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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.

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LETTERS TO THE EDITOR

Dear Colleagues,

With the recent changes in the HANP and a greater possibility for inclusion and openness, I no longer feel that resigning from the HANP is the path I would like to take. I can't speak for others, but for me personally it was never about finding fault with how others practiced homeopathy. I have a sincere desire to contribute and share from my experience, which had become nearly impossible under the "old regime."

So, although I am no longer a member of the board, I would like to do what I have felt unable to in the past few years, which is to be an active member of our organization. It is my intention to make submissions to the journal and to offer presentations at future case conferences, providing, of course, that my work is deemed acceptable.

It is also my hope that others, who have felt alienated or on the fringes, folks who have either left the organization or may be on the brink of leaving, may, like myself, once again either rejoin or rededicate themselves to the HANP in a spirit of camaraderie for the betterment of ourselves, our patients and homeopathy as a whole. Long live homeopathy, the spirit of Hahnemann and our enthusiasm to grow as practitioners of our sacred science.

Sincerely,
Jeff Baker

Dear Editor,


Although it was quite painful to read the back and forth debate in the Summer, 2002, issue, it was also invigorating to read so many passionate and cogent letters from fellow homeopaths. I felt honored to be a "fly on the wall" as I listened to good people expressing themselves well.

However, it was sad that some people took these issue so personally and that others felt that all homeopaths should practice like they do. Worst of all, some people felt that they must leave HANP because certain other people do not agree with their understanding of how homeopathy "should" be practiced (as though there can be only one way to do so).

Ultimately, we must realize that our field is strong and secure if we can openly and candidly engage in the debate that was printed in this last issue. It is my hope that we will be invigorated by our divergence of opinion. By seeing another way of doing homeopathy, we each get a better sense of what makes sense to each of us. May we take this pain of discord and utilize the principle of similars to heal ourselves. May we respect the "symptoms" of disagreement, and may we see these symptoms as a way that we are trying to achieve a new level of understanding and health.

Dana Ullman MPH, Berkeley, CA.

Divya Chhabra



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—Dr. Jeff Baker

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Jeff Baker is one of the senior homeopaths who has shown total dedication to the highest caliber of classical homeopathy, and is ever keen to learn and grow. He has refined his technique over the years under the influence of various teachers, besides of course, his own vast experience. Jeff has participated in and organized many outstanding seminars and courses. He possesses a deep understanding of the ideas of the Bombay school. He has held himself back all these years from active teaching till he himself was satisfied that he has a dependable method which can be taught. Now he feels the time is ripe for him to share his knowledge and experience in a systematic way, which can guide others. I am sure that the course he has designed will take the participants in the right direction. I have no hesitation, whatsoever, in recommending this course.

— Dr. Rajan Sankaran

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HANP REPORT

Brent Mathieu ND, DHANP Executive Director

Simillimum, as the journal of the Homeopathic Academy of Naturopathic Physicians, voices the theory and practice of our Diplomates.

The HANP represents eclectically trained doctors of natural medicine that specialize in the practice of homeopathy. *Simillimum's* mission statement dedicates its publication to classical homeopathy based on the *Organon*. These facts partially explain the nature of the controversy presented in recent *Simillimum* issues.

Letters published in the Winter 2001, Spring and Summer 2002 issues by Drs. Saine, Wright, others and myself have discussed the historical and present discord at the root of this controversy. The discord exists between pure homeopathy based primarily on the *Organon*, and innovative, sometimes speculative, theory and practice that expands homeopathy beyond Hahnemann's conception, and strict inductive method. Then add to the mix the influence of eclecticism/naturopathic medicine (vitalistic green allopathy) from ND training, and we can understand how this controversy arises.

Co-Editors Barbara Osawa and Peter Wright resigned because of criticism of their adherence to the principles of pure homeopathy in reviewing the quality of cases and selection of articles. Neil Tessler has taken on the challenge of setting a new direction for *Simillimum* as acting Editor. Jeff Baker, Andre Saine and Peter Wright have resigned from the HANP Board, each for different reasons that related to the controversy.

I appreciate the efforts of Barbara Osawa and Peter Wright as past editors, as well as Peter's years of service on the HANP Board and wish them well in their endeavors. I admire their integrity and commitment to homeopathy and trust both as colleagues to whom I may confidently refer patients. I welcome Neil Tessler as Acting Editor, and am grateful for his willingness to carry on *Simillimum* and make its contents representative of our DHANP's and readers with peer review standards.

I have chosen to serve as Executive Director of the HANP, instead of continuing as President. I believe I may best apply my skills and energy by actively managing the HANP and operations. I plan to coordinate communication among the Board, the Executive Director, the

HANP contractors, our DHANP's, DHANP candidates, *Simillimum* subscribers, the homeopathic community, and the public

Personally, the letters and articles in *Simillimum* recently have inspired me to examine my strengths and weaknesses as a physician, both as a homeopath and as an eclectic naturopath. I have gained in wisdom from our debate and the consideration of all perspectives, each of which has validity.

Likewise, this controversy has caused examination of the HANP as an organization, and how our journal represents DHANP's and general readers. As one result, our DHANP's and readers are passionately and articulately expressing their opinions. As another, our Board, our staff and I operate more efficiently, and better grasp our budget and fiscal reality.

From this process, the HANP will envision how to better serve the naturopathic students and physicians that choose to specialize in homeopathy, and integrate our organization into the homeopathic community. The application of this vision may include more involvement with the colleges, organizing mentor programs and clinical study opportunities, advancing DHANP certification, maintaining quality peer review publication standards in *Simillimum* and case conferences, encouraging homeopathic research as well as individual case presentations.

I invite our readers to join me in further examination of ourselves as practitioners, and of homeopathy as a profession, through self-reflection, as well as articles or letters to *Simillimum*.

Sincerely,

Brent Mathieu ND, DHANP

HANP Executive Director

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EDITORIAL

A Question of Balance

Neil Tessler ND, DHANP

I have often noticed that great songwriters were first enthusiastic fans and emulators of some prior musical tradition. One of my personal favorites, Bob Dylan, was steeped in many of the classic forms of American folk music and even today his songs reference to these sources. When Dylan went electric there was a great hue and cry among those who had looked up to him as the captain of an acoustic folk revival. He was literally booed across America. Yet, when we look back, we find it hard to understand this misapprehension of Dylan's musical evolution.

In some talented individuals, the intensity of their natural genius moves them to develop their own creative voice on the foundation of what has come before. As students and practitioners of homeopathy, why demonize or recoil from the new insights of brilliant thinkers in our field? We may at first react skeptically; be critical, discerning, and cautious. We might choose to stick to the methods with which we are comfortable. However, new knowledge in homeopathy will continue to arise and must be allowed to prove itself.

It is one thing to cleave close to the principles that define homeopathy, quite another to turn homeopathy into a closed revelation. Hahnemann's development of homeopathy occurred by following a kind of natural logic that revealed itself purely through observation and subsequent reflection. He did not have to construct homeopathy as much as to simply *see* it. The meaning of Hering's statement on the continuing importance of inductive logic for homeopathy is that only in this way, through observation and reflection, can the clarity and integrity of homeopathic science be sustained. This is at the root of the vigor with which the defense of "pure Hahnemannian" homeopathy is prosecuted.

On the other hand, the incessant use of the term "science" by the most conservative homeopaths, as if it is their exclusive province, suggests that purity casts a shadow. To emphasize the scientific aspect of Hahnemannian homeopathy is grounding and right for any number of reasons, however to appropriate it to an exclusivist point of view, surely invites allegations of dogmatism. Homeopathy, while built upon fixed principles, is an evolving science.

Also, there is more to homeopathy than its scientific aspect. Homeopathy lends itself to diverse insights of a philosophical nature,

leading to new perspectives on practice and on life. It is unfortunate when the promotion of the scientific is accompanied by suppression of the creative, artistic and philosophical. I would think most homeopaths discover that working with a system encompassing the person as a whole leads to an awareness of relationships spreading out in many directions. Besides a healing system, homeopathy leads to a healing perspective, where boundaries blur between science, art and philosophy. Thinking homeopathically, a unitary, accommodating view of life is gained.

While some homeopathic conservatives resent the occasional characterization of their arguments as 'theological', it is hard to escape consideration of the metaphor. The very use of the term "pure" reinforces the impression of an elite wishing to preserve homeopathy against heresy practiced in its name. While we can appreciate that this is a valuable role, the tone of arguments has suggested close parallels to the perennial struggles between priest and prophet; the keepers of cherished tradition versus those available to fresh revelation.

Drs. Sheppard and Saine have asserted that ordering systems such as kingdoms are theoretical structures, rather than pure observations of nature. In part this is true, yet it is also true that these theories are insights derived from erudite reflection on verified materia medica, supported by careful study of the repertory. Moreover, as Sankaran has pointed out, classification systems are a means to an end. Having formulated a hypothesis that the study of materia medica by kingdom might reveal patterns useful in the homeopathic process, Sankaran continues to offer practical information many have found of great clinical value. Scholten, Mangialavori, Morrison, Shore, Herrick and Hershoff, to name those I am aware of, have all done valuable, sometimes remarkable work in this area of growing interest.

While some trends may have practical, clinical value, there are others that play on the edges of the homeopathic paradigm, without adding anything substantive to the profession. Group provings that include persons not taking remedies, remedy-under-the-pillow dream provings, the introduction of remedies such as "Berlin Wall," are sure to create sweaty palms for those who long for some kind of rapprochement between homeopathy, and western medicine and science.

How is the practitioner to regard materia medica derived in this way or from these sources? Are "Great Wall of China," or "Wailing Wall," or "Stonehenge" to be next? Will every object with symbolic character become a medicine? Are supposed symptoms from individuals who never actually took a proving dose to enter the materia medica?

It's very hard to see how such things advance the profession and rather

easy to imagine how they may do damage. However, there is little point in hoping that such notions will not continue to arise or that they should not arise. The extremes and the center are a fixture of existence. It may also be true that there are diverse values to be found among differing attitudes and explorations.

Simillimum and the HANP represent practitioners with various influences and methods. Our journal should shepherd discussion in an atmosphere respectful of these differences. Over the last several years, the Simillimum masthead, "dedicated to the practice of homeopathy as formulated by Samuel Hahnemann in the Organon of Medicine", was used to justify the assumption of the intellectual property of the journal by highly conservative opinion. It was this situation that I wished to address when initiating discussion with the membership in the spring of this year.

As an organ for the homeopathic profession, sponsored by a fairly small fraternity of practitioners, many of long experience; having gone through the rigors of university, naturopathic college, and clinical practice, we have a collective expectation for a homeopathic journal of high standard. Specifically, this means a journal offering good learning, stimulating thought, practical insights, founded in thorough clinical work, well considered, grounded and presented.

However, to achieve these goals, I hold steadfastly to the view that a generally more open approach, rather than a more closed one, better serves the homeopathic profession in several specific ways.

First it creates an atmosphere where homeopathic practitioners feel welcome to share their experiences on a common platform. We should strive for a results and reflection based conversation across disputed philosophic waters. In this way, all practitioners can find interest and benefit from the differing points of view.

Second, a more open policy reflects the choices that are already being made by a significant percentage of homeopathic practitioners. Many report that they are having valuable successes with new materia medica and methodologies. I often feel that their voice of experience has not been heard. There seems to be an assumption that majority tastes are not to be trusted. I prefer to respect the integrity of the many hard working homeopaths, not as doctrinaire as some, but committed and growing in knowledge and experience.

Finally, a more open position is more balanced, and dynamic balance is health. Vithoukas nourished all of us when he defined health as "freedom." This brought the idea of 'resilience' as a core trait of the healthy organism. Long ago, Dunham used the term "elasticity" to express the same idea. We can cultivate a dynamic balance between innovative meth-

ods and traditional homeopathic values in an open-minded journal striving for a high standard of presentation.

The tension from the dialogue of the spring, culminated in a succession of resignations from the board and of the *Simillimum* editors. There is no doubt this was very hard on the group and the people involved. With falling subscriptions and faltering confidence in our purpose as an organization, there was a wisp of fatal doubt in the wind.

Personally, I regarded these occurrences as an opportunity for renewal, revitalization of the organization and its organs, and bridge mending with many good individuals who had previously felt alienated. Indeed, the signs of renewed vigor are quite evident. Where there was growing ennui, there is a reconnection with our purpose and putting our shoulders to the common wheel.


As vocal recent critic of the direction *Simillimum* had taken, I felt obliged to offer my services to help carry the journal forward during the interim. Through engaging the process, my perspective has changed and I find myself excited by the challenge of working with future issues. I would like to thank Peter Wright for his helpful cooperation in smoothing the transition. I would also like to thank the board, the review panel, and the HANP/*Simillimum* staff for working together with me towards our common goals.

We extend a warm invitation to our readers to submit cases that offer a learning opportunity, to send your letters and your essays for consideration. Communicate your experiences.

The theme of this issue is the balance of foundational principles and methods of homeopathy, with the developing modern insights that have grown from this base. We are fortunate to have a majority of articles that shed light on this subject.

I wish to thank a local friend, my technical collaborator, Jason McMillan, for his fine work on design and layout of the journal. As a young and contemporary musician and artist, he brought a modern taste to the graphic development.

On behalf of the board and the journal, I would like to extend our gratitude to our readers as well as our advertisers for their perseverance through this difficult period. I sincerely hope you continue to find *Simillimum* an enjoyable, practical and thought provoking addition to your homeopathic reading.

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Dr. Richard Moskowitz is a widely respected elder of the American homeopathic community and a practitioner of long experience. Though he is perhaps best known for his popular vaccine articles, he is also the author of several fine books. It is an honor that he has allowed us to reprint his present paper from the Journal of the American Institute of Homeopathy.

In the Spring 2002 issue of Simillimum, one of the editors penned a lengthy criticism of an earlier version of this article. It seems to me that the criticism and the article being criticized should have shared the same ground in the pages of the journal. While a URL was offered in that issue, I felt it important to give space to Dr. Moskowitz's article, which stands as the best general account of the history and nature of the current disputes within homeopathy. It deserves fullest audience and serves our theme very nicely - NT

INNOVATION AND FUNDAMENTALISM IN HOMEOPATHY*

Richard Moskowitz MD, DHT., CCH

With no little sadness and foreboding, I sense that the rather long interval of tolerance and openness to divergent points of view that prevailed in American homeopathy in the late 1980's and 1990's is fast coming to an end. To an extent wholly unprecedented in our history, this "era of good feelings" is being threatened by fierce opposition to innovative ideas from within the classical tradition itself, and indeed from some of its finest teachers, including Rajan Sankaran, Jan Scholten, Massimo Mangialavori, Jeremy Sherr, Nancy Herrick, and others. Whether because or in spite of their growing popularity with students and practitioners alike, their ideas have either been stigmatized as heretical and dangerous, or dismissed as frivolous and unworthy of serious consideration.

In this country, the epicenter of the opposition is easily found in the form of letters and editorials appearing in the pages of *Homeopathy Today* over the past year or so, and culminating in Andre Saine's impassioned denunciation, "Homeopathy versus Speculative Medicine: a Call to Action" (October 2001), an even longer version of which appeared in *Simillimum* at about the same time. Strikingly similar feelings were expressed in a long interview with George Withoulkas that appeared in

Homœopathic Links as far back as the Winter of 1999, indicating in retrospect at least that the backlash against the new teachings is in fact systemic and worldwide.

Moreover, serious and open-minded students might well be shocked and confused by the force and vehemence of these attacks, since other than Julian Winston, who is not a practitioner, Vithoulkas, Saine, Sankaran, Scholten, Mangialavori, Sherr, Herrick, and indeed all the principals on both sides of the controversy are good classical prescribers who adhere to the Law of Similars, the totality of symptoms, the single remedy, the minimum dose, and the Laws of Cure.

Moreover, even experienced classical homeopaths have felt increasingly pressured to take sides in a nuanced dispute that has no simple black-or-white resolution. As a physician, my first loyalty is of course to my patients, rather than to any doctrine, however widely or deeply held, such that I must feel free to use whatever method helps me find the best remedy for every person under my care. In many instances, that means following suggestions from the teachers I have learned from, including any of those just mentioned. In other cases, it might mean taking an entirely different approach, like isopathy, or pathological prescribing, may God forgive me, or even at times acting on a hunch or an intuition that I can't explain or justify.

In short, the disagreements in question are solely about matters of technique, which while admittedly important are hardly a fit subject for war or excommunication. I have always regarded homeopathy as a philosophy of health and sickness and a method of healing the sick, rather than a religion or creed demanding exclusive or absolute submission. On the other hand, despite having learned a great deal of value from the new teachings in dispute, I can also identify and sympathize with the objections of their critics, to the extent that they are properly concerned about the excesses and misuses to which such innovations are inevitably prone.

Therefore, while certainly not an expert in or committed advocate for either point of view, I would like to attempt to mediate and resolve these controversies on behalf of the movement as a whole, by examining in some detail:

- 1) what I and other classical homeopaths have found useful in the newer teachings of Sankaran, Scholten, Mangialavori, et al.;
- 2) in what sense and to what extent they do depart from the traditional Hahnemannian principles and methods, as their critics allege, or at least pose serious pitfalls for the inexperienced or unwary; and

3) how conscientious students can get their bearings in the light of these very old, wholly legitimate, and still unresolved conflicts at the core of the homeopathic endeavor.

1. The new teachings as aids to *materia medica* study.

First, the critics of the new teachings tend to exaggerate the extent to which they are intended or used as real or imagined cures for our difficult or failed cases, however numerous these may be. For myself at least, and I daresay for other experienced prescribers as well, they do not replace and were never intended to replace the old-fashioned hard work of *materia medica* study that remains our best and only legitimate guide to finding the remedy. Indeed, I would say that the opposite is true, that by adding new dimensions and possibilities to our study, they are just as likely to add to our choices and thus complicate the selection process as to abbreviate or simplify it.

What first attracted me to them, and what sustains my interest in them today, is primarily the added clarity and depth of understanding that they bring to large areas and important themes in our theory and practice which, in spite of practicing faithfully in the classical tradition for many years, I have found relatively obscure and inaccessible until now.

The "Essence" of the Remedy.

The first such theme is really an old one that has remained elusive and controversial ever since it was first introduced in the latter part of the Nineteenth Century. Although somewhat vague and imprecise about how to accomplish it, the great E. A. Farrington already clearly understood the need to look beyond the detailed particulars of the remedy, and to try to put them together into an integrated whole that was more than the sum of its parts:

We include all the symptoms that we observe. Then what have we? *A mass of symptoms seeming to have no connection at all.* When you have the changes *in toto* that this substance has made on the system, then you have the pathology of the case. This grand effect of the drug must be [kept] in the mind always, qualifying the individual symptoms. You may express this as you choose. Some call it the genius of the drug. *This you must have in your mind or the other symptoms are worthless. Did you not do this, you would be a mere symptomist.* You must know what the whole drug does or you will not be able to appreciate any one part of [it]. You can find twenty drugs with precisely the same symptoms. How will you decide between them? How is this

general action found? *By the study of the drug as a whole.*
[Italics mine: R. M.]¹

The importance of this innovation is best appreciated in contrast to an excellent older *Materia Medica* like that of Lippe, for example, which consists of rows of symptoms characterized as fully as possible and neatly arranged by systems, in the sparse, economical style of the *Materia Medica Pura*. Thus under the mental symptoms of *Pulsatilla* we read as follows:

Mild, bashful yielding disposition, with inclination to weep.
Peevishness, which increases to tears . . .
Gloomy, melancholy, full of cares.
Mistrust; anthropophobia.
Anguish about the heart, even to desire for suicide.
Tremulous anguish, as if death were near.
Covetousness.²

In his Preface, Lippe carefully disowns any pretense of completeness, his sole purpose being to enumerate "the most characteristic symptoms of the best proved and most used of our medicines." Kent's *Materia Medica* similarly arose from a series of Lectures to his students, intended to help guide them through the huge volume of raw material that already existed. But in lieu of selecting and listing one by one a few keynote and confirmatory symptoms, as Lippe did, Kent synthesizes them in an easy, discursive style, enlivened by his clinical experience of patients who had received and benefited from the remedy, in order to distinguish the nuances of the *Pulsatilla* archetype from that of other remedies with the same keynotes:

The *Pulsatilla* patient is an interesting one, found in any house [with] plenty of young girls. She is tearful, plethoric and generally has little credit for being sick from her appearances, yet is most nervous, fidgety, changeable, easily led and easily persuaded. While mild, gentle and tearful, she is remarkably irritable, not in the sense of pugnacity, but easily irritated, touchy, always feels slighted or fears she will be. Melancholia, sadness, weeping, despair, religious despair, fanatical; full of notions and whims; imaginative; extremely excitable. She imagines the company of the opposite sex a dangerous thing, and that it is dangerous to do certain things well established in society as good for the human race. They imagine that milk is not good to drink, that certain articles of diet are not good for the human race. Aversion

to marriage. A man takes it into his head that it is an evil thing to have sexual intercourse with his wife. Religious freaks; tendency to dwell on religious notions; fixed ideas concerning the Scriptures; dwells on sanctification until he becomes fanatical and insane; thinks that he is wonderfully sanctimonious, or has sinned away his day of grace. Puerperal insanity in a woman who was mild, gentle, and tearful, later sad and taciturn, and then sits in her chair all day answering nothing or merely nodding her head yes or no.³

While using his experience imaginatively, Kent does not speculate or go beyond the detailed proving symptoms, but simply *dramatizes* them in the context of actual human beings, such that the remedy is no longer a mere assemblage of symptoms, but a living unity, a kind of composite of all who have ever taken it. In that sense, Kent was the first "illuminist," a proud lineage extending unbroken through Vithoulkas, Whitmont, and Catherine Coulter to Sankaran and Scholten today.

These archetypal portraits or "essences" are merely study aids and were never intended to circumvent or replace the laborious and difficult yoga of detailed *materia medica* study. Quite the contrary: such teaching value as they possess is solely attributable to their relevance and accuracy, which in turn requires a hard-won mastery of remedies in the good old-fashioned way, based on provings and clinical confirmations, just as every great prescriber has always insisted upon.

This experiential basis is just as clearly evident in Sankaran's *The Soul of Remedies*, a brief digest of *materia medica* which he too issued only reluctantly at the insistence of his students. Following Lippe, he gives a small number of valuable indications already translated into repertory language, but these are preceded by and organized around information regarding the miasm or pathological style and in some cases the plant or animal family or mineral subgroup to which the remedy belongs. Thus in his version of *Pulsatilla* we read the following:

Pulsatilla is a plant [and] belongs to the sycotic miasm. The main feeling is that of softness. It is like the windflower, which must bend to every gust of wind in order to survive. Translated into the human situation, it is the feeling, "I will survive if I am soft and gentle, not hard and rigid." It is as if there is an inner weakness in *Pulsatilla* which is not able to face the hardness of the world. She tries to cover it up by finding soft, caressing, gentle people from whom she can get the tenderness she misses and needs. There is a kind of childishness or girlishness: she remains

stuck at puberty and is afraid of facing men [and] sexuality. In order to get the affection she needs, she can be very affectionate and caring, can weep easily, is sympathetic. If she is not able to get what she seeks, she feels extremely forsaken, as if alone in the world. [She] can be servile, mild and submissive. What is less easy to see is the selfish motive behind it, [the] greed, jealousy, and desire to get all the attention for oneself.

Rubrics:

Carried and caressed, desires to be.
Delusion, alone, she is always.
Delusion, world, she is alone in the.
Delusion, neglected his duty, he has.
Despair, religious, of salvation.
Fear, dread of men.
Forsaken feeling.
Grief, silent submissiveness with.
Selfishness.
Servile, obsequious, submissive.
Yielding disposition.
Weeping, consolation amel.
Ailments from jealousy.
Childishness.⁴

Like Kent, Sankaran weaves the rubrics together into a composite human being who sounds very much like people that we know. By no means fabricated out of whole cloth or un-substantiated by basic *materia medica* information, his version is really quite the opposite: an imaginative, empathic rendering of that material, incorporating as many of its elements as possible, but with the added dimensions of the family grouping and the miasmatic diagnosis, neither of which Kent made much mention or use of in his remedy pictures.



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The central importance of mental and emotional symptoms.

Implicit in what I've said, the second theme of the new teachings was also championed long ago by Kent, clearly articulated by Whitmont, and further elaborated by Vithoulkas and Coulter in our own time. In both Kent's *Materia Medica* and Whitmont's *Psyche and Substance*, the core features of most remedy pictures are based on the mental and emotional characteristics, with the physical symptoms grouped around them, as if on a template or matrix that alone could impart *meaning* to them.⁵

Long before Sankaran and Scholten, this psychological emphasis led to serious criticism from some veteran homeopaths, who rightly objected to students memorizing condensed and highly mentalized versions of the remedies in lieu of more detailed study, and some of whom opposed the idea of such "essences" at all.⁶

In Sankaran's work, this psychologizing tendency is extended and refined by the further discovery that fears, dreams and delusions can reveal the pure, uncompensated emotional state and that patients' subjective descriptions of pain give access to a purely energetic realm where physical and mental symptoms ultimately speak the same "language." Thus with the *Fungi*, for example, computerized analysis of the pain rubrics and mental symptoms, especially the fears, dreams, and delusions, of *Secale*, *Ustilago*, *Agaricus*, *Bovista*, *Psilocybin*, and other remedies of the family enables him to investigate simultaneously the themes common to all of them and the distinguishing features of each one:

Sensations

Invaded	Pains, boring
Taken over	Pains, digging
Under superhuman control	Pains, burning, as from sparks

Passive Reactions

Idiocy, foolishness	Wrinkled
Naïveté	Atonic
Self-pity	Laxity of tissues
Gloomy	Awkward
Despondent	Silent delirium

Active Reactions

Fighting, strength	Egotism, creative power
Violence, rage	Exalted strength
Convulsions, delirium	Expanding, expansive
Courage	Invading, invasive

Secale cornutum

Spark-like pains
Skin eruptions, leprosy
Impulse to bite, desires to kill

Estranged from family, relatives:
Mocks, feels forsaken by them
Rage, fury, biting
Lack of moral feeling, shameless
Tears genitals, self-mutilation

Godless, unsympathetic

Agaricus

Must outdo oneself, or be done in
Desires to fight

Never satisfied
Tries to satisfy everyone:

"Leader of the masses"

Fighting, invading
Great strength during seizures

Runs in dangerous places

Bovista

Pains digging, burrowing, as from pointed instrument
Courageous, strong, desires to fight
Dreams of walls falling in
Dreams of being arrested, imprisoned
Dreams of epidemic diseases⁷

Solanum tuberosum aegrotans

Delusions of thieves, robbers
Delusion, hand cut to pieces
Delusion, city destroyed
by fire

Psilocybin

Great strength, as if possessed
Dreams of vampires
Delusion, under superhuman
control

Ustilago

Consumption, TB diathesis
Bleeding fibroids,
miscarriages, tired from,
immobilized by
Stuck "between a rock and
a hard place"
Rock inside her getting
larger, as if would come out
Feels small, others large
Feels put in box, "boxed in,"
as if would explode
Activity alternates with
stupefaction, clumsiness

Taxonomy of remedies: kingdoms, families, and chemical subgroups.

Sankaran's reinterpretation of the totality of symptoms thus leads directly to a third important theme, also clearly envisioned by the old masters. Like the search for holistic remedy pictures, the classification of remedies into kingdoms, plant or animal families, and mineral or chemical subgroups follows logically from the goal of *materia medica* study, i. e., learning to recognize each remedy by distinguishing it from all oth-

ers, especially from those most closely resembling it. In the old-fashioned method of Hahnemann and his disciples, this had to be done symptom by symptom, e. g., by comparing and contrasting remedies that shared a single important keynote, a laborious task that still leaves students without a synoptic view of the *materia medica* as a whole.

Here too Farrington broke new ground by organizing his lectures into groups of remedies according to kingdoms and families, his motive being to make the task of learning such a wealth of detail about so many remedies as rational and scientific and thereby as simple as possible:

It is my duty to show you the genius of each drug, and the relations which drugs bear to one another. The first I have called *the family relation*, derived from their similarity in origin. *When drugs belong to the same family, they must have a similar action.* For instance, the halogens, Chlorine, Iodine, Bromine and Fluorine have many similitudes, because they belong to one family. So, too, with drugs derived from the vegetable kingdom. Take for instance the family to which *Arum triphyllum* belongs. There you find drugs which resemble each other from their family origin. Take the Ophidians, and you will be perplexed to tell the differences between *Lachesis*, *Elaps*, and *Crotalus*.⁸ [Italics mine: R. M.]

At last, a whole new generation of homeopaths all over the world are in a position to carry out Farrington's magnificent project, with the help of advanced computer software and a group of dedicated teachers with a comprehensive knowledge of remedies. Thus a few years ago the fine Italian homeopath, Massimo Mangialavori MD, confirmed and fleshed out what Farrington had already alluded to, that most of what were formerly taught as the important keynotes of *Lachesis*, namely,

- 1) bilateral asymmetry,
- 2) intolerance of tight clothing,
- 3) ailments during and after sleep,
- 4) affinity for the ENT region, with symptoms of choking and constriction,
- 5) PMS and general relief of all symptoms from menstruation, talking or any discharge,
- 6) passionate, sexual, competitive nature,
- 7) deadly cunning, deviousness and psychic ability and
- 8) thrombotic and hemorrhagic phenomena,

are in fact more or less characteristic of the snake remedies as a group and by no means peculiar to *Lachesis* alone.⁹ Far from supplanting our old understanding of *Lachesis*, the family concept has greatly enriched it by using the best-known representative of a group to help differentiate the other members from it.

The same is true of the mineral kingdom, where Scholten's years of training as a chemist and Sankaran's extensive study of the Periodic Table have enriched our understanding of these important remedies as well. Using the nearly identical symptom-pictures of *Merc. viv.* and *Merc. sol.*, Kent had already differentiated the other salts of mercury on the basis of relatively minor individualizing features from the "parent" substance.¹⁰ Kent had also begun to distinguish salts of other elements in a preliminary way by including salient features from both components, until the salt was proved in its own right.¹¹

As with the animal remedies, Sankaran has validated and extended these traditional practices by careful analysis of the Repertory. In *The Substance of Homeopathy*, for example, he characterizes the *Calcarea* group by comparing the symptoms of several members:

Calcium was used by the earliest forms of life to offer protection in the form of a shell or exoskeleton. In humans it occurs primarily in bones, which give us stability and protect vital organs like the brain, heart, lungs and spinal cord. The main feeling of *Calcarea* is the need for stability and security. He feels like an oyster without a shell and seeks protection. He has fear of animals, dogs, physicians and disease. He seeks protection from others and in an uncompensated state relies completely on them. This can be seen in *Calc. carb.* children and young people who are accompanied by their parents and never answer directly but whisper to [them]. Even the *Calcarea* adult is usually accompanied by [a] relative. I hear the sentence "I am happy when everybody is around me" from many *Calc.* patients, [representing] the need to have people for protection and security. The *Calcarea* person is [also] a home builder: the home represents the protective shell he needs around him. What I have said applies especially to *Calc. carb.*, [which] brings out the best picture and the main feeling of calcium.¹²

This simple picture, which I have abbreviated considerably, becomes the basis for differentiating the main *Calcarea* salts, using the language of chemistry metaphorically to summarize the wealth of *materia medica* knowledge and information contained in it:

Calc. Sulph.

Calcium sulphate is most familiar as plaster of Paris, the function of [which] is to provide stability in a plaster cast: this is the *Calcarea* component. The *Sulphur* component introduces an element of ego and appreciation. To be valued, to have some standing in life requires that one be knowledgeable, wealthy, and have a certain position in society. These can only be attained by putting in effort, and thus the *Calc. sulph.* person is constantly trying to do things that will gain him appreciation. There is a constant feeling of not being appreciated or valued, of being put down or suppressed. [Yet] he cannot react with the anger or indifference of *Sulph.*, for he depends on these people for security. The most he can do is to complain and quarrel: "Lamenting that he is not appreciated;" "Quarrelsome." [Or] he can try to do everything to make others appreciate him, [in his] work, manners, and appearance. In *Calc. sulph.*, the typical situation is [one of] sibling rivalry, where children feel unappreciated at home.

Hepar Sulph.

Hepar was introduced by Hahnemann, who heated the white interior of the oyster shell with flowers of sulphur, [creating] an unnatural substance. *Hepar* is very different from *Calc. sulph.*, probably due to [its violent] mode of preparation. It [is] a syphilitic remedy; yet its internal feeling is nothing but an extreme form of *Calc. sulph.* The *Calc.* portion is represented by fears, but [they] are exaggerated and more intense, e.g., "Frightful visions of fire and dead persons;" it is a violent fright. The irritability of *Sulph.* is present, but again in a more violent form: "Violent, passionate, fretful;" "Wrathful irritability even to the most extreme violence, threatening to end in murder and arson." Phatak gives: "Ferocious; wants to kill those who offend him, to set things on fire." *Hepar* has the feeling of being terribly offended or insulted by the person who is supposed to look after you, [like] the feeling that precedes a violent revolution, [in which] things are set on fire and people murdered.¹³

Sankaran never suggests or implies that these analyses are a basis for prescribing and simply offers them as a schema around which to group

and understand the particulars. But that is a priceless gift, not only in redirecting our study when well-indicated remedies fail to work, but also in potentiating our enjoyment and appreciation of the natural world, which is a lot of what I love about this work.

In *Homeopathy and Minerals*, Jan Scholten, who like Hahnemann was trained as a chemist, summarizes what he calls "group analysis," which is quite similar to the method of Sankaran:

Until now the most important method of studying homeopathic remedies has been to look at all the remedies separately. In group analysis we look at groups of remedies and extract from [them what] is in common. Those symptoms will be used in the various remedies which contain that element.

This method] is least successful on the level of local complaints. On the level of general characteristics [it] can be applied very well. [But] it is on the mind level that group analysis can offer the greatest benefits. Once the central themes of the composing elements are known, it will be possible to deduce the theme of the [compound]. The great advantage [of doing so] is that we get not only the separate themes of the composing elements, but also [their] combination. An incidental effect of group analysis is that certain aspects of remedies that we know already can sometimes become more clear.¹⁴

There is nothing even remotely speculative about this. Thorough and businesslike throughout, Scholten merely extracts proven or confirmed symptoms from the repertory and organizes them in a different way. As new provings are conducted, he also adds new information, but mainly he rearranges and reinterprets what is already there, like all other writers on *materia medica* before and since. The same project is currently afoot for the plant kingdom as well, notwithstanding the vast number and diversity of species and genera involved, which has made such research impractical until now.

Using chemistry and natural history in materia medica study.

Another closely-related theme of the new teachings that has troubled some critics is their extensive use of non-homeopathic data from the natural sciences, notably from inorganic chemistry in the case of the mineral remedies and from botany, zoology and natural history in the case of the plant and animal remedies. Here too Farrington was among

the first to incorporate a wider natural scientific dimension into his study of remedies, and a generation later Clarke introduced each remedy in his scholarly *Dictionary of Practical Materia Medica* with a useful compendium of whatever scientific information and folklore was then available about it.

In our own time, such studies have become standard background information in most courses. We read in both anthropology and biology, Mangialavori likes to show his students movies about the habits and life histories of the animals from which our remedies are derived, such as the snakes, spiders and sea animals. But even in the past, virtually every NCH course featured an herb walk or slide show by an amateur botanist like Julian Winston or Jay Borneman, and popular works like Matthew Wood's *Book of Herbal Wisdom* and *Seven Herbs: Plants as Teachers*, or Dorothy Shepherd's *A Physician's Posy* have continued a long tradition of plant lore in homeopathy that goes back to Hale's *New Remedies* and Milspaugh's *American Medicinal Plants*. Excursions into natural history and science have thus provided an interesting and useful perspective to the study of our remedies virtually from the beginning.

Much the same considerations apply to Sankaran's alleged misuse of "signatures" or correspondences between chemical or biological properties of substances and the symptomatology of the homeopathic remedies prepared from them. In his account of *Hepar sulph.*, for example, he notices and relishes the parallel between the manner of its preparation and the symptomatology that leads us to prescribe it: without dictating or explaining the clinical picture, the chemistry simply indicates a more profound level of correspondence. Many other examples are cited in the works of Whitmont and Catherine Coulter, and throughout my book *Resonance*, such as the uncanny coincidence that *Lachesis* is named for the Greek goddess of Fate who was supposed to fix the span of life, and that Hering died on the anniversary of his proving the remedy over fifty years earlier, almost to the day.¹⁵ "Signatures" are *metaphors*, teaching aids that enrich our study by arousing a sense of wonder.

Miasmatic analysis.

The final theme of the new teachings, an expanded understanding of the chronic diseases or "miasms," is built on the three original types from Hahnemann's *Chronic Diseases*, the psoric, sycotic, and syphilitic:

In Europe, and also on the other continents, *so far as is known, according to all investigations, only three chronic miasms are found*, the diseases caused by which manifest themselves through

local symptoms, and *from which most, if not all, of the chronic diseases originate*, namely, syphilis, the venereal chancre disease; sycosis, the figwart disease, and psora, which lies at the foundation of the itch eruption.¹⁶ [Italics mine: R. M.]

As the italicized portions make clear, Hahnemann by no means closed the door on the possibility of elucidating other miasms in the future and hypothesized that these three were paramount because they were the only ones that he could consistently identify at the time. Within that tradition, Kent and Allen in the nineteenth century and Roberts and Sánchez Ortega in the twentieth tried to define the psoric, sycotic and syphilitic styles on the basis of the totality of symptoms and not solely by the pathological lesions associated with these diseases in conventional medicine. But such hypotheses have always been regarded as speculative, because there is as yet no general agreement about the miasm concept itself, let alone about the number or the definition of the distinct miasms to be considered.

In his work Sankaran follows Hahnemann very closely, by providing clearer and more exact definitions of the three main pathological styles through careful analysis of the nosodes *Psorinum*, *Medorrhinum*, and *Syphilinum*, and of the associated miasmatic remedies *Sulphur*, *Calcarea* and *Lycopodium*, *Thuja* and *Natrum sulph.*, and *Aurum* and *Mercurius*, respectively. In addition to the original triad, he has so far identified one generic acute and six intermediate chronic miasms named for well-known diseases that epitomize their main characteristics, just as Hahnemann had done, and has tentatively assigned remedies to each of them.

To illustrate, I have included his abbreviated schemata for "sycosis," one of the original three, and for the intermediate miasm of TB or "tuberculosis," which Sankaran locates between sycosis and syphilis, and in which he identifies characteristics of both:

Sycotic Miasm:

Sensation

There is a weak spot or defect in me
Can't correct it, only hide it, cover it up

Attitude

Its fixed: can't change it
Mustn't let it be seen

Successful state

Keeps weak spot well hidden
Fixed ideas
Ritualistic or OCD behavior

Failed state

Weakness exposed
Guilt, remorse, self-reproach
Hypersensitive to many things, leads restricted life

Pathology

Asthma, allergies
Warts, moles, cysts, tumors
Environmental sensitivity

Neurosis
Obsessive-compulsive dx
Gonorrhea, cystitis, STD's

Remedies (partial list):

Medorrhinum
Aristolochia, Asafetida
Cannabis, Crocus sativus
Dulcamara, Gelsemium
Lac caninum, most milks

Pulsatilla
Sabadilla, Sanguinaria
Tabacum, Thuja
Yohimbinum
Palladium, Argentum,
Stannum
Silica

Natrum sulph., Kali sulph.

TB Miasm:

Sensation

Caught, suffocated, compressed
The opening is narrowing
The time is short

Attitude

If you rest, you're dead
Time is short, so much to do
The pace is hectic

Successful state

Hectic activity
Whole being focused on change, escape

Failed state

Burned out
Headed toward total
destruction

Pathology

ADD
Asthma
TB, recurrent bronchitis

Remedies [partial list]:

Bacillinum, Tuberculinum
Apis, Blatta, Cantharis, insects
Tarentula, Theridion, spiders
Arsenicum iod., Bromine
Calcarea phos., Phosphorus

Abrotanum, Agraphis
Cimicifuga
Cereus bonplandii
Coffea, Drosera
*Myristica, Ustilago*¹⁷

As a teacher of homeopathic philosophy, I have used his analysis both to help make sense out of an abstruse and difficult notion and to add yet another perspective in case analysis and remedy selection. Although identifying and characterizing miasms in this way is certainly hypothetical and even speculative, it is no more so than Hahnemann's own pioneering ventures into this realm and no less solidly grounded in *materia medica*.

2. Hahnemann on "speculative medicine."

With that background I want to re-examine what Hahnemann means by "speculative medicine," in Dr. Saine's pejorative phrase, and whether and to what extent Sankaran, Scholten, Mangialavori, et al., are guilty of it. Hahnemann expressed himself repeatedly and most emphatically on this subject, beginning with the very first paragraph of the *Organon*, namely, "The physician's high and *only* calling is to restore the sick to health," and continuing in a long footnote:

. . . not to construct so-called systems by interweaving *empty speculations and hypotheses concerning the internal essential nature of the vital processes and the mode in which diseases originate in the invisible interior of the organism*, nor to give countless explanations regarding the phenomena in diseases and their proximate cause, which must forever remain concealed. Of such learned reveries, to which the name of theoretic medicine is given and for which special professorships are instituted, we have had quite enough. It is high time that all who call themselves physicians cease to deceive mankind with mere talk, and begin for once to act. [Italics mine: R. M.]¹⁸

In paragraph 6, he declares that homeopathic diagnosis consists of describing the totality of signs and symptoms that can be perceived directly by the senses and therefore has little need of abstract disease entities:

The unprejudiced observer takes note of nothing in every individual disease except the changes in the health of the body and mind which can be perceived externally by means of the senses, which are felt by the patient, remarked by those around him, and observed by the physician. All these perceptible signs and symptoms represent the disease in its whole extent, [and] together form the true and only conceivable portrait of the disease. [Italics mine: R.M.]¹⁹

In parallel fashion, the homeopathic *materia medica* is grounded in pure experience, in experimental provings on the healthy and observed results of cured clinical cases and can therefore dispense with *a priori* reasoning or idle speculation:

There is no other possible way wherein the peculiar effects of medicines can be accurately ascertained than to administer [them] experimentally to healthy persons, in order to ascertain what signs and symptoms of their influence each individually produces on the health of the body and the mind.²⁰

As certainly as every species of plant differs in its form and mode of life from every other [and] every mineral and salt [as well], so they all differ among themselves in their pathogenetic and thus also their therapeutic effects. Each produces alterations in health in a peculiar, different, yet determinate manner so as to preclude the possibility of confounding one with another.²¹

*From such a materia medica everything that is conjectural, all that is mere assertion or imaginary should be strictly excluded; everything should be the pure language of nature carefully and honestly interrogated. [Italics mine: R. M.]*²²

As these citations make clear, Hahnemann clearly and pointedly rejects whatever is speculative and hypothetical in the theoretical definition and practical identification of "diseases," and in the imputation of therapeutic properties to medicinal substances based on them, as was prevalent in the conventional medicine of his time. As such, his critique remains equally relevant and accurate to the prevailing standards of pathology, diagnosis and pharmacology in medicine today.

In much the same way, the three major deviations which the master explicitly identified and repudiated, and which the I. H. A. or International Hahnemannian Association was later formed to combat, consisted of

- 1) *pluralism*, or prescribing more than one remedy at a time, in violation of the principle of the single remedy, based on the totality of symptoms;
- 2) *allopathic* prescribing for the pathological diagnosis rather than the totality of symptoms of the patient; and
- 3) *mongrelism*, the mixing of homeopathic and allopathic approaches.

According to these time-honored criteria, Sankaran, Scholten, Scherr, Mangialavori, Herrick and the rest are all good classical homeopaths who would have no trouble satisfying the strict rules of IHA membership. It saddens and disappoints me profoundly that most of their critics have not taken the trouble to attend their seminars or read their writings and seem content to pass along uncritically the vilest rumors they can gather second- or third-hand. If it were fair or reasonable to denounce a teaching solely on the basis of how a student may happen to misuse it, then Hahnemann himself would be much the worst offender of all, as our critics invariably charge.

As I've said, there is nothing inherently speculative in the concepts of mentalized "essences," families or groups of remedies, or miasmatic analysis *per se*, although I can readily sympathize with those who question such projects, and can agree that quality homeopathy can be and still is practiced without them. Moreover, I think that the new teachings do in fact raise serious and legitimate methodological issues that call for free and open debate at the highest level. One is the special importance accorded to intuitive, imaginative and unconscious material like dreams, empathic states, fantasies and even synchronicity with other people or events, as data or evidence from which our knowledge of remedies is built up, and on the basis of which we might choose one remedy rather than another.

While the classical tradition has always included and even assigned unique value to highly subjective mental states and "sensations as if," for example, the actual method of conducting our provings has been limited mainly to recording particular symptoms in great detail, so that our method of studying and understanding remedies as a whole has had to be built up slowly by accretion and clinical confirmations taken from cured cases.

Alongside these traditional approaches, the study of remedy groups, families, and miasms by Sankaran and his students has given a new and even higher priority to the mental and emotional symptoms, especially those derived from dreams, fears, and delusions and to subjective physical sensations, such as the pain rubrics, in order to ascertain the bioenergetic state of the remedy or group as a whole, as shown in physical and mental symptoms alike, and thus in a sense prior to the mind-body distinction itself. Both because this work draws on intuitive and imaginative states more freely and openly than ever before and because the homeopathic community is profoundly divided over the validity of information derived from such sources, it merits a fuller and more detailed discussion both pro and con than it has yet received.

Sankaran himself is fully aware of this difficulty. In the Introduction to his book, *Provings*, for example, he describes his method of administering remedies to most attendees at a seminar and discussing their collective responses to them as part of the learning experience, including those of the other attendees who did not actually take the substance but were nonetheless alleged to be under its influence:

[These provings] were usually very productive [of] symptomatology, especially in the emotional sphere [and in] dreams, which gave an idea of the inner processes. While these dream provings were received with a lot of enthusiasm by some, others dismissed them as mere figments of the imagination and it is possible that there is some truth in [that] presumption. While [they] did reveal the characteristic features of the remedies, especially their mental [and] emotional states, there seemed to be something lacking in terms of solid data. [To] systematize these group provings, the Hahnemannian protocol of carefully detailing mental, emotional and characteristic physical symptoms [was indispensable.] While I continued to conduct provings in groups to enhance the effect of the dose, I began to pay attention to symptoms that were peculiar and characteristic [to] ensure solid, reliable data on which to base prescriptions, rather than to generate a mere *concept* of the remedy, which could be flexible and theoretical and stretched to fit cases.²³

As he continued to develop and refine his method, he became even more convinced not only of the added power of the group process, but also of the extra steps that had to be taken to minimize subjectivity and bias and thus insure its reliability:

Such a method has distinct advantages. First, the effect of the substance seems to multiply when it is given to a group, rather than to a set of individuals having no contact with each other. Secondly, when the group meets to discuss the proving at its conclusion, many things hitherto unnoticed and dismissed by individual provers as irrelevant or mere coincidences are seen to be important parts of the proving. Third, by giving importance to dreams and emotions, together with incidents and happenings synchronous with the provings, one can draw some valuable inferences if taking into account the rest of the proving.²⁴

As far as possible, I have attempted to conduct and report the provings with [a] minimum [of] error and subjectivity. First, the name of the substance was [concealed] from all the provers. Second, the provers were given strict instructions not to discuss their symptoms or experiences among themselves, outside of group meetings. Third, I have recorded the symptoms that were spontaneously reported, both mental and physical and tried to elicit characteristic symptoms, especially mental and emotional, feelings [and] dreams. This I have done simply by probing into what was being reported, without prompting or suggesting anything, as in the process of case-taking.²⁵

In spite of these strictly Hahnemannian rules and precautions, what is truly new and controversial about his method is that it draws on and presupposes concepts like synchronicity, the collective unconscious, and group dynamics, which although well established in modern psychology, were never explicitly addressed by Hahnemann or other old masters in our field and do not appear in their writings. For that reason alone, it would make a lot of sense for Sankaran or some kindred spirit to provide a theoretical rationale for these importations, quite apart from the practical consideration that they are wonderfully productive of new symptoms, as he claims.

I say this despite the fact that personally I am entirely comfortable with such practices and am strongly in favor of using the best of modern psychology to illuminate hitherto unseen depths within the homeopathic point of view. But the assimilation of and accommodation to new ideas has always been a troubled issue in our history.

As the discovery of a single gifted mind, homeopathy was given to the world already fully realized, as both a philosophy of health and illness that follows logically from a few simple axioms and a method of healing the sick that has survived for over two hundred years without fundamental change.²⁶ In all of us who have committed ourselves to it, the logical elegance and enduring majesty of Hahnemann's conception rightly inspires our allegiance, but also leads many to worship it as if it were a religion, based on absolute truth, seemingly fixed and unalterable for all time and to dismiss *a priori* or denounce as sacrilege any attempt to explain, update, improve, or modify it or any part of it, regardless of merit. In the opening paragraphs of Dr. Saine's article, for example, he attacks the new teachings solely for having departed from the letter of the scriptural text, i. e., on the charge of innovation *per se*:

Twenty-one prominent [homeopaths] have signed a letter to Julian Winston [in which they] accuse him of being intolerant and divisive by advocating his personal beliefs. Such accusations are not new to Homeopathy, because *it is based on fixed principles, and its history is characterized by [those who] call their practice homeopathic in spite of practicing contrary to [them]*. Over 100 years ago, Lippe said, "To try to defend the master's teachings which led to success, to try to show erring men the baneful consequences of their backward sliding -- this surely cannot be construed into a persistent effort to divide the school."

*In this conflict, one thing is clear: divisions within the profession are always initiated by authors and supporters of approaches incompatible with Hahnemann's specific method, [i. e.,] homeopathy, and not by Hahnemannians, upon whom it is incumbent to keep denouncing the numerous representations and departures. Therefore, the question is: are the signers promoting any false doctrine? [Italics mine: R. M.]*²⁷

Another closely-related issue is the eclecticism and wide-open, free-for-all atmosphere in this country, where homeopathy once nearly died out and its current revival is still too new and fragile to have sunk firm roots and developed stable traditions for the future. With world-class teachers from many countries offering seminars to everyone regardless of prior homeopathic or medical training, intent to practice, or professional licensure, beginning students exposed to seemingly conflicting ideas are often genuinely at a loss about how to sort them out and evaluate them properly. Even for veteran prescribers, the prevailing chaos fuels the need for readily identifiable standards, such as those prevailing in the scientific world at large:

We need dialogue about new ideas, not blind acceptance. We need controversy [and] dissension. We need someone to say, "The Emperor has no clothes." Many of us with long experience in teaching and practice are concerned about the direction in which [we] are moving. Proving conducted without a blinded supervisor and symptoms ascertained in a group discussion are highly subjective and only preliminary to a more formal process. Taking characteristics of plants or animals in nature and applying [them] to human symptomatology is seductive, [and] should be

considered as speculative without solid evidence. It is disturbing to find new students more knowledgeable about small or recently proved remedies than about time-tested polychrests. It is suspicious when in the week following a seminar about a new or small remedy, three cases of it show up in the office of the attendee. These are questions that need to be debated in a rational, professional way. Those who proffer new ideas must be willing to accept criticism without taking it as a personal attack.²⁸

Since the temptation to shortcut detailed *materia medica* study is still very much with us and indeed always has been, new ideas in our field are necessarily and inescapably seductive and even dangerous, and therefore warrant full and open debate within the community, as many have insisted upon, no matter how eminent, highly respected, or charismatic their proponents. Like any other hypotheses, they will also need continual revalidation through updated provings and clinical confirmations. But these obvious caveats fall far short of the claim that such teachings are inherently valueless or illegitimate.

Similarly practical considerations apply to the search for and identification of broad thematic elements in the proving of remedies, e. g., as undertaken by Nancy Herrick in *Animal Mind, Human Voices*. As I pointed out in my review of her book, wholly legitimate doubts about the relevance and accuracy of these themes, which will require years of clinical experience to judge, do not invalidate the logic of wanting and attempting to discover them.²⁹

3. Innovation and fundamentalism in our history.

In conclusion, it remains to examine the general phenomenon of what I will call the "fundamentalist backlash" against the new teachings, led by Julian Winston, André Saine and Klaus-Henning Gypser, and lately by the great George Vithoulkas himself. In one important sense, Dr. Saine is entirely right to claim the Hahnemannian mantle for his diatribe, for the same intemperate exaggeration and puritanical insistence on ideological purity can be found aplenty in the writings of our master. In his letter "To the Half-Homeopaths of Leipzig," for example, we read the following choice Hahnemannian tidbits:

I have heard that some in Leipzig who pretend to be Homeopaths allow their patients to choose whether they shall be treated Homeopathically or allopathically. Whether they are not as yet thoroughly grounded in the true spirit of the new doc-

trine, or lack due benevolence to their species, or do not scruple to dishonor their profession for the sake of sordid gain, at least let them not expect me to recognize them as true disciples!

Blood-letting, the application of leeches or Spanish flies, the use of setons and mustard plasters, salves and aromatics, emetics and purgatives, destructive doses of mercury and quinine: these and other quackeries, combined with the use of homeopathic remedies, identify these crypto-Homeopaths as surely as a lion is known by his claws. Let such be avoided, for they regard neither the welfare of the patient nor the honor of the profession. Practice honorably as either an Allopath, as yet ignorant of anything better, or a pure Homeopath for the welfare of mankind. But as long as you wear this double mask, you will be a contemptible hybrid of a physician, of all the most pernicious.

From now on, he who hesitates to prove himself a homeopath in word and deed should never come to me expecting a friendly reception. Should any false doctrine be taught in the name of Homeopathy, or patients be treated with any imitation of Allopathic practice, I will raise my voice and warn the world against such treachery.³⁰

In short, the fundamentalist backlash against innovation in homeopathy goes right back to the creator of the method and the founder of our movement. Nor are such criticisms necessarily unmerited or unreasonable. When Lippe takes AIH members to task for attempting to condense or simplify the homeopathic *materia medica*, it is difficult for any serious classical prescriber not to agree with and even applaud his words:

The necessity of condensing our *materia medica* implies that [the latter] is in need of it, that it contains untrustworthy or nonessential material, that it is too large. We have had abridgements by Jahr, Boenninghausen, Hering, Cowperthwaite and others, but none of them claimed that [these] should take the place of our *materia medica*, as is suggested by the Institute. Their efforts consisted merely in [giving] their students a textbook, to facilitate their studies by giving them the skeletons of various remedies, a preparation for the use of the largest collections. Far was it from their intention to sit in judgment over any of the reported and accepted symptoms compiled in our larger

works. Every practitioner knows full well that an apparently insignificant symptom found [therein often] assisted him in the choice of the curative remedy. The healer who has learned to utilize Allen's great work, for instance, will shrink from striking out a single symptom, even one word from a symptom.³¹

But homeopaths too easily forget that Hahnemann was also by far our greatest innovator, beginning with the promulgation of homeopathy itself and continuing throughout his life with the techniques of dilution and succussion, provings, his method of treating epidemic, "local," "one-sided" and mental diseases, and culminating in his last years with the concept of chronic miasms and the development of the LM potencies. The truth is that innovation and fundamentalism coexisted uneasily and side by side in the personality of our founder and have continued to do so with his followers ever since.

This was certainly true of Kent, for example, whose early concept of remedy pictures or "essences" must have troubled some charter members of the International Hahnemannian Association, though I haven't yet found anything to that effect in print. But when Kent became IHA president, he not only dominated the world of classical homeopathy with the energy of his provings, the fame of his clinical work and the charismatic brilliance of his teaching, but also took up the cudgels against mongrels and backsliders even more zealously than had the great Lippe himself.

On the other hand, the fundamentalist backlash against innovative *classical* prescribers is quite new in our history. It was only in the early 1980's that the great George Vithoulkas was savaged by Künzli and other well-known physician-homeopaths, in part for his remedy-pictures or "essences," which were dismissed as the figments of his imagination; in part for allegedly treating only the mental and emotional state and ignoring the presence of serious physical pathology; and in part for lacking a valid medical license and teaching the method to unlicensed practitioners. With his impeccable classical credentials and prodigious learning, Künzli sincerely believed that these tendencies indicated a serious decline in the quality of teaching and practice of homeopathy in the United States:

It is my impression that homeopathy in America is heading for oblivion unless a courageous reversal takes place. Two years ago the Pacific College of Naturopathic Medicine originated from the Vithoulkas seminars and organized a homeopathic medical school like [those] of yesteryear, but in vain.

Such a curriculum can never produce the same quality of education as orthodox medical schools, fully equipped with all the latest ancillaries, etc. I foresee a downhill course to the level of "healing practitioners." Why don't we offer homeopathy solely to licensed physicians as a post-graduate course?

In the Vithoukias courses, too much attention is paid to the symptoms of the mind, the emotions and the psychological approach. The students are trying hard to analyze the mental and emotional aspects of the patient as if they were qualified psychologists [and] come up with a weird hypothetical "answer" to the case. [But] the clinical signs are just as important as the mental symptoms in my opinion. It is impossible to reproduce such a psychological train of thought. Hence it is easy for Vithoukias to prove his students wrong, [to lead] his devoted disciples into a labyrinth from which he alone can find the way out.

In my opinion it is wrong to judge the success of homeopathic treatment mainly on the emotional level of the patient. The criteria for a real cure are the same as for any other treatment: the whole patient should be improved. If I treat a patient with hypertension, I am not impressed to hear how happy [he] is with my therapy, [or if he is] feeling much better, but his hypertension has not gone down. Vithoukias considers this a totally satisfactory result and doesn't pursue the case any more.

Another thing I dislike in the Vithoukias courses is [his] giving each remedy an "essence." For example, the *Lycopodium* essence is [said to be] "cowardice." [If true,] cowardice shall explain the entire symptomatology, is the central core of [the remedy]. The use of such schematic drug pictures is very dangerous. Anyone cognizant of the *materia medica* will agree that the *Lycopodium* drug picture has many other facets. If a doctor's mind is saddled with cowardice as the "essence," he may easily miss as many as 90% of *Lycopodium* cases.³²

In retrospect, in spite of all the exaggerations, inaccuracies, and hearsay in them, many of these criticisms were timely and relevant. George's "essences" seemed so tantalizingly elusive that the master himself refused to publish them until they were pirated from his lectures and circulated without his blessing in unedited form. Moreover, quite a few beginning students did indeed cherish the illusion of learning *materia medica* by memorizing these pictures and thus dispensing with the endless

study that has always been our lot.

Yet the inspiration of both his teachings and his example sustained me and I know many others through two decades of practice and actually drove me to study more, not less, in despair of ever approaching such a level of mastery. Then as now, many of George's best pupils, people like Bill Gray, Dean Crothers, Jennifer Jacobs, Roger Morrison, Nancy Herrick, George Guess, Maisie Panos, and many other leading American homeopaths of the day, were accused of studying and prescribing on essences because we supposedly lacked the patience and discipline to do the work of repertorization and detailed *materia medica* study that the method rightly demands.

For me, the main problem with George's essences was not that they were speculative, but quite the opposite. As the results made clear, they were well grounded in experience, but one that remained uniquely his own and thus difficult to communicate to others in a way that was unequivocal and not liable to be misunderstood: they were indeed "illuminist" in that sense. In the end, what I took from them was not so much any definite precept as the unequalled brilliance of his *example*, which imbued me with the inner determination to find my own path, to develop my own remedy pictures out of my own experience, guided by the literature, which is what we all do, whether we admit it or not. But that inspiration I have never forgotten or ceased to be grateful for.

Much the same objections are now leveled against the teachings of Sankaran, Scholten, Mangialavori, et al., which are new not because they reject Hahnemannian principles in any way, but simply because computer software has made it possible to study remedies in a more systematic way for the first time. I have no problem with homeopaths who have no need or use for this kind of information, or are skeptical of it, or choose not to study it, or even to impugn its validity. But idle speculation it most assuredly is not.

Yet now, twenty years later, the wheel has come full circle. Words can scarcely do justice to the irony that Vithoulkas, the peerless exemplar of the modern "illuminist," should now be the one to roast Sankaran, Sherr, Scholten, et al., his true heirs in that sense, with very much the same mix of seasoned wisdom and spiteful hearsay that Künzli once lavished on him:

People hear about [a] new remedy, and it is prescribed to thousands of cases. Out of all these, there is one in which you had a good reaction. And [that] one appears in the journals: a case of *Chocolate*, or of *Hydrogen*. Without their knowing, I gave

Hydrogen to a group of Italian doctors who wanted to do a [proving.] The results are totally different from the ones presented by Jeremy Sherr. Nobody is ever going to take us seriously, because all this nonsense comes through the teachings and there is false euphoria. Students are misled to believe that the old is not good enough, [that] we need something else, a new thing or a new remedy. No case in my life needed *Hydrogen* or *Chocolate*.³³

Only people sensitive to a remedy develop clear symptoms [or] make it reliable. Instead you record all the nonsense, euphoria and fantasy that goes on in the group as provings. This is killing homeopathy. [Suppose] somebody gave a remedy and some of the students had a dream, [and some who] did not take the remedy [had] the same dream. [If you say] this belongs to the remedy, it is not to be taken seriously. Why not potentize a stanza, a piece of music? Do you believe that this powder can make a proving, can make you sick?³⁴

[About Scholten and the Periodic Table:] If you put [remedies] in the same group, what is the practical use? Say I put Lead in the same group with Antimonium. First, it's a fantasy. Second, it doesn't prove anything. If you prove a substance correctly, I have no problem: that is absolutely acceptable. But to imagine that this will be a hard person because the diamond is very hard? Sankaran has done more harm to homeopathy than all the enemies of homeopathy [put] together. And Scholten: these two especially. There are new teachers [who] will teach even crazier things. They call [them] "new ideas," [and ask,] "Why don't you accept new ideas?" [But] where is the new idea, really? Prove that there is [one], and I will believe it.³⁵

I was very happy treating people. I was able to cure some people and they gave me love and affection: I had a lot of that. The moment people said I had to write, to give lectures, it changed. Now I have to write, teach, correspond, give lectures, go to other countries, go on television. I had to give up the only pleasure I had [and to distribute] my patients to my students. The patients now cannot come directly in contact with me. [But] the worst is teaching. I know all the problems, [and] what the students are thinking, and it makes me unhappy, [as] when people try to spoil homeopathy, when] whatever we did is going to be

wasted. I could cure people for the rest of my life. But don't ask me to teach.³⁶

Coming from my old teacher and mentor, this remarkable document saddens me a great deal, not least for him, for his own sense of failure and isolation and brings back all the love, inspiration, wisdom, and generosity I have always felt from him, even in the throes of his disappointment. But it also angers and grieves me that he cannot see or allow himself to see the value in any teachings but his own.

From this modern fable I draw the obvious conclusion that disputes of this kind are a recurrent and indeed a central theme in our history. As I've said, they arise from the fact that homeopathy uniquely combines a practical method of healing the sick with a systematic philosophy of health and illness -- that it calls for continual improvement and revision, yet rests on a conceptual framework that does not, cannot and must not be allowed to change. Inasmuch as everything follows logically from a few basic axioms that cannot themselves be proved, simply acknowledging them as valid lends to everything else the force and appearance of eternal truth, in the name of which healthy disagreements readily escalate into holy war. Yet conversely, failing to honor them will indeed undermine and destroy the truths we all hold dear.

Since both innovation and fundamentalism are part of the definition of what homeopathy is and has always been, I would argue that each of these old adversaries needs the other far more than the rest of medicine needs us either as a whole or in part. So let's figure this one out, guys, and agree to disagree as we seem to have to.

Dr. Moskowitz has been practicing family medicine since 1967. He lives in Watertown, MA, his practice limited to classical homeopathy, patient education and advocacy.

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ALIZE TIMMERMAN

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BRITISH HOMEOPATHIC JOURNAL REVIEW

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Using Vital Sensations to Connect the Disturbed Vital Force and the Simillimum: A Model Case

by Jeff Baker ND, DHANP, CCH

This paper presents a case, which illustrates a somewhat new way of practicing homeopathy. Let me assure you straight away, this is not about gimmicks, tricks or short cuts. The usual hard work, persistence and sharp focus essential to solid homeopathic practice is still fully required. And in the end a single remedy must, as always, be selected on rigorous criteria. It is “new” only because it involves utilization of phenomena known as **vital sensations in tandem** with the **miasm** of the case. I’ll define these terms later and elaborate on their significance in the context of the case, where they will have a very tangible, specific meaning and application.

I am well aware that utterances such as “a new way of practicing homeopathy” may be charged words for some who are reading this presentation. My objective has centered on a desire to place what I consider to be important new work before the professional homeopathic community and allow it be judged on its own merits. The methodology is wholly inductive. I believe that there is genius and elegance in this new way of working that speaks to the purity of Hahnemannian Homeopathy, which continues to be amenable to further elaboration (not deviation), long after the master has left this earth.

At the outset, I would like to give full credit to Dr. Rajan Sankaran for developing the ideas responsible for my being able to present this paper. This is the culmination of ground breaking work he has been doing for more than three years, though of course it very much depends upon and utilizes his earlier understandings regarding kingdoms, miasms and case receiving. He first presented these ideas, in a rather rudimentary form, at a twelve-day workshop at Esalen Institute, in October 1999. Then at a follow up workshop at Esalen, in October, 2001, Rajan presented a much more refined version of the same principles and methods, including many clinically cured cases, backed up with impressive long term follow up.

In all honesty, those two seminars would not have been nearly sufficient for me to grasp and then implement this approach. I was fortunate to be one of a very small number of participants (fifteen in all) who attended an intensive two-week clinical workshop at Dr. Sankaran’s clinic in the latter part of November 2001. In a highly intimate and interactive environment he was able to discuss, demonstrate and clarify the various facets of the method. This means of working has made homeopathy come alive

in a way that I have never previously experienced.

The challenge in presenting a relatively short paper based on a significant body of work, while attempting to demonstrate its potential, is daunting. Sufficed to say, there are many nuances that can only be touched upon here. So for those who are intrigued with these ideas and the accompanying case, I commend you to get hold of a copy of Dr. Sankaran's latest book, *An Insight into Plants*, which provides a more thorough understanding of the new method, prior to a vast elaboration on the families of the plant kingdom addresses those patients who need remedies from the plant kingdom.

In the new approach, the idea is to go from the specific to the broad, to build the edifice of the case upon the chief or presenting complaint. The belief is that whatever symptom the patient perceives to be the greatest problem, that which is "the worst" is merely a microcosm of the overall state of the patient. Since the body and mind are one in the same, suffering on one level must mirror suffering at all levels (concomitants). This is not just a theory. If you like you may call it a law. This is not very different from the articulations of Boger-Boenninghausen; only perhaps a refinement and further development based on the evolution of homeopathic knowledge since that time.

Understanding a patient along these lines creates an internal system of checks and balances, which is to say that if the practitioner does not see a definite and clear connection between the chief complaint and the overall state of the patient then the patient has not yet been properly and thoroughly perceived, in which case the simillimum is relatively unlikely to be found. If, on the other hand, the similarity between chief complaint and overall state is very evident, then the likelihood of selecting the correct remedy is greatly enhanced and with it a certainty in one's understanding of the patient.

My firm belief is, that with this approach prescribing eventually leads, after much practice, to a success rate only previously imagined. Excellent results are much more consistently obtainable and along with that confidence in how to proceed in the management of cases is greatly enhanced, since the correct remedy has been mapped from two directions and then reconfirmed. Until now, the best one could do was approximate as closely as possible to the indicated remedy. I would call this a system of triangulation where the possibility for error is greatly reduced. Once again, though, let me assert that this is not easy. It takes a lot of practice, a great deal of diligence and an uncanny ability to notice what might appear, in any given case, to make no sense.

Speaking from personal experience in over twenty years of homeo-

pathic practice, I would say that in the past, the really great results I have seen, were at most fifteen to twenty percent of my cases, which is not to say that I did not see results in the other approximately eighty percent, but those were of a far less satisfactory type. Those were the types of cases where, over a period of time, typically several other remedies would be given, with relatively greater or lesser benefit, most often not long lasting and/or deeply curative, nor out of a feeling of very high practitioner confidence.

So here is the case itself. The patient is a 56 year old woman, who was coming back after a hiatus of over six years. Previously she had come to me sporadically over a four-year period (1991-1995), primarily for stitching, stinging, strong pains in her left nipple. There was a feeling of guilt with regard to her now deceased husband, of having done wrong by spending time thinking about another man, a "fantasy relationship." Her ex-husband had been very sick for a long time. He provided little companionship because of the gravity of his illness, spending most of his time in bed, resting, sleeping and convalescing. She attended to all his needs and did so without complaint. She would occasionally talk on the phone or meet for a meal with the "fantasy" man. I had given her Naja for the pains and the feelings of having done wrong, of neglecting her duty. While physically she responded quite well to the remedy initially, repetitions (in various potencies), over time, worked less and less and finally not at all. Before I had a chance to retake her case, she stopped coming for treatment.

12/10/01

Please tell me what are your problems? I'm having symptoms which I think are angina for a long time. It's daily and probably a blood sugar type problem. I get very light headed. I'm still having my periods. I'm sure there's a hormonal change going on. So I'm really concerned about having some serious blood sugar changes.

Describe the angina? There's a feeling on the left side and also it's usually when I'm lying down, but it does happen when I'm sitting or standing. It's a very sharp, stinging pain. That's the pain part. And I also have a lot of numbness in my left hand. It's worse in the morning when I wake up and also in the day, especially if I have my hand up (indicating with her left hand). If I have my hand up holding a book, it's pretty quick, within a minute.

Please say more about this sharp stinging sensation? It feels like several probes of stinging, not just one spot, a few things. I feel quite light-headed usually now. I could just be standing and think that I might faint.

That's been happening pretty much daily.

For how long? This frequency for about four months and prior to that it wasn't really that regular.

Where is the stinging? Concentrated in a one and a half to two inches diameter (upper left chest, medial aspect). That's been the last couple of years, but up till the past few months it was very infrequent, once every two weeks. Now I feel this pain daily, sometimes many times a day. Now it's really getting my attention.

How is it affecting you? I think...it may not be the only thing, but very tiring. I'm tired a lot. Also mentally, emotionally it is affecting me, thinking it could be something serious and if it is I would have to have a different life. I wouldn't be able to work as much. So that is stressful, thinking of it on those terms.

What could happen? I probably would have to...don't know if I'd have to quit working for a while or cut down on the working. Probably would have to figure out somewhere else to live, where I would have to cut corners. If I wasn't able to work I know I could live with my sister till I felt better. That's always something you don't want to do, but something I could do. The only thing is she lives in Seattle (laughing). That would be a big...I'd probably have to figure out what's going on.

I'm thinking these are kind of serious symptoms, especially passing out things. That's kind of a bad sign for one's health.

Of the symptoms you've mentioned, which is the worst for you? Probably it's the light-headedness. The pain isn't always there, but the light-headedness I can feel for hours.

Describe that a little bit more. It's a light-headed dizzy feeling. There are times during the day it's not there and it's not there as bad every day, but its there quite a bit. Then of course it's hard to concentrate. It does affect my memory. I think to do something and then I go in the other room and can't think to remember and then I go back into the other room and then I go back.

How does this affect you? It does make me feel like I have to rest. I can't always do that, but whenever I get a chance I like to lie down. Then I feel a little better, for a little while and then it starts getting weird again. The resting helps, but not for too long. Thinking it has to do with blood sugar things, I have gotten things from the health food store and those do make me feel better, but then I forget to take them (laughing in a big awkward burst).

Does the light-headedness, dizziness remind you of anything? Period related things. In my late teens, early 20's I had some dizziness, not the same kind of dizziness, but some kind of dizziness then. My gynecolo-

gist...I had an exam and I had an ovarian cyst and they said to take birth control pills. Then it had gotten better. That's the only time I can think of.

What would be exactly opposite to the stinging, sharp sensation? It would be soft sensation.

When have you experienced that? It would have to be a feeling and that would have to be something with my mother, feelings of that type, something related to that. There are actually many times.

Any one that comes to mind? I suppose having a meal together or something like that.

When in your life have you experienced the pains? Maybe the jabs, but not the stinging part, the pain part. The only thing I can think of with that would be relating to my father. He was a violent person, so he definitely...there were three of us kids and he regularly beat us up, so that...I can relate it to that kind of thing.

What was that like for you? That was something very hard to live with. We all really pretty much hated my father. My sister and brother have never really forgiven him, but I have. One time I had overdosed on aspirin. I had taken 100 aspirin. I'm not going to go through that again. In the hospital I remember him being at my bedside and I could tell because of his demeanor. I could tell that he cared, so for me I got the message. The minute I turned eighteen I left. Up till eighteen it was still the same old stuff.

Was this after the aspirin incident? Yes. There was a lot of fear and I would learn how to control my emotions very well. I discovered that what would upset him is if he did this and you didn't cry. So I discovered that would upset him a lot. I wouldn't cry and he would yell more. If I cried it meant you were sorry for whatever you did and if you didn't cry then he would, in addition, take something away from you. But at least in my own way I felt I was getting back at him in some way. But of course growing up, it really instilled in me not having any worth. No matter what you did I had a normal amount of kid stuff, but there was always the negativity; "You're worthless." That's a hard thing. I know it comes out even now in ways. I'm surprised when someone praises me...wow, never thought of it in that way! It's a deep feeling of not feeling worth much.

Tell me more about your father. He was definitely a really violent person. He did drink also. And he liked to make fun of you. And if you played games, a board game, you could never win. You got in trouble for that. He had this warped thinking. Also because of my mother being from where she was, he always thought of the children being half-breeds, he would make comments about that.

What do you mean? The reason you aren't smart is that half-breeds aren't smart, things like that. He was very oppressive. Definitely there was never any talking; you couldn't talk. You said two words and if he felt it wasn't the right time you got smacked. It wasn't that anyone was noisy. He would just smack you. If I used a new term I used in school, like "Pardon me"...He would react, saying, "Who do you think you are using those uppity terms!"

Now I do speak to him a couple of times a year; it's a very short conversation, but I know he likes to keep in touch, so I do out of duty, but it's nothing I want to do or that's enjoyable or that sort of thing. This is interesting! Mainly because the things that are going on with my new husband and myself, I've discovered that he's a very negative person also and it really reminds me of my father. The glass is not half full; it's half empty. So it's really trying to flow with it, but it's stressful. Also, when I do get upset I think I do go into the mode of what was going on with my father? When he upsets me with something it's a very similar feeling of why bother? This seems so hopeless.

So how does living with (your husband) affect you? I guess by this time we know each other pretty well. I actually feel I'm sort of living with a handicapped person. Even very small things he can't do very well. So now I know why he's afraid of looking for work. I don't think he can do anything. Even things I have him do, like paper work, this really easy stuff and he makes mistakes. He's a very negative person and that's really difficult. Difficult for me to have to listen to the phone ringing and him automatically saying, "That's probably so and so canceling."

I don't think of that in a million years, so whatever it is, he puts a slant on it. It's very draining if I try to talk to him about it. Why don't you try to do it this way? If we have a conversation it's terrible. I guess he must feel very useless. I'm sure he must feel very inadequate and useless, so when we have these conversations he actually starts yelling, like my father. I've told him, "If you have suggestions, fine, and you can't talk to me in that tone of voice, and there's the door."

Then he says, "If you would just change, then we wouldn't have to have these conversations." All these conversations are useless. He just yells. He just goes in the other room. Then he calms down. He says, "I wouldn't yell if you didn't make me yell." I'm just wrong. To have conversations like that given the way I feel; I can't. The amount of energy I have is just enough to do this work. I don't have energy to have conversations like this that just end this way. He's a nice person, but he's just not much help. There's not much for him to do, but even that (doing next to nothing) it seems like he can't cope with very well. So I kind of feel that

I am just not getting...don't look for anything from him.

We are married, so that's the way that is. Of course he's not going to leave. He doesn't have anywhere to go. That's not going to happen. I've thought of just having some divorce papers ready. He yells...and if that happens again I'll just hand them to him. I have a police officer friend and she said, "How can you live with someone who just doesn't work?" One thing she brought up is the lease and it's just in my name and she said, "He's history; he's out of here." The yelling is a type of abuse and I just don't like it. We've had it a few times and if it comes up again I just can't cope with it.

Feel when he yells at you? It does feel like abuse. Well it used to make me angry. I used to get angry back and not really yell, but I can say a few sharp things too. But now the last couple of times I realize that it doesn't do anything. So I just realize that, "If your life here is so uncomfortable, there's the door." And that cools him off and he goes in the other room. It does make me feel...it's very upsetting.

What does it make you feel? I do feel assaulted; it's like an assault. He says it in a very mean way and with the screaming, it's very bad. But now I realize that it doesn't help for me to get upset about it; it doesn't do anything except hurt me. But I kind of feel, I do feel at this point it would be a lot better for me if we were not together. It seems also like it would be pretty mean to do that to him. As long as there's not the yelling I can sort of put up with the other stuff, the negativity. I'm learning to deflect. I see patients in this small apartment where we live and he's in the bedroom, so we're pretty much together. It's not like he's a people person, not like he goes out and has friends, so he's always there.

What's the best part of being in relation with him? Getting that karma over. I do feel this is some account that I'm settling. Obviously I do feel that it's from past life association and also from this life association. In some way I'm paying for things I did.

Like what? I still feel very bad about (her deceased husband). I don't know the extent that he was affected with that infatuation with (her present husband). I still do feel guilty about that. Thinking about it in those terms I feel it's something I'm settling from past and not so past, things that I have to pay for. That's really the way I feel about it. Also there are some days I can tell he's happy. I kind of feel good...at least he's happy (that same blurted out awkward laugh, which she's done numerous times, not really a laugh). Pretty much boiled it down to that type of thinking. And I don't expect my happiness to come from him at all. Luckily from my teacher and my meditation I get a lot of joy from that. For me it's far beyond... it's wonderful. I'm enjoying meditation so much more (laugh-

ing). That's my refuge, my nice quiet peace part of the day.

As opposed to? The rest of the day. You know how it is? Listening to patients, hearing about all these problems. It would be nice when the patients are gone; you didn't have to hear about health problems. If I say something about my arm, my neck, he (husband) says, "Welcome to my world." His pain is always worse. It's about his health. There are never many moments that are peaceful and happy. That's why meditation is the fun thing and it's great to have it.

Can you describe a little more what meditation is like for you? I think the feeling is that I feel stronger. I feel definitely some sort of...sometimes it's bliss, a very nice, really happy feeling. Other times I don't feel anything. Sometimes I do feel very good, been very peaceful or reached sort of a level of feeling love, maybe contacted...but also a feeling sort of a stronger feeling, a brighter outlook, more positive.

How are you about keeping things in order? When it has to do with work its very orderly. But if it's my personal things, I'm not very good at personal things. My closet is not very good. My personal things aren't very good, but the part that has to do with patient's records is very good, very organized. I'd say other parts of the house, like the kitchen is pretty organized. The bathroom, cause I share it with him is organized. Its just very personal things, which are a mess...(laughing).

How are you with plants, trees, flowers, and greenery, things that grow? I love plants!! Gosh that's really nice! Of course I only have a few indoor plants because we don't have much room, but I do love plants, especially flowers, more than bushes or trees. I have a lot of happiness with flowers. But with plants I feel good taking care of them and I even like talking to plants and saying, "How are you? You're so beautiful." (Laughing more genuinely)

How are you with animals? I could kind of ... they're fine, but I don't care about having animals. I don't have much interest in animals. We had animals growing up, but my father was very mean to them.

Tell me about your dreams? A lot of my dreams have to do with water, the ocean, a lot of ocean related dreams and usually they're pleasant. That is a recurring theme, the ocean. Recently, a year ago, (my husband died on March 11 and not this year), but a year ago I woke up and he was in a dream and he looked really good. He was glowing and his face turned into my teacher's face. That was it. It was the most beautiful dream, a pretty amazing dream. Most of my dreams have to do with him. A couple of times a week I dream of him and it's mostly very positive. We're going somewhere, nothing special, but a lot of times he's in my dreams.

Childhood dreams? No ... try to forget all childhood things.

It was that bad? Oh, yeah.

Food desires? I definitely crave potatoes. When it's before my period I definitely crave chocolate.

Aversions? I don't like anything ice cold.

Like what? Ice water, ice cream, anything really cold. I like hot drinks or room temperature drinks. I don't care for raw food much at all. Salad, maybe once a week, just the coldness of it...it doesn't sound good, taste good.

How about weather? When it's humid I definitely feel more tired; it's harder to breathe. It becomes difficult? Yes, if I had to exert myself, like if I had to walk a couple of blocks then yes, it would be harder to breathe.

Sleep? Sleep is ok. I can sleep ok, but now it seems like I have to get up more often just for urination. But now it's gotten more and I have to get up two or three times at night. That's been 2 or 3 months. But the sleep itself, once I get up I can fall asleep and I sleep fine. I sleep on my back. But I don't get a very good...I'm not sleeping on a very good surface. That bothers me. What happens is our bed, because I snore and that keeps him awake...then I sleep out in the living room and there isn't a good place to sleep in the living room and I say, "Why don't you sleep in the living room?" and he says the noise from the air conditioner... though he has to have it on. So I haven't figured it out. I just can't argue with him about these things. I don't have enough energy. I have to save my energy for work.

Periods? I do feel nauseous a couple of days before they start and have a headache. Then it starts and that goes away and then at the end of the period I feel nauseous and have a headache again.

If you had extra time what would you do besides meditate? If I had room I would definitely grow flowers because I did that on the Mainland. I love that. I liked going to symphonies and art shows on the Mainland. They don't have that here. As far as a hobby I had quite a collection of plants and flowers; that's what I did then.

Discussion and analysis: So this was the entire case as I received it, nearly verbatim, which is of the highest importance, since the exact words and expressions of the patient are essential for the correct application of this approach.

I had just returned from the workshop in India at Dr. Sankaran's and I was attempting to utilize the case receiving tools that I had imbibed while there. During the consultation I had no thoughts as to a remedy. My focus was only on trying to understand my patient, as completely and fully as possible.

There were two aspects that I understood while sitting opposite from my patient. First was that my patient had very little structure. She easily moved from one complaint to another, from one subject to another. Even the tonal quality of her voice, how she laughed uneasily, and then, just as easily, changed into quiet speech. All these irregular patterns, the breaking up of sentences, the hesitations and stops (denoted as....), the adjusting, the randomness of her expression, were something that I could not miss.

Secondly, she expressed her complaints using sensations. I didn't ask her directly to give me sensations; they came out very spontaneously and easily and almost immediately. She specifically mentioned "sharp, stinging pains" as well as "probes and jabs." Sensations indicate sensitivity as well as reactivity. All of this, taken together, both the way she delivered her case and the sensitivity, vis-à-vis sensations, made me quite certain that she needed a plant remedy. Moreover, her strong affinity for plants, a definite aspect of her nature, is often seen in people who are very connected to plants and the plant kingdom.

Admittedly, in a world of thousands upon thousands of plants and hundreds of homeopathic remedies derived from plants, knowing that a patient needs a plant remedy still leaves us with a long way to go - or does it? Using Dr. Sankaran's **vital sensations**, there is a way to get directly from the sensations of the patient to those of the indicated plant family. This is a critical aspect of this case and the method I shall describe.

First of all, what are vital sensations? They are the sensations of all living organisms. They are non-human (not exclusively belonging to humans). They are universal. In order to understand the exact vital sensations of the different plant families, Dr. Sankaran has done research with over fifty plant families, one at a time. The question he had in mind, which he hoped to answer, was: Within the plant kingdom, do these plant families have characteristics in common and are we even justified to think in such a way?

In order to answer that critical question, he took the remedies of individual plant families, examining them in a repertorial software program (MacRepertory) with the sole intention of finding out what is common within families. The main elements he was looking for were physical sensations, particulars and generals. He did not concentrate on the mind, but the body symptoms, feeling that then he would perhaps understand the mind much better through understanding the body. His hypothesis was that both the body and the mind are the seat of disease. So an overemphasis on mental symptoms is a huge pitfall. He felt that it isn't that the body and the mind are different or separate, but that they are both integral

parts of the vital force.

Using MacRepertory, he ran searches for specific plant families e.g. Anacardiaceae, Papaveraceae, Solanaceae etc. and then he would focus in on rubrics containing at least three members of that family. This was an essential criterion, that rubrics must have a minimum of three members of that family since he was looking for commonalities within plant families. This resulted in his being able to identify the vital sensations of the various families. It isn't a particularly sophisticated or complicated procedure. It is actually something that anyone with a computer and homeopathic software could do. However, the extent to which Dr. Sankaran has taken this concept is several levels beyond what I have described, in terms of the depth and breadth of the work he has done. More significant is just the fact that he realized that there was potentially great value in studying plants from this perspective.

Keeping this in mind, let's return to the case: among the vital sensations of my patient were stinging, sharp, probes and jabs. Knowing what I now know about the various plant families from studying with Dr. Sankaran, this looked to me like the vital sensations of Araceae, the family of which *Arum triphyllum* and *Arum maculatum* are members. Dr. Sankaran has indicated through his research of the *materia medicae*, that among the vital sensations of Araceae are: sharp, stinging, smarting, burning, rawness and "slap in the face."

What is interesting and highly significant were the very words she recalled in reference to her father, "You said two words and if he felt it wasn't the right time, you got smacked." Smacked is a very close equivalent to being slapped in the face. Also in relation to her present husband and in the context of what she referred to as abuse, she said, "I used to get angry back and not really yell, but I can say a few sharp things too." This clearly demonstrates that her vital sensations are not merely limited to the physical sphere; they pervade the totality of her state.

So now we've gone from plant kingdom to a specific plant family. But there is one more step and that is the choice of a single remedy within that



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family. This is where understanding the miasm of the patient, according to Dr. Sankaran's miasmatic map, becomes critically important, because in a specific plant family most remedies are classified differently as to miasm. Even without an in-depth understanding of Dr. Sankaran's miasmatic schema, many homeopaths readily understand that remedies like *Belladonna*, *Stramonium*, *Aconite*, *Arnica* and *Veratrum* belong in the acute miasm. Some well known malarial remedies are *China*, *Chelidonium* and *Cina*. *Thuja* has long been renowned as an anti-sycotic medicine.

In the cancer miasm are, among others, *Conium*, *Bellis perennis*, *Sabina* and *Staphysagria*.

Many practitioners have been taught and believe that miasm is simply an inherited disease predisposition. While this may be true, if one were to stop there, then the clinical utility of miasms is very shallow, since it would tend to relate only to family history and past medical history. Some say miasm is proportionate to the degree of desperation. Basically, miasm has to do with the depth and rapidity of the disease process. Dr. Sankaran, in his various books and lectures has clearly delineated the characteristics of his miasmatic model, with its ten miasms: acute, typhoid or sub acute, ringworm, psoric, malarial, sycotic, cancer, tubercular, leprosy and syphilitic. Each miasm has its own sensations, e.g.; in the acute miasm the sensation is of sudden great danger, an acute intense threat, such that the threat itself often feels too big and sudden. In the state of acute miasm where the patient is still coping (termed acute miasm success), there is a definite need to escape. There is instinctive action and the afflicted individual may be beside himself. In acute miasmatic failure, where the coping mechanisms are no longer working, the person is in panic, shocked, perhaps stupefied, immobile or cataleptic.

In the case of my patient, the strongest, clearest miasmatic information comes from how her disease is affecting her in her daily life and with her husband. Also, she says (more than once) that it could be a serious disease, but what she does is rest, when she can. The worst she can imagine is that she may have to change her life or maybe go live with her sister. In essence she feels that she has a problem, which could be serious. So in her view she feels she must live with it, accept things as they are and lead a rather restricted life. Similarly, in her marriage, which she would prefer to be without, she says, "We are married, so that's the way that is. Of course he's not going to leave." Again, she accepts the situation as it is, avoids the fighting and yelling and lives with it as it is, reasoning that she's "just getting her karma over."

This is a very sycotic attitude. Sycosis, according to many of the old

masters, and Dr. Sankaran as well, is characterized by the feeling that there is a fixed weakness in me that I must cover up and accept. By looking at Thuja, the most famous and well known of the anti-sycotic plant remedies, it is perhaps easier to understand both miasm and vital sensation. *Thuja* is in the Conifer family. The vital sensations of the Conifers are brittle, broken pieces, shattered, defenseless, vulnerable, hollow, old, fragile, cracked, and disconnection. The effect upon the patient with those vital sensations ultimately determines the miasm. In the sycotic patient needing *Thuja*, the miasmatic reaction or effect is seen in its "fixed ideas." Then there are poignant rubrics, which show us the way toward the miasm by emphasizing the degree of fixity or rigidity, such as "Fanaticism" and "Monomania".

In the successful state of sycosis the patient will keep the weak spot hidden from the view of others. There will be fixed ideas ("I just have to get my karma over") and ritualistic behavior. Usually everything is covered up, which my patient does by avoiding dealing with her husband, not yelling back, sleeping on the couch, etc. In the state of sycotic failure there is guilt, remorse, and self reproach, all of which she has to some extent. I would say she is not in a completely failed state, since she is continuing to function. Hers is a marginally functional life, though it is quite restricted.

So the remedy that Dr. Sankaran has designated as sycotic within the Araceae family is *Caladium seguinum*, and that is the remedy that my patient was given. What we have identified is the intersecting point between the exact family and the exact miasm, which in this case is *Caladium*. The reason *Caladium* is considered sycotic is because it is very well known in the literature for its usefulness in gonorrhoea, impotency, or secondary gonorrhoea, and an array of other symptoms, which it is reputed to have cured subsequent to sycosis.

Interestingly, if one resorts to a search of the materia medica or repertory, *Caladium* has numerous references that correspond very closely to the patient's complaints, such as "faintness" and "attacks like fainting." It can also be found for numbness of the hands and, though there were very few particular chest pains described for the remedy, "stitching", is by far, the predominant sensation that is found. *Caladium* also has a unique remedy rubric in the mind section, which was virtually identical to how my patient described it: Concentration, difficult, thinking, when.

Considering the relatively small amount of information in the literature on *Caladium*, I found what was available to be impressive. But I would have given the remedy nonetheless, and with great confidence, had I not found one single symptom listed, despite the fact that I had never pre-

scribed it previous to this case. To many I am sure such an assertion might sound like blatant arrogance, but I can assure you that I have already seen this approach work in many cases where the remedies were so partially proven or where there was virtually no information in the books supporting the prescription, yet where the results have been absolutely brilliant.

I have observed that giving "off the grid" remedies, such as *Caladium*, makes many homeopaths nervous. In reality, the entire practice of labeling remedies small or rare is a fallacy. Unfortunately, this prejudices homeopaths, especially those who are more novice, toward relying all too often upon a relatively small body of remedies, those referred to as the polycrests. Consider this: for the patient here needing *Caladium*, (A supposedly small, rare remedy) this must be the largest, hugest remedy in the *materia medica*, since it is the one she required. By staying within one's comfort zone and prescribing the same remedies with great frequency, by readily settling for the obvious and not exploring, at least contemplating the possibility of the wonderful, wide world of *materia medica*, opportunities for learning and growing as practitioners are severely diminished.

After deciding on *Caladium*, based on the plant family and miasm, I did a search in ReferenceWorks using the following: "numbness" within two words of "hands" in the same remedy as "chest" in the same sentence as "stitching" within two words of "pain" in the same remedy as "pains" within two words of "stitching" in the same remedy as "concentration" within two words of "thinking." Only 13 remedies came through the search (seven were plant remedies), of which *Caladium* was one. I did the search purely out of curiosity to see if *Caladium* would come through. I referred to it as an "exercise" because frankly, it was not intellectually honest, in that I would never have come to *Caladium* on that basis. I viewed it as kind of a cross check, just for the fun of it, feeling that it must have some significance, and it certainly did not reduce my level of confidence.

I proceeded to mail *Caladium* 200c to my patient on December 13th. I got the following e-mail on the 15th:

Thank you very much for the remedy. I took it this morning at 5 a.m. About a half hour later felt quite a few needle-like pricks in the left chest area, then about two hours later felt heavy chest pains in the left for about a minute, not longer. Later in the afternoon, while lying down (about 1 p.m.), felt heaviness in chest and light dull pain. My arm and hand were not as numb and tingling today is probably about 70 percent less. My mind felt somewhat clearer, no dizziness today, but some brain fog. I'm very grateful to be feeling better. I'm amazed that the remedy is working this quickly.

1/21/02 (first actual follow up)

I'm doing a lot better, just a lot better. Definitely the numbness, gosh, there's maybe...it varies. Some days it's pretty much steady at 70% better and sometimes it's better than that and it goes back and forth. What's nice is that I have to take pulses and again, for the first time in many months I do it with either hand.

I know I forgot to mention this, but also my right, especially my big toe, tends to get a little numb and that's been about the same.

Thinking has been a whole lot better, which has been great. It's so much better than it was, so much clearer. This past week I've had a little more tiredness, but up till then I've dramatically had more energy, so that's great too.

What about the pains? Oh, yes I forgot about those...since they're hardly ever there anymore. Maybe once a week, so that's amazing; that's incredible!

I think I'm much more positive actually. Things don't seem to bother me as much and nothing's changed. My circumstances are just the same. Really I do feel lighter...things don't bug me as much.

Like what? One of the things is he's become glued to the Internet. He hardly does the chores he even used to do because he's always on the Internet. I still don't feel like confronting him about it. That's still there. Now I don't care as much (bursting into her inimitable uncomfortable laugh). Things that were irritating don't seem as irritating. And I've become more positive about work. I guess it's because I was so tired.

I had a dream the other night, but I know why I had it. We had a dinner with a couple of friends of ours and they think they have implants...from UFO's. Then that night I'd seen an interview with a designer on Larry King. I was interested because he'd lost 90 lbs. in 13 months. My dream is about being in the fashion world and I know all these secrets, so I have to get implants to be controlled.

Secrets? Fashion secrets. They were doing it so I wouldn't give away secrets to the companies I worked for.

Feeling? When I woke up it was pretty vivid and usually my dreams aren't that vivid. I think I thought something like I was in an exciting kind of...you know the spy world.

Feeling in the dream, to be implanted? I felt it was o.k. I'm not sure why. Maybe because I had to be pretty important to have these done.

The sleep situation? That's about the same as before. I haven't really tried to fix that, but like I said, now I don't care as much.

Is it ok the way it is? Yeah, there's still some level that it's not ok, but

then again I still feel like the karmic part of it is definitely there. And I do feel really bad thinking about how he would be affected by a big upheaval. He's really sensitive. I feel that even though it comes across as being self-ish, I think he really has these sensitivities. That would really crush him and I don't need to do that. There's not a strong reason to have to put someone through that. So it's okay.

How long does this karmic thing last? I don't know. It might last forever, till the end of our lives; I'm not sure.

I didn't have the nausea before my period, but the headache (was there).

Is that unusual not to have the nausea? Yeah, that is very unusual.

What about the lightheadedness? That has really improved!

Assessment: Brief aggravation, followed by an extraordinary response. Significant improvement is obvious in all her physical complaints. She is even finding it somewhat easier to cope with her husband, something I would not have expected to hear for a long time.

Her dream is interesting in that it once again points out the sycotic miasm. She feels she has secrets, which she must not give away (reveal). This is the essence of sycosis, the need to cover up what is wrong; I'm not ok, so I must hide it and live with it as it is. This is the significance of her feeling she needed to be implanted.

Also interesting is how she spoke of her husband as being sensitive, really sensitive. This is the first time she used the word sensitive. She is really only speaking about herself and her own sensitivity since we only see what we are. This further illustrates her plant-like qualities, her sensitivity and reactivity.

Since then I've done three more follow-ups: early March, mid-May and late July. She required a repetition of *Caladium* 200c at the time of the March 4th consultation. The numbness in her hands had, once again, increased, though not to the original level. She also said that she was becoming more frustrated in her relationship.

I asked her to describe the frustration: I guess it's kind of in the area of feeling not as patient, not that he's doing anything different.

What are you feeling? I'm feeling a little more...more abrasive when I talk to him. He kind of sets me off when he says things. Instead of being polite I tend to become sharp; I snap at him. It's a type of frustration...I guess that's how I'm feeling. Underlying that is anger. Feeling like I need more help from him and he's not giving it. I feel frustrated in that I can't talk to him about it because it's not doing anything.

If it had been only the increase in the numbness of her hands I would not have repeated the remedy, but the exact words she used in describing

her frustration: abrasive and sharp are the vital sensations of Araceae (the family of *Caladium*), so I was certain that, once again, her underlying state had been excited and a repetition was in order. While she may say that it is she who has become abrasive and sharp, and to some extent this may be true, and is not necessarily a bad sign, since it shows some increased vitality and a willingness to stand up for herself, what is more important is that this points out her sensitivity to the feeling of abrasiveness and sharpness. It is this to which she is reacting.

Until now she has only had two doses of *Caladium* 200c. In only eight months she has made great progress in terms of her physical health. All of her symptoms and problems are dramatically reduced. Her mind has cleared up to the extent that she has no problem whatsoever with concentration and thinking. Her energy level is quite adequate.

Here is an excerpt of what she said on the brief follow up that we did on July 30th, 2002.

I'm doing very well.

What about the numbness? That's actually much better. It still happens but not anywhere near as much.

How are the jabbing pains in your chest? They are sharp, just a sharp feeling in the left upper area of the chest. It's just for a second and that's it. When I came it was much more frequent. Now I get them once or twice a week.

How often were they before? Oh gosh, maybe about six to ten times in a day...and they lasted much longer.

What about the frustration with your husband? Better, much better. I don't have so much of that feeling.

How is that feeling that you would just like to leave? No, I can live with it like this. (This still expresses the sycotic miasm, where there is a fixed feeling of not being okay, so she has to live with herself, accept things as they are, hide it, cover it up, as it is her weak point.).

So there is the case as it stands up to the present time. Although the results, thus far, are impressive, I believe my patient still has a long way to go, but I do not see another remedy on the horizon. In two or three more years she should be much more healthy in terms of her overall state. It takes a long time for sycotic patients to break loose from their deeply ingrained ways of being. Sycotic cases typically move much more slowly than cases that are in the acute, typhoid, malarial, psoric or ringworm miasms.

A question that some might ask is "Why do we need new ways of working?" Some say that anything that does not follow exactly along the lines of what Hahnemann himself espoused is altogether unacceptable.

Similarly, others have been known to claim that we have all the remedies necessary and that there is no need to introduce new remedies and provings into the materia medica. It is my belief that critically honest homeopaths acknowledge that there are all too many failures in practice. Dr. Sankaran's work, and that of other innovators in the field, comes from the realization that we are not curing enough of our patients enough of the time. People come to us in great need and maybe we help them a little, but all too often the results are far from optimal.

This method gets its impetus directly from dissatisfaction with failures in practice. It is born out of a never ending spirit of inquiry and a firm belief that we can do better. I am certain that a similar drive within Hahnemann himself is what kept him always striving to change and grow, right up to his dying day. It is folly to believe that merely because his life ended, that the quest is over, that his work was finished and that homeopathy is perfected. Taking a page out of the book of some, who would call themselves "pure" homeopaths, I pose the following question: What could be a purer homeopathic approach than matching the innermost vital state of the patient to that which is most characteristic, most central, most basic in a remedy? This is the quintessential, inductive approach.

Repertorization is not reliable; it is man-made. Repertorial rubrics are out-of context extractions, veritable artifacts of a much larger truth: provings. Though provings have and continue to be a most reliable tool, they are often too big, too unwieldy to utilize effectively. While rubrics can be very seductive and misleading, vital sensations will never lie. They represent the innermost truth from the microcosm to the macrocosm.

I would be remiss were I not to mention that this *modus operandi* is equally amenable to cases where the indicated remedy is derived from a substance outside the plant kingdom. In such cases, sensitivity, i.e., vital sensation, will not be the deciding factor. Where minerals are concerned a break in structure will be the primary feature, while in a case requiring an animal remedy, the focal point will be upon issues having to do with survival, competition and hierarchy. I look forward to presenting model cases illustrating such cases in future articles.

Personally, I feel extremely privileged to be alive and practicing homeopathy at a time when a truly masterful homeopath is leading the way. I find it extraordinary that Dr. Sankaran is enthusiastically and generously sharing his breakthroughs in homeopathy, without reservation. It is only a matter of time until more of us have the opportunity to learn about these ideas, put them into practice, and experience the immense satisfaction of seeing patients getting well with greater consistency than we might ever have imagined possible.

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A Seriously Busy Woman: A Case Report

Jonice M. Owen DC, FACO, CHom

On 07/16/99, a very serious forty-three year old woman, whom I'll call Anne, came to my office for homeopathic treatment of Endometriosis and Irritable Bowel Syndrome of many years duration. Her height and weight are average. She began her interview by telling me her first menstrual period, at age ten, was accompanied by severe cramps, sweating, throwing up and passing out. In spite of pain medications prescribed by her physician, her pain has persisted. Anne's main method of coping with the abdominal pain is to curl up into a ball. She received laser surgery for these complaints. Twenty months ago, she began taking birth control pills with some reduction of pain, but she also began to experience yeast infections and bleeding mid-cycle. She stopped this medication a couple of months ago.

Her menstrual cycle is 28 days and bleeding occurs for four days with clots, which are dark red. The bleeding is heavy the first day, and tapers down to spotting. It is associated with painful bloating of her abdomen. Her breasts are sore. She has hot flashes alternating with cold chills and she occasionally wakes up sweating.

About six of seven years ago, this patient also began experiencing intense intestinal cramping. Although she initially feared cancer, she was diagnosed irritable bowel syndrome. An anti-spasmodic medication was given for the constant aching and cramping. She has increased fiber in her diet, and uses peppermint. She has a general tendency towards constipation. She described her stools as "mucous marbled pellets". She has occasional hemorrhoid complaints that are non-specific.

She told me she doesn't like seafood (lobster and scallops); she hates the smell and taste of oysters and seafood. She can't tolerate gizzards or intestines. She enjoys spicy food, loves Mexican, Italian and highly seasoned food. She used to burp frequently. However, since she has started Weight Watchers and changed her diet by adding more fiber, her burping has diminished. She has very little thirst. She would drink one glass of water, tea or soda, daily. Weight Watchers encourages water drinking, so she forces herself to drink more.

Anne was also concerned about tightness in her hips from sitting a lot. When she was young, she thought legs were weak. "My legs always felt sluggish." Now she feels a deep, anterior thigh and hip tightness and a sensation of heaviness. As a kid, she was never a good athlete, played everything, but didn't excel in sports. She excelled at debate and people

things.

She has a high-pressure job as a manager during the day. At night, she is in her third year of a five-year law program. At work, she is anxious about the cramping she experiences, especially when she is doing field-work.

For the last one or two years, she hasn't had much sleep. In the evening, 7 - 10 p.m., she studies or goes to school and attends study groups. She also studies on the weekend. She wakes at 7 a.m. Her best time of day is 8 - 11 a.m. Lunch usually slows her down, so she eats at 2:30 or 3 p.m., to push back the "slowing down time".

I asked her to specify her stresses: She described her first year of law school as high stress. The stress then got better. Right now her energy is drained. However, she feels she's not active enough, with a sedentary lifestyle. She tries to do something fun in her spare time.

Her libido is low. She has been with her partner for 20 years. When she discontinued the hormone medication two months ago, she felt more sexually drained, and her sex drive has continued to decrease. Her sleep is sound and she dreams very little.

Anne told me she's not depressed, but she is anxious about financial security. She has a fear of failure. She gave the example: "In law school what if I failed now, in the third year? I would have to go longer." However, this fear doesn't stop her from doing it. She would not describe herself as fastidious, but rather, systematic. She described herself as a "people person". She cares about people and can communicate, educate, and teach the other employees at work. She and her partner are "homebodies". They have a few close friends. She compromises with other people and will compromise to a fault; she doesn't like confrontation, and she's not angry very often. She elaborated: "If I can compromise, I will. If someone else would get angry, I would get frustrated." Her self-esteem, self-confidence, ability to communicate and memory are (fortunately) good. She feels best in ocean air, and is better driving by the ocean.

Past medical history includes: four hernia repairs, two right inguinal, before the age of one, two repairs at age 12 and 15 (same area). She was diagnosed with hypothyroid five years ago; she takes Synthroid. As a teenager (age 12-13), she had a severe right kidney infection. She has had two severe bladder infections with kidney burning in her right back and increased urging to urinate, during her late teens. She has had involuntary urination for the last two years. Surgery included right thigh muscle tear repair and right wrist surgery following an injury where her dog pulled on the leash; a right ankle sprain also resulted (five years ago).

Family history includes: Her mother has had fibroids, osteoarthritis and

high blood pressure, which she controls through her diet. She is 64 years old and "anxious to a fault". Her sister has endometriosis. She has two maternal aunts who have had hysterectomies for uterine disorders and suffer from severe headaches. Another maternal aunt has Bell's Palsy. All of these maternal aunts have osteoarthritis. Her maternal grandfather died at 91 from dementia; otherwise good health. Her maternal grandmother had goitre problems and eventually died of cancer at age 89. Her father divorced her mother and is out of the picture since her infancy; her mother remarried. She had no information about her father's health or her paternal familial health history.

Analysis: This case struck me as a "deep" constitutional case. Anne has suffered from her chief complaint since the onset of her menstrual cycle and her sister suffers similarly. Additionally, her maternal side of the family suffers from uterine complaints and osteoarthritis. The theme of excess manifests in the mental sphere through excessive work and study. This case has a sycotic presentation.

There were several symptoms that stood out in the case. I found it unusual (strange, rare and peculiar, and therefore worth repertorizing) that she had repeated inguinal repairs, as a child and a teenager. I took the rubric:

Kent. P. 552, Abdomen; HERNIA; inguinal; children, in; right side: *Aurum metallicum.*, *Lycopodium.*

Aurum did not match this patient's presentation. However, Anne had the reproductive, intestinal, and urinary complaints of *Lycopodium*. The *Lycopodium* time modalities of worse 4-8 p.m., were a little off. This woman had her low time of day at 2:30 or 3:00 p.m. Two other aspects of the case were her strong hatred of seafood, oysters, etc. "The *Lycopodium* patient cannot eat oysters; they make him sick. Oysters seem to poison the *Lycopodium* patient..." – Kent (*Lectures on Materia Medica*).

This woman described herself as a "people person", whereas *Lycopodium* often has an aversion to company, and yet dreads solitude, and has a side that shows irritability and melancholy. This patient had been at the same employment for a long time and her study group partners are people she is familiar with. Therefore, the issue of meeting new people didn't come up. Her role at work involved "teaching" other employees. *Lycopodium* is the "teacher's" remedy.

Lycopodium is deep, broad acting remedy. It is anti-psoric, anti-syphilitic and anti-sycotic. From my original homeopathic training, with Sheilagh Creasy, I learned to regard *Lycopodium* as having very "sycotic" or "excess: attributes. The sycotic patient is worse by rest and relieved by motion. The physical symptoms of this case clearly portrayed the

Lycopodium state. However, with the initial presentation of this patient, I was not given specific insight into what "made her tick". I was only able to glimpse the woman's mental state by her extreme display of seriousness and the laborious mental and physical activity. This gave me an indication of the state of excess in the mental sphere.

This aspect would cover the "depth" of the case as presented. There were many other rubrics I could take in this case.

I considered the following rubrics:

Kent. P. 79. MIND; SERIOUS:

Kent, P. 736. GENTIALIA-FEMALE; PAIN, cramping; Uterus:

Kent. P. 745. GENTIALIA-FEMALE; TUMORS; Ovaries:

Kent. P. 1013. EXTREMITIES; HEAVINESS; Thigh:

The physical symptoms of this case clearly portrayed the *Lycopodium* state. However, the super-achiever aspect of *Lycopodium* might easily be misinterpreted and associated to an different remedy. Even though I did not understand the deeper mental state of the patient, I was able to prescribe based on the sycotic/excessive tendencies and give these weight in the repertorial analysis. Because the seriousness was itself excessive, I took this as the leading rubric.

Prescription: *Lycopodium* LM1. This remedy potency was selected due to the marked suppressive treatment, over a long period of time; I selected this potency to avoid an aggravation. The LM potency was given in a one-ounce bottle, which the patient was told to take morning and night. She was told to shake the bottle vigorously five times and place five drops of solution in one to two tablespoons of water and swallow.

On 08/20/99, she contacted the office. She had improved and we decided that she would call the office at the completion of the *Lycopodium* LM1.

Anne returned to my office on 10/15/99, after completing the *Lycopodium* LM1 remedy. Her primary concern at this time was performing well on her upcoming examination and managing the anxiety she was experiencing. She reported that she had had a flare up of her intestinal complaint. She described it as "as bad as five years ago." She had gone to her medical practitioner and had a colonoscopy, which was negative. To rule out an ulcer, she had been given a medication that she had since discontinued due to adverse effects, including blurred vision. The intestinal complaint had since settled down and she was better now. She reported that the pain reduced and her ovarian cysts continued to shrink (confirmed on OBGYN ultrasound).

At this time I discussed homeopathic action, specifically, direction of

cure, and the action of traditional western medicine as compared to homeopathic remedies. She was given *Lycopodium* LM2 with instructions to contact the office within a month. She called me during that time regarding an increase of symptoms of the abdominal complaint. I recommended that she further dilute the LM with instructions to call me if the cramping didn't settle down. I didn't hear back from her until the following year. I sent several "reminder" cards to this patient to return for a consultation.

On 07/21/00, Anne returned for a consultation. She told me that she had completed the remedy and that it had helped; she hasn't had as much pain. Her medical doctor had run tests and found decreased amount of endometrial tissue, and the ovarian cyst size had continue to reduce. She was now concerned about a rash which had developed around one eye. Her eyes and lips are peeling; the tiny blisters around her eye which "feels like orange peels". She was diagnosed with eczema/seborrhea.

Now, in the morning, her eyes are swollen, which she attributes to being warm in bed. She recalled that years and years ago she experienced left eye itching for which she had taken medication. Her face now feels moist and itchy, sore and warm. She felt feverish when it first started. A month before she had scalp itching with cracking along the anterior hairline. She got a medicated shampoo. She alternated this with an over the counter dandruff shampoo.

She has had one bout of flu. she had stopped taking the *Lycopodium*, as directed. The flu lasted a couple of days. She then resumed taking *Lycopodium*.

In the last three to four months her stepfather had a stroke, and her partner has a family member diagnosed with stomach cancer. The result of this has been a feeling of anger and frustration towards her partner due to the increased stress. She has been anxious waiting for phone calls about her stepfather's condition, and has been spending more time looking after her mother.

Now she generally feels worse in the morning upon rising. Her sleep is okay, and she does not remember any dreams. Fatigue is still a problem. "It's very tough, in the morning, to get moving." On the weekend, she wants to curl up and stay in bed. "It's a struggle to move." She plans to have a couple of days off.

She also has left elbow pain, now, which is the result of work related computer use. She had ultrasound and deep massage at the physiotherapist, then ice application. Her elbow is still very sore, like she's been in a car accident. She finds that she is thirstier.

She was concerned about getting a flu vaccination at work.

Analysis: The remedy has been acting very well. The chief com-

plaints have improved dramatically. Her high stress lifestyle has actually increased. She now feels anger toward her partner and toward the stress. She is also experiencing a return of old, suppressed symptoms of left eye eczema and new scalp symptoms. Additionally, she now has a left elbow complaint.

Prescription: *Lycopodium* LM3 (dosage listed above). I discussed suppression of symptoms with her. She plans to reduce medicated scalp shampoo. Additionally, I recommended the use of topical calendula, if she became too agitated with her skin complaint. I gave information sources for vaccination literature.

I sent Anne several "reminder" cards and she returned on 05/11/01. She told me that she was "feeling good". Her primary concern was that she will take the bar examination and has been dragging energetically. She has been taking an exam review course, and she has anxiety anticipating the length of the exams (three days). She is worried she will stare at paper without taking anything in, that she'll just stare at a blank page.

Her menstrual cycle hasn't been bad. Her period started a couple of days ago with mild cramping, nothing bad. Her digestion has been good, she is thirstless, and her sleep remains very sound.

She recalled a dream: "In our house in the country, I walked in and the screen door was not locked. It felt weird. Our dogs weren't there. Some personal stuff was gone; they (the intruders) threw my dog in a bag. It was very vivid. I was struggling to talk and I was sad when they put my dog in the bag to throw away. My sense of the dream? I couldn't make any sense of it, it was troubling."

Analysis: The chief presenting complaint is anxiety from anticipation of the examination. This complaint does not appear to be related to suppression of her symptoms but rather increased stress due to the culmination of her studies. All of her presenting complaints have subsided. In reevaluating her case I noted that she remains thirstless and her dream (the first in many years), was noted:

Kent. P. 530. STOMACH THIRSTLESS:

Kent. P. 1242. DREAMS, dogs:

Kent. P. 1241 SLEEP, DREAMS, Misfortune:

Due to Anne's marked response to this remedy, and her current concern, I selected *Lycopodium* LM4. I did not hear from her again until I obtained a patient release form from her. She included a note on 12/12/01, indicating that she's doing well and is happy with the treatment she's received.

Through working with this woman, I was able to get a glimpse of a *Lycopodium* picture, in it's accelerated, super-person state. I was able to see the *Lycopodium* state in its modern garb. Additionally, I was able to understand how this type of remedy picture and individual adapts to today's fast paced lifestyle, thus fleshing out and bringing my miasmatic and *Lycopodium* picture information up-to-date.

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Biography:

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ANXIETY AND URINARY RETENTION IN A CHILD

GARY WEINER ND, DHANP

FIRST VISIT, 1/6/00:

This sweet, pudgy 9 year-old boy was brought to me because his mother was worried about urinary problems he was having at night for the last three months which began when he got a new bed. Simon's pattern was as follows: before bed, he would go back and forth to the bathroom, trying to urinate. On his attempts, he could only produce a small amount of urine, so he went back to bed. On lying down (3), he felt a full bladder again, and would try to hold it until he would reluctantly get up again, only to be unable to pee. The whole thing would start over, until he would fall asleep only to pee in his bed, waking in a panic, very upset about what he had done. This had now been going on for months, and his receiving a new bed coincided with long absences of his father, who was traveling away from home more and more. There was no pain or burning associated with his urinary symptoms, except after holding the urine for a long time.

This was a very anxious little boy who worried (3) a lot about soiling his bed. In fact, he worried in general (3). He worried about things being orderly, and made his bed very tidily each day. He liked and needed routines, and became anxious when anticipating events that were unplanned, improvisational, or new kinds of experiences. He worried a lot about people, especially his father who he did not see enough because of his constant business travels. He was always asking for, and not receiving, the attention of his father (3). He worried about his mom and dad breaking up (they had a separation when he was 5 years old, after which time he developed pneumonia). He had a constant desire to be held and nurtured which ameliorated his anxiety, as did rocking (3). He was clingy on a daily basis (3), and could be ameliorated by his mother saying, "Oh baby, baby." He had a strong desire to do things right, to avoid making mistakes, and in response to his fastidiousness, his siblings and other family members had named him "officer Simon." He was very sensitive, deeply caring for others (3), very sympathetic to others' pain. He "sponged emotions," said his mother. He could sink into the depths of depression, or be loud and playful.

When nervous he would lick his lips and the skin surrounding his lips (3), and in his initial office visit, one could see clearly a wet, red, excoriated ring around his mouth. In the office, I observed him to be shy,

restless, rather tense, giggly, and perhaps effeminate.

At school, he didn't play with the other kids, but habitually stood around on the sidelines. He said he "likes to think," fantasizing about the ocean, which he loved. He wanted to swim with the fish and dolphins, and wanted to be an ocean explorer. He had a very determined focus about what he would do when he was older - become an oceanographer. It had been very difficult to get him to venture into new things and to get him to play with others.

His mother was very worried about his sexual development because he loved, and played with, lots of baby dolls. She said he had a lot of "feminine, nurturing, sensitive stuff," and as his dad was always traveling, "he's often stuck with me and a bunch of girls," referring to Simon's sisters. He was embarrassed about playing with girl things, but he loved it. "His run," said his mother, "was girlish, and boys make fun of him." On the other hand, he also loved medical books, and was fascinated about "what goes on inside..." He was very good in school, totally conscientious, however very shy, and unable to keep a friend who was a boy.

Simon's birth had been eventful: he was a big baby, and his mother recounts that his dad was "out of town" for the birth, and she felt anxious and alone. There was "a lot of yelling" during the pregnancy. Simon was born with the cord around his neck. He was a quiet baby, but when there was something to cry about, he was very loud.

Simon's early illnesses always affected his lungs: He had pneumonia two times, the first episode at age 3 and a second episode at age 4. All colds, of which there were many in the first 5 years, hit his chest. His second episode of pneumonia came after a separation of his mother and father.

He developed migraine headaches when he started school, which caused him to vomit frequently (2). He pointed to his forehead and his temples, and described the pain as a "pierce of electricity" or "10 hammers." A headache was easily triggered from listening to his parents squabble, or if someone was in pain, as when his grandmother suffered an illness. His mother said she could often feel his head throbbing.

Simon desired cheese, fats, bananas, and peanut butter. He was averse to raw tomatoes. He preferred salty to sweet food, and seemed to be averse to heat. He slept on his stomach (1) a lot, however he often started on his back. He was afraid of the dark (1).

On physical exam, I found him to be flabby, pudgy, very soft, giggling with embarrassment as I palpated his abdomen and kidney. His abdominal and genital exams were completely normal, as was urinalysis. **Analysis:** I was quite certain this case did not involve urinary pathology

(verified by lab work performed in my office), and focused my analysis on this boy's anxiety. It was clear that his anxiety stemmed from a forsaken feeling with regard to the relationship with his father and fear of his parents' separation. His overwhelming sympathy, manifested in headaches leading to vomiting, also could not be ignored. The expression of anxiety as chronic and habitual licking of his lips that left a raw excoriation, needed to be included. His timidity and clinging and tremendous cares for others was essential, I felt, to the initial prescription. I consulted the following rubrics.

MIND - ROCKING - amel.
FACE - DRYNESS - Lips - licks them frequently
MIND - CARES, full of
HEAD - PAIN - accompanied by - vomiting
MIND - FORSAKEN feeling
MIND - TIMIDITY - bashful
MIND - SYMPATHETIC
MIND - FASTIDIOUS
MIND - ABSORBED
BLADDER - URGING to urinate - lying - back; on

Upon reportorization, *Pulsatilla* emerged as the leading remedy, with strong representation in *Natrum muriaticum*, *Natrum carbonicum*, and *Causticum*.. *Phosphorus* was moderately represented. Without reportorization, I might have been inclined toward *Causticum* due to the urinary focus of the chief complaint, the intense, sensitive, sympathetic nature of the child, fear of dark, perfectionist behavior, and preference for salty over sweet foods. While the *Natrum* remedies were covered by many rubrics, there were inadequate generals to confirm, especially in light of Simon's amelioration from consolation and company.

The boy's over-sympathetic nature and history of upper respiratory pathology indicated strong consideration of phosphorus, but with the absence of current respiratory pathology, and no generals to confirm with the exception of foods preferences and aversions, and a lack of representation in small rubrics, I felt this was not the best prescription. It was *Pulsatilla* that showed through in the key mind rubrics and small rubrics. The lip licking was so extreme in this child, that I did consider the rubric with only one remedy, *Pulsatilla*, in FACE, DRYNESS - Lips-licks them frequently. The other small rubric, BLADDER - URGING to urinate -

lying - back; on also indicated *Pulsatilla* out of two remedies.

I did a simple repertorization of bladder rubrics to confirm my choice, taking:

BLADDER - RETENTION of urine - painful

BLADDER - URGING to urinate - urination, after

BLADDER - URGING to urinate - ineffectual

BLADDER - RETENTION of urine

BLADDER - URINATION - involuntary - night

BLADDER - URGING to urinate - lying - back; on

It is interesting to note that *Pulsatilla* and *Causticum* take position 1 and 2 in the repertorization.

I also took headache rubrics in a separate repertorization to confirm *Pulsatilla*, using:

HEAD - PAIN - hammering

HEAD - PAIN - school children

HEAD - PAIN - Forehead, in

HEAD - PAIN - Temples

HEAD - PAIN - accompanied by - vomiting

The boy's softness, effeminate behavior, urogenital manifestation of anxiety, headaches, and heat in the feet led me to *Pulsatilla*.

Plan: *Pulsatilla* 200C, single dose.

Follow-up 2/6/00: - one month later:

This remedy acted quickly. "Simon was very emotional after taking the remedy, very weepy, and became aggressive, pushing his brothers and sisters around, much to everyone's surprise." The urinary problem cleared up within a few weeks and has not been problem since. He licks his lips much less than before, but he was still doing it. Overall, he was much, much better, more social in his interactions with others, more independent in his activities.

Assessment: Simon's chief complaint had been addressed. There was an anxiety picture here that the remedy did not address fully that I felt might emerge over time into a clearer picture.

PLAN: Wait.

Follow-up six months later - 8/9/00:

Simon's mother brought him in because he was taken to hospital for an upper respiratory infection diagnosed as pneumonia. He had gotten a dry cough, runny nose, sore throat, then a high fever of 104.3, which would not go away. The mother felt it odd, because he had not had pneumonia since he was very young and his respiratory health had been so good every since.

Since taking 10 days of antibiotics, he had become very anxious, worrying about people intensely. While there was always timidity, this quality had become very intense. He became incredibly clingy, seeking attention at every turn. I observed this in the office.

On physical exam, his lips were very red again, and he was giggly as I listened to his completely normal sounding lung fields. He was very nervous, looking to his mother for the answer to every question. He held to her tightly during much of the interview.

Assessment: The homeopathic remedy *Pulsatilla* had done very well in helping Simon, and I saw the respiratory illness as a return of old symptoms. He was doing very well mentally, emotionally, and physically until he was given the antibiotics. His chief complaint had been completely ameliorated with the *Pulsatilla*. There was no new clear symptom picture.

Plan :

1. Repeat *Pulsatilla* 200c - single dose
2. Immune support: Vitamin C, Vitamin A, garlic and bioflavonoids.
3. HMF (Acidophilus) Replete.
4. Follow-up in one month

Follow-up 9/14/00:

"I have never seen Simon so anxious," exclaimed Simon's mother. "His mouth is raw from anxiety." Simon was getting more and more anxious. If he didn't know exactly what was going to be happening, where he was to go, he was troubled. "It's the idea of the unknown that troubles him most," said his mother. "He bursts into tears not knowing." "He's been grouchy, too. Any change will cause a problem. He cries easily, is very clingy, likes his mom a lot." "He wants you to tell him how much you love him." "He has been getting headaches at school a lot and throwing up." The headaches were "like 20 hammers." "He gets them when he's having a hard time, or when someone else is suffering..." The headaches are better with pressure. "He is still taking on other people's feelings." "He is always clenching and tightening his face. (3). At school, he will

stay on the sidelines and just watch while others play (3)." "He's been mentioning that his feet are burning...I've never heard that before." His feet were burning and sweating. "He readily laughs and cries, and is perpetually agitated." "He has become prone to insomnia due to anticipatory anxiety." "He seemed sensitive to everything." "His mind is traveling to places." "I like to think about the ocean," he said. "At school, he said, "I'm scared of tests...I don't feel comfortable with the other kids...they say bad words to me...I like to be with my parents." "He's very anxious about getting pneumonia again." Simon was averse to sweets and had begun craving salt and fat.

Analysis: Simon was no longer benefiting from *Pulsatilla*, and the picture no longer seemed to match that remedy state. I repertorized anew, taking:

MIND - SYMPATHETIC

HEAD - PAIN - accompanied by - vomiting

MIND - TIMIDITY - bashful

MIND - ANXIETY - anticipation; from - engagement; an

MIND - FORSAKEN feeling

MIND - SENSITIVE

The first remedy emerging from the new repertorization was *Argentum nitricum*, with *Pulsatilla* being second. The patient's strong desire for fat steered me further against *Pulsatilla*. I did, in fact, repertorize the foods, taking:

GENERALS - FOOD and DRINKS - sweets - aversion

GENERALS - FOOD and DRINKS - fat - desire

GENERALS - FOOD and DRINKS - salt - desire

Argentum nitricum and *Medorrhinum* figure very prominently. Simon's experience of "hot feet" should have made me take a more thorough look at *Medorrhinum* for the case, but I ignored it, focused as I was, on his anxiety, the desire to use a remedy I had never prescribed, and perhaps an inappropriate "fixed" notion of what a *Medorrhinum* child should look like, according to Dr. Roger Morrison's, Desktop Guide.

Plan: *Argentum-nitricum* 200C - single dose

Follow-up 12/5/00: "Simon is so relaxed...it's unbelievable." "He has no agitation...his whole approach is less nervous...he actually sat with another boy...wow! He even stopped licking his lips." "He has started doing

his math and reading tests without anxiety...without stress." "He has had only 2 headaches during the month. While they were 9-10 on a scale of 1-10, they are now at about 5...before they were every week...and none have been at school." "He still doesn't want to play at school with the other kids, and he still thinks about the ocean all the time...he dreams of it...he desire to go swimming." "His feet still burn...in fact, it's getting worse...complaining of sweating and burning..."

Analysis: Improvement on mental, emotional, and physical level.

Plan: Wait.

Follow-up 1/17/01:

Simon woke up the week before his visit with a 104 degree fever, headache, dizziness, dehydration, complaining of a sharp pain in his shoulder and gallbladder. His mother rushed him to the ER and he was given a spinal tap. There were fever sores on the bottom of his lips and thrush, with white patches on his mouth. The hospital did all sorts of blood work, and nothing was found. They thought it was pleurisy. "I felt scared," said Simon. "My chest hurt and there was lots of cramping. I felt hot. Now the top of my mouth hurts, and I have fever blisters."

The hospital concluded there had been a "viral episode." Simon felt fine during the office visit, and his physical exam was normal except for some mild asthmatic breathing on auscultation.

Simon has been talking a lot about his feet burning(3).

Analysis: No new picture clearly indicating a remedy. However, the "burning feet" has been emerging strongly as a symptom that will not go away.

Plan:

1. Immune system support
2. Consider: *Calcarea carbonica*, *Lycopodium*, *Medorrhinum*
3. Follow-up in two weeks

Follow-up 3/4/01:

"Last night, Simon spent half the night telling me about how hot his feet have been," said Simon's mother as our visit began. "He can't wait to take his shoes off when he comes home, and even at school he wants to take them off." "My feet burn...", said Simon. "I want to walk barefoot, but they won't let me at school." "Since his visit to the ER, he's been very mean at times...He can be sweet as pie, and then, suddenly, mean and angry...Last week he smacked his sister, actually bit her hand...and said 'I

hate you, I hate you!" "He'll blow up, then go extremely to the other side and be tearful and remorseful." His licking of his lips returned with a new intensity, and he again had a big red ring around his lips from the excoriated skin. "His moods are erratic." "He is very demanding of my attention. He depends on me for everything. He can easily suffocate me." I interviewed Simon to find that he was still fantasizing about the ocean, continued to have fear in the dark, and talked a lot of fantasies of trips and traveling. He wished to stay up later at night. I continued to observe a lot of anxiety albeit improved. While his headaches were decreased, he was still getting them. He was still wanting fatty meat and salting his food excessively.

I asked: "Has there ever been any venereal disease in the family?" Simon's mother was very quiet. While she had shared much about her background, and the difficulty in her marriage, she had not revealed the following: "When I was 15, I was mercilessly raped, and I never talked about it. I got gonorrhoea as a result."

Analysis: Simon's hot feet were calling out from the miasm at the center of the case, and it was clear to me, without repertorization, that the nosode, *Medorrhinum*, was needed. Simon's behavior now manifested in extremes of aggression and timidity. Nastiness, including striking and biting, had entered the case that wasn't there before. The inflammation and swelling of the skin around his lips was intense. Herpetic sores had emerged around his mouth. He began craving salt and fat. His love of the sea and desire to stay up late, sleeping position on abdomen, and his mother's admission of gonorrhoea led to the prescription. I consulted the following rubrics to confirm:

EXTREMITIES - PAIN - burning - Foot

MIND - ANXIETY - anticipation; from - engagement; an

MIND - FEAR - dark, of

MIND - TRAVELLING - desire for

HEAD - PAIN - accompanied by - vomiting

Plan: *Medorrhinum* 200C - single dose.

Follow-up 7/5/01:

"He has been playing in the field at school with other kids. Before he would just watch..." "He has done so well in school...came out top in his class..." "My feet are hardly burning at all," said Simon at this visit, in a very warm part of June. "His aggression is really down...he's playing with children at school, and with his brothers and sisters..." "His

headaches are barely there."

Plan:

1. Wait
2. Follow-up 3 months.

Discussion: While I still see Simon from time to time, we are no longer dealing the large issues that brought him to the clinic: anxiety, headaches leading to vomiting, nervous habits such as licking the lips, urinary retention. It has been two months since his last follow-up. This case is a good example of layers presenting themselves for treatment. In this case, I came to question the use of the term "constitutional homeopathy," which gets bandied about so often. I can't say Simon has a single constitution. Perhaps we're still looking for that. Each of the remedies seemed, in my clinical judgment, to treat a layer of the case, which, backed by rubrics, and some modicum of "essence," successfully altered the picture and moved the patient in the direction healing. The vital force left certain symptoms - the burning feet, some anxiety, some head pain - and introduced new food cravings and energetic tendencies - to point the way to indicated remedies which were given in sequence. Finally we had a child with little "psoric" struggles but no deep problems. Homeopathy was very successful, as Hahnemann writes in paragraph 2 of the Organon, in helping to "restore health rapidly, gently, permanently; to remove and destroy the whole disease in the shortest, surest, least harmful way, according to clearly comprehensible principles."

Gary Weiner ND, DHANP practices naturopathic and homeopathic medicine in Portland, Oregon. He graduated from NCNM in 1996 and completed a one-year residency in family medicine. When he is not working at his clinic, Pearl Natural Health, he enjoys the pleasures of raising his 2 year-old daughter. Gary is currently on the board of directors of the HANP.

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The Art and Science of Homeopathy - An interview with David Mundy

by Jenny Calogeros-Smith DCH



JCS: It seems as if we are having a repeat in history...again we see re-emerging in classical homeopathy, different schools of thought. Could you comment on this?

DM: Well, there will always be divisions and disagreements. When I was in the acupuncturist world there were different schools of thought such as the Five Element school and the Eight Conditions school. In the history of homeopathy there have always been the more pathologically orientated schools, such as the Hughes school, vs. the high potency, spiritually influenced approach of Kent. So, this division is not new. I can certainly appreciate where some of these people are coming from, because if you allow yourself to get carried away in extrapolation and theorizing, then you lose the whole basis of homeopathy which is the scientific bit - the provings.

On the other hand, the important thing to remember about Sankaran is that he is totally grounded in the fundamental philosophy and principles of homeopathy, so he is able to push the boundaries further. Understanding what needs to be cured is very difficult because we are dealing with a human being. We're dealing with a complex entity that has conscious and unconscious states. So how do we interpret these symptoms as a homeopath?

So you have, if you like, the left-brain approach, which is the totally strict scientific side of homeopathy, and you end up, if you are not careful moving to a more allopathic mode of thinking. The right brain deals in

images and patterns and needs to work WITH the left brain to produce the art of homeopathy. Mere listing of symptoms and coming to a diagnosis is akin to allopathy.

We are not psychotherapists and our function is not to analyze and treat people in that way. In reality, people like Sankaran have added a tremendous amount to expand the knowledge and application of homeopathy. Plus the results speak for themselves. The main problem, I think, is basically a misunderstanding. Withoukhas has had bad experiences with people who have studied Rajan's books and not understood his approach. For example, I heard that someone who had studied with Rajan, attended a Withoukhas seminar and suggested Lac felinum for a boy who believed that he was a cat! This is definitely *not* Rajan's teaching.

I think it goes back to what Kent says: homeopathy is science *and* art. The danger is, I suppose, if one tries to practice the art without mastering the principles or the science of homeopathy. Then it's possible to go off on a tangent and get lost. You know, I see it in some of my students. For example: "It 'feels' like *Natrum muriaticum*." Where is the evidence? "Oh, it just feels like it." You know, she's got a bit of grief, she's holding onto things. But the whole thing can become very vague and non-specific.

Homeopathy is about very strict individualization of cases and for that you need vast knowledge of repertory and materia medica and the ability to recognize the strange, rare and peculiar symptoms. You also need to have a good understanding with how the human mind functions; of human nature - and that can take a long time.

I think life experience is important. It takes time to become a homeopath. You don't *learn* homeopathy, you *become* a homeopath. That process takes place over a number of years and you never finish. One of the beautiful things about homeopathy is the constant broadening of understanding and depth of the whole subject matter - which is vast!

Another criticism is of Scholten. The pick and mix style of homeopathy. This is where you take elements and combine them and forecast or predict what that remedy will be like. An example could be: He keeps secrets from his friends, or that he has a secret friend: *Natrum* (secrets) *Phosphorus* (friends). Of course, this by itself is not normally enough to prescribe it, though if that idea was there, it might offer a clue, and now and then these suggestions have been confirmed. On the other hand, if there is additional information to suggest either *Phosphorous* or *Natrum mur.*, and the patient has a creamy coating on the base of the tongue and they have nocturnal emissions ...then you have a case!

JCS: *And your experience with his theory has been what?*

DM: My experience is that it works. I have a great deal of cured cases I don't think would have been cured if I hadn't applied his thinking. So it's important to understand that although the principle has fantastic validity and really works, the only way of truly bringing out symptoms of a remedy is through a proving. Although to a certain extent one can forecast what a remedy will be like, you can't possibly forecast a strange, rare and peculiar symptom of that combination. For example, in the proving a remedy may bring out a sensation, *as if the heart is grasped by an iron fist*, or something of this nature. By simply combining two elements without a known proving, you can't predict a symptom like that.

Calcarea muriaticum is used quite a lot these days based on Scholten's theory and it works. We expect it to, because *Calcarea* and *Muriaticum* are common elements. But I'm sure if one did a proving of *Calcarea muriaticum*, it would bring out symptoms that are completely unpredictable. On the other hand if you take the rigid view and say we are never going to prescribe a remedy unless it's had a thorough proving then you'll have missed chances to cure patients. Basically, a balanced perspective is needed here.

JCS: *Yes, a balanced viewpoint. So, first become grounded in the basics...*

DM: Yes

JCS: *Grounding in homeopathic philosophy, Knowledge of the repertory and materia medica.*

DM: Yes

JCS: *...and in due course we can proceed in assimilating these new ideas.*

DM: Yes, we can.

JCS: *Good seminar by the way...*

(Referring to David's annual 'Mundy Monday' seminar in Vancouver, which was on the remedy *Chocolate* this year)

DM: Thank you. I got a phone call from ___ yesterday saying that she read in the paper about some seagulls that had eaten chocolate that had been thrown away on a dump (the day after Valentine's day, oddly

enough) and they gorged themselves. They couldn't stop eating and they literally fell out of the sky with heart attacks. It took all these months to do the autopsies but apparently they all died from cardiac failure!

JCS: Really? So why is that we don't die from cardiac failure like other animals when we overindulge in chocolate..

DM: I think we might have to eat a bit more...(laughing)

JCS: Ah, we just eat it then when we are about to die of a broken heart...

DM: Exactly. And chocolates are often heart shaped. This is part of the magic of homeopathy...these synchronistic occurrences are part of the joy of homeopathy. On the other hand if a patient arrives in a yellow and black striped sweater you can't immediately think, "I must give *Apis!*"

JCS: But if that person comes again and again and routinely wears nothing but yellow and black then you can't ignore it...

DM: Then you have a symptom and there are rubrics like, Color; aversion to, or desire for.

My approach to cases is to let my right brain first play with a case. I look at the associations and the themes and connections of the case. Remedies may suggest themselves to me but I always go back to *materia medica* and look up to see if the remedy does indeed fit. But if I'm getting gifts in terms of these synchronicities then I'd be stupid to say this is not scientific and I'm going to reject it, I'm not going to even look at that. In one of my postgraduate groups paper case, there was the case of a boy who used to eat soap. He would eat soap and then run around foaming at the mouth. A closer investigation of his symptoms revealed symptoms of *Lyssin*, such as a strong craving for salt, and it was given and it cured him. Obviously, if you think about someone running around foaming at the mouth you are going to think of rabies. Also I'm interested in the whole patterns of remedies. Suppose we take out the past, present and future of these occurrences in our lives and we look at it in terms of an image or a pattern. Which is again the more right brain way. It's like the case I mentioned at the seminar of the lady who fell on spikes and pierced her lung and she did well from *Hypericum*. And we know *Hypericum* is a remedy for puncture wounds. But the simple fact is that she needed *Hypericum* before she fell on the spikes. So the potential is there and that's why we do attract recurrent situations in our lives. Which is, of course, what we

call the delusions of the case.

JCS: Extreme enough to fall on the spikes of a cast iron fence!

DM: Exactly. Delusions are metaphors anyway. You can tell a lot of a remedy by looking at its delusions. Not in the literal sense but in terms of what they represent. Like the *Agaricus* delusion: He is commanded to kneel down, confess his sins and rip open his bowel by a mushroom. Of course, not a symptom a patient is likely to relate to you!

The fact that they are commanded means they are weaker, which is the weak willed side of *Agaricus*. Confess their sins, relates to reveals secrets, which is also in the remedy. Rip open his bowels relates to other rubrics, such as self-mutilation. So you can get a good idea of the themes of a remedy from a seemingly stupid delusion. I had a patient once who had a desire to bite people's noses off.

JCS: Really? Right off?

DM: Yes, right off! And she didn't tell me this until the end of the case. And she said I've got a symptom and I'm a bit nervous to tell you 'cause you might laugh at me. I said, "Don't worry, you can tell me, I'm a doctor," (laughing)...and then she said, "All of my life I've had this fascination with people's nose even as I'm talking to you..." I leaned back at this point! She also had violent impulses to hurt her daughter and all the symptoms of *Mercury* were in her totality. So some of these strange things you think you'll never hear, can actually present themselves in the clinic.

JCS: These things are all gifts and it's rude not to accept a gift, isn't it?

DM: It is. It is. It's about recognizing synchronistic happenings when they are happening. But, going back to our subject matter, first one has to learn the principles of homeopathy.

It is a bit like painting by numbers. You identify the key rubrics of the patient and then when the remedy is suggested the themes and patterns of the symptoms add color and rounds off the case. Remedies are bound to be two-dimensional when we study them. It's when the remedies are experienced in practice that they start to become a more rounded three-dimensional image.

Going back to that case, the spikes and the *Hypericum*: Did she need the *Hypericum* before she fell on the spikes? It's like *Arnica* has the delu-

sion high walls will fall on him. Not high walls have fallen on him, but the delusion high walls will, at some point in the future, fall on him. So he is already in a state that the high wall will fall on him - he has the predisposition. If we study the mental symptoms of *Arnica* we can see why he is the person most likely to have the high wall fall on him! Because of the way he is - haughty, arrogant, defiant, all those things.

One of the fascinating cases of synchronicity I experienced was the *Diamond* case I think I showed last year. It was a paper case, a post-graduate group had worked on and we decided to give her *Diamond*. *Diamond* was sent and then she received it the next morning not knowing what it was as the remedy name was not on the package...and then she decided to do a guided meditation, something she had never done before. And in this meditation she met her older self and went into the center of the earth ...where there were diamonds and then diamonds were coming out of the sky. You know there were diamonds this, diamonds that and then she said, "Do you think this is important?" She even had a diamond tattooed on her finger!

JCS: No?

DM: Yes. Because when she got engaged she didn't like to be associated with the cruelty of the diamond mines. So both her and her fiancé had had a diamond tattooed...this was something that she had never told the prescriber in the whole year of treatment. Once she had that remedy it all became revealed.

Once I prescribed *Aurum* to this guy with heart problems and he was a potter by profession. He had been glazing his pots with gold for years - that was what he was known for. So, in some mysterious way we can be attracted to our simillimum without realizing it.

Another point that I would like to raise is the limitations of the repertory. If you can remember the example of the *Kali phosphoricum* case; half *Causticum*, half *Phosphorous*. *Kali phos.* is not going to repertorize out because of its lack of extensive proving. Another example is in the snake kingdom - only *Lachesis* has a full proving. So often a case requiring a less known snake remedy will repertorize out to *Lachesis*, but it is not *Lachesis*. The snake themes will be there, but it isn't quite *Lachesis*. Maybe the theme of duty is strong in the case - that would possibly lead you to *Naja*. Or the case repertorizes out to *Tarantula*, but maybe they need *Aranea* or a less known spider. It repertorizes as *Calcareo carb.* but maybe they need *Calcareo iodatum*.

Somehow...there's so many examples. In the plant kingdom it can

repertorize out to *Veratrum album*, but maybe they need *Veratrum viride* or another lily, or a remedy that is not so well proven. So I think one of the advantages of experience is not so much that we necessarily know what to give, but we know what not to give. You know that it is not this remedy...but it's close.

JCS: Like the case in the school clinic...

DM: That case was a very good example of what I am saying.

JCS: We thought it was a Natrum but it wasn't Nat-mur, it wasn't Nat-carb., although we could have fit it to Nat-carb..

DM: We could...repertorization strongly suggested it.

JCS: But you decided it was Natrum causticum...because it was Natrum and Causticum.

DM: But then, you see, if *Natrum causticum* had a proving, a complete Hahnemannian proving, we could have worked it out by repertorizing.

JCS: To close...is there any advice...anything you would like students and new practitioner's to know.

DM: I think I'd to say something to the effect of no pain, no gain. I would say that homeopathy; thank you for choosing it, is the most difficult and time-consuming therapy around. And it's hard work, but its other side is it's the most rewarding system known, not just for healing patients but in terms of developing your own understanding of life as well. The study of people is very rewarding; it is the study of our own Self. And homeopathy is about self-development really. You can't study homeopathy and practice homeopathy and become a homeopath without making profound inner changes.


*Over 25 years, David has become one of Britain's foremost homeopaths and teachers of homeopathy. He practices at **Life Works Clinic**, London and lectures in the UK and abroad. In 1993 David Mundy was awarded a Fellowship of the Society of Homeopaths for services to homeopathy. He studied with several masters of homeopathy including Greek homeopaths George Vithoulkas and Vasilis Ghegas as well as the Israeli homeopath,*

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David Mundy has taught Homeopathic Philosophy and Materia Medica for many schools in the U.K. He has lectured and held seminars in Finland, Sweden, Ireland, Scotland, Canada and America.

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Confessions Of A Neo-Classicist¹

By Krista Heron N.D. DHANP

As homeopaths and as scientists, we engage in continual conversation about what we have learned from our experiences. We perceive our environment, explain our findings, test and adjust our explanations and then communicate, as best we can, these ideas to each other. Our practice of medicine is a process of discovery and evolution.

Debate and dialogue is intrinsic to this tradition. Ideally these conversations open our eyes, allowing us to see a clearer path to our intended goal: healing our patients. One of the current discussions in our community raises the question of what constitutes the legitimate source of remedy information.

In this discussion several topics are addressed: the natural history of the substance, thematic groupings and provings. I believe for some there may be misunderstanding about these ideas and for others simple disagreement. I wish to explain in this article how learning the natural history of a remedy's source and how recognizing patterns, for either an individual remedy or a grouping of them, has often led me to identify the simillimum successfully.

Form and Function

The Doctrine of Signatures has a long and enduring history. Galen, a Greek physician of the Second Century AD, wrote of it, as did Paracelsus and Jacob Boehme in the sixteenth and seventeenth centuries. Paracelsus formulated the doctrine of signatures into a medical model of pharmacognosy asserting that the appearance of a particular plant, its color, scent, or habitat indicated its medicinal use.² Later Boehme wrote a spiritual treatise entitled, "*Signatura Rerum*; The Signature of all Things," claiming that God had marked everything created with a sign indicating its true purpose.³

In the past, this Doctrine of Signatures was simplistic and imbued with magical thinking, but today the idea has evolved into a more sophisticated thesis, closer to the idea that *form follows function*.⁴

That the hummingbird develops a long beak to better draw out the nectar from trumpeted flowers, or that the penguin sports black and white feathers as a means to hide from its predators illustrates how specialized adaptations of form allow for greater function of each species. The color of a flower or the sweetness of its scent reflects the means that a plant uses to reproduce successfully. These adaptations, together with a myriad of other characteristics, distinguish one substance from any other.

I find it helpful to understand these adaptations as well as the natural history of our remedies: to know how a plant grows or how an animal lives, even the environment where a particular mineral is found. To truly observe the natural world can deepen my relationship with the remedy. I consider this gathering of information to be a kind of case-taking of the substance. And here I do mean substance, not the remedy. My 'case-taking' of the remedy, if you will, is done by poring over clinical cases, provings, materia medica and repertories.

There has been a recent proliferation of analogic thinking in our community, conjecture that because a substance has certain traits this then endows the remedy with particular symptoms. Metaphor and analogy are useful mnemonic tools but they cannot be relied upon to indicate a remedy's sphere of action. Rather it is best to observe, to see connections between the substance and the remedy and to then verify its usefulness.

Exploring Natural History

Often there is inadequate information about a remedy. A proving may have had limited participants; or the mother tincture was used rather than a potentized dilution; or perhaps there are no recorded clinical cases. Take, for example, *Pseudotsuga menziesii* or Douglas Fir, a substance proven in 1995. This remedy had few clinical cases to illustrate its spectrum of healing when I first prescribed it. However, by studying the natural history of this tree and about conifers in general, I was able to expand my understanding of this remedy.

My *Pseudotsuga* patients⁵ expressed a profound loneliness as well as a longing for perfect intimacy. They described feeling "cut off" or "suspended in darkness." One patient said she felt "dark, gray, dismal and lifeless." If you have stood in a forest of Douglas Fir you may relate to this description. This forest is near the end stage of a climax forest, the final phase of ecological succession. The canopy above creates a dark and somber environment below. One can feel quite alone with few creatures stirring in the hush of the grayed light. For some this creates a feeling of deep connection to spirit, for others a lonely feeling. Both of these emotional elements are represented in the remedy.

My experience with these trees seemed to resemble what my patients and the provers were describing. I felt I recognized the forest in the patients. I studied climate and altitude preferences for the various conifers, histology and photosynthesis and what distinguished one specie from another. Just as I recognized the feeling of these patients in my experience of the forest, I began to recognize connections between *Pseudotsuga* symptoms and the biology of the trees.

I also recognized that the proving symptoms of *Pseudotsuga*,

particularly symptoms in the digestive tract, were similar to the other conifer remedies. My patients spoke of an inner emptiness felt in their stomach and several members in the conifer family share this sensation. *Thuja*, *Sabina*, *Taxus*, *Abies canadensis* and *Abies nigra* are listed in the rubrics 'emptiness' in the stomach or abdomen. ⁶ That all of these Conifer trees share this symptom was interesting to me.

Every tree has a large core of dead wood at its center, some becoming hollow once the tree is afflicted by disease. Between the cambium, which lies just inside the bark, and the pithy center of the tree is the sapwood which contains tracheids. These tracheids draw up massive amounts of water — up to 500 gallons each day — in order to fulfill the nutritional needs of the tree. At other times the trees exist in drought-like conditions. I wondered if there was any relationship between these facts and the symptoms "emptiness," "ravenous" and "wanting appetite" so common to the Conifer remedies.⁷

Another prevalent feeling for my *Pseudotsuga* patients was that of being without an "anchor." They felt lost, that they would fall into a black abyss. This brought to mind the dreams and fear of falling that characterize *Thuja* and *Sabina*. This feeling of being without an anchor seemed particularly reminiscent of the plight of the conifer, trees with shallow roots that can topple in high winds or from severe rain erosion.

These associations may serve as a device to remember the qualities and characteristics of a remedy, or may offer some explanation of why a remedy has particular symptoms. It is a disservice to suggest symptoms for a remedy because of the natural history of the substance. However, to make the connection from remedy to source has proven worthwhile for me. If I can understand something of why the symptom is expressed by the remedy, the rubric can have more meaning for me.

Delving Into The Cultural History

In addition to learning about the habits and habitat of a substance I find it valuable to understand the cultural history associated with each. Such study may reveal rich insight into the remedy. In 1998 I successfully prescribed *Physostigma* for a patient with multiple sclerosis.⁸ I began by repertorizing her case using three symptoms: multiple sclerosis, numbness in the left upper limb and a combination of rubrics that expressed the feeling of being alone, including the delusion of being a castaway.

I found that *Physostigma* was one of a handful of remedies represented in all three rubrics and the only one unknown to me. I was curious, so I began to study the remedy. My research included not only homeopathic information, but also the plant's botany and history.

In West Africa the seeds of *Physostigma* were used to determine

the guilt of persons accused of the crime of witchcraft. If the accused vomited within a half-hour, they were considered innocent, but if they died from the poison they were found guilty.⁹ What would someone feel in this situation, I wondered?

The peculiar feeling in the proving of *Physostigma* is that of being cast away and this was similar to what I imagined someone might feel undergoing this criminal trial. Often witches or sorcerers were shunned and cast out from the larger community. And it was this feeling that seemed particularly characteristic of my patient. She too felt shunned and unwanted.

Why does *Physostigma* have this feeling? Can we as classical homeopaths ask this question or must our curiosity be limited to the few symptoms of the provings? Some may argue that it makes no difference why, that it is enough that the prover stated: "*Delusion; being a cast-away.*" But what does this statement mean and how do we differentiate *Physostigma* from the other remedies in the rubric "*Delusions; being a castaway*", or even from the larger rubric "*Delusions, imaginations; alone.*"

At times we make a leap of faith in our prescriptions because there is no other clarifying information from the provings or clinical cases. It is at these times that researching the cultural or natural history of the remedy may help to expand our understanding of the unique and characteristic feeling of the symptom.

Observation, Not Speculation

This process of understanding how form and myth reflects function is not a matter of supposition or imposition, but rather one of perceiving coherence between symptoms and the substance. Perhaps it is all done in hindsight, but this does not negate the value of the perception. If one theorizes that because bees are busy, the remedy *Apis* is busy as well, then it is folly. But if one observes *Apis* to be busy and that bees are truly busy, one may understand more deeply something of the unique and peculiar busyness of *Apis*. It is essential that we not impose theories upon the remedies because of their natural history; rather to make connections — to observe, not speculate.

Provings and clinical experiences provide us with information about the medicinal sphere of our homeopathic remedies. As Hahnemann states, we should know the powers of our medicines through provings, not speculation.¹⁰ Nonetheless, there is virtue in knowing nature; provings should not limit our curiosity.

And there is the problem that many provings, past and present, do not meet the rigor of our current science. Some provings used mother

tincture, some were performed on sick patients, or on a single individual and for some remedies we have no proving at all. This presents an unfortunate problem. If we are to rely solely on provings, and these provings must meet an agreed-upon standard, then we may be limited to very few remedies.

Thematic Groupings

Fractals And Patterns

Buddha is believed to have said, "The way you do anything is the way you do everything." I think this is true, that we are consistently ourselves. How we dance, laugh, breathe or become sick follows an unvarying pattern that reflects our individual state, even if it is for just that moment. The tone of a man's voice, his posture and the words he chooses are all directly linked to the unconscious process and each becomes an echo of the larger whole. The way a woman views herself, how she perceives the world, and what beliefs she holds resound with this "organicity."¹¹ Because of this consistency we could extract a single moment or expression to function as a lens to reveal the whole of the patient. We recognize this in many other examples: that within a single cell there exists the blueprint of a whole person, or the architecture of a tree within a single twig.

How a whale lives in the sea, I believe, is reflected in the fragment of *Ambra grisea*, or how a dog behaves is expressed in the remedy *Lac caninum*. In the same vein, I contend, a truly skilled homeopath could prescribe on very few symptoms if they understood how they reflected the whole of the patient. Fortunately, we have countless symptoms from our repertories to pair with our patients. Finding the simillimum can be challenging enough with a complete and well-taken case, and it is far easier to perceive the patient through a constellation of their peculiar and individualizing symptoms than on just two or three. But the point is this: each symptom is a fractal¹² of a greater whole, each symptom rings out the same clear tone as all the others: the name of the patient's remedy.

This "organicity" is true of our remedies as well. A single symptom should be able to act as a microcosm of the whole remedy. Of course, with many symptoms, we have no sense of how they fit into the larger idea of the remedy; but when we do understand, we are able to grasp the remedy in a deeper way. We can see the inflammation of *Belladonna*¹³ expressed in their rage, meningitis and pharyngitis. Or the swelling and enlargement of *Agaricus*¹⁴ reflected in their feelings of omnipotence. If we understand how each contributes to the whole we may understand something more comprehensive than a simple list of symptoms.

Thematic Patterns

I find it useful to identify patterns within a remedy or a patient's case by collecting individual symptoms into thematic groups. I attempt to see what ideas, symptom expressions and sensations run throughout the case or remedy. If a patient consistently has right-sided symptoms, no matter what the complaint, I might use the rubric *Generalities: right side*, or if a patient has a predominance of wandering pains in many different locations I will use *Generalities: wandering pains*. There is nothing controversial in this; it is simply recognizing the pervasiveness of a symptom expression and naming it as a general symptom. But I do this in other ways as well. And it is this recognition of patterns that can allow me to hear the characteristic voice of the remedy or patient.

Recently the question was raised whether remedies made from creeping plants or vines have the symptoms of dreams of or desire to travel.¹⁵ I was curious about this so I examined eleven remedies, all which are creepers — *Bryonia*, *Clematis*, *Cocculus*, *Colocynthis*, *Dioscorea*, *Dulcamara*, *Elaterium*, *Gelsemium*, *Lycopodium*, *Rhus venata* and *Solanum nigra* — to see whether they were present in rubrics having to do with wandering, traveling or creeping.

All eleven had some kind of wandering sensation, four had creeping symptoms (*Bryonia*, *Clematis*, *Colocynthis*, and *Lycopodium*), two had a desire to travel or wander (*Bryonia*, *Elaterium*) and one (*Lycopodium*) had dreams of journeys.

A question was posed, the hypothesis researched and now we must establish whether the information is useful. Can I apply it? Does it broaden and clarify my perception of the remedies or rubrics? This kind of questioning, pattern recognition and identification has become a daily exercise in my study of remedies.

Identifying the themes of a remedy can be accomplished by identifying patterns of rubrics. For example *Pulsatilla* is considered to be mild person¹⁶ and we see this as a consistent theme throughout her physical symptoms as well. Her discharges of leucorrhea, catarrh and tears are often bland and mild.¹⁷ We also see *Pulsatilla* in rubrics describing her as servile, quiet and submissive at the same time as the remedy appears, more frequently than any other, in rubrics citing ailments from suppression. I wonder if the susceptibility to suppression is a reflection of a larger theme of servility and submissiveness; and does *Pulsatilla* suffer from the effects of suppression because she is so easily dominated in her emotional life?

Thematic Families

We may also recognize patterns that lead us to a group of remedies, such as a botanical family or miasm, or perhaps a grouping based on some observable shared theme.¹⁸ We see a characteristic running through our patient's case and then explore remedies that we know share the same theme. Once we recognize a family we can explore and examine the individuating symptoms to determine the exact simillimum. I have found this method to be useful many times. I will recognize something of *Lachesis* in a patient but know there is something incongruent. Then I will discover that a different member of the snake family fits the case beautifully. In one of my *Mandragora* cases, I had tried, unsuccessfully, to give three other remedies first. I had observed symptoms in the patient that reminded me of *Belladonna* and *Stramonium*, but giving these remedies produced little or no results.

This child had a fascination with and fear of death, but she did not express her fears with as much anxiety or activity as you might see in a patient needing *Belladonna*. Rather than the wildness of *Belladonna*, or the terror of *Stramonium*, she had a withdrawn quality coupled with intense focus. She was entranced with a world that frightened her, a world of death and darkness.

Each time I prescribed for her, I tried to understand how she was both similar to and different from the previous unsuccessful prescription. I recognized something familiar in her case, but the remedies I thought should cure, did not. If the case looked like *Belladonna* and *Stramonium*, but wasn't, what was the simillimum?

I then looked to other remedies that I thought might be similar. I examined the characteristics of each remedy in the Solanaceae family in order to determine what commonalties existed between them, and what differentiated each from the other. It was in this way that I arrived at the prescription of *Mandragora*. When I finally gave my patient the correct remedy she became well; her attention deficit disorder and fears resolved.¹⁹

I have found in my study of families that often the well-known member of the group, such as *Lachesis* for the snakes, or *Belladonna* for the Solanaceae can act as a template for the other members of the group. In the same way that we understand something of *Medorrhinum* in the other sycotic remedies I have found that we may share or extend some of the template's qualities and symptoms to the lesser-known members of the family. As in all of homeopathy, this is both a science and an art; it requires extensive study to understand what is shared and what is peculiar.

We Are Synthetic Thinkers

Homeopaths are synthetic thinkers, looking at the smallest peculiarities of our patients and attempting to understand their larger meaning. Our patients present discrete symptoms that on closer inspection turn out to be part of one seamless whole. When we take the case of a patient we want to know about her symptoms, how he lives, what kind of relationships she has, what he likes and dislikes. And when we study our remedies we should ask the same questions of them.

To practice good homeopathy we must have an open mind, and be an "unprejudiced observer."²⁰ If we truly observe Nature, without speculation, without theorizing, we may be able to witness an extraordinary consonance between a remedy and its source. If we open our eyes and our minds to the congruency of the spirit of the medicine and the spirit of the substance, we may enjoy the "organicity" between the two.

As homeopaths we make connections, see relationships, draw conclusions, test our theories and practice our empirical science. As scientists we are at our best when we explore a thesis without prejudice. If we see reason and truth, we share our experience — our successes and failures — learning from each other in a respectful and curious manner. In this way we can grow in our knowledge and in our ability to help those who need us most.

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Notes:

- 1) Peter Wright, past editor of the *Simillimum*, first used this term to describe me in the winter of 2000. I am charmed by the descriptor but frankly, consider myself to be a classical homeopath.
- 2) Dudgeon, Robert Ellis. "Similarities between Hahnemann and Paracelsus." Presented by Peter Morrell.
- 3) James, Tamarra. "An Introduction to the Doctrine of Signatures."

4) Early twentieth century functionalist architect Louis Henry Sullivan insisted that architecture must embody the human connection with nature. He is the first to have noted that "form ever follows function." Later Ludwig Mies van der Rohe said "Form IS function", followed by Frank Lloyd Wright stating, "Form and function should be one, joined in a spiritual union."

5) Heron, Krista. "Longing for a Perfect Intimacy: Two cases of Pseudotsuga menziesii." LINKS Journal. Autumn 1999.

6) Stomach: Emptiness (weak feeling, faintness, gone-ness, hungry feeling): Abies-c, Abies- n, Tax, Thuj.

Abdomen: Emptiness, faintness: Sabin.

Rubrics from van Zandvoort, Roger. *The Complete Millennium Repertory*.

7) Stomach: Appetite, ravenous, canine, excessive: Abies-c, Abies- n, Pseuds-m, Tax, Ter, Thuj

Stomach: Appetite, diminished: Pin-s, Sabin, Tax, Ter, Thuj

Stomach: Appetite, wanting: Abies- n, Sabin, Tax, Ter, Thuj

Rubrics from van Zandvoort, Roger. *The Complete Millennium Repertory*.

8) Heron, Krista. "Physostigma: The Discarded Vine." American Homeopath. 2000.

9) Hempel, Charles Julius: *A New and Comprehensive System of Materia Medica and Therapeutics*, William Radde, New York: 1859

10) Hahnemann, Samuel, *The Organon*. paragraph 110.

11) Organicity : or-ga-NI-ci-ty : noun. Forming an integral element of a whole. This term has been re-popularized by Hakomi psychotherapists.

12) Fractal: frac-tal: noun. Etymology: French fractale, from Latin fractus broken, uneven.

: Any of various extremely irregular curves or shapes for which any suitably chosen part is similar in shape to a given larger or smaller part when magnified or reduced to the same size. Objects which display repetition of the same shape on a variety of scales.

: The idea that every moment of our life is a tiny representation of a larger time period; that our days, weeks and years are made up of individual moments, any one of which reflects the greater whole.

13) Fever: Heat; Inflammatory, fever: Bell (3)

Head: Inflammation; meninges, meningitis: Bell (3)

Mind: Anger, irascibility; general; face color; red: Bell (4)

Mind: Rage, fury; fever, in: Bell (1)

Mind: Rage, fury; fever, in; heat Bell (1)

Throat: Inflammation; sore throat Bell (3)

Rubrics from van Zandvoort, Roger. (*The Complete Millennium Repertory*.)

- 14) Mind: Delusions, imaginations; great person, is a: Agar (2)
Mind: Delusions, imaginations; light, incorporeal, immaterial, he is :Agar (1)
Mind: Delusions, imaginations; officer, officers; he is an: Agar (1)
Mind: Delusions, imaginations; superhuman; control, is under: Agar (1)
- 15) Saine, Andre. "Homeopathy Versus Speculative Medicine, A Call to Action." *Simillimum*. Fall 2001. XIV, 3.
- 16) We know Pulsatilla to be irritable as well, usually because she is experiencing a lack of attention or support.
- 17) Pulsatilla is in 9 of the 15 rubrics citing bland discharges, and in 13 of the 111 rubrics citing acrid discharges.
- 18) Such as the remedies identified by George Vithoulkas as treating "mania" that include Stram, Bell, Hyos, etc.
- 19) Heron, Krista. "Mandragora, the Darker Side of Belladonna." *American Homeopath*. 2001.
- 20) Hahnemann, Samuel. *The Organon*. paragraph 6.

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BOOK REVIEWS:
**BRIDGING THE GULF BETWEEN HOMEOPATHY,
SCIENCE, AND MODERN MEDICINE**
Reviews By Neil Tessler ND, DHANP

***HOMEOPATHIC METHOD: Implications for Clinical Practice and Medical Science*, Jeremy Swayne, Churchill Livingstone, London; 1998. Soft-cover, 228 pages, (check the internet for pricing)**

***HOMEOPATHY: A Frontier in Medical Science*, Paolo Bellavite, MD and Andrea Signorini, MD, North Atlantic Books, Berkeley, California; 1995. Soft-cover, 335 pages, \$25.**

Although it is unusual to review books that are not new, most homeopathic books can hardly be said to age, and among the books at hand, these carried a fairly common thread. In recent years a number of books have been authored by physician practitioners with a deep interest for the manner in which homeopathy reflects back upon medicine and science. The implications, they tell us, are tremendous, from basic clinical practice issues to the hard scientific implications of the ultra-molecular dilution, which moves steadily towards independent verification.

Homeopathic Method: Implications for Clinical Practice and Medical Science, by Jeremy Swayne, British medical doctor and Dean of the Faculty of Homeopathy, offers a physicians enthusiasm for what homeopathy can bring back to common medical practice. There are two audiences for whom the book is written. First it is directed to the orthodox profession, a call for return to a study of the natural history of the patient. In the age of technological and laboratory medicine, Dr. Swayne alerts physicians to the dying art of understanding the patient as a whole. One of the statements that is very often hear from patients, and that on reflection is quite disturbing, goes, "My doctor says it is a just a biochemical imbalance, and this medication will correct it." Offered in the face of human complexity and a history that is calling out to be considered, often largely and conveniently unknown to the physician, this must be one of the most egregious patient explanations currently in use. If only a voice calling in the darkness, Dr. Swayne longs to inspire physicians to take more time to hear and understand their clients before rushing to the prescription pad.

It is also a book for students of homeopathy, as it provides a

bird's eye view of the methods and considerations that are necessary to practice. This is a book much less about the medicines of homeopathy and far more about the process, hence the title. In this regard the author has offered a surprisingly thorough and well written presentation of almost every facet of what must be considered in the clinical application of homeopathy.

I was impressed by the very intelligent, detailed and contemporary discussion of homeopathic case taking, evaluation and analysis. He does not short change his audience but discusses the difficulties and subtleties of clinical application as well as the problems posed by an enlarging materia medica. It is a book with the integrity to follow where ideas lead and give adequate discussion within the limitations of his presentation.

While giving clear and valuable information, Swayne regularly anticipates the reaction of his allopathic audience to statements vulnerable to skepticism. In the true spirit of homeopathic synchronicity, he tells the story of two marvelous cures of *Alumina* during the very week of first studying the remedy. One of the patients, when told the name of the medicine, recalled how she had worked in an aluminum-filled atmosphere during the war. He then states, somewhat defensively, that though the anecdote may not impress the reader, the experience made a great impact on him.

Other times, he attempts to bypass medical skepticism by lifting the context. The allopathic reader might ask as to the purpose of all the arcane detail of case taking if the medicines have no efficacy? Swayne retorts with the existential point – fine, but then what do these individualized phenomena mean? Are they not intrinsically valuable in understanding the natural history of disease; is this not the raw datum of illness, interesting in its own right? "Okay, I'll shut-up about the remedies," thinks the chastened physician reader.

Clearly this book is excellent as a thorough introduction for medical doctors. Yet the author has also written something close to a fine modern primer on homeopathic methodology for students. I would prefer though to see it in a version less concerned with the judgments of his medical colleagues, and with even more content directed to serious students. In the context of homeopathic professional education, reaching backward to pull forward the recalcitrant detracts from the book's value for those happy to take homeopathy on its own terms. This concern is underlined by the presence of a highly skeptical forward written by a medical doctor. One of the values of *Homeopathic Method* is the great number of clever and well-realized charts concisely illustrating the various principles eluci-

dated throughout. The author also gives references and further readings at the end of each chapter and periodically a synopsis of the main points.

An entire chapter is given over to the concept of constitution. He emphasizes that constitution is the "habitual state" of the patient, existing prior to symptoms and to be distinguished from the symptomatology to which it may or may not correspond. He makes a distinction between the clinical and constitutional picture. He prefers the latent aspects of constitution as a confirmatory aid only, giving more importance to the clinical manifestation. He regards constitution as a layer that may or may not come together with the clinical picture, in which case the latter takes precedence. In some respects this is an indefinite area of homeopathic practice to which various theories have been applied. At the least, the author offers clear principles for focusing on what is important in a case at hand.

Another chapter is on the subject of etiology in which Dr. Swayne discusses the spectrum of psychological, physical, miasmatic and iatrogenic factors that must be considered when assessing the roots of disease.

In his chapter on treatment strategy he makes an interesting contrast between treatment and clinical strategy, the latter defined as "the way we decide to deploy our clinical skills and resources for our patients as a whole."

The last chapter is focused on bringing forth the challenge to medicine from within the homeopathic process. With some attention to the weaknesses of homeopathy and considerable attention to its strengths, he makes a strong appeal to orthodoxy, that homeopathy offers tremendously valuable insight for understanding the phenomena of illness and healing, quite apart from the efficacy of its remedies.

Dr. Swayne certainly has the concision, order, and practicality of a medical mind. Though in a few areas, he indicates pragmatism that is a little shy of foundational Hahnemannian methods, these are never in a context that causes serious concern. As stated, I would like to see him expand *Homeopathic Method* into a textbook specifically for homeopathic students, where it could play a very useful role due to its thoroughness and readability.

Homeopathy: A Frontier in Medical Science is directed to the same mixed audience as *Homeopathic Method*, but takes quite the opposite approach. Here homeopathic principles and medicines are held to the light of scientific consideration. This is among the most important and

interesting books in recent homeopathic literature for its articulation of the potential value of homeopathy for science and of science for homeopathy. One is impressed that when homeopathy and experimental science finally meet in earnest, both will be affected.

On the one side, homeopathy is like a thread that when pulled, could unravel something of the philosophical moorings of western science. On the other, this book brings to homeopathy a glimpse of itself through the lens of contemporary scientific theory and experiment. After reading the first few chapters, it was striking how the language of evidence makes ideological arguments within the profession, even if they may have value, seem archaic. In his book, Dr. Swayne referred to, "...too much unsubstantiated 'doctrine', too much speculation," in homeopathy. Where is the statistical proof that one method is greater than another in producing cures homeopathically? Of course, painful and divisive ideological arguments are quite safe for now, as evidence of this nature will be long in coming and difficult to obtain.

More to the point, *Homeopathy: A Frontier in Medical Science* is a book of great depth and high prose that should be savored by anyone interested in homeopathy. There is no apologetics to regular doctors here, just straightforward review and investigation of the issues, evidence to date, and convergent points with contemporary science. They acknowledge the controversies within homeopathy over methodology, but are more interested in the implications and evidence for the phenomenon as a whole.

In the forward, Dr. Peter Fisher, director of research at the Royal London Hospital, writes, "In addition to a thorough account of the empirical evidence, they give the best account I have read of the theoretical implications for homeopathy of the new sciences of chaos, complexity and information."

The central section of the book, buries the reader in a very detailed discussion of the concept of complexity, according to both mathematical and bio-regulatory models. The purpose is to establish possible theoretical models that support or may explain homeopathy.

Beyond these few words, *Homeopathy: A Frontier in Medical Science* is a book to be discovered and explored. It raises homeopathy from its interior worldview and leads her to face the scientific paradigm, as it exists in the world at large. At this place we regard each other with greater humility and respect, discovering that our diverse paths may one day lead to the same common reality, as with so many other communities of knowledge in our time.

A Message From Jeremy Sherr

Dear Homeopathic Colleagues, Dynamis Graduates and Students:

In the past 20 years The Dynamis School has proved 22 new remedies. Many of you have told me of your success in using these remedies. I am interested in collecting your cured cases and publishing them in a forthcoming book, *Dynamic Cases*. My purpose in publishing this casebook is to validate the new provings and to provide a practical counterpart to the pure proving data. The compiled cases will complete the remedy pictures, allowing homeopaths to perceive the remedies more easily and fully. I believe that homeopathy should progress from proving to clinical, as this is the traditional and the most accurate way of constructing *Materia Medica*. I am inviting you to submit your cases of Dynamis remedies for publication in the casebook. It is important to have cases from many practitioners and patients so that we can learn the different aspects of these remedies. Your name and details will be published with the case (if you want them to). This work will be by the homeopathic community for the homeopathic community. Your contribution is very valuable and important. Please help us to accomplish this work. With thanks and best wishes, Jeremy Sherr

A Few Guidelines for Writing Cases: The remedies for which I am seeking cases are: *Americium nitricum*, *Androctonus (Scorpion)*, *Adamas (Diamond)*, *Argon*, *Brassicapanus*, *Chocolate*, *Cygnus cygnus (Swan)*, *Gallium*, *Germanium*, *Haliaeetus leucocephalus sanguinaria (Eagle's blood)*, *Helium*, *Hydrogen*, *Jade*, *Krypton*, *Neon*, *Olive tree*, *Oncorhynchus tsh. (Salmon)*, *Plutonium nitricum*, *Polaris*, *Sapphire*, *Scandium*, *Taxus baccata (Yew tree)*.

- Please include your name, address and phone number and any other information about yourself as you would like it to appear.
- Please indicate the age and sex of the patient, occupation and nationality, if relevant, and previous remedies.
- Please do not use names or any information that can identify the person. Patient confidentiality is of the utmost importance.
- Please write your case as much as possible in the patient's simple language. No analysis is necessary, however, you may wish to highlight the clues and symptoms that relate to the remedy.
- Please give a full follow-up, including the particular improvements and how long the improvements lasted. It would be nice if the improvement continued for a long time. Sometimes, however we find that remedies make a huge shift but the patient moves quickly to a different "state," thus needing a different remedy. These cases indicate aspects of the remedy and are therefore still useful.
- Please indicate when you changed the remedy and to which remedy. This provides useful information about remedy relationships. You can e-mail or post the cases on floppy. For e-mails: E-mail your case, saved in RTF, both attached and pasted onto the message area to Tina Quirk at tinqui@aol.com. In the subject section, please write *Dynamic Cases*, and remedy name.
- Please send different cases in separate e-mails. For floppy discs: If you need to post a floppy, label the floppy with your name and telephone number. **Send to Tina Quirk, 133 E. 80th Street, New York, NY, USA 10021 or to Dynamis, 39 Wells Rd, Malvern, WR14 4RJ UK.** Please mark the package: Attention: *Dynamic Cases*. If you have any questions or problems about writing the cases, please contact Tina Quirk.
- Please send cases as soon as possible. Our deadline is December 15, 2002, with publication planned for early 2003. With many thanks for your contribution: we will send you a copy of the book!



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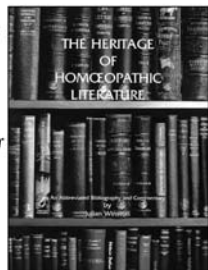
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SEPTEMBER 25 - 29, 2002 Advanced Homeopathic Training with Dr. Jayesh Shah, New York Maui Academy of Homeopathy, Jeff Baker <mailto:sjbaker@t-link.net>, (808) 572-2229

SEPTEMBER 26-OCTOBER 2, 2002 The School of Homeopathy presents: Clinical Workshop with Misha Norland and Janet Snowdon: Evergreen CO Earlybird registration by July 26. Contact: Betsy Levine, 82 East Pearl St., New Haven, CT 06513 USA Tel: 203 624-8783 <mailto:betsy@homeopathyschool.com>

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FEBRUARY 28- MARCH 3, 2003 Jeremy Sherr, Denver, Colorado Dynamis School for Advanced Homeopathic Studies Contact: Josette Polzella, Administrator 40 Dancing Rock Rd., Garrison, NY 10524 Phone/ Fax 845-734-9347, mail to: jpolzell@bestweb.net

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MARCH 7-9, 2003 The School of Homoeopathy, New York Years Two, Three & Four Student Clinic, Friday Years One through Four Academic Instruction, Saturday and Sunday (VISITORS WELCOME, by appointment only) Contact: Kathy Lukas, Director (<mailto:kathy@schoolofhomeopathy.com>) Tel: 212-570-2576 <http://www.schoolofhomeopathy.com>

MARCH 7-9, 2003 Homeopathic Master Clinician Course with Louis Klein R.S. Hom Session Three of Year Two - Minneapolis, MN Contact: Luminos Homeopathic Courses Ltd. Aryana Rayne: 604-947-0757 <mailto:aryana@homeopathycourses.com> <http://www.homeopathy-courses.com>

MARCH 28-30, 2003 Homeopathic Master Clinician Course with Louis Klein R.S. Hom Session Three of Year Two - Seattle, WA
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APRIL 4- 6, 2003 Postgraduate Course in Advanced Homeopathic Therapeutics, Boulder, CO Dr. A.U. Ramakrishnan, M.D. Session 4 topics: Gastrointestinal disorders, Renal diseases Contact Sybil Ihrig at (858) 676-7960, <mailto:kaphananda@aol.com>

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APRIL 4-6, 2003 New England School of Homeopathy Two Year Course. 2003-2005 Class #2, Amherst, MA. For further info see www.nesh.com Contact: Amy Rothenberg ND <mailto:nesh@nesh.com> 413-256-5949, fax 413-256-6223

APRIL 10-15, 2003 National Center for Homeopathy Annual Conference Hyatt Regency at Penn's Landing, Philadelphia, PA (703) 548-7790, fax: (703) 548-7792, <mailto:info@homeopathic.org>

APRIL 16 - 20, 2003 Advanced Homeopathic Training with Dr. Jayesh Shah, Vancouver Session 1 of 3: One World Homeopathy, Kim Boutilier (<mailto:info@homeopathyvancouver.com>) 604-708-9387 <http://www.homeopathyvancouver.com>

APRIL 25-27, 2003 Homeopathic Master Clinician Course with Louis Klein R.S. Hom Session Two of Year One - Vancouver, Canada
Contact: Luminos Homeopathic Courses Ltd. Aryana Rayne: 604-947-0757 <mailto:aryana@homeopathycourses.com> <http://www.homeopathy-courses.com>

APRIL 27 - MAY 3, 2003 Four-Year Postgraduate Course Massimo Mangialavori at the Abbey, Stillwater MA Session three: Knowledge, Seduction and Forsakeness: Snake and Zincum remedies Sponsored by New England Homeopathic Academy
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<http://www.schoolofhomeopathy.com>

MAY 2-4, 2003 Colorado Institute for Classical Homeopathy Guest Speaker: Anne Schadde, HP from Germany Contact: Barbara Seideneck, CHom, CCH, RSHom (NA) Tel: 303-440-3717 Email: info@homeopathyschool.org Web: <http://www.homeopathyschool.org>

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JUNE 5-8, 2003 Homeopathic Master Clinician Course with Louis Klein R.S. Hom Session Four of Year Two - Seattle, WA Contact: Luminos Homeopathic Courses Ltd. Aryana Rayne: 604-947-0757 <mailto:aryana@homeopathiccourses.com> <http://www.homeopathiccourses.com>

JUNE 6-8, 2003 The School of Homoeopathy, New York Years Two, Three & Four Student Clinic, Friday Years One through Four Academic Instruction, Saturday and Sunday GRADUATION, Class of 2003, 4:30 - 7:00 pm Saturday, Society for Ethical Culture, NYC Contact: Kathy Lukas, Director <http://www.schoolofhomeopathy.com> (<mailto:kathy@schoolofhomeopathy.com>) Tel: 212-570-2576

JUNE 6, 2003 JEREMY SHERR, Boston area Live Patient Teaching Clinic Contact: Teresa Bland, CCH, PH:978-575-0049 <mailto:tbland-homeopath@earthlink.net>

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JUNE 13-16, 2003 Jeremy Sherr, Denver, Colorado Dynamis School for Advanced Homeopathic Studies Contact: Josette Polzella, Administrator 40 Dancing Rock Rd., Garrison, NY 10524 Phone/ Fax 845-734-9347, mail to: jpolzell@bestweb.net

JUNE 20-22, 2003 New England School of Homeopathy Two Year Course. 2003-2005 Class #3, Amherst, MA. For further info see www.nesh.com Contact person: Amy Rothenberg ND mailto: nesh@nesh.com 413-256-5949, fax 413-256-6223

JUNE 20-22, 2003 Homeopathic Master Clinician Course with Louis Klein R.S. Hom Session Two of Year Two - Toronto Contact: Luminos Homeopathic Courses Ltd. Aryana Rayne: 604-947-0757 mailto:aryana@homeopathycourses.com <http://www.homeopathycourses.com>

JUNE 27-29, 2003 Sadhna Thakkar, Boston, MA Advanced Clinical Management Course, Session 3 Clinical Materia Medica and long-term Management of Cases Contact: Tracey Arnold at (805) 496-0940 Bijan Haririan at (781) 221-2783

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AUGUST 1-3, 2003 New England School of Homeopathy Two Year Course. 2003-2005 Class #4, Amherst, MA. For further info see <http://www.nesh.com> Contact person: Amy Rothenberg ND <mailto:nesh@nesh.com> 413-256-5949, fax 413-256-6223

SEPTEMBER 5-7, 2003 Homeopathic Master Clinician Course with Louis Klein R.S. Hom Session Three of Year One - Vancouver, Canada Contact: Luminos Homeopathic Courses Ltd. Aryana Rayne: 604-947-0757 <mailto:aryana@homeopathycourses.com>
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SEPTEMBER 26 - OCTOBER 10, 2003 Rajan Sankaran, at Esalen, Big Sur, California Contact: Melissa Fairbanks (415)457-2079
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FEBRUARY 2003 Rajan Sankaran, Goa, India Contact: Dr Shachindra Joshi 22 Smruti, Tejpal Scheme Road no.5 Vile Parle East. Mumbai 400 057, India Tel: 91 22 834 5406 mailto:bhawisha@vsnl.com

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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 workload on this end. 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.

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