public in identifying well-qualified practitioners. It creates a standard that assists practitioners in reaching a peer-defined level of competence. It also creates a basis for encouraging practitioners to improve their training and experience. While an individual may be comfortable that he or she is adequately prepared to engage in a profession, in the absence of a peer-defined standard, the public may have difficulty distinguishing between those who are actually well qualified and those that simply profess to be.

A certification process like the one offered by the Council for Homeopathic Certification (CHC) that represents a consensus within the homeopathic community of a minimum standard of knowledge and experience for professional homeopaths demonstrates to the public that the profession

is capable of regulating itself. From the public perspective, this is a key step to recognizing a profession as worthy of trust and, if appropriate, for granting a profession legal recognition. It can be the cornerstone for defining a profession.

Since it is likely that people with many professional backgrounds will be part of the future of homeopathy, the one essential ingredient to defining a profession may well be a firm and universal acceptance by all professional homeopathic organizations of certification standards that define a minimal level of competence in homeopathy and basic medical knowledge. Hopefully other groups will join the HANP and NASH in using CHC certification as the basis for their membership process so that the entire homeopathic community will participate in the CHC's efforts to define and raise standards for the professional practice of homeopathy. If we are united in the standards we seek to uphold, that can be the way we define homeopathy to the public and to those who aspire to practice homeopathy. That can define the profession!

## **BIRDS: THE BOOK**

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[www.HomeopathyWest.com](http://www.HomeopathyWest.com)

**UPCOMING EVENT: ALIZE TIMMERMAN**

**REMEDIES FOR DYING AND LIVING. DECEMBER 3, 4, 5, 2004.**

## Membership in a Professional Society

Having vibrant and energetic organizations of practitioners provides several important strengths for a profession. Primarily, it serves as a rallying point where they can assist each other in improving their individual knowledge and skills. The fact that this is taking place also may convince the public that the profession is liable to become more effective over time in its role of serving the public. Finally, it can provide a forum for the exchange of ideas on how the role of the profession can be strengthened and how practitioners can be granted the necessary legal rights and privileges. In the case of the HANP, it can include taking action to foster improvements in homeopathic education in the naturopathic schools and providing residencies and internships for mentoring new homeopaths.

## Concluding Observations on the Profession

In healthcare, like many other activities, there are many people that seek to put themselves forward as professionals of one sort or another. (Is there a “shower door doctor” or a “roof doctor” serving your community?) In order for a homeopathic profession to have any credibility and for the public to put any trust in it, there must be standards that define what it means to be a professional homeopath. The public needs several assurances from a health care profession, among which are: that the practitioners will do their best to protect the patients from harm, that they will conduct themselves ethically and with respect for the patient’s privacy, that they will use their best efforts to improve the patient’s health, and that the methods being used are safe, reliable, and have proven effectiveness. In order for the public to hold the profession of homeopathy in high regard, we must earn their respect.

The way the public has most often chosen to set guidelines and expectations for various professions is through state-mandated licensing, registration, or some other form of testing. A state-issued license offers some independent (and supposedly unbiased) verification of an individual’s qualifications to pursue a profession. Regardless of our personal opinions of whether that makes sense or not or opinions of whether it tends to enfranchise one group and exclude others, that has been and largely is the state of public policy.

At the moment, in those states that recognize the principle that the public should have access to whatever health care providers they choose, health freedom laws represent the easiest solution to the restrictions that non-licensed professional homeopaths now face. Therefore, this may be an important strategy for allowing the professional practice of homeopathy to become more widespread. However, we should also be working to reduce barriers to the use of homeopathy by licensed professionals.

The challenge we now face is for the homeopathic community to unite behind a vision of what the profession of homeopathy should become and to work to make it a reality.

**Together, we can define a profession!**

**Dr. Swope**, along with Dr. Durr Elmore and others was a founder of the Council for Homeopathic Certification in 1991. Dr. Swope is a graduate of the National College of Naturopathic Medicine and a DHANP. He has served as Vice President of the AANP, Vice President of the National Center for Homeopathy, and is currently Treasurer of the California Naturopathic Doctors Association. He has been involved in homeopathy for over twenty years and is strongly committed to developing a unified homeopathic profession.

## Homeopathic Treatment of the Patient with Pneumonia

**A Seminar by** **October 2-3, 2004**  
**André Saine, ND** **The University of Connecticut**  
**Health Center**  
**Patterson Auditorium**  
**Farmington, CT**

aihmember@homeopathyusa.org  
888-445-9988  
www.homeopathyusa.org

Presented by the  
American Institute of Homeopathy  
and  
The Integrative Medicine Program  
The University of Connecticut Health Center



# CALENDAR OF EVENTS

**AUGUST 6-8, 2004**

**Homeopathy in the Woods at Avena Herb Farm in Camden/Rockport, Maine. Seminar conducted by Teleosis School of Homeopathy for practitioners and advanced students.**

- observe remedy plants in their native habitat
- study materia medica of the Compositae;
- explore homeopathy as Ecologically Sustainable Medicine.

Teleosis School of Homeopathy  
info@teleosis.org (617) 547-8500

**AUGUST 6-8, 2004**

**Academy of Veterinary Homeopathy, Seattle, WA  
2004 Conference & Annual Meeting**

Contact Dr. Sid Storozum, DVM at 434-946-2667 or  
conference@TheAVH.org  
<http://www.TheAVH.org>

**AUGUST 14-18, 2004**

**Henny-Heudens Mast, Portland, OR**

**8th annual 5 day conference**

**Live cases, discussion, materia medica, miasms.**

Contact durr@molalla.net or 503.829.3060

**AUGUST 26-29, 2004**

**Advanced training in clinical methods, Ft. Lauderdale, FL**

**Faculty: Miranda Castro, Ann Jerome Croce, and Ellen Goldman**

**Florida Academy of Classical Homeopathy**

Contact: [www.floridahomeopathy.org](http://www.floridahomeopathy.org) or (386) 736-8685

**SEPTEMBER 10-12, 2004**

**Florida Academy of Classical Homeopathy, DeLand, Florida.**

**Professional Course, Year 1**

**Faculty: Ann Jerome Croce, PhD, CCH, RSHom(NA); Miranda Castro,**

**RSHom, CCH, RSHom(NA); Joseph Demers, DVM, CVA, CVH;**

**Julia Eastman, AP, CCH, RSHom(NA); Ellen Goldman, ND, CCH,**

**RSHom(NA)**

Contact Ann Jerome Croce: (386) 736-8685

[www.floridahomeopathy.org](http://www.floridahomeopathy.org); <mailto:fach@cfl.rr.com>

**SEPTEMBER 11-12, 2004**

**Teleosis Clinical Program begins its second year.**

**A two-year clinical supervision and advanced studies program for advanced students and budding practitioners. Transfer students welcome. Supervision and observation hours available towards CHC requirements.**

Teleosis School of Homeopathy [www.teleosis.org](http://www.teleosis.org)  
info@teleosis.org (617) 547-8500

**SEPTEMBER 11-12, 2004**

**Teleosis Professional Program begins its second year.**

**A two-year fundamentals program for professionals. Transfer students welcome.**

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info@teleosis.org (617) 547-8500

**SEPTEMBER 16-18, 2005**

**Frans Vermeulen,**

**Toronto, Ontario, Canada**

Contact: Toronto Homeopathics

Carolyn Ramos (416)604-0017

Carolyn@TorontoHomeopathics.com

**SEPTEMBER 17-19, 2004**

**Janet Snowdon, Ottawa**

**Cased based seminar**

**School of Homeopathy Devon**

Contact: Christine Gyimesy

Phone: (905) 780- 9885;

Fax: (905) 780 6951

**SEPTEMBER 18-19, 2004**

**Teleosis Homeopathic Counseling Program begins**

**A one-year program in acute prescribing focusing on mental-emotional conditions, for psychotherapists, counselors, teachers and students, plus laypeople considering a career in homeopathy.**

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info@teleosis.org (617) 547-8500

**SEPTEMBER 22-28, 2004**

**Misha Norland and Janet Snowden, Evergreen, CO**

**Weeklong Advanced Clinical Workshop**

**School of Homeopathy Devon**

Contact: Betsy Levine,

Phone or Fax: (866) 424- 8783.

**SEPTEMBER 23-25, 2005**

**Frans Vermeulen, Berkeley, CA**

**Materia Medica Studies**

**[www.HomeopathyWest.com](http://www.HomeopathyWest.com)**

877-850-5078

email: [seminars@HomeopathyWest.com](mailto:seminars@HomeopathyWest.com)

**OCTOBER 2-4, 2004**

**Misha Norland, Sante Fe, NM**

**Exploring the dynamic roots of suffering and the dynamic evolution of healing**

**Mini-workshop format seminar**

**School of Homeopathy Devon**

Contact: Betsy Levine,

Phone or Fax: (866) 424- 8783.

**OCTOBER 2-3, 2004**

**Jane Cicchetti, RSHom(NA), CCH, Ottawa**

**Dreams, Symbols and Homeopathy: Archetypal Dimension of Healing**

**Contact: Toronto Homeopathics**

Carolyn Ramos (416)604-0017

[Carolyn@TorontoHomeopathics.com](mailto:Carolyn@TorontoHomeopathics.com)

**OCTOBER 2-3, 2004**

**A.U. Ramakrishnan, NYC**

**Gynecology and Obstetrics**

Contact: Jill Elliot, DVM

Phone : 212-794 4993

Fax : 212-570 9049

e-mail: [happytails@mindspring.com](mailto:happytails@mindspring.com)



**OCTOBER 2-3, 2004**

**WILL TAYLOR MD, Oak Brook, Illinois (suburban Chicago)**

**PLANT FAMILIES: a classical homeopathic perspective**

**Homeopathic Association of Greater Chicago**

Contact: ProfWILLinILL@msn.com

(708)447-2468 or (708)387-2540

**OCTOBER 7-10, 2004**

**Advanced Course in Veterinary Homeopathy, Park City, UT**

Contact: Richard H. Pitcairn, DVM, PhD

(888) 290-8454

(541) 342-7665

richard@drpitcairn.com

[www.drpitcairn.com](http://www.drpitcairn.com)

**OCTOBER 15-18, 2004**

**Professional Course in Veterinary Homeopathy, San Diego**

Contact: Richard H. Pitcairn, DVM, PhD

(888) 290-8454

(541) 342-7665

richard@drpitcairn.com

[www.drpitcairn.com](http://www.drpitcairn.com)

**OCTOBER 22-26, 2004**

**Divya Chhabra, Vancouver, BC**

contact Heather Knox, terra@ca.inter.net

1-800-994-3199, locally 604-879-4925

**OCTOBER 22-24, 2004**

**National Dental Seminar in Homeopathy, Schaumburg, IL (near O'Hare)**

**Basic and Advanced programs for the dentist and staff**

Contact Dr. Harris Kimbrough (815) 568-5222 or (248) 680-0775

P O Box 123, Marengo, IL 60152-0123

**OCTOBER 22-25, 2004**

**The Dynamis School, Minneapolis, MN**

**3 year postgraduate course with Jeremy Sherr**

**Minneapolis / St Paul, Minnesota**

Contact Jake Kiakahi at 763 566 1926 or jkhomeopath@msn.com

or Denise Straiges Warkov at 612 922 9265 or warkov@earthlink.net

**NOVEMBER 11-14, 2004**

**Advanced training in clinical methods, Ft. Lauderdale, FL**

**Faculty: Miranda Castro, Ann Jerome Croce, and Ellen Goldman**

**Florida Academy of Classical Homeopathy**

Contact: [www.floridahomeopathy.org](http://www.floridahomeopathy.org) or (386) 736-8685

**NOVEMBER 12-14, 2004**

**Jan Scholten MD in Toronto**

**“Lanthanides and More”**

Contact: Luminos Homeopathic Courses Ltd.

Contact: Aryana Rayne: 604-947-0757

mailto:[aryana@homeopathycourses.com](mailto:aryana@homeopathycourses.com)

[www.homeopathycourses.com](http://www.homeopathycourses.com)

**NOVEMBER 19-21, 2004**

**Jan Scholten MD in San Francisco**

**“Lanthanides and More”**

Contact: Luminos Homeopathic Courses Ltd.

Aryana Rayne: 604-947-0757

mailto:[aryana@homeopathycourses.com](mailto:aryana@homeopathycourses.com)

[www.homeopathycourses.com](http://www.homeopathycourses.com)

**NOVEMBER 20-21, 2004**

**A.U. Ramakrishnan, NYC**

**Gastrointestinal and Renal Disease**

Contact: Jill Elliot, DVM

Phone : 212-794 4993

Fax : 212-570 9049

e-mail: [happytails@mindspring.com](mailto:happytails@mindspring.com)

**NOVEMBER 26-28, 2004**

**Alize Timmerman, Toronto**

**Sea Remedies**

Contact: Toronto Homeopathics

Carolyn Ramos (416)604-0017

[Carolyn@TorontoHomeopathics.com](mailto:Carolyn@TorontoHomeopathics.com)

**DECEMBER 2-5, 2004**

**Advanced Course in Veterinary Homeopathy, Park City, UT**

**Contact: Richard H. Pitcairn, DVM, PhD**

(888) 290-8454 (541) 342-7665

richard@drpitcairn.com

[www.drpitcairn.com](http://www.drpitcairn.com)

**JANUARY 7-9, 2005**

**Sankaran Video Course, session #1 Orlando, Florida**

**The Understanding & Application of Dr. Sankaran's groundbreaking System:**

**Illustrated and taught by Dr. Sankaran using video case presentations  
Presented by the Maui Academy of Homeopathy with Jeff Baker doing  
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Contact: Jeff and Susie Baker, Directors

Phone: 808-572-2229

Email: [mauiacademy@earthlink.net](mailto:mauiacademy@earthlink.net)

**JANUARY 14-16, 2005**

**Sankaran Video Course, session #1 Berkeley, California**

**The Understanding & Application of Dr. Sankaran's groundbreaking System:**

**Illustrated and taught by Dr. Sankaran using video case presentations  
Presented by the Maui Academy of Homeopathy with Jeff Baker doing  
the on-site facilitating**

PO Box 880400 Pukalani, HI 96788-0400

For more info. visit [www.mauiacademy.com](http://www.mauiacademy.com)

Contact: Jeff and Susie Baker, Directors

Phone: 808-572-2229

Email: [mauiacademy@earthlink.net](mailto:mauiacademy@earthlink.net)

**JANUARY 17-22, 2005**

**Henny Heudens-Mast**

**Cocoa Beach, Florida**

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**JANUARY 27-30, 2005**

**Professional Course in Veterinary Homeopathy, Pasadena**

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(888) 290-8454

(541) 342-7665

[richard@drpitcairn.com](mailto:richard@drpitcairn.com)

[www.drpitcairn.com](http://www.drpitcairn.com)

**FEBRUARY 5-6, 2005**

**A.U. Ramakrishnan, NYC**

**Endocrine Disorders and HEENT Disease**

Contact: Jill Elliot, DVM

Phone : 212-794 4993

Fax : 212-570 9049

e-mail: [happytails@mindspring.com](mailto:happytails@mindspring.com)

**February 26–27, 2005 Orlando, FL • Florida State Conference**

**on Homeopathy • Luc De Schepper, MD, PhD, LicAc •**

**Saturday–The Use of Acute and Chronic Intercurrent**

**Remedies • Sunday–The Purposes of Dreams in the Use**

**of Homeopathy • Florida Homeopathy, An alliance of the**

**Florida Study Group Affiliates of the National Center for**

**Homeopathy & the Florida Homeopathic Medical Society •**

(352)483-1546 • [Floridahomeopathy@yahoo.com](mailto:Floridahomeopathy@yahoo.com)

**February 27, 2005 Orlando, FL • 18<sup>th</sup> Annual Luncheon •**

**Luc De Schepper, M.D. PhD, LicAc • Dreams in the Use of**

**Homeopathy • (352) 483-1546 [Floridahomeopathy@yahoo.com](mailto:Floridahomeopathy@yahoo.com)**

**MARCH 18-21, 2005**

**The Dynamis School, Minneapolis, MN**

**3 year postgraduate course with Jeremy Sherr**

**Minneapolis / St Paul, Minnesota**

Contact Jake Kiakahi at 763 566 1926 or [jkhomeopath@msn.com](mailto:jkhomeopath@msn.com)

or Denise Straiges Warkov at 612 922 9265 or [warkov@earthlink.net](mailto:warkov@earthlink.net)

**APRIL 1-3, 2005**

**Roger Morrison and Nancy Herrick, New York, NY**

**Going Deeper into Miasms & New Work on Organic Compounds**

**Weekend One: Intro to the Nine Miasms, Cancer & Sycotic, and Intro**  
**to Organic Compounds**

**The School of Homeopathy, New York**

[www.schoolofhomeopathynewyork.com](http://www.schoolofhomeopathynewyork.com)  
info@schoolofhomeopathynewyork.com  
212-570-2576

**APRIL 7-12, 2005**

**National Center for Homeopathy 2005 Annual Conference**  
Contact NCH at (703)548-7790 or info@homeopathic.org

**MAY 13-15, 2005**

**Sujit Chatterji, Los Angeles, CA**  
**Deeper Understanding with the Vital Sensation Method**  
**Cruciferae, Leguminaceae and Solanaceae Families**  
**Porcupine, Gold fish, Lac Caprinum, Benzene, Petroleum**  
Contact: Aviva at avivastei@sbcglobal.net

**JUNE 17-20, 2005**

**The Dynamis School, Minneapolis, MN**  
**3 year postgraduate course with Jeremy Sherr**  
**Minneapolis / St Paul, Minnesota**  
Contact Jake Kiakahi at 763 566 1926 or jkhomeopath@msn.com  
or Denise Straiges Warkov at 612 922 9265 or warkov@earthlink.net

**OCTOBER 14-21, 2005**

**Rajan Sankaran, Essalen, CA**  
**Details to be announced**  
Contact: Melissa Fairbanks at Four Winds Seminars  
415-457-2079 or mailto:mfairbanks@igc.org

**OCTOBER 23-27, 2005**

**Rajan Sankaran, Boca Raton, FL**  
**Details to be announced**  
Contact: Melissa Fairbanks at Four Winds Seminars  
415-457-2079 or mailto:mfairbanks@igc.org

## **INTERNATIONAL SEMINARS**

**JULY 1-4, 2004**

**Paul Herscu ND, DHANP**  
**Munich, Germany**  
Contact: Helmet Schumacher (schumacher@gvs.net)

**OCTOBER 15 - 17, 2004**

Paul Herscu & Amy Rothenberg  
Olso, Norway  
Contact: Per Straumsheim (pers@sikh.no)

**OCTOBER 18-23, 2004**

LIGA International Homeopathic Congress  
Buenos Aires, Argentina  
Website: <http://www.amha.org.ar>  
E-mail: info@amha.org.ar

**OCTOBER 29 - 31, 2004**

**Paul Herscu ND, DHANP**  
**Switzerland**

Contact: Esther Theiler (estheiler@swissonline.ch)

**DECEMBER 13 - JANUARY 7, 2005**

**Third International Course in Classical Homeopathy, Bombay**  
**Rajan Sankaran's School of Classical Homeopathy**  
**Teachers: Rajan Sankaran , Rashmi Jaising, Shachindra Joshi, Dinesh Chauhan, Jayesh Shah, Sujit Chatterjee, Sunil Anand, Sudhir Baldota, Divya Chhabra**  
Contact: classicalhomoeopathy@vsnl.net

**JANUARY 8-10, 2005**

**SANKARAN VIDEO COURSE, Bombay**  
Rajan Sankaran's School of Classical Homeopathy  
Contact: classicalhomoeopathy@vsnl.net

**FEBRUARY 19-26, 2005**

**Alize Timmerman**  
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Carolyn Ramos (416)604-0017  
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## **AUTHOR GUIDELINES**

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 and articles 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. Please explain your reasoning behind the remedy selection and potency choice. Insights into difficulties or problems you encountered, mistakes you made, or things you might have done differently may be particularly valuable.

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 and explanation regarding repetition or change of remedy. Chronic cases should be followed for at least one year. Acute cases although obviously shorter, should be written out in a similar manner.

### **Consent and Confidentiality**

Please include a written release from the patient (or the parent of a minor patient) and change identifying information as necessary. Contact us if you need a sample release form.

### **Style**

Write your case out in narrative form, using quotation marks to indicate direct quotes. Remedy names should be italicized and spelled out completely, with potency number and scale specified, for example, *Aurum sulphuratum* 200C. Use appropriate references and acknowledgments when necessary for books, periodicals, teachers and computer programs. A summary of the focus of the case or article is helpful, whether as an introduction or a conclusion.

Essays or articles critically evaluating ideas or methods of practice must be civil and well referenced as to the basis of the opinion offered.

Articles may be edited for minor points of grammar, spelling, or usage. In this regard the editor recommends that the writer uses a word program with a spelling and grammatical check, which would much reduce the editing workload. Suggestions for significant revisions will be forwarded to the author for rewriting. We welcome your questions or concerns about shaping your experiences and thoughts into readable form. If you have something relevant to share, we will work with you.

Send us a few lines of biographical information, and if possible a photograph of yourself, ideally a black and white head shot such as a passport photo. Submissions via email attachments, or on disk, in Word rich text format are preferred but not required.

We are striving to print original material and request that you advise us of any prior or simultaneous submission to other journals. Thank you for your interest in submitting an article for *Simillimum*!

# ABOUT THE HOMEOPATHIC ACADEMY OF NATUROPATHIC PHYSICIANS

The Homeopathic Academy of Naturopathic Physicians (HANP), a specialty society within the naturopathic profession, is affiliated with the American Association of Naturopathic Physicians (AANP).

The mission of the HANP is to further excellence and success in the practice of Homeopathy by naturopathic physicians. This is accomplished by:

1. Encouraging the improvement of the homeopathic curriculum at the naturopathic colleges.
2. Setting educational and practice standards for board certification. Board certification is open only to graduates of a four-year naturopathic medical college approved by the AANP. Upon successful completion of all requirements, the title Diplomate of the Homeopathic Academy of Naturopathic Physicians (DHANP) is awarded.
3. Continuing education requirements. All diplomates are required to attend 12 hours of an approved homeopathic seminar annually.
4. Educational activities. The HANP presents an annual Case Conference. A Call for Papers is announced in *Simillimum* at least six months prior to the conference.
5. *Simillimum* is published quarterly. Cases presented at the annual Case Conference may be published in *Simillimum*.

### **General Membership Is Open To Everyone.**

In order to become a general member of the HANP simply fill out the SIMILLIMUM subscription form @ [http://www.hanp.net/sim\\_subscribe.html](http://www.hanp.net/sim_subscribe.html)

The Homeopathic Academy of Naturopathic Physicians offers speciality certification in the practice of homeopathy to qualified naturopathic physicians.

### **The DHANP application and examination process occurs in three stages.**

1. The first stage is to apply for DHANP Candidate status. .
2. The second stage is to become a Fellow of the HANP.
3. The submission of five cases and an oral examination are the final requirement to achieve Diplomate status.

If you have questions on this process after reading the applications for DHANP Candidate and for FHANP, please contact:

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