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## ***Simillimum***

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*Simillimum* is a journal published by naturopathic physicians for all people interested in Homeopathy. It is dedicated to the practice of classical Homeopathy as formulated by Samuel Hahnemann in the *Organon of Medicine*. The editors encourage homeopaths of all professions and backgrounds to write. Accounts of cured cases, essays, articles and letters to the editor are welcomed.

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# EDITORIAL

NEIL TESSLER ND, DHANP

Interviews are a particular favorite of mine, as they create an opportunity to hear the voice of influential members of the homeopathic community in a setting that allows for the easy coverage of a range of issues. They are also entertaining reading as distinct from the more serious work of studying case reports, etc. It was a privilege and an inspiration to have the opportunity to interview Rajan Sankaran and Roger Morrison, who were both tremendously helpful and cooperative in generously offering their time, as well as looking over the drafts. For the spring issue, we will be talking with Dr. Karl Robinson on his return to Boenninghausen and the roots of homeopathy.

The spring issue, as it is so far evolving, will be on the subject of provings. We will be publishing the Southwest College of Naturopathic Medicine proving of *Larrea tridentata* (Chapparal), as well as excerpts from Dr. Herscu's two-volume contribution to the ongoing dialogue on provings.

Special thanks to Kelly Marie Fitzpatrick, Jenny Tufenkian and Brent Mathieu for outstanding arrangements and excellent organization of this year's case conference. Also very special thanks to our generous sponsors and booth participants for their support.

I would last like to introduce the Simillimum review board. Each article received by SIMILLIMUM goes through a basic edit, then review by three physicians, before further refinements are made. The review committee consists of Drs. Gregory Pais, Mona Morstein and Pearlyn Goodman-Herrick. All three are members of the HANP board. They bring excellent insights and well-honed homeopathic instincts to the development of the material offered for each issue. They are hard-nosed, conscientious and well grounded thinkers and the journal benefits a great deal from their helpful review. My thanks to them for their ongoing efforts.

Paul Herscu, ND and Amy Rothenberg, ND

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## ERRATA AND APOLOGIES

In the Summer 2003 issue of SIMILLIMUM, Krista Heron's opening remarks and two cases from her seminar titled "*Perceiving the Forest in the Trees; A Study of the Conifer Family*", omitted footnotes to contributions from Steve Olsen, Massimo Mangialavori, Rajan Sankaran and Christine Luthra, all of whom have contributed to the broader understanding of the Conifer family. Both Krista and the editors of the SIMILLIMUM apologize for this oversight.

Special apologies to Turje Wulfsberg and Bernd Schuster and our readers for the mistitling of Turje's review of the proving and cases of *Cola nitida* published by Bernd Schuster. Somehow the title from the previous issues book review was retained.

Apologies to Drs. Herscu and Rothenberg for contact information disappearing from their N.E.S.H. advertisement in the last issue.

# THERE IS NO TWO

AN INTERVIEW WITH DR. RAJAN SANKARAN

By NEIL TESSLER ND, DHANP

*We're talking in Rajan's room in San Francisco, during his October seminar. On the table in front of the TV is a Three Stooges movie, as blatant a fingerprint as any. Rajan's easy manner and terrific sense of humor balances his relentless concentration on all phases of homeopathy, philosophical and practical. He does not look to the right or left, except to absorb the information offered by others. He seems to give little mind to his critics, except to give honest consideration to useful criticisms that reach his ear. He spoke of another homeopath that had written an extensive critical essay saying, "He accurately wrote about where I may have made mistakes, but he did not say anything about what he found good in it."*

*He sits cross-legged on his chair, gazing into space as he talks. His glasses are off, revealing a distinctly oriental cast to his eyes and creating a sage-like impression.*

*In his seminars, sage-like, he says:  
"There are two vital qualities of a homeopath,  
you must be stupid and you must be lazy.  
If you want to discover nonsense, you cannot use intelligence.  
Otherwise, you only see what appears to your intelligence.  
You have to be utterly and completely stupid,  
then you can see what is.  
It's not your mathematical summation.  
My only regret is that I am not more stupid than I am.  
You as a homeopath have to do nothing,  
you have to make absolutely no effort.  
"Tell me a bit more." Minimum effort.  
Sit down; be completely stupid, completely lazy.  
Try to be clever, try to go ahead of the patient and you spoil everything."*



*Several times in this seminar you have used the phrase "the renaissance of homeopathy". How do you see this 'renaissance'?*

I think there was a kind of plateau or a stationary phase of homeopathy for many, many years. Not much seemed to be happening in terms of development. Some people were following repertory, some *Materia Medica* and so forth. Then about twenty or twenty-five years ago, something seemed to be starting around the same time in different parts of the world; people who started thinking ahead. Some movement happened in this relatively still situation in some parts of Europe, North and South America and in India. George Vithoulkas was one of the initiators of this movement, and there were others in other parts of the world who did the same, almost synchronously.

In South America there was Candegabe, Paschero, Ortega, Masi and maybe others as well that I still don't know about. They started speaking a slightly different language. A progression. Ortega spoke about the miasms. Masi spoke about what he termed the "Primary Psora", Candegabe spoke about "minimum syndrome of maximum value" and Vithoulkas gave his 'essences'. In India, Phatak gave his *Materia Medica* and Dhawale worked on the psychological aspects of various remedies.

In a sense, what each of them was going towards was to look beyond symptoms into something deeper, into a deeper understanding of patients and remedies. They were beginning to see that symptoms of a patient or a remedy were not a random conglomeration, but were a patterned expression of a deeper, core disturbance. That pushed case taking and understanding of remedies to another level. In a way, what all these different homeopaths were independently doing was so similar. Their work inspired a whole generation of homeopaths to which I belong and set a pace for future development in the same direction, namely to go deeper.

This was also a time when the schools started coming up, teaching started happening and seminars commenced. Then there began a lot of movement. People were beginning to see the limitations of modern medicine, realizing the value of a holistic approach and homeopathy was getting popular. So homeopathy had to develop to meet this expectation – it was the time for it.

Then there was a second generation of homeopaths, again, almost synchronously all over the world. I cannot name all of them, but I can mention Juergen Becker from Friburg, Jeremy Sherr, Jan Scholten, Sehgal from India, Joseph Reeves from Israel and Massimo from Italy. Again, though each of them was working on their own, when we compare the works of these people, we can see a similarity of intention. In their own way each of them went even a step deeper to the source of the

substances that we use. It seems like the earlier generation wanted to reach the core of the human and the next generation wanted to reach the core of the substances themselves.

Jan Scholten's work in understanding the minerals, Jeremy Sherr's work with the provings, Jurgen Becker's work with fairy tales and mythology, Sehgal's approach of going deep into the mind symptoms alone to find what he termed the "kingpin symptom" etc., are some examples. So there was always the attempt to go to the center somehow, deeper and deeper and deeper - each working in their own way. I find this phenomenon very, very interesting.

This development grew exponentially. Some took it to America and elsewhere, like Nancy and Roger, Jayesh Shah, Misha Norland, Anne Schadde, Alize Timmerman, Divya Chhabra and so many others. Each contributed to this development.

Keeping pace with these developments was the development of homeopathic software. Starting as simple software versions of Kent's Repertory, they have now developed into *Materia Medica* and reference software with several search functions. More importantly they now incorporate the study of remedies by families and also the understanding of the source.

The idea of going to the deepest level and to the kingdoms is now increasingly accepted and practiced. I think this is changing the way we practice homeopathy and is not stopping; it is just going on from there and this what I call 'the renaissance'.

*Perhaps you could describe the root of your own journey.*

I started with the repertory – I knew this pretty well, I was working with this for a long time. Also with the *Materia Medica* because that is the most fundamental thing and I still think that everybody should have this fundamental basis because it's solid, but to remain limited to the solid; it limits you too. You don't make your house your prison – and especially when you're not getting the kind of results you want consistently. Then you want to seek some method, some philosophy that has consistency.

We started studying cases of success and failure and found that only remedies that were based on mentals and generals had a very high chance of success as compared to those only based on local symptoms. Trying to understand this, we realized that disease was a holistic disturbance, initially manifested in the mind and generals.

We studied the mind and found that the mind state is not merely a set of unconnected attributes like jealousy, grief, etc., but is an adaptation to a certain perceived situation. This led to the idea that the mind state is a reaction to a delusion. Giving emphasis to the delusion in a given case vastly increased the success rate. I then worked on classification of delusions into types of adaptive behaviors based on the type of situation perceived. This I equated to miasms.

Then I came to the idea that patterns of a particular kingdom, like mineral, animal or plant would show some differences. This led to the kingdom classification. Later, to classify further, I studied and found patterns in the periodic table and in the animal kingdom.

When studying plant families, to come to a common theme in each one, I came to understand that there are levels deeper than delusion, namely *sensation* and *energy*. This understanding revolutionized the way I look at cases and remedies. As a result, homeopathy has taken on an entirely new meaning for me.

This has been my path so far and I can for sure say that I don't have the success that I would desire – far from it – but when I look back ten years, fifteen years or even four or five years, I'm really content with the rise in the success. I know that I do solve cases today with remedies that I couldn't imagine giving three or four years ago. I know that no other remedy would have produced that kind of result in that case, from what I can see today. So in this way I am content, though, because of the large number of failures, I am discontent and that keeps me wanting to look further.

*Earlier today you compared your miasm schema to cities on a map. There may be many towns in between, but the cities get you to the general vicinity. One often hears in conversation, "Well I believe there is this miasm or that miasm also."*

These ten miasms work for me; therefore I don't see the need for more than this at the moment. There were not too many cases that didn't come into one of these and I think to enlarge it more would reduce its practical utility, as it would become cumbersome to operate. The differences would be too minor not to be confusing. The idea of saying that miasms are cities on a map or shall we say states of the union on a map, is that you could have a case or a remedy somewhere on the border between two miasms, but you can't think of a person having two miasms which are separated by a distance.

*You said no pathology is classified as a miasm.*

We treat not pathology but “states of being”. In our homeopathic understanding, pathology is only an expression of the state within that needs to be treated. So we are focused completely on what is the state. It is the state that gets classified into miasms and kingdoms. If we treat the state then the pathology should go automatically. So our understanding of disease is not the pathology but the state. The pathology doesn’t figure at all in miasm classification.

*What is “the state”?*

The state is the state of the being within, the turmoil within - which is expressed in his mind, in his body and in each and every expression of the patient. You may be having the pathology of cancer, but you could be sycotic in your state. The way you perceive reality might be completely sycotic. If you feel fixed or stuck in a situation and you need to cover up for that, your pathology could be anything and you would still need a sycotic remedy.

*How do you see the role of the repertory at this stage in your work?*

Repertory is very important in my present work to classify the kingdoms and sub-kingdoms and to find the common symptoms of a particular family or a sub-class of animals. So I use a software program to tell me what are the common symptoms of this family and what are those symptoms in which this family is most prominent as compared to others. In this way the repertory is of immense value.

The second, of course, is if the patient gives a very peculiar symptom, very strange, very characteristic, especially physical, then I would go to the repertory and have a look. However, I never did use the repertory for a numerical or mechanical repertorization of symptoms. You miss the case when you study a case numerically. You have fragmented the case, fragmented the symptoms of the *Materia Medica* into an unrecognizable entity and then you put it in and get, say, five different remedies that have completely different types of disturbances. The symptoms do not bring out what is inside. It would be very confusing for me to just put in symptoms and see what comes out.

*Could you speak about the evolution of your case taking?*

Case taking has changed completely. Earlier, I would ask more about minds and dreams than about the complaint that the patient came with. Now I see that the complaint that the patient comes with is the best entry point and the best representative of his inner turmoil. So I follow this

through various levels. First he tells the diagnostic terminology, then he tells the actual symptoms, or the facts, and from that many times he goes on to his emotional feelings, and then into his imagination or imagery and finally into the sensation which you find is the same locally or generally.

Here I think I really understand the spirit of Boenninghausen who said that there is no local symptom at all, everything is general. The symptom that is found locally, expressed vividly, expressed with energy, expressed with gestures of the hands, is not local anymore. You find that that which is expressed locally, the sensation, will be the ruling sensation of the whole case, through his emotions, through his delusions, through his dreams, through his interests and hobbies, through his relationships, through his fears. When you go to the depth of all, you come to the very same sensation.

The very same pattern pervades the entire story of the person from his childhood until now and then you know you are absolutely on the center point because everything leads over there. If at that level you can find a remedy, the chance of success is very, very high. This is the way I do case taking now, just follow the patient from the chief complaint right down to his deepest level, which is sensation and energy. At that level the patient comes very close to the source of the remedy he needs and uses terminology that is not specific to humans. He then clearly shows what his central issue is and from this we can see which kingdom or subkingdom he belongs to and then we can go on to find the remedy. This works very well.

*How do you shepherd the patient?*

I just persist until he takes me to the next level and if he's completely blocked I use some bypasses. For example, one of the bypasses is to work with a feeling that is denied. Let us say you are attempting to move from the level of fact to the level of emotions. If I say "What do you feel about a headache?" and he says "I don't feel anything", I ask him "What is that you don't feel?" Then he says, "I don't feel disturbed". So I say "Tell me about 'disturbed'?" and from then on you have the case again.

The idea is whatever you don't feel is also what you feel. Whatever you deny is also what you are. Whatever you express in any context is what you are. If you don't get it directly, you can get from some other context and it works just as well. So these are some bypasses. You can use dreams, fears, childhood, anything. These are some of the bypasses.

*Could you discuss the approach to studying Materia Medica?*

I think that you must have the fundamental knowledge of the symptoms of the *Materia Medica*. This is the basic foundation and there is no substitute for this. So you know the symptoms of the remedy. You know *Bryonia* is worse from motion, it is thirsty, it's a white tongue, it's got homesickness, craving for warm things, etc. You must know this quite well. You have a good grasp of the main symptoms. That is very important. Once this is done, the second this is done, the next thing is study remedies as families. What are the *Violales*, *Umbeliferae*, *Solanacea* and so forth. So this is the study of remedies as part of a group, not only as individuals. The same thing applies for minerals and animals.

If these two things are studied together this would be the best. The problem can sometimes come when you only want only one side and not the other; then you are limited. So you only want the symptoms, you don't want to know anything about the group from which it comes. Then you are limited. For example, if it is a case of snake, you can take loquacity and so forth, and you repertorize, then surely you will not come to a remedy like *Crotalus* or *Naja* because it doesn't have these symptoms in the book. You will miss it. But if you know these are the group symptoms of the snake and you know what is the special thing with *Naja*, either as a symptom or as a survival strategy in nature, then this would be much better. Then your knowledge is complete, not only from the book but from the source as well. I think these are the two sides that you need to be strong about.

*What about the issue of signatures?*

This means different things to different people. If by signatures you mean that if a person looks like a pig, give him pig's milk, or he makes a little curving movement like this, we should give a snake or if he wears yellow clothes so give *Chelidonium*. This is completely superficial and with this I don't agree.

However, remedies are the spirit of the source from which they come. The idea is, that if we go to the deepest core of the patient's being, we find that spirit that comes from nature. At a very deep level you can maybe see a connection. If you apply it superficially it is a disaster. The turmoil that we call "disease" is a language of nature that expresses the very spirit of the substance that is needed. So when we study the remedies we will see many aspects that relate to the nature of the substance and when we study the person at a deep level we will see this also, sometimes with remarkable exactness.



*What do you think of the idea of layers?*

It is my experience that if you find the remedy that is really at the deepest level, they will do very well on it for many years. Usually at the end of that time they are so healthy they don't need any other remedy. Otherwise, you will just get a partial effect, but you have not really got it. As Hahnemann said, you are zigzagging towards cure and I can't do that very often, it makes me dizzy!

Improvement will also go by levels. First the symptoms improve, then the feeling (emotion), then the delusions, then the sensation. That process takes two or three years in a chronic case. The deeper the miasm, the more time it takes.

I don't subscribe to the layer concept at all. If there are five different expressions in a given moment, the whole thing is the expression of one, there is no two.

If the remedy has to change, the whole should have changed. That new remedy has to cover each and every expression of that moment. The totality of symptoms, the complete expression of the disease in the moment, is an expression of one disturbance.

You check the main areas that are important to the case, whether it is the things they love or hate, childhood, etc. If it doesn't come to the same place, something is seriously missing. Establish it so firmly. Be extremely circumspect and questioning of your own conclusions.

If you go the depth of the person, you see the main switch, which in one flick makes all the individual bulbs light up.

*Let's discuss the development of knowledge in homeopathy.*

Everybody in any field of human knowledge is motivated by the endeavor to find something deeper, to become aware, not only what is outside, but also what is inside, deeper and deeper and deeper. If it is a movie and it is a good moviemaker, his job is not only to portray the fact, or the feeling, but also to go inside and show what it is that is the inner energy pattern that is expressing itself through it. Really good movies have a quality that goes beyond space and time because that energy pattern is not only restricted to that situation and that person but it is something that pervades through space and time in the human consciousness. The attempt of the moviemaker is to reach that level and if he touches that level he has made a great movie that stands through time.

The same thing is true for an artist. When an artist makes a painting or a sculpture he freezes in time something that is timeless and beyond space. A scientist as well wants to discover, become aware of something deeper, something that goes beyond the external world into something that is universal. This is the whole endeavor of the human being. Whether it is art or music or religion or literature; everything goes and progresses in this way. From strict discipline and rules, like religion has, art has, music has, from there you progress into something that is emotional and then to something that is just energy; what you can call modern art or deep music or spirituality.

The homeopath is the musician who wants to reach the deepest melody, the scientist who looks into the depth of the microscope, the archaeologist who wants to go to the deepest level of ancient artifacts. I don't see any difference between an artist, a musician and a scientist or an author of literature and a homeopath. They are all doing the same thing.

Different homeopaths are all doing the same thing as well. Some through repertories, some through characteristics, some through imagery, some through the mind symptoms, some through miasms, it doesn't matter. So I have the feeling that things are happening together in a synchronistic way, there is a movement forward in many areas of human endeavor. We can only observe the phenomenon and say that the time has come. It is happening and I don't think we should or can stop it.

*The very contemporary distinctions of fundamentalist vs. innovators seem immaterial in this light.*

Honestly, I don't see much difference. I trust that the motives of all homeopaths are the same fundamentally. That is to come to a remedy that will heal the patient. So I respect the intention of all homeopaths, regardless of whatever group or school or method of homeopathy to which they subscribe. But I do feel that we are all little islands and that in our little islands we remain limited unless we are able to trust that the other one has the same intention as us. Then we can join hands and pool our knowledge so that we have something that is somewhat more than our little territory. It can never be complete because knowledge is too vast to ever be complete, but at least we are not totally limited by our little space. I think that if we do that, it has come in my experience that our successes can go up and our aim to find a remedy for our patient will be furthered.

I can say that I have learned from everybody that I have come across;

whether it is somebody who is repertory oriented, or Kentian, or miasm-based, etc. I think I can hear the same language in all of them. Apparently on the surface there are a lot of dissimilarities. It is like when you are on a mountain there are many paths and it seems each one is leading to a separate place, but when you go on the top you see that every path converges there. While you have not reached the top you only see differences, when you reach the top you see no difference at all. The only difference is in the path, not in the destination.

I think also that each homeopath needs to choose one path in which he goes. He shouldn't confuse too much. He shouldn't say, "I go on this path. No, no this path. No, no this path." He will never reach the top. He will be flitting from one path to another, getting completely confused. There is a lot of this happening now days. He should choose one method resonating with him.

There are people who cannot think in images. They may not like to choose the path with imagery. There are people who like to be very strict mathematically; maybe it suits them to go with the repertory better. Let that be their fundamental way of doing it. So each one will choose the path that suits him the best, but he can borrow from other paths from time to time. Once your foundation is strong, you can reach across and get something. But make your foundation pretty strong in what you are doing; in your method. Each one has to choose, it is completely homeopathic there as well, completely individualistic. I don't think one is right and the other is wrong.

You asked me about the controversy between so-called fundamentalists and innovators. This division between one and the other is the most basic problem of the human being. The human being in general is always split up between this and that. Am I this or am I that? Am I the God or am I the Devil? Am I good or am I bad? Am I selfish or am I selfless? Am I black or am I white? Am I West or am I East? Am I a man or am I a woman? Constantly in the human history there is always a division. But the truth is that above and beyond this division there is one. There is no two. You are this and that. You need to be both fundamentalist and innovator.

In the mind of every fundamentalist there is an innovator and in the mind of every innovator there is a fundamentalist. They are two essential parts of the human being. You need to have your house and you need to go out too. There is no point asking, "Are you going to be in your house or are you going to be out of your house?" No-ho-ho!! Doesn't happen! You need to be in your house and you need to go out too. So I don't know if I am an innovator or a fundamentalist. I think I

am both and I think all of us are both.

If we deny one part of us, then there is the division. I think I am both man and woman. I am both left brained and right brained. I am materialistic and spiritual, a scientist and an artist, a human and an animal, a child and an adult, selfish and selfless. I am both sides of every coin. In the same way, I think I am both innovator and fundamentalist. We should accept that both the sides are going to “be” and both are right. So it’s not “you or me” it’s “you and me” and it’s “me and me” also. It’s all within us. In my understanding of homeopathy, when you fight something outside of you, you actually fight something inside of you.



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# CYCLES & SEGMENTS ANALYSIS: A CASE EXAMPLE

AMY ROTHENBERG ND DHANP

I have written up the following case to model how I apply the *Cycles and Segments* philosophy and practice into daily patient care. This approach supports me in case-taking as well as in analysis. Once the concepts of this methodology are understood, the computer repertory program RADAR has the Herscu Module available, which is both an easy and satisfying tool to use. I use the program during the interview, which helps to inform my questioning process.

I use the Module to help create a *Cycle* of the patient's complaints. The *Cycle* is generally made up of 5-6 *Segments* which are defined as groupings of similar symptoms, i.e. symptoms that represent similar ideas. With each symptom a patient shares, I think, *what is that symptom an example of, what does it represent and are there other examples of that in their story?* For instance, if I have a patient with abdominal bloating, I would ask myself what is that an example of? It's an example of fullness and swelling. If it did not come up during the interview, I would ask the patient, 'Are there any other examples of fullness and swelling you have?'. Perhaps they also have swelling around the eyes and swollen ankles. I would put these symptoms in one segment *as they represent the same idea*. I would call the *Segment*: "Swelling" and would look for rubrics which represent those specific ideas. For example, abdomen, distension/face, swelling, eyes around.

In this way, I am sure that I am looking for the *overall tendencies* of the patient. I am not concerned that I might not have found *the* exact correct rubric, because I have understood the *overarching concepts* of the patient's pathology. As I choose rubrics which represent the specific *Segments* which will be demonstrated in the following case, the remedy that will help, comes out in the final repertorization.

As to how the *Cycle* is created from these *Segments*, and how the *Segments* are influenced by my understanding of the *Cycle*, I will discuss and model this through the case below. It is an organic process which

allows all the case-taking skills honed over years of practice, to be utilized and supports my questioning process in general.

Students and preceptors often wonder how there could be only 5-6 *Segments* in a full case. What I experience is that commonly, things *seem* separate and unique, but in reality are only further examples of a *Segment* I have already defined. With the example above, we might also see a kind of haughtiness, the patient being *full* of herself- so that often times, I intermix mental, emotional and physical symptoms, as long as they represents *the same underlying idea*.

More experienced homeopaths might think this process tedious or unnecessary, but I find it liberating. Instead of feeling inundated by seemingly disparate and often multitudes of symptoms, I now have the ability to streamline the information *as it is coming to me*. Some of this data comes to me by what the patient says, some by what I observe visually, some by what I experience kinesthetically.

I am particularly enthusiastic about this approach because it is easy to teach; my newer students who do not have the benefit of “pattern recognition” and for whom all of homeopathy is novel, consistently arrive at a handful of good remedy choices. From there, they can go to the *Materia Medica* for a final decision and also have a few remedies as back up, should their first remedy choice prove incorrect.

With computer analysis, like anything else, it’s garbage in/garbage out, but by understanding the philosophy of *Cycles* and *Segments*, there are less pitfalls and more safeguards to prevent those frustrating elements of repertorizing, which can occur whether done by hand *or* computer. Too many remedies come through, not enough remedies come through, or worse, a list of possible remedies, but alas, none seems appropriate!

When we train homeopaths, we spend sufficient time early on, teaching the repertory. We describe the history and basic layout of the *Repertory* and general concepts of the language. We then go section by section with repertory exercises so that all students eventually develop facility with describing, then finding symptoms. This makes the repertory a much more usable tool and less intimidating; it gives the homeopath the capacity to be nimble in their use of the repertory and to use it to the fullest advantage. As would be expected, we put extra emphasis on the MIND section.

## Marina

This patient was quite troubling to me; her issues were sending her family into tremendous stress. They appeared at my office after attempts with medication, psychotherapy and acupuncture over the course of a number of years had proven ineffective. Marina, 15 years old, is the middle child in a family with three children, who was brought in for the treatment of severe night time anxiety. The mother reported that she has always been high strung, was a difficult and colicky baby and had many fears throughout her life.

At this time it was mostly manifesting as bedtime anxiety. The mother described what would happen:

“She tends to get worse as the evening comes on. As we near toward bedtime, she starts to “involute,” she gets pale, worried that she won’t be able to fall asleep. She has an extreme fear that she will vomit from the anxiety, though she never has. She will go and sit by the toilet and literally shake with the fear of vomiting. Bedtime can take anywhere from 2-3 hours; sometimes she cannot get to sleep until well after midnight.”

I asked the mother what the teen needed when she was at her worst, what made her feel better. The mother said she needed constant support and attention, needed to have her back rubbed, or feet massaged or be spoken to kindly. Both parents and the older sibling could offer these things, though the patient was difficult to satisfy, it could go on for hours. The mother felt it was impacting the whole family and that the teen’s overall health and ability to function were compromised.

“Other than this, she is a very social and sweet girl with many friends. She is sensitive; picks up on everything, everyone else’s feelings.”

The patient tells me herself that when she feels anxious at night, she must swallow hard, her stomach hurts, her legs get shaky and her hands sweat.

She says she absorbs other people’s problems; she is a really good listener. She hates if there is a fight with one of her friends or if her parents argue. She just can’t take it and it will make her sick.

She feels like the anxiety is always there - if she thinks about it she can always tap into it. She worries about everything: school, friends, the world, her family. At its worst she cannot talk about food, or eat or watch anyone else eat.

She likes to eat: bread, pasta, cookies, chicken, ice cream and sweets. She doesn't like meat or fish.

She is warm-blooded, rarely wears a hat in winter.

She sleeps on the left side.

She does not bruise easily or have any history of bloody noses.

She is also afraid of earthly things like high places, the dark, spiders and insects.

She says she is usually chatty and friendly but if she is anxious she becomes inward and quiet.

She complains of occasional headaches that are better with cool applications. She has mild hay fever for which she takes OTC medication.

Her review of systems was otherwise within normal limits.

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A mathematical flat repertorization brings several remedies to the forefront, including *Arsenicum album*, *Calcarea carbonica* and *Phosphorus*. Looking at the specific rubrics of the main complaint that brought her in, such as the nausea before sleep and the fear of going to sleep, brought other remedies to mind. The anxiety for others and her openness point us to the possibility of *Phosphorus* or *Cannabis indica*.

Which symptoms are we supposed to pay attention to? I ask this now because many times when presenting a case, once it is put all together, it is easy for the reader or observer to say, 'Ah yes, that was simple,' but when it is your patient, sitting in front of you, it is not always so easy and ultimately, this is the question to answer!

In fact, this essential aspect of case analysis, i.e. what to pay attention to, is my point of presenting this case. Is there a way to make this decision process easier? Is there a way to make this process similar with every patient? Is there a way to do it with a little *less* guesswork & a little *more* confidence? And can we teach it to others, i.e. is it reproducible from homeopath to homeopath.



For me, this is accomplished by building a *Cycle* and finding the *Segments* which make up the *Cycle*. It focuses my case-taking eye and like any good model, is something I can use with every patient, day in, day out. There are no exceptions to this approach and it is equally effective for children and adults, those with physical problems and those with mental or emotional issues. The more complicated the case, the more thankful I feel for a clear and concise philosophy and routine. And like anything else, the more I use it, the better I am at it and the more comfortable I become, especially with those overwhelming and difficult cases.

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For Marina's case, I began to sketch a *Cycle* of how I perceived her struggles. I usually begin creating the *Cycle* from the very first moments of the interview. The chief complaint is often represented in the first *Segment*. What brings on that chief complaint is often represented in the previous *Segment* and what the symptom leads the patient to do, is often represented in the following *Segment*. Like anything cyclical, you could begin your understanding anywhere in the case.

When I began to repertorize this case, the first thing I thought of was Marina's tremendous fear before going to sleep. I asked myself, what was that an example of, and were there other examples of that in her story? To me, it was an example of a fear of losing control. There was another example of this in her fear of vomiting.

I wanted to find rubrics that would represent this idea. I called this *Segment* 'Fear of Losing Control' and used rubrics that described how this manifested for her:

MIND ANXIETY, sleep, before  
FACE, EXPRESSION Anxious  
MIND, FEAR, VOMITING  
SLEEP, SLEEPLESSNESS Anxiety, from  
MIND, FEAR, Control; losing

The Herscu Module on RADAR enables me to build the case through the *Repertory* as I go. Here's the screen which represents this first *Segment*:



The #1 *Segment* at the top of the *Cycle* is labeled to the right - 'Fear of Losing Control' and you see the rubrics (with the # of remedies in each rubric listed) which were chosen to represent the idea in that *Segment*.

This fear of losing control led the patient to clear physical symptoms which I grouped together in the next *Segment*: 'Nausea before Sleep'. The rubrics chosen to represent these physical body manifestations of the anxiety follow:

GENERALITIES, TREMBLING, internally  
STOMACH, NAUSEA, sleep before  
STOMACH, APPETITE, wanting, evening

Here is the screen showing this *Segment*:



This second *Segment*, ‘Nausea before Sleep’, led me to ask what that problem made the patient do? What did she try to do or what did she need in order to try and feel better? This is another way to phrase our modalities that are always essential bits of information for good prescribing. It also helps us to understand the *Cycle* of the illness. In Marina’s case, it was clear what she needed when she was feeling at her worst: I called this *Segment* ‘Desires Company/Unsatisfied’ as that’s what she needed, yet there was never enough. I used the following rubrics to represent this idea:

MIND COMPANY, desire for-alone, agg.  
 MIND AFFECTION-yearning for affection  
 MIND, AFFECTIONATE

Here’s how the screen appears in the Herscu Module of RADAR:



When Marina did not receive the amount or degree of affection she needed, which was truly impossible for family and friends to provide, this triggered her underlying tendency of anxiety. This lifelong quality was at the root of all her issues and had manifested itself in different ways over the course of her life. What brought the family into the office now was her fear of going to sleep, as a toddler there was severe stranger anxiety, as a first grader the anxiety manifested as school anxiety, etc. To represent this key element, which I called ‘Generalized Anxiety’, I used the following rubrics:

MIND, CARES, full of  
 MIND, FEAR, causeless  
 MIND, FEAR- disease of impending  
 MIND, FEAR- everything, constant,of



Being prisoner to this underlying nervousness made Marina particularly sensitive to aspects of her environment; specifically, she could not tolerate discord. I named this *Segment* ‘Sensitive to Discord’ and utilized these specific rubrics to express the idea:

MIND, ANXIETY-family, about his  
MIND, AILMENTS FROM-discord between- parents-one's  
MIND, SENSITIVE- external impressions, all

### The RADAR screen:



Marina's sensitivity and ability to pick up on any worrisome event or her feeling that something bad would happen led her to an almost constant state of feeling forsaken. I used that one nicely sized rubric, to capture this deep feeling of hers:

MIND, FORSAKEN.



So the full *Cycle* shown in a slightly larger format follows:



Dependent on the particular case, I often do this repertorizing while sitting with the patient and then show the patient the *Cycle* and *Segments* I have drawn up. I ask for feedback; many patients can help me to refine my understanding and come up with a clearer *Cycle* that better represents what their experience. Sometimes it's a matter of changing the

order of *Segments*; sometimes we realize together that an important aspect of the case is absent.

The *Herscu Module* allows us to view all six *Segments* at once and to move rubrics from one *Segment* to another if the prescriber's perceptions or understanding of the patient shifts during case-taking or case analysis. I can do this by highlighting and then dragging the symptom in question to the better *Segment*. I have found this to be very helpful, as often, during a case, my understanding shifts, as further information comes forth. With Marina, she and her mother helped me to understand where the focus was after they looked at my first attempt to create the cycle. We shifted some symptoms around and renamed some *Segments* to better reflect what they experienced. Here's what that final screen looks like:



I know I have finished taking the case when the *Cycle* is complete, when I can visualize how this pattern of pathology is sustained. Sometimes, I take a full case and do the analysis at a later time, i.e. try to create the *Cycle* once the patient is gone. But the beauty and promise of this approach is to do the work *with* the patient, because it helps guide the questions asked and therefore, the case received. Preceptors, who frequently sit in with me, often comment about the straight-forward nature of this approach; how it is practical and organized.

A more experienced homeopath might argue that this was a pattern recognition case, but to me (about 18 years into practice) it was not. The degree and intensity of the anxiety as well as the modalities could have just as easily led me *Stramonium* (fear of going to sleep, fear at night), *Phosphorus* (over-concern for others, fear of being alone), *Arsenicum* (anxiety at night, self-centeredness), or *Carcinosin* (aversion to discord, need for affection.)

The computer program does the ‘math’ and leads to a short list of possible remedies. Below I have highlighted the remedy which I eventually gave; so those rubrics to the right are the ones where that remedy ultimately given, was found:



Note specifically the following two points. First, *Pulsatilla* is missing from a number of rubrics that represent Marina’s chief complaints, i.e. fear of vomiting and anxiety before sleep. Second, even though *Pulsatilla* was missing from those rubrics, it was not missing from the *Segment* itself and therefore came through the repertorization. That’s because we broadened our understanding of the one or two symptoms to understand what they represented.

A casual look at other forms of repertorization does not show *Pulsatilla* coming up very highly-not surprising, as it does not appear in a number of key rubrics!

It was from my understanding of the *Cycle* of her pathology, which manifested in various ways over the course of her life, that I arrived at this quite helpful remedy. The RADAR *Herscu Module*, used as a tool to organize the information from this case as I received it was indeed helpful.

Having taken a full case, including Marina’s physical generals such as body temperature, food cravings, and sleep position, gave me sufficient information for differentiating among remedies on a short list of possibilities. In this case, understanding the overarching emotional *Cycle* of someone who needs *Pulsatilla*, also added to my confidence in this prescription.

It should be added that this approach is very forgiving. If one forgets a specific rubric, but the correct idea is represented, you will still find a good, reasonable (i.e., not too long, not too short) list of remedies from which to choose. I am not looking for a repertorization process that leads to *one* remedy. I like a short list so that I can return to that list should my first choice prove to not be the *simillimum*.

Marina returned to the office two months after our initial visit when she had received *Pulsatilla* 200c, one dose.

Both mother and daughter were thrilled. She was putting herself to bed for the first time in her life; she had no further vigils of crouching near the toilet in fear of vomiting, and in general felt more relaxed and care-free.

It has been three years since this patient was first seen and she has received two more doses of *Pulsatilla*, once during a time of family discord and once at a transition to a new school. At neither time did the severity of her symptomatology return, only her internal feeling of anxiety.

I enjoy the challenge of trying to understand a patient using *Cycles & Segments*. I am liberated from my own anxiety that I would miss something important in the case. I am guided in my case-taking and ability to organize the verbal, visual and kinesthetic information received. I am less overwhelmed; especially with patients who have tremendous pathology and symptomatology on many planes. Working to understand how the *Segments* are connected and how they feed one into the next, gives me a concrete goal and allows me to know when my case-taking is complete. And of course, it enables me to come up with effective remedies! This approach can be used by homeopaths who embrace many other philosophical approaches; it is classical at its core and paves one way to clearer thinking and satisfying patient care.

For further information about the *Cycles and Segments* approach feel free to visit our website at the New England School of Homeopathy: [www.nesh.com](http://www.nesh.com) or to contact me directly at [amy@nesh.com](mailto:amy@nesh.com)

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# AN EVER DEEPENING PATH:

## INTERVIEW WITH ROGER MORRISON MD

By NEIL TESSLER ND, DHANP

*Dr. Roger Morrison is one of America's most respected practitioners and teachers. After spending almost two years studying with George Vithoulkas in Greece, Dr. Morrison returned to the United States in 1984 to assist in the establishment of the Hahnemann Medical Clinic and the Hahnemann College of Homeopathy. He divides his time between his practice at the clinic, teaching at the college and at other institutions, as well as writing.*

*Dr. Morrison's books, Desktop Guide and Desktop Companion have become standard text at most homeopathic colleges in the country and are used by homeopaths throughout the world. He is presently working on three books. We spoke with Roger by phone in early October, while in San Francisco*

*How did you come to homeopathy?*

I hadn't heard of homeopathy until I was about halfway through medical school. The first I heard of it was an article about George Vithoulkas by Bill Gray. When I read it, I basically thought, "What a bunch of garbage," and I tossed it out because it was talking about people being cured of conditions, I knew, after two years of medical school and my vast knowledge of medicine, couldn't be cured. Then later in the middle of the night I thought, "What if that was true?" So I retrieved the article, made contact with George and did a two-week seminar. This was in 1977 and I ended up going to Greece to the international seminar that year. I was so impressed that I decided to go back to Greece to study. I spent the next couple of years finishing my medical training, learning to speak Greek and studying homeopathy. I went back to Greece in 1982 and stayed until the middle of 1984.

*What were some of your experiences in Greece? What did you observe working closely with George?*

By the time I got close to Greece I was already studying homeopathy for about five years and I had a small practice for two years. I was already familiar with the frustrations and difficulties of practicing home-

opathy. I had already been reading the standard books and I was pretty familiar with the use of the repertory. I'd had successes and failures. When I got to Greece I saw homeopathy at a much higher level than what I had been practicing.

The consistency of results in Vithoulkas's hands was astonishing. I don't think I've seen that consistency of results with anybody else. In Greece, in his culture, with his patients, in the nearly two years I was there, I only saw one case where there wasn't dramatic benefit to the patient. It was totally mind blowing to be there and see that.

It was a large clinic – we're talking 30 doctors working full time – it was a huge operation. There had been 150,000 patients up to that time, and they were seeing anywhere from 30 to 50 new patients a day, six days a week. The accolades that were received from the patients were a daily event that we were just totally used to. So it was a complete revelation. Of course, after two years I was fairly well trained in Vithoulkas' methodology...

*How would you describe that methodology?*

It was pretty simple: take the symptoms of the case as carefully as you can. Investigation of the mental and emotional state of the patient was pretty simple as compared to what we do today. It was more or less, asking, "Well, how are you psychologically?" or "Tell me about your characteristics as a person?" It meant, of course, a lot of interesting specific mental symptoms for confirmations. Fear and phobias were very prominent in the interview. It was mainly looking in the mental state for specific clues, data points really.

The prescription was very analytical. It was based on very detailed and elaborate repertorization of all of the key characteristics that the person presented. We were taught to carefully elicit those symptoms. The physical symptoms were very rigorously sought. Then the analysis was done with strong emphasis on the peculiar symptoms, just as Hahnemann teaches and the results were just wonderful.

The Greek people,, compared to the patient population I see here, are much more simple, forthright, mentally healthy and much healthier physically on the whole. So we were seeing patients come in with much clearer symptoms than what I am used to now. In other words, most patients came in and they said, "I have headaches" or "I have an ulcer" or "I have a neuralgia" with clear modalities and clear food cravings and things of that sort. With rigorous and very painstaking repertorization and reference to *Materia Medica*, most of those cases were solved.

Of course, Vithoulkas was a wonderful teacher; extremely patient, extremely generous to all the doctors at the clinic. It was like one big family. Vithoulkas was available 24 hours a day, seven days a week. If you had a difficult patient reaction you could call him in the middle of the night saying "I've got an emergency, this patient is having a fever, what can I do?" He was always there to help and assist in the diagnosis, potency selection - everything. Also, for the doctors at the clinic he was completely generous, financially generous, and generous with his time and his teaching. He usually taught usually every Saturday with an extensive lecture. During the week, each of the senior students, Irene Bacchus, Vasilis Ghegas, many homeopaths you wouldn't have heard of, would give lectures. At least three or four evenings a week, there were lectures on *Materia Medica*, or case-taking problems, or analysis of cases. It was a very rich experience.

*What was the influence of that once you returned to the states?*

Oh, it was enormous. We perpetuated his influence by inviting him back. For three or four years he came regularly to California to help in teachings and with our cases, etc.

*It seems that the interpretation of Vithoulkas, as it was received over here, was different than that you are describing. George became more identified with "essences".*

Yes, my experience of how Vithoulkas practiced was very different than the prevailing concept of essence prescribing. When Bill Gray went to Greece he sat in with George, but Bill didn't speak Greek, so he wasn't hearing cases, he was just hearing George's explanations afterwards. Also Bill was very familiar with *Materia Medica* and repertory. What was new for him was the concept of 'essences'. So he would ask George to describe the essence of various remedies. So when he came back and shared those essences, most people thought that's what Vithoulkas was all about.

Of course, when Bill Gray taught, when he came back, that's what he was teaching. When George came and started giving cases and teaching here, first in 1980 at Esalen, where he came for a month, he brought very difficult cases, most of which were solved by very careful repertorization, although they did have elements of the different essences that he was describing.

Essences were never Vithoulkas's exclusive focus. That was just the way it was interpreted by us, at that time. We weren't able to see exactly

what he was doing. Of course, Bill had written down these essences and we all had been given copies and George was very upset when he saw that we all had these essences because he said they were misleading. However, very quickly, these were propagated throughout the homeopathic world and the distortion of George's teaching went from there. In a way, it never really corrected itself.

*I recall that when you came back and started teaching you began giving very detailed lectures on Materia Medica and that went on for a couple of years.*

Well, of course, when I went to Greece, it was quite a revelation for me that the essences were not the whole story and that you actually had to learn quite a bit more *Materia Medica* than I had learned up to that point. When I first studied homeopathy I read *Kent's Lecture on Homeopathic Philosophy* and *Kent's Lectures on Materia Medica* cover to cover, ten times, before I had arrived in Greece. I knew *Boericke* but not that much - just as a book. When I got there George began coaching me on what to read. He had me read all the classics – *Allen's Keynotes*, *Lippe's Keynotes*, *Boericke* and *Farrington*.

Each week he had me work on a particular remedy or group of remedies and he would have me read maybe ten *Materia Medicas* and put everything together and make a summary of the points and he would really direct my study. So when I came back and saw the completely lop-sided viewpoint of George's teaching, the first thing I decided to do was to share the knowledge of the *Materia Medica*; the summary of what I had been doing in those two years that I had been studying there. So my emphasis was that this *Materia Medica* has to be learned and we have to take it seriously. Even though it was only little details; this is what cases turn on. So I spent a lot of my energy at the beginning trying to help people get up to grade on the *Materia Medica*.

*So your own Materia Medica was basically born out of that effort?*

Basically that and all the tips and hints that George gave us during all of his lectures and all the things that I learned at the clinic there from other people who had been studying with George for 15 years or more.

*So you were really guided by him into a very foundational training?*

Yes. If you were to go to the Center in Athens today, that's the homeopathy that they practice, that they've always practiced.

*So when you attempted to translate this into your practice in the*

*States, what did you find?*

Well, when I was in Greece I would take up to five new cases a week. I would study those cases pretty extensively and I'd write my suggested prescription. Then George would read the case, like he read every new case that came to the clinic, and then he would write down what the prescription would be. When I first got there, I think that I got one out of five prescriptions correct. By the time I left I was probably getting four out of five, so I was feeling pretty good to the extent that when he was on vacation he named me as one of the people to help with prescriptions. "You can go to this doctor or this doctor or you can go to Roger." That was a moment of great pride for me, I can tell you. So I knew that based on the case-taking I was doing then, I should get about eight out of ten cases correct based on what he would have given. Of course, when he prescribed by himself and saw the case himself, his results were much better. As I said, I hardly saw a failure.

But in my cases in Greece, certainly seventy percent of the cases were doing remarkably well. I knew that based on that experience, at least half the cases I saw should get the correct *simillimum* and do wonderfully. However, when I got to California, that was just not the case. It was a much lower percentage than what I was used to having in Greece. It was extremely difficult to see that happening, to see that the results were just not what they'd been. The only thing I knew to do was to redouble my efforts, to study *Materia Medica* even harder, to repertorize really carefully, to study the cases through the *Materia Medica* more carefully. Yet no matter how hard I tried, I was never able to reproduce the results I was getting in Greece. Even when George came here and would help me with some of these cases, we were not getting the same results we were getting in Greece.

*What insights do you have into what the problem was at that time?*

Well, I think it's just a different patient population. George himself threw up his hands and said, "You Americans are crazy. You're incurable because you're so nuts!" With that assessment there wasn't a whole lot we could do to improve on it except to continue attacking things just the way we had been doing, but we tried to do it more rigorously.

I think I came to the conclusion that American patients, through suppression by allopathic medication, through vaccination, through being over-mentalized, were just more difficult to treat than the patients I had been seeing in Greece. And I think that is the case. More of the patients in my practice, maybe San Francisco is different than other parts of the country (I don't think it's too much different), were much more compromised on the emotional and mental levels than the patients I had seen in

Greece. They were compromised and mentalized in such a way that clearer homeopathic symptoms did just not want to come forward.

If somebody had a fear or phobia, they learned to deal with it through therapy, or cover-up in some other way. The brisk and clear cases I saw in Greece, I didn't see again until I started getting patients from outlying areas. I see a lot of patients from Utah. People who are Mormons, who get a lot less medical treatment, less psychotherapy and less control of diet and things like that. When I would see those cases it was just like being back in Greece again. The remedies were crystal clear and easy to find and nothing else was required.

Then I would go back and see my San Francisco patients and it was just a whole different world. Instead of coming in with migraine headaches that they needed treatment for, they came in with completely collapsed immune systems, chemical sensitivity syndromes, chronic fatigue syndromes, Lyme's diseases, AIDS, malignancies, and things of that sort. It was a whole different population of patients and the tools that I gained in Greece, while invaluable, were not sufficient to treat these patients.

Emotional disorders here were not like the emotional disorders I had seen in Greece. In Greece, they would come in with anxiety disorder and have every classic symptom of Arsenicum. In San Francisco when they came in with anxiety disorder, it was much more vague, much less sharp symptomatology.

*What was next?*

The next thing in my education was when my wife, Nancy, went to study with Sankaran in India in 1994. That was ten years after I returned to the States. I can tell you that I was not too pleased with her going off and studying with someone whose notions were so outlandish to my mind at that time. I was pretty resistant to hearing about his ideas. Of course, when she went and sat with Sankaran for that month, she came back reporting the same kind of results that were still fresh in my memory from my experience in Greece. This was coming from a population in Bombay and she brought back lots of different tools for investigating the nature of the mental state of the patients that we had not used before. I think that was the main tool that she brought back from Sankaran. Not the capacity to theorize about patients, but a way to investigate what was really there.

*So when you make a distinction between theorizing and investigation what is it that you are trying to say?*



Well, you know, a lot of people say that Sankaran is doing speculative homeopathy. That he's not basing prescriptions on the symptoms of the case, but that he's interpreting the case in these odd ways and using rubrics out of the repertory to justify prescriptions that are based on theory. I've studied with Sankaran now for eight or nine years and I can say that I've rarely seen him theorizing. He's one of the most rigorous people that I know in terms of never theorizing about what the patient says, always asking more and more insistently for the exact experience that the patient has, letting the patient bring out their story through these strategies — allowing the patient to tell their exact experience.

In other words, when a patient says they are in a tight place in their life, he may ask, "What do you mean by 'tight' or 'tight place in your life'?" He doesn't assume they mean they're stressed or anxious. He asks, "What do you mean by 'tight place'?" If the patient says, "I'm confined", then he asks, "What do you mean when you say, 'confined'?" He is extremely insistent on finding exactly the experience of the patient.

The other day he commented that if it doesn't come from the mouth of the patient, then you are just theorizing.

It's similar to what happened to Vithoulkas and to some extent Sankaran is responsible for the misinterpretation, just as Vithoulkas was partly at fault for the misinterpretation of his teaching.

Sankaran is a person that can overemphasize a point, "I always do this" or "I would never do this" in order to try to get you to think through a problem. So there was a lot of misinterpretation of Sankaran's concepts when he talked about the differences that he observed in patients who needed plant remedies, or animal remedies, or mineral remedies. These were just based on pure observation of hundreds and thousands of cases. People said, "Oh, he's theorizing about these characteristics", whereas in reality, there was no theorizing involved, it was only observation. This was a big misunderstanding and people thought he was being speculative.

My experience right along, was that he was extremely rigorous in using only observation in cured cases and also using the direct language of the provings and the symptoms as they came from the provers.

As I learned his techniques I found that in these sort of patients, where the symptoms were not clear...okay, fine, if someone comes in with a migraine headache that's worse on the right side, worse at 3 pm, they have a pounding headache, then the usual tools of discovering

*Belladonna* as the remedy are completely adequate. But in the large number of my patients in my practice those tools are not sufficient and he simply added another tool in the kit for finding the *simillimum* through very careful elicitation of the exact experience that the patient has on an inner dimension. When I say, “inner dimension”, I don’t just mean mental symptoms, but also for the physical symptoms, so when somebody says they have a constricting pain you can find a lot about the nature of the remedy that’s needed by simply investigating what they mean by constriction and allow them to speak of that symptom more thoroughly. That’s where we are able to find the solution, the *simillimum*, for many of the patients that we just couldn’t get by the usual methods.

*So in other words, you’re finding that it compliments your original training in a way that’s getting you more towards the kind of results you had hoped for?*

Yes, exactly. This methodology, I don’t use it exclusively by any means, but as a supplement where what might be called ‘standard homeopathy’ has not been able to provide an answer. If it adds 20% to your results, I feel it’s remarkable. In my practice I would say that is what has happened. In the 50% where I wasn’t getting results, it’s added maybe another 20%. And when I say, “wasn’t getting results”, I don’t mean that I wasn’t helping people in mild or palliative ways.

An example would be a case that was treated by a colleague, a good classical homeopath trained by Vithoulkas. I have mentioned this case several times before. It was a case that ended up being cured by the remedy *Thea*. She’d been treated carefully by good homeopaths with “deep acting anti-psoric remedies” successfully for allergies, fatigue, anxiety problems, and yet at the end of maybe ten years of homeopathy she came down with lymphoma. It was only by using Sankaran’s technique that I was able to get to *Thea* and that patient is now seven years post-malignancy under *Thea* and doing well. It’s the kind of thing where we were getting results but the results were not what we were looking for. The results were not the radical cure you can find when we really nail the *simillimum*.

We so often see prescribers who are quite happy they treated the migraine, they treated the arthritis, and it got somewhat better... the person’s life? Hmm, maybe about the same. Then eventually the patient can go on to even deeper, more destructive disease conditions later on. They say, “I’m getting great results in my practice, so why should I bother to study the results of Sankaran?” Well it’s a question of great results vs. GREAT results. Your level of expectation goes up when you

see...I think all of us, when we see the true *simillimum* in action, then we know what homeopathy is really capable of. When we are satisfied with less than the true *simillimum* in case after case, because the patient was satisfied, the patient got somewhat better, we're doing a real disservice to homeopathy.

What we have to expect of ourselves is that kind of radical change in the patients entire make-up, in their whole health, in their physical state, in their mental state, in their energy level, in every case, that's what we have to shoot for, otherwise we're selling homeopathy short.

I can say for myself that I wasn't able to see that kind of result in a large number of patients in my practice, probably half the patients. Using the methodology that we learned from Sankaran has added a significant number of cures, real cures in my patient population. So that's just my experience. People say, "Oh I looked at Sankaran's method, and according to my understanding, this person had an animal nature", without really understanding what Sankaran means by animal nature, without bothering to learn the methodology at the depth that he's teaching it. Then they say, "See, his methodology doesn't work." No, that doesn't cut it, you have to really try it the way he's doing it, you have to go and hear what he's saying, you have to study with somebody who is doing it the way he's done it.

This is a person of very high integrity. He's not telling these things in order to get famous. I know that's the implication that people make. "You're just trying to show something dazzling." That's not Rajan Sankaran. I had the same impression before I met him. When I met him and saw what he was actually doing, it became obvious that all he was doing was sharing something that was working in his practice and that was working for his patients.

It's hard to argue with results. There are those who make many theoretical objections to what he is doing, rather than have enough humility to just look and see what are the results that he is getting with this methodology. That's all it takes, an honest effort to see what the results are by coming to his seminars or going to his practice.

There are very few homeopaths that will completely open up their practice to observation. Sankaran is one of those few. You can go to his practice at almost any time of the year and see his patients and see his results. There are very few people who are willing to do this. It's too embarrassing.

*You've been involved with him for nine years and he has gone*

*through almost incessant development, continually coming out with new refinements of his ideas. Do you have any comments regarding this?*

Well, of course, it's extremely exciting because the evolution of his thought and his techniques have been just an ever-deepening path. He doesn't change his ideas about the nature of remedies and so forth. He just gets deeper insight and he can give you deeper insight into the same basic technique, which is listening to the patient as deeply as possible. In a sense, that's all Sankaran teaches.

I would say that no person has been as fortunate as me, to have had, I would say, the two finest teachers of this period of homeopathy, to have the opportunity to study so deeply with two geniuses of homeopathy has been an unparalleled opportunity for homeopaths. It was my great good fortune.

*What role does the repertory play in your work today?*

You can hardly think of doing homeopathy without a repertory. Certainly there is not a single case where I don't use the repertory. Now, though, I use *Referenceworks* just as often as the repertory. I use the *Complete Repertory* and *Synthesis* interchangeably; depending on what room I'm sitting in when I'm seeing a case. The use of *Referenceworks* has made it that much easier. You can get at all the repertory and *Materia Medica* at the same time. Of course, other fine programs such as *Radar* and *Encyclopedia Homeopathica* have similar functions.

*What about your Materia Medica studies? I once heard you advice reading Kent once a year.*

I've read *Kent's Materia Medica*...I stopped counting around 50 times. I've read *Boericke* cover to cover at least 12 times, *Phatak's*, *Farrington's Clinical Materia Medica* 10 times, *Nash* is one of my favorites. *Lippe*... you can hardly do better than to study those things and yet, at the end of the day, those were definitely not sufficient for my patient population. You could know all the facts and all the strategies for managing those facts, but it still wasn't sufficient. There was something more that was missing and that's what Sankaran has giving.

*So how was Esalen?*

In his recent Esalen seminar, Sankaran's cases, of course, were unparalleled. It was the pace of Esalen, where he could afford to go through the case in excruciating detail and just explain what he saw and

why he asked the question. Questions were usually, “What do you mean by what you just said?” Repeating back the words of the patients to them. When he’s really concentrating, when he knows he’s close to what he needs, how he decides on potency and things like that, he was able to give in fantastic detail. So Esalen was wonderful.

*Any comments on Scholten’s work?*

I have a lot of respect for Jan Scholten. What he did was phenomenal, trying to put together a map of the minerals all at once. Naturally it was flawed. Jan knew it was flawed when he put it out, but he felt it was the best he could do at the time and that it was enough of a contribution that even though it wasn’t perfect. I think he knew it wouldn’t be perfect in this lifetime, but he wanted to get his information out there.

There are wonderful provings included in his works. There is also a conceptual framework for how you can be more precise. In other words, how many times have we given one metal when actually one that is very close, very similar in its properties, might have done better. So he’s just giving us hints for how we can refine to give more remedies and expand our capacity to give remedies more precisely. I don’t know that I agree with all his interpretations with the different rows and columns of the periodic table. That he’s trying to give us some framework is extremely useful. It doesn’t substitute for provings, and cured cases to guide us in the use of these substances, but when standard techniques are not bringing us where we want to go, not bringing us to a cure, his work can provide one more clue. It has helped me, at times, orient my understanding so that I can maybe know which part of the periodic table might be more useful to investigate for specific cases. So it’s just helped to guide my thinking when I’ve got stuck.

One of the issues that has been controversial and has been one of the recurrent arguments advanced by those who have been less receptive to much, if not all, of contemporary thought, is the issue of proven vs. unproven remedies.

Of course in our *Materia Medica*, let’s just go back to consider the remedies in *Clarke’s Dictionary of Materia Medica*, because that’s expanded over the original *Kent’s Repertory* and certainly over what was in *Materia Medica Pura* and *Chronic Diseases*. If you look at Clarke’s you can see that probably half the remedies in there are mentioned as having sketchy provings, no provings, only a single case of poisoning. Even if you look at *Materia Medica Pura* and you say look at a remedy like *Platinum*, you see that there’s just a handful, perhaps three provers? These are remedies that are accepted by the same people who criticize

innovative practitioners and modern provings. They are accepted because they're historical; they've been there, so therefore it's okay. No one living had anything to do with it, so therefore it must be true. If you look at those remedies, forty percent of them are extremely poorly proven or not proven at all, yet those seem to pass muster. I don't know why it's only the new remedies that seem to get stuck in the gullet on the way down.

The right thing to do is to go and prove all of the remedies. We need provings of all the remedies we use. The problem is that there are many circumstances where the needs of patient being urgent, you can't always wait for that to happen. Sometimes, you have to make a leap of intellect and of course the circumstances where this is clearest is in the minerals where you have provings of some remedies but not others.

Whereas you have remedies like *Argentum nitricum*, *Natrum nitricum*, *Kali nitricum*, maybe you don't have a *Calcarea nitricum* proved, but yet you see the exact same symptoms of *Calcarea* and other symptoms similar to other nitrates. Where you may fail or very partially benefit a patient by giving *Calcarea carbonica*, when they actually need *Calcarea nitricum*. If you can actually make that intellectual leap of giving a synthetic remedy, you may be able to help a person that was not helped before. Now, I don't know, do the critics believe that you need *Natrum nitricum* but you don't need *Calcarea nitricum* if it's not in our *Materia Medica*, or do they just believe that until you prove it, it's irresponsible to give it?

Of course, any homeopath wants to see good, careful provings of everyone of those remedies, but just due to the enormous amount of work that is required, I don't think it's realistic to ask people to wait to prescribe such remedies until the provings for these thousands of possible needed substances occur.

Homeopathy was extremely arbitrary in which remedies it chose to prove. Half of the elements of the periodic table were not proved. Are we supposed to assume they were not needed, or that some elements were inherently more important than other elements, or that some elements were useless for homeopathy? I don't see how that could be the case. What's the logic in that? That *Manganum* would be needed but *Molybdenum* not? How could you possibly think that would be the case? So that if you see a case that looks like a remedy that you know, but the remedies that you've tried don't work, how could you not try a synthetic or unproven remedy when there are logical reasons why it might be useful?

Even though we don't want to base prescriptions on speculation, there are times when we may be forced into that. Otherwise, every time we think of one of those remedies, we'd have to go out and do a proving first. There are too many to consider. If you add in especially the organic compounds, out of the two million hydrocarbon compounds that are known to exist, that have already been described in scientific literature, only a hundred fifty of them have been added to our *Materia Medica* and many of those not even proved. Many of them are based on a single poisoning and so forth in our literature. Are we simply supposed to say that the other ones could not possibly be good remedies?

*How do you see homeopathy today?*

Obviously homeopathy is in a whole different world then it was earlier. There are way more homeopaths than when I started practicing. Even the bitter dialogue that is going on now could not have existed earlier as there weren't enough people to disagree with each other. Now we have firmly formulated camps and I'd have to say it's a good thing. That we can afford even to have such bickering is a sign that we're in a stronger position.

In the States we haven't kept up with people in other parts of the world. Homeopathy has not grown as quickly or as vocally as it has in other parts of the world, such as Europe, South America and India. Its lagging behind and that's a bit of a disappointment, but still making headway all around. Where twenty years ago the only school that existed in North America was the NCH Millersville summer school program, now there's about a dozen schools, teaching even four year program; much more extensive than was ever considered.

Generally, I would say there is a commonality of agreement. Even though it seems were disagreeing more vociferously, the people that are disagreeing are all basically classical homeopaths. They're all giving more or less the same remedies, they are all using more or less the same repertories, all giving carefully one remedy at a time as opposed to polypharmacy. So it's a bit of a tempest in a teapot. Actually there is quite a bit of commonality of experience in remedy use. Techniques for divining remedies are pretty much consistent, so I have to say that though we're not as advanced as many countries here in the U.S., we're still making headway and so that's always encouraging.

*You also have the good fortune of an outstanding homeopathic partner. How do you work together?*

Having Nancy as a partner on all levels is the greatest good fortune

of my life, which is full of good fortunes. We've learned to recognize each other's strong points and learn from them. So Nancy is a person with tremendous instincts, homeopathic and otherwise, and intuition. I've learned to rely on that and be guided by it. When she decided that she wanted to study with Sankaran, it was hard for me because I'm much more left brain oriented. I've always been almost as much mathematician as homeopath. Learning to trust her intuition that there was another facet of homeopathy we needed to learn, was a really big step. Just the opportunity to bounce cases off somebody who has a different take on things is great.

I don't know how homeopaths operate unless they have a lot of support from their family. Nobody goes into homeopathy to make money. If that were your goal in life, to be famous or make money, you would have gotten into something else. It's important for all of us to recognize that fact and give credit to every other homeopath that's out there. They're there with the best of intentions, trying their very hardest to help people and to find ways of applying this beautiful science. When you can make that step and recognize the good intentions of basically everybody else in the field (and there's hardly an exception there), then I think it's easier to accept criticism of what you're doing, to help you refine your thinking process and hopefully to help you to be open to other ideas. Nancy has definitely shown me the truth of that desire.

### *Anything else?*

I've been working the last few years on the hydrocarbons and organic compounds and I'm working on formulating that into a book right now. That's sort of my cutting edge of study, inspired by my appreciation of the work that Sankaran and Scholten have done at understanding the mineral kingdom. The emphasis of my thought is just trying to synthesize what has been seen to be true of these various compounds and their similarities, to make it more accessible to people to think about these remedies in order to be able to prescribe them when they're needed.





# NIGHTSHADE IN THE SHADOWS: A CASE OF DATURA ARBOREA

TIM SHANNON

6/3/02

## Case Background:

Patient is a forty-one year old white female. She dresses colorfully and attractively. Her delivery is very animated and often dramatic. She is loquacious and talks with very little need for prompting. She speaks freely without reservation, even shamelessly at times. She also spontaneously flows from one topic to the next without transition, like a very uninhibited free association. In addition, there were several instances where the patient described graphic sexual encounters freely. The patient was previously treated with *Hyoscyamus* for several years with good success.

## CC: Paranoid Jealousy & Rages

I'm never thirsty, and I don't drink water. I don't like the taste of water, and if I drink it I get low blood sugar. I get light headed and irritable, cold sweats and some trembling.

### *How can I help?*

I'm here for mostly mental stuff. I feel that I'm starting to go through the change of life and I'm only in my 40's. It started as insomnia, always waking at 3 a.m. Then hot flashes. It feels like my neck gets hot. My face feels like I'm in an oven. I'm having one right now. It gets flushed and it's burning like ant bites. I also have Rosacea, which has gotten worse since menopause.

The slightest provocation, the littlest upset from Stanley (boyfriend), if he pisses me off, I feel like this rage rising from my liver. I'd feel it rise like mercury rising with a thermometer. Then my flushing is so red from the anger. The anger is so intense. I want to throw things and scream. I have images of scratching his face, and seeing him bleed. Usually the images are around clawing his face. I can find the slightest flaw, or if he does something that seems thoughtless, or dinner isn't ready on time (giggling). There is a voice inside my head that knows it is no big deal. My whole body and the part that is controlling me is getting pissed off and being bitchy and saying something. I say it out loud. I rip him a new one about the littlest things.

Jealousy is automatic, without even thinking about it. I inspect him physically for signs of another woman. I'm observing him for perfume, a cigarette, lipstick, or proof that he is screwing around. It is almost unconscious, just a part of what I do. If he shares with me that Mary (a co-worker) and he were talking about something - I get SO jealous. I feel betrayed that he is sharing himself. Men who screw around lie about it. If he's saying he isn't screwing around, how does it differ from him screwing around and lying about it - the constant doubt is in there.

I feel paranoid. I think he is using me for my house. He is such a handsome man, used to women taking care of him; women who will cook and clean and give sexual favors. I assign really horrible intentions to him. All of these things happen, and then it is gone! Then I'm a normal sane woman. Then I'm loving and caring and wise.

I've always prided myself about having good intuition about people. Ever since childhood I had dreams that were psychic. When in an intimate relationship, it gets so distorted. It gets completely skewed. My fear taints it.

If I see Stanley do something, I can't separate my own fear and jealousy when interpreting his actions. I interpret in the worst imaginable way. When I come home from work, I want undivided attention. I get pissed off if he is doing something else. One part of me knows that it is ridiculous, but there is a part of me that feels rejected. I often feel unimportant - he doesn't love me; doesn't care.

I've felt disrespected by my brother and sister recently. I felt abandoned, not considered. I got my feelings hurt and they say I'm such a victim. I don't feel like I fit in, like at work. It was like entering this family and not being a part of it. I always feel like I don't belong. I just feel like I'm different from people, my way of communicating. I talk loud, the way I dress, or say off the wall things sometimes.

My pace is at speed two in a society that is operating at a ten. I can't keep up with conversations, especially since menopause. My brain is moving more slowly. When someone speaks, their words have to move through thick jello before I respond. Then by the time it sifts through, they are on to the next subject. I get left behind.

One of the things I often hear myself saying is that my purpose in having a conversation is to find out about the person I'm talking too. I'm often disappointed that people don't ask me about myself. It hurts my feelings. I feel invisible, not seen, people don't care. Been saying

that a lot lately, feel I'm invisible.

The times when I feel the happiest, or most alive, is when there is a reciprocation of deep conversation. I feel like I belong, that's when I feel connected. So much of my unhappiness is about feeling alone and unconnected.

I really like sex, genital, oral and that is it. I've observed at times that the thought of him fucking another woman totally turns me on. The same thing that can bother me so much totally turns me on. Sometimes I feel attracted to women. Not a visual of their genitalia, it's just the softness of a women's body would feel nice to rub up against. (Goes into some graphic detail here.)

I cry really easily, always have. When I cry in anger, it's because it's so intense. My biological father is schizophrenic. Any time I've felt unbalanced emotionally I fear that I'm going to become schizophrenic. With my paranoid jealousy comes a fear of insanity. I've had it forever. It's a big one. (Patient goes into graphic detail about sexuality in her extended family.)

I have a really strong spiritual life. It is not about being Catholic, or rules. I know there is a God, one that unites all of us. I have personal experience with the Virgin Mary, dreams where she came to me. She told me not to eat chocolate when I was pregnant. There are times when I've prayed to her and feel her in the room with me. I've had a couple of experiences where someone died and within a few days, I felt their presence. I have a lot of skin stuff. Legs lately have been getting tiny red spots. Started on left. Things tend to start on left and stay on left or go from left to right. I have herpes and if I ever get an outbreak, it is on the left labia. I have arthritis.

With relationship, things can be really good or bad, up and down. When I have sex and I don't want to, even a tiny part of me, my hips hurt, my left leg joint starts to hurt. I had asthma as a child.

I will sit with my face in my hands a lot. I touch my face a lot, which is comforting to me. I have a VERY acute sense of smell. I could smell the bananas in the other room, in the fridge. Even now I can tell your last patient's perfume, or if someone had a BM and didn't wipe well. When having sex, his smell can turn me on. It evokes emotion. Can sometimes not like someone's smell and that is animal. There's a lot of me that is an untamed beast, uncivilized.

Then the part that is ultra-civilized criticizes the wild part of me. I have a brown spot on my lower lip. (O: *Small reddish blemish on*

*center of lower lip.)* My face twitches sometimes when I'm nervous. The nasal wings twitch and left upper eyelid and sometimes my chin.

I've been having stomachaches with anxiety. Burning pain, like gastritis or something. When jealousy is most intense, I get diarrhea. I feel that my intestines spasm, they squeeze. Sometimes feel that my rectum clamps down hard.

I get all tenderhearted and mushy with the girls I baby-sit, with Stanley too. Just looking at him, my heart just opens and I'm so moved with love. Feel that way with mom and dad too. I can feel so much love for people, family and friends. I love the trees and flowers, can get so emotional. Can feel so much gratitude for creation. Trees talk to me, they teach me a lot, animals too. I like to watch nature, learn what I can from watching nature.

I have dreams of flying, often with birds, eagles and hummingbirds. Some of my scary or anxiety dreams are being on a boat that is sinking or about friends and family in a sinking boat. The feeling of the dream, not real fearful, I'm apathetic about it.

I had a recurring nightmare, from infancy to age thirty, hit me again the other night. It was this horrible man looming, a demon, looming over my face, usually he is surrounded in this fog. I wake up screaming. Recently Stanley was the demon.

*The recurring dream?*

It was my dad. When I was a little kid, he terrorized us, he stalked us after their divorce. So it came into my dreams. He often threatened to kill us.

*More about the dream?*

I'm in bed and there is this ghost, kind of. It is a mist-enshrouded face that is looming down, hanging down over my face. It is going to get me, going to eat me or do something bad to me.

*Any variation to the dream?*

The color of the mist was usually red, but sometimes black, or sometimes it was a spider that was going to get me.

*Say something about animals?*

I love birds, big birds and I dream of birds. I fly with the birds, dream of blue herons and eagles. I've dreamed about and feel warmth towards sea mammals such as dolphins and whales. When I see spiders I recognize that they could be poisonous, but I don't get all paranoid or particularly scared.

*Any physical sensations?*

I feel a lot in my stomach, it's the seat of my emotions. Anger

is here (points to right hypochondria), while sadness is solar plexus. Anger feels sometimes as if it is coming up from the liver area. When really jealous, my intestines squeeze. My gut is where most of my emotions happen.

*Sensations in liver?*

That is the source of the heat that rises. Sadness feels cold.

When I get upset, angry, sad; I get cold, shivery cold.

*Run hot or cold?*

I tend to be cold, tend to wear sweaters when others are wearing shorts.

*Any overly acute senses?*

Sound and smell.

*Sound?*

Noises can really irk me. At home I usually have it quiet because even the tone of music, can feel uncomfortable with it. It doesn't hurt my ears, I just feel anxious. Also, if I'm asleep and a noise wakes me up, it irritates the shit out of me, hate to be awakened by noise.

*When alone at night, does your imagination act up?*

Yes, I'm afraid that someone might rape me or be violent. I don't walk alone at night, and don't walk in the forest by myself. It is the old someone is going to get me feeling.

*Fears?*

I'm kind of afraid of dogs, not a phobia because I love dogs. But when I see a dog on the street I'm always afraid it might bite me. Once a dog bit me on the face. I don't like to get into water that is murky, swimming in a river or a lake, or the ocean. I don't like to swim in water with other organisms or people.

*As a child?*

Always use to think that someone was spying on me, like peeking in the window. Sometimes still have this discomfort that somebody might be watching me. I was a pretty courageous child and still am pretty courageous. I had a fear of abandonment and still do. In relationships, even if I pick the biggest loser, I'm so sure that they will leave me. I hate the thought of people talking about me, talking behind my back. I call that betrayal.

I have gout. When drink too much red wine, I get joint pain in left big toe.

### **My Homeopathic Process:**

During the interview, I considered that this could be a nightshade of some sort. I saw the following Nightshade Family themes:



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**The Soul of the Tubercular  
Miasm: Individual Remedies  
and Themes**  
*Louis Klein, RSHom*

**Friday - Sunday**  
**Seminar**  
**Homeopathy and Midwifery I**  
*M.J. Hanafin, RN, CNM, NP,  
DHom*

**Friday Night Panel  
(FREE)**  
**Homeopathy: The Next Step  
in Mind-Body Medicine**  
*Judyth Reichenberg-Ullman,  
ND, DHANP, CCH, MSW,  
Todd Rowe, MD MD(H), CCH,  
DHT, Stephen Messer, ND,  
DHANP,  
Dana Ullman, MPH*

**Friday Night**  
**Introduction (FREE)**  
**ABCs of Homeopathy**  
*Duncan Soule, MD*

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**Homeopathic Medicines  
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*Robert Ulbrich, DVM*

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### General Topics

**Learning Homeopathy: Helping Each Student Take the Next Step**

• Todd Rowe, MD, CCH

**Banishing Back Pain: Homeopathic Treatment and Materia Medica**

• Eric Udell, ND

**Case-taking and Perception Skills: Creating a Therapeutic Field**

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**Geriatrics: The Homeopathic Treatment of Elders** • Will Taylor, MD

**Treating Acute Conditions Intercurrently in Chronic Disease**

• Luc De Schepper, MD, PhD

**Autism and Autistic Spectrum Disorders: Homeopathy Can Help**

• Tim Shannon, ND

**Panic Attacks and Their Homeopathic Treatment** • Kim Elia

**Over and Over and Over Again: Obsessive-Compulsive Disorder**

• Judyth Reichenberg-Ullman, MSW, ND, and Robert Ullman, ND

**The Homeopathic Treatment of Vertigo** • Deborah Gordon, MD

### Advanced topics

**Overachievers, the Olympian Archetype, and Spider Remedies**

• Karen Allen, RSHom, CCH

**A Deeper Look at Drug Remedies** • Nancy Herrick, PA

**Hydrocarbons: Organic Compound Remedies** • Roger Morrison, MD

**Disposition, Themes, and Pathology: Finding the Simillimum**

and Evaluating Cure • Louis Klein, RSHom

**Practical Applications of Dreams in Homeopathy**

• Luc De Schepper, MD, PhD

**When Cases Take Flight: How Patients Tell You They Need**

**Bird Remedies** • Judyth Reichenberg-Ullman, ND, DHANP, MSW

**Addictions: Breaking the Cycle of Self-Abuse** • Malcolm Smith, ND

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- Dreams - Demons & Faces, Possessed
- Shameless - Sexual
- Forsaken/Jealousy
- Out of Control, Wild Animal
- Averse Water
- Fear of Dogs (Wild animals)

I also knew that the patient had received wonderful help from *Hyoscyamus* for three or four years, which now was no longer acting. So while the intake was occurring, I was listening for symptoms that would help me to differentiate which nightshade it might be.

I recall being particularly struck by her distinct sensation of heat from the liver. It has been rare for me to hear anyone say such a clear sensation involving the liver. I looked it up using *MacRepertory* during the interview. Here's what I saw:

Abdomen; HEAT; liver (6): aloe, cench. KentC, **dat-a**. Brk, kali-c., podo. HaIH, sabad.

I became excited when I saw a *Datura* in the small rubric. Of course, I didn't know the Remedy, so I did an extraction of *Datura arborea* and found the following rubrics:

1. <input type="checkbox"/> Delusions, imaginations: body, body parts: feet: touching scarcely the ground.	5. <input type="checkbox"/> Comfort, sensation of.
<input type="checkbox"/> Delusions, imaginations: floating in air.	<input type="checkbox"/> Delusions, imaginations: beautiful, wonderful
<input type="checkbox"/> Delusions, imaginations: light, incorporeal, immaterial, he is.	<input type="checkbox"/> Desires: beautiful things, finery.
<input type="checkbox"/> Vertigo; FLOATING, as if	<input type="checkbox"/> DELUSIONS, IMAGINATIONS: BEAUTIFUL, WONDERFUL:
<input type="checkbox"/> Generalities; LIGHTNESS, sensation of	ATMOSPHERE, IN.
	<input type="checkbox"/> Mind; QUIETUDE, stillness, sensation of, when she sits still
	<input type="checkbox"/> Dream, as if in a.
2. <input type="checkbox"/> Concentration: difficult.	6. <input type="checkbox"/> Stomach; CONTRACTION; general
<input type="checkbox"/> Confusion of mind. Mind; THOUGHTS; collect, cannot	<input type="checkbox"/> Stomach; CONTRACTION; general; cardiac orifice
<input type="checkbox"/> DELUSIONS, IMAGINATIONS: IDEAS FLOATING OUTSIDE OF BRAIN.	<input type="checkbox"/> Stomach; PAIN; cramping, griping, constricting
<input type="checkbox"/> Mind; THOUGHTS; wandering	
3. <input type="checkbox"/> Mind; INSANITY, madness	7. <input type="checkbox"/> Clairvoyance.
4. <input type="checkbox"/> Stomach; HEARTBURN	
<input type="checkbox"/> Abdomen; HEAT; liver	



Given that I thought the patient could need *Datura arborea*, I wanted to find out if she experienced her thinking process similar to some of the symptoms listed above in box two, so I prompted:

*(Trying to confirm Rx.) Can you say more about how you experience your thoughts, your thinking?*

Last night I was at a gathering and one woman was talking. It was as if she was speaking a foreign language. I could not understand what she was trying to say. It was as if each sentence was separate and unrelated to the next sentence. Her words and thoughts seemed fragmented. At least that is how I received them, as disconnected bits and pieces. I felt like I was from another planet or something, like I had no frame of reference to hear what she was saying. She was talking about a subject about which I know nothing and about which I have no opinion. I wished she would shut up. I thought she was wasting time talking about something unimportant.

I thought her accounting above very closely approximated the symptoms in box two, particularly the rubrics:

- Confusion of mind. Mind; THOUGHTS; collect, cannot
- DELUSIONS, IMAGINATIONS: IDEAS FLOATING OUTSIDE OF BRAIN.

So, next I wanted to see if she experienced her body similar to the symptoms noted in box six above and asked:

*(Trying to confirm Rx.) Say more about how you experience your body?*

I sometimes feel like I am not in my body. When I am ruminating in my thoughts, which can happen pretty often, it is as if I am in another place and time, away from my body and the present, lost in my thoughts and fears. When I am depressed, my body feels heavy and slow, but not real heavy. As if the animation is missing and I just want to lie down and sleep, which I do. It helps me to feel better.

I felt like she confirmed this state of floating, or the out of body sensation noted for *Datura arborea*. So I was satisfied at this point that this could be a good prescription for her.

Next, I went on to “tracking.” This is a process I go through with most of my patients. I came up with it several years ago. It is a simple tool to help me make more precise assessments at follow-ups. Previously I’d been frustrated that a patient would come in, seemingly doing very well. Then several follow-ups later the Rx would fail and I’d

be confused. When I looked back, I realized I'd been influenced by my own excitement that the patient was on the right Rx. I'd neglected to be thorough enough to note every symptom. I'd unconsciously biased myself into thinking the Rx was accurate, when in fact it was not addressing the totality of symptoms.

So I thought if I simply was thorough and took a few minutes to note every symptom that should change on a good prescription, it would be a more precise tool for future assessments.

I usually start tracking by asking the patient something like, "If this medicine were to help you, how would you know?" In other words, how would the patient know that they were getting better? Then I'd coach the patient away from vague markers and help him/her to define the current frequency of symptoms and intensity. Then I use the itemized list at each follow-up to keep a grounded record of symptoms. This has matured into a very useful tool. Below is the list that this patient authored with a bit of my guidance:

**Tracking, 6/3/02:**

1	Will feel more comfortable in my skin, more OK with myself.
2	Less critical of others.
3	Less stomach problems.
4	More even emotions - less anger, depression, more satisfaction, calm and joy.
5	Jealousy.
6	Seeing Stanley for what he is, and not assigning him bad intentions.
7	People are judging me - that whole paranoia thing.
8	Chronic low level anxiety every day, constant companion - not necessarily specific - responsibilities, shopping, work, relationship.
9	Thirst? If started drinking water.
10	Fear of insanity.
11	Fear of abandonment.

**6/17/02**

**Plan:** *Datura arborea* 200c, single dose dry.

**7/26/02** (First follow-up - Approximately one month after dose.)

Dx'd with lump in breast June 5th.

*Your impression of this RX?*

I think it is helping. My head feels a lot clearer. The whole jello thing is gone. I feel sharp. Feel my thoughts are clear. My comprehension is clear. I'm also feeling newly enthusiastic. Don't know what to attribute it to. The sunny weather has been great. Despite the fear of breast cancer stuff and relationship stuff, I'm feeling pretty enthusiastic. And I don't have any stomach symptoms or sensations. The ruminating about jealousy, where I'd think about what he is doing, thinking about it, that's gone. I'm still somewhat jealous though.

We were at a party and I sensed an attraction between him and another woman. I asked him about it. I didn't obsess about it. It was there. I sensed it and I let it go. In the past it might have been a week-end of jealousy hell. I'm not going there anymore.

Oh, an old symptom of mine seemed to come back. I experienced menstrual cramps my last period. I haven't had this for a long time. That day I'd smoked pot, and was lying on the couch. I was being present with my cramps. They were really intense and lasted for a couple of hours. When I was a teenager, I had really bad cramps.

*Impression?*

It is helping, definitely, definitely.

*Anything not better?*

I'm still as critical as ever, but perhaps with more insight now. I've been pretty dang irritable too. I've not had any hot flashes, but I've been taking vitamin E and C continuously. I haven't felt the huge surges of rage that I was having. I told you I wanted to stab him or something. Now it is more like little flares of anger, instead of a volcano. This feels more comfortable.

*Notice anything after the dose?*

No, it was really subtle. I felt like the major shifts happened when I got the plant. (*Note: I recommended that the patient obtain the plant for her home, which she did.*)

*Dreams?* I have a really intense and varied dream life. It has continued to be rich. I haven't noticed any change. Last night dreamed about a scary man who will get me, not the old one of the face. But this was a man who had bad intentions towards me. I've had a couple of psychic dreams since I've had this Rx, but that is consistent.

Tracking, 7/26/02:

1	Will feel more comfortable in my skin, more OK with myself. <i>I feel that is good, an improvement.</i>
2	Less critical of others. <i>Unchanged.</i>
3	Less stomach problems. <i>That is gone, don't have any now.</i>
4	More - even emotions - less anger, depression, more satisfaction, calm and joy. <i>Yes, that is better too. Still have all the emotions, but basic state is feeling pretty good.</i>
5	Jealousy <i>Way better.</i>
6	Seeing Stanley for what he is and not assigning him bad intentions. <i>I've gotten better there, don't assign him intentions.</i>
7	People are judging me - that whole paranoia thing I would say it is better, but still a little of it. I also just don't care. For instance, brother had a party, I was the bad guy, and I didn't care. That is a definite change. It was a huge drama, but so chill, didn't get sucked into the drama at all, quite pleased with myself.
8	Chronic low level anxiety every day, constant companion - not necessarily specific - responsibilities, shopping, work, relationship. So much better, I'm not anxious generally. Feeling pretty happy.
9	Thirst? If started drinking water. <i>Unchanged.</i>
10	Fear of insanity. It hasn't entered my mind. It was there with the jealousy and paranoia, that felt insane.
11	Fear of abandonment. The other day, he was really critical of me, I was so mad. Then I thought the next day that he'd maybe want to be with someone else. It was a thought of abandonment and yet it felt so good. What a relief. It has really changed. I definitely had that fear of abandonment. The feeling isn't fear anymore. Now it is if he leaves that will be good.

**Assessment:** Patient is responding wonderfully, follow-up to be in 4 months. Patient was also given 1M and is preparing a 200c from the spare RX packet given previously, in case of need, for upcoming breast biopsy this Monday.

**Plan:**

1. Use *Datura arborea* 200c PRN pre or post op.
2. If needed, use *Dat-a* 1M PRN if 200c is not sufficient.

**12/6/02** (Five months after original dose.)

I used the RX acutely a few times. I had the breast surgery. The day of surgery used it to calm my nerves. I used it before and didn't have any pain, healed without infection. However, it healed in a keloid way, it was raised and red and thick. Never had keloid scarring before. I've also used it during a flu and it nipped it in the bud.

I also had a black eye, from a fight with my former boyfriend (*Note: She broke up with Stanley.*) It was a bad time.

My stomach has been fine. I don't have anxiety. There is no anxiety. I've had a full spectrum of emotions around this break-up but it has been appropriate. (*Note: She is weeping.*) As far as the paranoid thinking, I still wonder if people like me, like people at work. Why don't the people at work call me? I still feel like I don't fit in at work. But at church I feel well supported, and actually at work too. People have offered to help me move out. I hear of gatherings that happen and I'm not invited. I'm sleeping fine. Hot flashes have been minimal, mostly if I eat spicy foods or drink alcohol, especially red wine.

I'm finally free of this thing that has been dragging me around all my life: poor choices related to sex. Don't feel motivated by sex anymore. I'm actually feeling kind of averse to it, to the thought of it, probably as a response to such a dramatic break-up. Feeling pretty averse to the thought of relationship or men. Have had some good realizations about trust issues. I grew up with that issue in the first years of my life.

My first experience of men was my father terrorizing us and my grandfather sexually abused me. I learned that men will use you and abuse you. I've been operating under that experience. Like ducks raised in horizontal lines, they can't see in vertical. So what is imprinted is our perception of reality. I feel kind of hopeful that I can recognize that is how I've been operating and ask for grace to see lines of all directions.

**Tracking, 12/6/02:**

1	Will feel more comfortable in my skin, more OK with myself. <i>This is good.</i>
2	Less critical of others. <i>I'm feeling a lot more compassionate. Especially since I've been involved in domestic violence (Fight with Stanley. Since I've behaved in a way that is imperfect. Even before that was feeling more accepting. Didn't find myself thinking how awful Stanley was, but had already decided to break up with him. Overall less critical.</i>
3	Less stomach problems <i>That is gone, I'd had this rising heat from my liver, but no more.</i>
4	More – even emotions – less anger, depression, more satisfaction, a calm and joy. <i>I can't say emotions are even. I've had some real sadness about the break-up, and some intense anger. The emotions I experience are quite rich but short-lived and don't take away my capacity for joy. Can still feel grateful for friends and people at work. My emotional life is rich and balanced. It feels healthy for me. I'm not stuck or getting obsessed. I'm feeling pretty good emotionally.</i>
5	Jealousy. <i>I feel like this was helped. It ceased to be an irrational emotional fear that I was obsessed with. It became more rational. I had more clarity about what I was feeling.</i>
6	People are judging me, that whole paranoia thing. <i>I think it has diminished some, though still feel left out. Like I don't fit in and like I'm being judged. Although when I went to work with a black eye, my main emotion was that people were going to see me and think I was one of "those women." A major fear of being judged. That is still pretty strong.</i>
7	Chronic low level anxiety every day, constant companion - not necessarily specific - responsibilities, shopping, work, relationship. <i>Wouldn't say it is chronic anxiety anymore. Don't have that anymore.</i>
10	Thirst? If started drinking water. <i>I still don't drink much water. I don't like the taste of it, I drink tea all day, just not water.</i>
11	Fear of insanity. <i>It has not been on my mind. My emotions are still intense, but accept that about myself. I haven't been having the emotions I judge as pathological.</i>
12	Fear of abandonment. <i>That was always present with Stanley or when in relationship. Now I'm not in a relationship, I don't have it anyway.</i>

**Assessment:** Patient feels she is doing well. Doesn't need any RX for the time being. Also we are leaving it open as to the need for appointments, i.e. appointments PRN.

**Plan:** 1. Appointment – leave open as needed.

**5/19/03** (Ten months after original dose.)

*How are you?*

I think some of my old symptoms are relapsing. I've moved and now live in a small town. I've gotten to know all the people living immediately around me. I wake up in the morning and am eager to go out and go visiting. A good number of these neighbors are of the male species. Whether they are interested in me or not, I want them to like me. I found myself totally boy crazy. It is not sexual or romantic, just wanting their attention. When I go downstairs, I want them to look at me and think I'm pretty.

There is an undercurrent of anxiety with that, a sort of frenetic feeling. Another thing I'm doing that is somewhat connected to that, is that I'm hanging out with some dangerous men. One is an ex-Hell's Angels guy. He is alcoholic, rude, crude and socially unacceptable. I love hanging out with him, having a drink and smoking. There is some risk to my reputation for associating with him. Sometimes I think it would be fun to just fuck him, but know that there are consequences for this.

Then there is this other guy, a Native American. His past is bad but he's charming and I'm going out with him. I'm not opening my heart to him or my arms or my legs. I'm keeping him at a distance. I'm toying with him. This is old behavior. There were times in my youth, as a teenager, where I toyed with men and teased them just to feel desirable. In retrospect, I see that I wanted love. I don't want these guys to love me, but I do want their admiration. With both of them, I'm kind of vulgar. I like to shock these guys.

I'm also hyper-aware of being watched, people's opinions of me. Sometimes at home, even when just doing the dishes, I'm thinking someone could be watching me. This is an old experience.

When I was eight and my sister was twelve, she was just sprouting breasts. One of the neighbor boys was at the window, watching. That may have been the delusion, that somebody is watching me. It makes it difficult to relax, because often feel like I'm on display. Being scrutinized, being measured up or judged. That is a long term, chronic experience for me. I've been drinking more and smoking cigarettes. I'm kind of in a wild stage right now, but not fucking any-

one. I'm teasing and flirting.

With all of this, generally I'm feeling really good. I'm generally blissed or ecstatic, sometimes frenetic about it, but also excited about my new life. As for physical stuff, I have some muscle tension on my left side. My face has more pimples, just a bit. When drinking wine, the next day my legs hurt, my knees hurt.

(O: *Patient is very excitable, cheerful, silly, elated in presentation.*)

*Dreams?*

I've dreamed about big birds. Whooping cranes. In the past I dreamed about great blue herons and storks. This time it was whooping cranes bringing me messages from the universal source.

I'm doing really great at work, working really hard. Doing really well in general, except this boy craziness thing, which is not bad, kind of fun.

*Acne rosacea?*

It hasn't changed during treatment. (O: *She has it only on the right cheek.*) The day after drinking, it gets red bilaterally. My whole face gets flushed.

*Arthritis?*

When I eat red meat, or drink alcohol, I get pain in my left hip, usually twenty four to forty eight hours later. It goes away within 48 hours.

*Only hip?*

My knees and my legs ache after drinking, but that is not an arthritic, more muscular.

There is something different that is going on. I used to hate taking baths, now love taking baths.

*Hated taking baths for how long?*

I've always showered. I told you about not liking to swim in rivers or lakes, or hot tubs, my body being immersed in something dirty. Now it doesn't bother me. I've even been hankering to go to hot springs. That is pretty powerful. That was a very strong aversion.



### Tracking, 5/19/03:

1	Will feel more comfortable in my skin, more OK with myself.. <i>So-so. A lot of what is going on in this new town, is presenting myself, and being a bit apprehensive about how I'm received. There is still some anxiety, yet more brazenness about being myself. I'm feeling kind of rebellious. I have a chip on my shoulder, like this is how I am, if you don't like it, fuck you.</i>
2	Less critical of others. <i>Definitely, feeling wonderfully appreciative of others. Feeling like everybody is beautiful. Been loving to self. It has been very acute, no criticism.</i>
3	Less stomach problems. <i>Zero.</i>
4	More - even emotions - less anger, depression, more satisfaction, calm and joy. <i>More satisfaction and joy though wouldn't say calm. When I'm home alone, I feel pretty darn good.</i>
5	Jealousy <i>Don't know, not involved with anyone I really care about. The men I'm toying with, I could give a fuck. I'm reluctant to invest in someone else. Afraid the jealousy could pop up.</i>
6	Chronic low level anxiety every day, constant companion - not necessarily specific - responsibilities, shopping, work, relationship. <i>It has transformed. There is still this frenetic feeling. Pleasant certainly not calm though.</i>
10	Thirst? If started drinking water. <i>I'm drinking more water, more thirsty. But drinking alcohol too. I drink water at home now.</i>
11	Fear of insanity. <i>No, don't have that. I recognize I'm a different sort of a creature, but know it won't turn into insanity.</i>
12	Fear of abandonment. <i>There is a bit of that, in that whoever I meet, there is the fear they will decide they don't want to be my friend. That is there. It is like I dare people to abandon me. That is old. That is from when I was a kid. Really challenge people, challenge their loyalty.</i>

Given that the patient had a bit of a new emphasis, we devised a new set of benchmarks for the next follow-up.

**New Benchmarks:**

1.	Ever present desire for the attention of men
2.	Feeling of being watched.
3.	Feeling of fitting in with my new neighborhood.
4.	Have minor miliary rash bilaterally on forearms.

**Assessemnt:** Patient is doing well, and is interested in working on the above issues.

**Plan:** 1. *Datura arborea* LM1. in one oz. dropper QD until aggravation.

**8/11/03** (*Thirteen months after original dose*)

I quit smoking and my stomach doesn't hurt. I'd had some rashes on my arms, which are better. I've been feeling just as happy as could be. I'm in a state of being excited a lot. I have a new *joie de vivre*. I'm psyched about my work, stay late, and go home and work. Before, I was thinking about being accepted at work, and being liked. Recently I had a big "Ah ha!" I thought: "Why not hang out with people who you are accepted by and quit hanging out with people who aren't openly warm and accepting." It has made life so much easier. Feeling a lot more comfortable in my skin.

Since I quit smoking though I've had this compulsive behavior sometimes. I don't drink very often, but when do, I drink more; three or four glasses instead of one or two.

I've been SO horny lately. Have to really hold myself back from thinking about it a lot. I haven't had sex for a while and want some bad, so partly biological. My thinking about relationships has been a lot healthier. I see a man and I have a broader perspective. I see the whole picture. I don't even go there, because realize it wouldn't be a good choice. I'm using a lot more discrimination. I'm just lonely.

I have a lot of love in my life so don't feel lonely most of the time. I've had a little trouble sleeping in the last month or so, not sure what that is about. The thing about feeling watched: it is not to the degree that it used to be, not thinking about it.

*Quite smoking?*

**New Benchmarks:**

1.	Ever present desire for the attention of men.
	<i>It is still there, but not huge. I'm real conscious of it, and able to note it and move through it.</i>
2.	Feeling of being watched
	<i>Diminished</i>
3.	Feeling of fitting in with my new neighborhood.
	<i>Totally in the groove in my neighborhood. I have made friends, doesn't feel compulsive about visiting. Now feels comfortable.</i>
4.	Have minor miliary rash bilaterally on forearms
	<i>Reduced a lot</i>

A month ago.

*Dreams?*

I dream about water a lot. Being on a river. I dreamt of two of my step-brothers. They weren't dead but were completely submerged in water and sinking.

*Feel?*

No, just like a little image that was fragmented. Like doing the human cannonball and fall into the water making a big splash. Both of these brothers are conservative. It was just an image of them sinking down. It wasn't like I was afraid they were dying, no emotion. Speaking of water, I'm still not thirsty. When I have the opportunity of going to a hot tub or being with others, I get freaked out at the thought of being in dirty water, because they pee in it and stuff.

I had a really cool dream about being at my brother's house and the roles of my siblings. All their houseboats were connected and the dynamics of the family were very positive. I've had some good sex dreams too.

I did have some anxiety regarding my landlord. He really turns me on. I was thinking about him a lot, hoping he'd come by and wishing he'd like me. It is so common for me to be interested in a man who doesn't give me the time a day. I wanted his attention. Then the last week or so, I decided that I'd rather focus on what I have, rather than what I don't have. I had a relief of anxiety about wanting him. I've really been thinking about how I can have sex without having a relationship. But my whole consciousness about consequences makes it near impossible.

*Smoking before?*

Was smoking every day. Now it is okay

*You mentioned hot flashes and early Menopause when you started treatment?*

Yes, my grandmother also had really early menopause.

*Are you having hot flashes anymore?*  
No, but I am going through early menopause.

*How can you tell?*  
I can tell because I'm much more emotional.

*Emotional?*

Weeping more easily. When I first came to see you it was just crazy emotions, out of control, BIG emotions. Now, when weeping, it is weeping because I'm moved. I'm moved by how beautiful trees are, or nature. That is what I'm emotional about now. Like my heart is opened and nature is so beautiful. It is weeping with joy.

**Assessment:** Patient has responded well to last LM potency scale. There is evidence to suggest that the remedy overall has stimulated deep changes. In particular, she is beginning to feel like she belongs. She is not only feeling more connected to people, but her connection to nature seems to be deepening. So perhaps now she doesn't have to act out quite so outlandishly, perhaps provoking rejection – a self-fulfilling prophecy. In addition, her epiphany that she should simply stop seeking acceptance from those that don't have it to give, appears to have given her a measure of new freedom.

**Plan:** Continue to use Rx for acutes that arise.  
Call with any questions or needs.

This is the only information I've seen about this remedy. Apparently, *Datura arborea* has never been proven. Rather, the information in our books is derived from a Dr. Poulson, who was intoxicated by the smell of the flowers in his room.

The follow-up on this remedy is now about a year and a half. I just spoke to this patient (11/16/03) and she is still doing very well. Hopefully, this information, materia medica and the use of family theory will lead others to successfully use this remedy. Eventually we will develop a more definitive clinical picture.

Tentatively, I consider the following themes/ideas to help differentiate this remedy from the other similar nightshades (*Stram*, *Bell*, *Hyos*, *Mand*, *Dulc*, & *Sol-n*)

Bold: *perhaps unique to Dat-a:*

- **Invisible/Incorporeal/Immaterial (Stram)**
- **Delusion Being Watched (Hyos)**
- **Heat in Liver**

- **Can't Collect Thoughts, Experiencing Fragmented Thoughts, or Thinking as if Through Jello**
- **Acute Sense of Smell**
- **Beauty, Birds & Flying**
- Floating outside Body
- Clairvoyance
- Rage/Animal/Impulse to Claw & Scratch
- Other standard nighshade themes, i.e. hydrophobia, insanity, demons, etc.

*Information from the American Pharmacopea of 1883:*

DATURA ARBOREA, Linn.

Synonym, **Brugmansia** Gardneri, Ruiz et Pav.

Nat. Ord., **Solanaceae**.

Common Name, **Tree Stramonium**.

This is a native of the Pacific coast, northward from Peru to California. It flowers are long, tubular, bent downward, snowy - white, and of a **very sweet odor**.

It was introduced to the homoeopathic profession by Dr. Poulson, United States.

*An Entry from Hale:*

Toxicological effect much slower than *D. Stramonium*, but dynamically very intense and lasting.

The odor of the flowers in a room causes considerable psychological aberration.

Causes such deep impression upon the mental sphere and faculty of concentrating ideas that I was sensibly affected a long time. (Dr. Camaun.)

A very strange feeling of pleasant ease and comfort, as if I scarcely touched the earth with my feet, and had to gather my ideas from afar, as if they were floating in the clouds.

A longing for beauty and fine scenery.

The brain seems floating in thousands of problems and grand ideas, without being able to concentrate itself, or get to any point and carry out any system of thought.

It acts mostly as a pure dynamic and semi-spiritual agent upon the sensations, without perceptible pain. (Poulson.)

He experienced a slight vertigo, and found himself involved in a most beautiful atmosphere, bright and calm as the sunlight at noon. (Camaun.)

A confusion of ideas across the cerebrum. (Ib.)

Recommended by Dr. Camaun as a remedy in some forms of emotional or functional insanity, or when the patient is happy and contented

and imagines himself or herself to be some extraordinary emperor, prince, etc. (Poulson.)

*From Boericke:*

Cannot concentrate thoughts; brain floats in thousands of problems and grand ideas. Floating sensation as if ideas were floating outside of brain. Headache, heartburn. Burning sensation around cardiac end of stomach, extending to esophagus with sense of constriction. **Heat and fullness over liver region.**

*Criticism from Hale:*

Dr. Poulson's estimate of the power of this remedy is, perhaps, overrated, his theory of its action rather vague. It would have been better if he had couched his language in less transcendental terms.

*It is interesting to note that brugmansia was used by South American Natives to make contact with the spirits*

**Dr. Tim Shannon** is a passionate and tenacious homeopathic physician. His intention is to prescribe a precise single remedy that will cover all problems in each patient and hold for many years. In particular he is specializing in mental, emotional, and behaviorial conditions such as Depression, Anxiety, ADD, Autism, Schizophrenia, Bipolar, etc. His current homeopathic mentor is Massimo Mangialavori, along with many contemporary and old authors. Dr. Shannon practices in Portland Oregon. He enjoys being out in nature, swimming, hiking, and meditating.

*\* This case was presented at the 16th annual HANP case conference \**

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# A CASE OF DEPRESSION

CARI NYLAND ND

The patient is a 36-year-old female, married with 3 children. She had been working in the school system for the last 9 years. Her mother passed away in the spring of 2000 and our patient had a nervous breakdown that summer. She is taking an antidepressant and has not worked in the last six months. She is obese - approximately 350 lbs. She tells her story in a straight forward manner and her body remains fairly still. Her hair is light colored and she has striking blue eyes.

Her story begins with being suffocated by a major depressive episode. Her fragility was intensified by a childhood growing up with a mentally ill parent. In this case, the correct prescription eliminates the need for an antidepressant, helping the patient lose weight and most importantly, begin to heal the wounds of the past and allow her to pursue her passions.

January 4, 2001

Chief Complaint: depression and obesity

I struggle with boundaries with people and relationships. What will the future bring; I imagine the worst. I had to earn my place in the world, I have no natural sense of self-worth. I have been reduced to nothing. I feel I have let down everyone that I loved. What they said goes compulsively through my head. Once it started, it didn't stop. I am physically and emotionally exhausted. It is as if my mind turned into white noise, as if it were humming, it was terrifying. I was disoriented, I couldn't drive, I couldn't figure out sequential things. So many thoughts and messages came in at once and nothing made sense. It was complete overload. I slept. I had to be alone. I felt unsafe. I thought that everyone was mad at me. If anyone came to the door, I thought that they would expect something I couldn't give. It was like a witch-hunt. No one came to my defense. No one offered help. I was humiliated. I wasn't warned ahead of time. They kept repeating that nothing was wrong. I was called incompetent two years before and to have it come back in secret... If someone didn't smile, I would go over it in my mind. It was just like my mother, unpredictable and full of meanness.

*Your family life?*

I grew up in a family divided. I was allied with my father. My



mother was crazy (diagnosed as schizophrenic and bipolar) and drunk. She appeared in my dream as a witch. I was on a wet, dark road going to a house and she was chasing me. This was a repeated nightmare. I was a very aware child. I knew in first grade when I drew a witch to put a smile on her because if I put a frown on her my parents would make a big deal. They were so glad to see the smiles and thought everything was okay and I felt they were stupid.

### *Others describe you?*

Mature, reliable and intelligent. I was a student teacher in seventh grade. My sister is four years younger. I once told my mother that a wall went up and down between us and that it was so high, it couldn't come down. She would get drunk and fight with my father and then get into my bed, I told her no more and I was called 'bad' ever since then.

I was four years old. I had to plan every day to improve myself. I'd starve myself to create the most important piece of writing in the world. Weight is the number one battle of my life. I was told to go on a diet at six. At thirteen I starved myself and lost a bunch of weight. I wouldn't eat all day, then I'd eat a small dinner. After I'd fall asleep, I'd wake in a half-hour, around 11:30 pm - 12 am. I couldn't breathe. It was as if I were frightened by a big inhalation. I'd jump out of bed and run out of the room and stuff something down my mouth. If someone interrupted me I'd scream at them to get away. I didn't want anyone around. No one could see what I was going to do.

I'd eat sardines, meat and cheese. I love smoked oysters, fish, ham and pate. I also like sausages and prime rib.

### *Fears?*

I am not in touch with my fears. About 10 years ago, if I were in a small tent, I had to have the zipper down to see out. I can't do the child's position in yoga. It feels like I'm suffocating. I can't lay face down on a massage table. I don't like the dark. I hate basements, crawly and cold, confined with no windows. I just wanted to keep everyone happy, there were too many people to consider. I had my life organized in grids. "Are those people mad at me?" I would ask as I scanned the grids.

But you asked about fears; centipedes repulse me, crawling with all those legs. If bats got in the house and flew at me, I'd be afraid one would brush up against me. A fear that the future will all fall apart. So, I have to construct reassurances. I want to completely control it or have nothing to do with it. Last spring I thought that I'd be dead in a year. Some part of me knew I couldn't keep going. I am pretty positive it would be from a heart attack. I have no energy. I am running on empty.

*Physicals?*

I get headaches; dull nagging ones, maybe more on my left shoulder and neck. I used to get migraines beginning when I was 13 but they are better in the last five years. If I press the left side above the temple it helps. I used to have a boyfriend who could make it go away by pressing my third eye. My head would throb and then I'd vomit and it would go away. It was better if I were in a hot tub in the dark.

*How often?*

Maybe one every 6 weeks, now I get it from my jaw, I grind my teeth and clench my jaw.

*Menses?*

Blessedly uneventful.

*Sleep?*

I am a restless sleeper, a complete thrasher, toss and turn and snore mildly, pull covers up around my neck and then my feet get hot and I stick them out. I can't sleep on my back. I prefer lying on my right side.

*Sensitive?*

I am like an immensely well-calibrated machine that can measure the distance between people. I know who is sensitive about what. I monitor that stuff. It made this machine go haywire. Can you understand? Usually, I am insulated. It was a skill I needed at home. I take in a lot of complicated situations and organize them. I don't know how to keep them out. I have no defense.

*Example?*

My sister was my symbiotic twin. I felt responsible for her. I worried incessantly she was getting sucked into my mother's sickness. She had every psychosomatic illness. My dad died of a heart attack at 67 years old. His brother had a triple bypass at the same age.

*If you had unlimited funds?*

I'd travel. I'd go anywhere in the world: Indonesia, the Trans-Siberian railroad, India, to be in the Steppes. I love the ocean. I'd do anything to be at the beach.

*Weather?*

I love storms. They are one of my favorite things.

*Exercise?*

I love to dance. It's the only way to enjoy exercise.

MEDS: *Paxil* 40 mg (*paroxetine* SSRI)

Assessment: Thirty-six year old woman asking for help after an intense, emotional spring when her mother passed away, followed by a summer of mental instability. In her childhood, she took on responsibility for her sister. She tried to keep her happy, which was a pattern that repeated itself. She built reassurances and willed herself through life. Underlying this was her lack of self-esteem and self blame. She was reduced to nothing. She feels that life is unpredictable. There are no warnings, only surprises. She might be fired or thrown out because she is not good enough. People could be mad or plotting and no one will help defend her. She must stay vigilant and responsible. She needs to see a way out or she will suffocate. She wakes around midnight after a short sleep, unable to breath and eating ameliorates.

Energetically she is so sensitive that she tunes into others to understand them; this contrasts sharply on the physical plane where she appears to be out of touch with her body.

Her general symptoms include a love of smoked foods and meat, desire for dancing, and restless sleep with hot feet. She loves storms and the ocean. She has a family history of heart disease, diabetes and mental illness.

Plan: *Carcinosin 200c*

Thoughts:

Foubister states that *Carcinosin* is indicated for mental cases with a background of fright or unhappiness. They enjoy watching a thunderstorm similar to Sepia. It has a marked sense of rhythm as well as sensitivity to music, hence the love of dancing. There is definitely sympathy for others. *Carcinosin* children tend to be sensitive to reprimand.

Sankaran refines the picture: *Carcinosin* people often have a history of taking on too much at a young age and having too many expectations placed on them. They try to live up to these expectations and make a tremendous effort to perform exceedingly well. The cancer miasm has the theme of superhuman effort in order to survive. The need for control over oneself and over one's surroundings is tremendous, as is the need to keep order in the midst of chaos. They appear yielding, as they have a tendency to suppress and bear all their emotions without any protest.

They show an interest towards artistic things like music, dancing, lit-

erature, poetry and painting. They are sensitive to and enjoy beautiful scenery, the seashore, thunderstorms and lightning. They desire to travel.

February 23, 2001 (7 weeks since intake)

During the first week I said "I am loving life," "My life has been transmogrified". I actually went back to visit that school for the first time since I left. The first month I was pretty ecstatic, more so than ever, but now more waves of old anxiety are coming back. My brain feels useless and stupid. Two days ago I got very angry with the school. What are they thinking about me? That used to be present all the time. My anxiety about the future is definitely a lot better. I took over paying the bills. It feels more realistic, not me warding off bad things around the bend. There has been a shift in the idea about bad things happening.

*Aggravation after the remedy?*

I had the most intense rage. It was completely unfocused. I woke so angry I could barely stand myself. I was ready to jump out of my skin. I tried not to murder everyone in the house. It lasted about three-quarters of the day and then dissipated.

*Suffocation?*

I still have to see out on a massage table.

*Eating?*

It is verging on normal.

*Heart attack?*

I feel stronger and healthier so there is less fear. My ankles and wrists are less puffy and everyone thinks I tried to kill myself with these ganglion scars. I feel my muscles are stronger. I no longer feel like an undifferentiated blob.

*Headache?*

My shoulders ride up a lot and now that I am able to catch it, I've had only one.

*Jaw?*

Less clenching.

*Menses?*

It was two weeks ago and normal but ended with a big whoosh after 4 days.

**Assessment:** 36-year old woman, seven weeks after the remedy,

states an initial decrease in anxiety with improvement physically as shown by fewer HA, less jaw clenching, less fear of an MI and eating habits improved. Suffocation is still a strong issue. She experienced an aggravation of intense rage and waves of anxiety are beginning to return.

**Plan:** *Carcinosin LM1 daily*

**Rationale:** *Carcinosin* helped her with the daily anxiety and allowed her to revisit the place that had haunted her all summer and fall. The initial anger seemed to be a catharsis from the many years of trying to take responsibility and make things work for others. Yet it feels somewhat problematic that the anger is focused on her. She has shown physical improvements in many areas but the sensation of suffocation is unchanged. She is taking Paxil daily, so I thought a daily use of the remedy was warranted.

May 31, 2001 (6 months since initial intake)

I have constant post-nasal drip that leads to a cough. I feel my chest tightening as an emotional response, it happened when I started teaching. I have an inhaler but I didn't want to admit that I had asthma like my sister. It happened with teaching, as soon as it was summer the cough would stop. "Is my performance in question?" I'd think. Sometimes I can barely contain myself. I might hold my breath to keep words from coming out. People would be shocked if I revealed my demonic side. Sometimes I just want to scream. I am not doing what I want to be doing. My hostility is so high. I have been incredibly angry but I say "whatever". Like when I was four years old with that boundary-setting incident with my mother. When she said, "I love you" it was terrifying. Her body was like a vacuum; you get sucked in and die. It was lifesaving telling her no, but it was a price I paid for rejection. She'd say, "You were a good person until you were four." I let people borrow me. If someone says "I love you" destiny is at work. I feel like I am getting sucked in and I don't want to breathe. They keep sucking me in like lava covering a stone.

*What does it remind you of?*

It feels claustrophobic, like in a dark tent with no window open.

*The worst?*

If I was in a crowd and had to be quiet, like a church, I'd have to be silent or make a fool of myself. I'd have to get out or else I'd start coughing. Everyone would look at me and I'd have to leave the room. They would think that something was horribly wrong with me and be non-sympathetic. My sister's illnesses were all to get attention. Nothing I did got me any attention. I watched my sister get sucked in by my

mother and have no life. She was like an amoeba that circles around.

*Your relationships?*

I am working on relationships. I am so tied into them. It is so important to please and have my husband love me. If I don't yield I will be rejected forever. Something needs to be filled up if something is so empty.

*Overall reaction to the last remedy?*

It let the unconscious speak, gave me a sense of wellbeing.

**Plan:** *Carcinosin 200c*

**Rationale:** *Carcinosin* had been of benefit to the patient mentally, emotionally and physically. Combine that with the training of: don't leave a remedy before it has acted completely; led me to stay with *Carcinosin*.

**Discussion:** It is true that the patient benefited somewhat from *Carcinosin*, yet the picture she tells us seems to have a different focus and flavor. The sensitive, sympathetic and overly-responsible-for-others picture seems to have shed a veil to let us see what lies beneath.

The concern for others is out of a fear of rejection. She wants support so desperately she that she loses her sense of identity. She gives us an example when she tells us that if someone says, "I love you," she is sucked into them and 'dies'.

Her anger is more than an aggravation from the remedy. She has hostility so high because she is not doing what she wants to do in life. She wants to scream demonic things, but she can't for fear of losing the people nearest to her, i.e. her mother when she was younger and her husband currently. Her feelings of screaming anger contrast loudly to her actions. She simply says "whatever". This type of conflict needs an eventual outlet, which is often in the form of physical symptoms.

The idea of being borrowed, as if covered in lava, leads to both the fear of suffocation and claustrophobia, as well as the physical symptoms of asthma and cough. The underlying idea is that of being confined and constricted, hence unable to breath. This is where the patient can express the rage against herself that she keeps inside.

January 30, 2002 (13 months since initial intake)

CC: M/E, asthma, weight

Last reaction to the remedy? Most intense fit I've had in my life. It

seemed so intense, lasting a whole day. Money that was mine had been spent. It was a symbolic thing. Something shook loose. I've been less nice. It opened up the pathways more. I'm quicker to anger and unapologetic about it to my family, which isn't particularly helpful. Last month, I felt like I was slipping back into mental instability. Slipping into that awful, despairing place of a few years ago. I said you have to be responsible for your happiness, do your writing. I also had the most intense asthma thing about money. I thought I'd have to go to hospital. I don't want to take the *Serevent*, which I had been using for a couple of days. Then I tried *Albuterol*. I acknowledged I can't live in a debilitating situation. I got in a hot bath, which really helped.

#### *Asthma?*

Good for long periods of time and I think that I've kicked it. All that therapy: habitually talking about myself. Maybe it's been a couple of weeks using *Serevent* (salmeterol = beta2 agonist). It used to begin when school started and end when school ended. I'd talk on the phone about school and had to get my inhaler.

#### *Tell me more?*

I'd start to cough, breathing really shallow. I won't be able to take in enough air. That panics me. I start to super monitor everything and that freaks me out and then think I'll have a heart attack and die. The best thing is a hot bath.

#### *Headaches?*

Now if I get one when I clench my jaw or hold shoulders too high, I take a hot bath. About once every two months I get one anyway. I used to throw up. My teeth used to feel like they were radiating. I had to be in complete darkness. Saliva would fill my mouth. It felt like a river and I'd have to start spitting, definitely going to vomit with the left side pounding. I feel a pressure in the base of my head and third eye and left temple.

#### *Weight and food?*

I haven't lost any weight. The more engaged I am, the less I crave or overeat. I feel like it's the last major hurdle. The other one was the writing piece. It feels like it will stay. Something is changing inside of me. The writing is very sad, much more than I realized. People looked like they were going to kill themselves. I'm not going to give up yet, but weight and writing are definitely the ball and chain.

#### *Anxiety?*

Like a shadow cloak from the back of head, it'd slowly envelop me until it closes me off from reality. I had a nightmare about it last week. I

was going crazy but I knew it was a dream so I let myself behave bizarrely. My daughters appeared in the room and they had been watching me. One said it wasn't a dream. I shook myself to wake up and it didn't work and I thought I was in that dream forever (weeps).

Meds:            *Serzone* 200 mg (*nefazodone* = 5-HT receptor antagonist)

*Serevent*

*Albuterol*

Objective: Blood Pressure is 160/90 LAS

Audible click when open mouth, patient feels it more left side.

Left arm curvature in humerus, due to fracture in childhood.

Ganglion left radial wrist, 1 cm

Lungs normal breath sounds.

Considerations for a new remedy:

A person who needs support and will do anything to please in order to maintain the relationship.

Asthma and the fear of suffocation, more peculiarly the waking at midnight from suffocation.

Inability to express her anger

Add in the fear of a heart attack, fear of insects, fear that others observed her going crazy in a dream, as well as wanting no one to observe her eating at night, concern about financial security, headaches left sided and life-long obesity.

Some rubrics that represent the case are as follows:

MIND; ANXIETY; suffocation, with; palpitation, and, wakes after midnight (1)

MIND; FEAR; general; suffocation, of; palpitations, with, wakes after midnight (1)

MIND; FEAR; general; suffocation, of (50)

RESPIRATION; DIFFICULT; anxiety, from; palpitation, with, waking after midnight (1)

SLEEP; WAKING; suffocation, from (10)

MIND; FEAR; general; heart; disease, of (35)

MIND; FEAR; general; animals, of; insects, of (12)

MIND; FEAR; general; observed, of her condition being (11)

HEAD PAIN; GENERAL; forehead; nose, above root of (130)

HEAD PAIN; GENERAL; temples; left (185)

COUGH; ASTHMATIC (129)

BACK; TENSION; cervical region (110)



MIND; GREED, cupidity; eating, in (61)  
 GENERALITIES; OBESITY (142)

	Total	Spong.	Calc.	Ant-c.	Cupr.	Nax-m.	Umit.	Dig.	lob.	lyc.	Acon.	Falco-p.	Carb-v.	Arn.	Kali-c.	Ant-c.	ARS.	Sulph.	Chin.	Nax-v.	Phos.	Dry.
<b>Rubrics</b>	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
<b>Family</b>	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
ANXIETY; suffocation, with; palpitation, and, ... (1)	3																					
FEAR; general; suffocation, of; palpitations, ... (1)	3																					
MIND; FEAR; general; suffocation, of (50)	2					1		2	2	1	3	1	2	1		1	2	2	1	1	2	2
DIFFICULT; anxiety, from; palpitation, with, ... (1)	3																					
SLEEP; WAKING; suffocation, from (10)	1					1										1						1
MIND; FEAR; general; heart; disease, of (35)	2	2		1	1				1					2							2	
MIND; FEAR; general; animals, of; insects, of (12)	3					1	1			1							1	1			1	
FEAR; general; observed, of her condition ... (11)	3											1										
GENERAL; forehead; nose, above root of (130)	1	2	1	4			1	1	1		2	1	1	2		2	1	1	1	1	1	
HEAD PAIN; GENERAL; temples; left (185)	1	1		1	1		2	1	1	1	1	1	2	1	1	1	1	1	1	1	1	
COUGH; ASTHMATIC (129)	2	1	3	3	2	2		1	1	2		2	1	2	3	1	2	3	2	1		
BACK; TENSION; cervical region (110)	2	1		1	2	2	3	1		2		1	2	1	1	1		2	1	1		2
MIND; GREED, cupidity; eating, in (61)	1	2	2					1	3	1	2		1		2	1	2	3	2	1	1	
GENERALITIES; OBESITY (142)	1	3	1	2	1	2	1	1	1	2	2	1	1	1	2	2	2	2	1	1	2	1

Some of these rubrics overlap and were combined for the repertorization. The top two remedies that made the most sense were *Calcarea carbonica* and *Spongia tosta*. The patient had been given *Calcarea carbonica* some years before and it had helped the fear of the heart attack but not the fear or sensation of suffocation.

We also have the following interesting rubric of *Spongia*

MIND; DELUSIONS, imaginations; persecuted, that she is tormented by some frightful scene of some mournful event of the past, and (1)

This rubric reminds us of the original case where the patient describes her summer as a witch-hunt and that she cannot return to the school where she worked after being humiliated.

**Discussion:** *Spongia tosta* appears to have been introduced as a specific for goiter by von Villanova in the 13th century and it maintained its reputation in this field for many decades. The mother tincture is prepared by toasting small portions of fresh sponge from the Mediterranean to a crispy brown, followed by macerating in alcohol.

Hahnemann first proved *Spongia*; he roasted it to increase its mineral qualities. Clinically, the areas of affinity are the respiratory tract, the thyroid, the heart, the testes and the lymphatic system.

Repeatedly, throughout the *Materia Medica*, there are references to anxiety and fear of suffocation. In Hahnemann's proving of *Spongia*, he noted, terror and fear of approaching death; that she will die of suffocation. This idea has a few different etiologies, including heart, goiter and

cough. The heart sensations and pathology can include palpitations, rheumatic endocarditis, insufficiency of the mitral valve and hypertrophy of the right side of the heart. Farrington wrote, “*Spongia* is a heart remedy of some importance. Its most brilliant cures have been affected in congestion of the chest and head. The patient is roused suddenly from sleep, gasping for breath with a red, sweaty face, anxiety and fear of death.”

Nash reports that *Spongia* is also a good remedy for goiter, with a sense of suffocation after sleep. Farrington continues, “This suffocation does not come from the size of the goiter alone; some very small goiters give rise to this symptom in a very great degree.”

In bronchial and laryngeal conditions the patient suddenly wakes suddenly out of sleep around midnight with a feeling of a plug or foreign object, gasping for air.

Other areas of note from the original *Spongia* proving are the insatiable appetite, the cervical tension and the left sided or forehead headache.

Massimo Mangialavori, a strong proponent of understanding *Materia Medica* at a deep level has published a case cured with *Spongia* in *Reference Works* by KHA. His case helps to illustrate some important themes and strategies of the roasted sponge.

He describes a forty-one year old female patient with high levels of anxiety, who is quite fearful of the dark, cemeteries and going out alone. She is afraid that people will approach her and want her to talk. She has become highly dependent on her husband. Her fears are so strong that she has been taking antipsychotic medications for fifteen years. She reports that after the death of her father from a sudden heart attack, combined with the fact that her principal wanted to fire her affected her intensely. Her fear of a heart attack is that one will come without her being aware of it and that she may die at any time. This fear of death leeches out into the vague fear of diseases, intensifying to include doctors and hospitals (representing illness and death). She also had an enlarged thyroid.

February 7, 2002

**Plan:** *Spongia tosta* 30x in H<sub>2</sub>O, SIG: 4 gtt (drops) once a week  
Do not change any medications, refer to prescribing doctor to make changes.

February 28, 2002 (3 weeks after *Spongia*)

Phone consult:

I am off *Serzone*. I feel solid. My solidness is back. I am still myself. The stress is outside. This Atkins diet is making my life feel possible. I am amazingly positive. I am thriving and doing the writing that I want to be doing. The two main things that I have been trying to deal with in my life are my writing and my body. I have tried two times to get off *Serzone* and I felt horrible as soon as I had cut back by 1/4. I had to immediately resume taking the full dose. I have had an unusual amount of determination. I am having super vivid dreams and feel I am waking a lot. I feel engaged, a lot of things are happening.

**Assessment:** It is interesting to note that she has gone from empty and insulated to feeling solid. She feels she is making progress with her two main issues: weight and writing. In addition, she has stopped taking her antidepressant.

**Plan:** Wait. No further doses of *Spongia*.

March 20, 2002 (6 weeks total)

Phone consult:

Lower back pain, L5 - L4. It feels as if I were beaten up.

No meds since I stopped cold turkey and I don't feel crazy. Lots of change this week and I am handling it well, I am still losing weight. I started my period today. I am not holding my shoulders as high. My BP was 158/88.

**Assessment:** Acute mild distress near lumbar-sacral junction. She is losing weight, has started exercising again. She has taken herself off medications with no noticeable side effects. Improvement overall.

**Plan:** 1) *Spongia* 30x 4 gtt QOW (4 drops every other week)  
2) Order Chemscren/CBC

July 17, 2002 (5 months)

Instantly had one of the worst asthma attacks right after I took the *Spongia*. Then when I took another dose, I felt like I'd suffocate. Then I put it in a cup of water and I was fine. My back improved quickly which was unusual. I had intense dreams, terrified. Then I felt as if it kicked it out of me. Once every 2 months I use the inhaler. Last year I used it daily. Up until recently I was coping well, not explosive, feeling honest. I have the where with all to do what I want to do.

*Worry?*

This summer positive things have happened. I felt like I was having another breakdown 3 weeks ago. If I feel unsafe emotionally, then

issues about money are super-heightened. I think I am better equipped to intervene on my own behalf. I feel something is not organically right, I could shut off and do nothing and get into the sad darkness, like having to crawl out of a well (weeps). What a stupid way to have to spend this energy. I don't feel it will last forever even though I feel that way now.

Objective: BP 160/98 LAS

**Assessment:** Patient had aggravation from the original dose of *Spongia tosta* (asthma). March through June showed emotional improvement, no antidepressant since 2-02. Currently she is worried about finances and feels she is having a relapse. Her blood pressure remains high. Patient states she has lost weight.

Thoughts: The patient has shown tremendous improvement on many levels with approximately 6 doses of *Spongia* 30x.

**Plan:**

- 1) *Spongia tosta* 200c
- 2) Request of labs from former doctor

September 6, 2002 (7 months total)

S: I retook the remedy once during the week of August 11-19, 2002.

*Tell me about it?*

When I take it, I get a huge anxiety and I am so disconnected that it lasts a couple days. First time, I thought I would suffocate. I had that on vacation too. It is so relaxing down there: peace, sex and good food.

*Anxiety?*

After two days, it just goes away. Kind of like I don't have a horrible job, I'm not tied up in school, I do not have horrible relationships. I've had a shift in my financial situation that seems to be coming along. I am not on antidepressants anymore, no meds. I had a panic attack in the middle of the night. Thought that I was going to die. I know it was gas pangs but I was sure it was a heart attack. My resting level of anxiety is healthier so when it spikes, it's obvious. Then there is the weight. I look at myself and say you are coming along. I have taken on a ton of stuff and that's good. I left therapy last November. She was pushing me to be out in the world, which was scary. I have decided that I will die of a heart attack and that I am getting more and more unhealthy. Voice says you are not exercising, you have been hiding this problem of BP and if you went and got an EKG, they'd put you in the hospital and give you a heart transplant. My father died when he was 65.

*Asthma?*

It's sporadic. After I took the 200c, I did not use the inhaler at all.

*Sleep?*

Not good. I can't fall asleep three or four nights a week. I will take two hours to fall asleep. I wake up early. It freaks me out, that compulsive thing. Will wake at 4 am or 5 am; after 5:30... Wake up repeatedly, always there, that did go away when on antidepressants. I fall right back asleep. When I was younger I had night terrors. When I can't fall asleep my limbs feel like I can't get out, like it is trapped. If it is bad, I have a hot bath, steaming hot and then I can go to sleep.

*Jaw clench?*

Haven't been getting headaches. I don't think I'm doing it. Not my shoulders either. Headaches stopped a while ago.

*Weight?*

Steady and slow. Used to lose from my face, then stomach and now I am a smaller version of same shape. It's as if I am losing from all over at same time. It tells me that I am going to be the same person, but smaller. It makes me less prone to get into that whole thing that if I were a different weight, I'd be a different person. My body is giving me another way to make sure that I stay grounded and what this weight loss is really about.

*Relationships in last six months?*

It feels like a reconnection with my husband that hadn't been there.

*Money?*

Circular, last Christmas I was completely fed up. He wasn't making enough and not changing and now I have my finger in the pot. It makes me feel like I am not this person screaming the obvious and making me feel insane. I am also making more money and haven't sold my soul.

Objective: 148/92 LAL, 138/92 RAL, 138/94 LAS

**Assessment:** Improvement in financial anxiety, asthma, jaw clenching, HA, relationship with husband, weight loss, BP. Sleep has been disturbed, difficult to fall asleep and waking frequently.

Thoughts: She spoke quite awhile, giving many details about a heart attack that would be her demise. My understanding was that this fear had been so strong, that she only allowed glimmers of it to be seen and that now she was actually voicing what she truly felt, with a more straightforward and lighter demeanor.

**Plan:** Wait.

October 23, 2002 (9.5 months)

I am going to blame the current state of my life on your remedy. I wanted to lose weight, I wanted to be writing. I wanted to become who I really am. And I am losing weight and writing. The other part is a turning point with a friend that I had a falling out with. I am coming out the other side. I am a separate entity. I am not being eroded. I can stand on my own. I have never been so bold in my life. Somehow saying what I want is way more important than what I will get. This is a total major shift inside me. I don't feel like the whole world is pulling on me.

*Asthma?*

About 2 weeks ago, I filled both prescriptions, *Serevent*, *Albuterol*. I took *Albuterol* 3-4 times last week. I don't feel like I am suffocating but I am coughing a lot.

*Jaw, shoulders?*

Weird shoulder thing this week, sudden weakness thru both shoulders, like I had been holding my body weird. Jaw ok, no headaches.

Objective: Height 5'7"

BP: 158/94 LAS pulse clear and strong, loud and reg ~74/min

**Assessment:** Patient's BP lower last visit, this visit returned close to original. She attributes it to lack of sleep last two nights and emotional excitement. Feels she has made a major shift within and is doing the things she wants to do in life. Asthma has reoccurred in the last two weeks concomitant with emotional issues. She has lost a very considerable amount of weight, though I was not able to accurately assess this as my scale proved to be malfunctioning. Nevertheless, it is the first time patient has been able to get on scale since childhood.

**Plan:** Wait to retake remedy but give patient *Spongia* LM1 to hold and use for asthma as needed.

December 3, 2002 (11 months)

Summary: The patient has not used inhaler for months, even in the rain. She is getting massage once a month for her shoulder; has had no jaw clenching or headaches; periods slightly heavier; some clots.

She is not worried about money as projects are coming her way. She feels as if an amazing creative shift of the highest magnitude is occurring. She states, "It's like inventing myself, not as if people are inventing me."

**Plan:** Wait.

February 16, 2003 (1 year)

Phone consult: Patient is having pain in LLQ, sharp and cramping. No fever, no increase in pulse, no BM last 2-3 days.

**Assessment:** Acute abdominal pain due to constipation.

**Plan:** Spongia 200c single dose, if no improvement within 24 hours, contact local doctor.

March 18, 2003 (1 year, 1 month)

CC: weight, mood

S: I am extremely moody, in a state of turmoil, but I am not actually hopeless, I am trying to work something out and go deeply into myself and pop back up which is not my norm.

*Sleep?*

It's been pretty good which did not used to be the norm. My energy is fine.

*Lungs?*

They are great, the cough is not there.

*Abdomen?*

The pain was gone totally in two days. I have a BM every day now. I feel so much better than a year ago.

BP: 160/100 LAS, 146/92 RAS

pulse 80 weight 245 lbs. (New scale)

**Assessment:** Mentally and emotionally she is crossing new boundaries which is difficult, but she feels optimistic about the process. Sleep is good, lungs are good, no inhaler usage. Exercise sporadic.

**WDX:** Hypertension, obesity.

**Plan:** Wait.

August 1, 2003 (1 year, 6 months)

Phone consult:

I just had a mammogram for a node in my left axilla. It was swollen for one month and somewhat painful. My fear is that it's cancer. At least if I die, I have been doing what I want this past year. I would have no regrets.

Thoughts: *Spongia* is known to affect the lymphatics.

GENERALITIES; GLANDS in general, complaints of (46)

GENERALITIES; SWELLING; sensation of; glands (30)

**Plan:** *Spongia* 50c single dose.

August 5, 2003

Phone consult:

It's not cancer. The node is disappearing. I had hives for 3 days after the remedy but no aggravation of anger or asthma. The doctor said my BP was 139/84. I am taking a dance class three to five times every week. The doctors are concerned about my cholesterol. My writing is going well. I have sent out pieces and gotten published and I will be presenting to the public next month.

**Plan:** Wait.

Discussion:

The patient continues to stay in contact and is amazed at how much she feels she is "becoming herself". She is not only pursuing her life-long love of writing, but feels brave enough to submit pieces for publication, regardless of the fact that there is the possibility of rejection. She has decided that a book is the next step in her evolution.

Her other "ball and chain", that is her weight, has become less of an issue as she continues to lose pounds. Her attitude has gone from "losing weight is impossible and it will lead to a heart attack and kill me" to "It is possible though difficult".

This case was shown for several reasons: the first to illustrate a level of cure where homeopathy not only alleviates the physical symptoms but goes beyond to the core of the patient, triggering deep mental and emotional growth, supporting the patient in the opportunity to be a productive member of society in the manner that best suits their positive attributes.

Second, there is the experimental idea that if someone is on a correct "constitutional" remedy, the same remedy will generally be successful in resolving an acute complaint. Perhaps the theory arises from the idea of stimulating the vitality of the patient through the deep remedy. Possibly the acute problem will often have to do with the affinity of the remedy, even though the patient may not have had these symptoms before. An example of this is the patient developing a swollen lymph node, a symptom that she had not had before. It appeared to be resolved with *Spongia*, a remedy known for affecting the lymphatic system.

Third, people often ask about discontinuing medications. This case demonstrates how this is possible under good homeopathic treatment. I must caution though, that from my experience with psychiatric medication, the answer is never straightforward.



We should also mention the misunderstood idea that a homeopathic medicine can relate to the actual substance that is it made from in the natural world. This is not the same as the “Doctrine of Signatures” where the assumptions of action are made *apriori*. Observing affinities of substance and patient is the result of many long term cured cases where certain themes are recurrent. One consideration relates to evolution. The sponge is a primitive organism, confusing the early taxonomists who believed it to be a type of plant. These animals are stationary and are attached to a surface at an early stage in life. They have no antennae or feelers to wave around. They feed off the water currents passing directly through their bodies. Life is about gripping to the rock and feeding. Chemically, they have a large amount of calcium augmented with silica. They have no active means of defense. It is common for undifferentiated animals, like the sponge, to regenerate when injured. This is their strategy for survival. The sponge can be nourished while attached to a rock its entire life.

Lastly, how does the sponge fit into the family of sea remedies? One theme is the strong focus on support, as exhibited by the dependency on another person, generally the spouse or another member of the family. This reliance can be reflected in the patient’s dependence on medication or on the doctor-patient relationship. In order to maintain this relationship they must remain sick. The lack of support felt when a parent dies often exacerbates or triggers symptoms. It is as though the person is unable to become an individual. They feel they must live in their safe colony that remains unchanged, yet this is impossible as part of life is learning and adjusting and growing.

According to Massimo Mangialavori, sea remedies have a variety of issues that all exist within the context of dependency on another. Relationships are based on being supported and having their basic needs met from this dependent position. The passivity of the sponge that simply sits and is fed by the sea may be a useful image of this theme.

Humans naturally desire to mature to independence. Yet for the *Spongia* person, this creates a conflict since this is the opposite of their dependent nature. This disharmony can show up in their family life as quarrelsomeness or the desire to harm the person they are dependent on. However, this is impossible as it could cause them to lose their support.

Some *Spongia* fears are similar to those of a child: fear of the dark, the unknown, crawling things. It is difficult for them to articulate exactly. The other fear is that of suffering which can lead to hypochondria. They particularly fear death by heart attack.

They remember well a story that caused them pain. They have no shell like *Calcareia* or *Venus mercenaria* (razor shell clam) to protect them. They are open to all the currents that pour through them. Their response to this is one of spasmodic retraction, to attempt to shut things out. This affects one of the most primitive structures, the respiratory tract, hence the suffocating cough.

Movement varies from the healthier state of desiring activity, to apathy, where they do not want to leave the bed or the house (or the rock).

The theme of water appears. The patients willingly relate a love of the ocean or feeling better at the seaside. Sometimes the opposite occurs where there is a strong fear of the water. They feel that it may not be safe to swim where sharks, whales, horseshoe crabs and other sea creatures could show up unexpectedly.

In conclusion, the remedy *Spongia* beautifully exemplifies the idea of a person who lives via support from another person, is concerned with the fundamentals of survival, has an affinity towards the ocean and often has vague fears. Physically they respond with suffocating coughs, thyroid and heart problems.

**Cari Nyland, ND** *sees a large variety of patients diagnosed with mental and emotional disorders at her clinic in Portland, OR. She also enjoys the pediatric element of her practice. She has studied with teachers from The School of Bombay and currently studies the work of Massimo Mangialavori.*

*\* This case was presented at the 16th annual HANP case conference \**



*Allyson Burden, DCH, brings to DHR a wealth of experience, having worked in the homeopathic resources field for several years. Passionate about the heritage of homeopathic literature and committed to impeccable customer service, Allyson is looking forward to hearing from all her book-loving friends.*



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# RAJAN SANKARAN AT ESALEN - 2003

JOHN MILLAR ND, DHANP

I have just returned from a ten-day residential retreat with Dr. Rajan Sankaran at the Esalen Institute near Big Sur, California. This was my fifth residential retreat with Sankaran and my third at Esalen. The following is a summary of my experience with Sankaran and in particular the latest Esalen adventure.

I was first introduced to Sankaran about ten years ago when Melissa Fairbanks, the woman who organizes the Esalen events, brought Rajan to Boston. My first impression at the time was that this man took a case in the way described by Hahnemann in the *Organon*.

Over the years I have continued my studies with Rajan as well as other members of the Mumbai group. What I have been most impressed by is their depth of knowledge, understanding and perception of our art of homeopathy.

Situated between the mountains and the sea, the setting at Esalen is idyllic. A stay there is like a journey to another time. I have attended seminars throughout North America and Europe and the only thing that has come close to this was a workshop with Vassilis Ghegas at the Asclepion, on the island of Kos.

Along with the fantastic setting, another memorable aspect of Esalen that was remarked upon by all the participants, were the meals - an exceptional culinary experience featuring an amazing variety of colors and flavors, served with all the care and attention that is Esalen.

Dr. Sankaran, his way of being and the tremendous amount of effort, insight and knowledge that he brings to his seminars, provides focus to this wonderful environment. The result is an exceptional learning experience.

In the previous Esalen seminar held two years ago we were introduced to Rajan's work on the plant families and the idea of the vital sensation, the vital sensation being a level deeper than the central delusion. This was a detailed preview of the information offered a few months

later with the publication of Dr Sankaran's two volume *An Insight Into Plants*. I will attempt to provide an overview of the information presented at the recent seminar.

At Esalen 2003, Dr Sankaran presented the latest in his ever-evolving process. While Rajan continued to illustrate through case after cured case, previous ideas of delusion along with his use of miasms, kingdoms and families, this year's seminar focused on 'the seven levels' of how patients experience and express their disease state. This, his latest concept, rounds out a systematic approach that I believe will be a boon to patient and practitioner alike. This concept has tied together much of the previous information Dr Sankaran has presented. Along with the idea of the seven levels, a very useful and practical insight into the hand gestures of patients was illuminated.

Besides expressing the depth of the patient's experience of their problem or disease, the levels also reflect the practitioner's understanding of the case before them. Rajan stated, "We can experience and practice homeopathy at any of the seven levels." Understanding and utilizing the levels assists the practitioner in determining not only the remedy but also the potency and it helps in establishing prognosis and evaluation during follow up.

I will attempt to give a cursory outline of the levels but recommend that the reader obtain Rajan's soon to be published book on the subject or consider the upcoming video seminar.

At the first level, the patient experiences their disease only as a name, e.g., "I have prostate cancer". The patient is not aware of or affected by any particular symptoms of his/her condition. A practitioner functioning at this level prescribes purely on a pathological basis, e.g. *sabal serulata* for the prostate. The potency indicated is low: 6c-12c or LM1-LM3. While there are plenty of instances where this can be superficially effective, the general long-term results are poor.

At the second level, the patient experiences their condition in terms of symptoms and sensations. The effect on the patient is minimal and their general awareness does not predominate. The potency selection for this level is in the 30c range. A patient's experience at level two is often expressed in terms of "my *this*" or "my *that*". For example, in a case of rheumatism the patient may simply say that my shoulder hurts, my back aches, etc. There seems to be little experiential connection between the "My" and the "I." When asked how it makes them feel, patients don't respond, as they don't experience their condition in those terms. We don't hear about frustration or anger or anxiety, etc., it simply hurts.

We've all had patients like this and it can be very frustrating.

At the third level of experience the patient most predominately expresses their condition in terms of how it feels. The emotional component is clear and denotes a human specific experience. Patients who experience their condition at this level will often require a 200c potency.

The fourth level is the level of delusion. Here the patient's experience of their condition is "as if". A practitioner who perceives the case at this level will have a higher success rate than prescriptions based on information from lower levels, but this is still not the deepest level of perception. The "as if" experience, reflects information that is common to human experience in general. The relevant potency at this level is 1M.

The fifth level, the level of the vital sensation, is the deepest yet and information yielded at this level is non-human and very specific. Experience at level five speaks directly to the miasm, the kingdom and family, and the exact source of the remedy. Sankaran's experience and teaching suggest that if we can learn to perceive the case at this level, we will be rewarded with considerably more successes in our practice. It was interesting to note that in cases requiring a remedy from the animal kingdom, this level will actually take us to the remedy. The *Lac-defloratum* case ended up talking a lot about cows and the *Apis* case referred to herself as the Queen Bee.

The single most important lesson for me was the fact that when the patient was describing level five information they would start using hand gestures more in order to get their ideas across. Level five information is non-human specific, i.e., connected directly to the source or the remedy and therefore outside the realm of human experience. It is just this reason that forces the patient to speak with their hands.

Level six is the level of the energy and is beyond individual kingdoms or families. The energy level is very significant. When we see where the energy is in the case, we are able to locate the sensation easily, since sensation lies closest to energy. It is here that hand gestures can play a particularly valuable role as an expression of the patient that unites energy and sensation.

Level seven is the level of the unfathomable i.e., beyond human comprehension. From a practical standpoint this last level is of little use. However, as part of a conceptual framework it is necessary to complete the model. Something like some of the concepts presented in "String Theory".

The goal of case taking therefore, is to elicit information from level five while being open to receive clues from level six. This is the non-human specific information. This is the information of the remedy source being directly expressed through the patient. Since not all patients experience their condition at this level, it is up to the practitioner to gather this data through the use of various bypasses. I would refer to the reader Rajan's up and coming books for more information on 'bypasses'. Suffice it to say, that a 'bypass' is a line of inquiry that permits the practitioner to gather level-five information, from clients that experience their condition at a level below level five. According to Dr. Sankaran, it is only the complete level five data that can assure the practitioner of the correct kingdom, family, miasm and remedy.

With his work on the levels, Sankaran has completed a model that helps prescribers to go from symptoms to system. How many times at a seminar have we all had the experience of a group of homeopaths who are all listening to the same case come to as many different remedies as there are homeopaths. Later in the week, the participants of the Esalen group were coming to the same remedy or at least a very few very close remedies.

Some members of the group presented cases that were cured as a result of a remedy selected using Rajan's system. Laurie Dack presented a cured case of rectal cancer that was treated with *Physostigma*. Also, a cured case of chronic myeloid leukemia was presented by Rina Markovits and coincidentally treated with *Physostigma*. Both these participants expressed their profound thanks to Dr. Sankaran for his work and felt that without his guidance, their patients would have suffered fatal outcomes.

In closing, I too, would like to express my heartfelt thanks to Dr. Sankaran for all that he has done to elevate homeopathy and the success rate of practitioners all over the world.

Sankaran, in his humble way, does not profess to have the only way. As he put it, there are many paths to the top of the mountain. Along the way, the methods and systems may appear quite divergent, but once at the top, all is one. Since returning to my practice I have had the opportunity to apply what I have learned at the latest Esalen adventure and already am seeing results in cases that had previously eluded me.

Again thank you, Rajan.

**John Millar ND, DHANP** graduated from the Canadian College of Naturopathic Medicine in 1988. Since then he has studied homoeopathy with the likes of Saine, Gehgas, Sherr, Shaw and Sankaran. He was a clinical supervisor at CCNM for 12 years. Presently he teaches at the Toronto School of Homeopathy and the Ontario College of Homeopathy Medicine. He has also been a teacher for Homoeopathy Without Borders, involved in the Cuba Project. He has recently joined the Board of Directors of the HANP and is a Board member and Treasurer for the Council of Homeopathic Education. He has a private practice in Peterborough, Ontario.

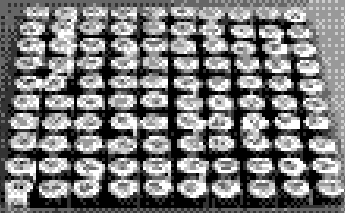
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# CALENDAR OF EVENTS

**JANUARY 9, 2004 Todd Rowe; Phoenix, Arizona; Live Patient Teaching Clinic;** Contact Todd Rowe/Thelma Rowe, 2001 W. Camelback, Suite 150, Phoenix, Arizona 85015; 602-347-7950; fax 602-864-2949; [disch@igc.org](mailto:disch@igc.org); [www.weteachhomeopathy.com](http://www.weteachhomeopathy.com)

**JANUARY 16-18, 2004 Judyth Reichenberg-Ullman, ND, DHANP, LCSW, and Robert Ullman, ND, DHANP, Toronto Homeopathic Treatment for Children with Behavioral, Learning and Adjustment Problems and the Autistic Spectrum** Canadian College of Naturopathic Medicine [www.ccnm.edu/postgraduate/postgraduate.html](http://www.ccnm.edu/postgraduate/postgraduate.html)  
Contact: Melissa Clements, Tel: 416-498-1255 ext. 255 Email: [mclements@ccnm.edu](mailto:mclements@ccnm.edu) Web: [www.ccnm.edu](http://www.ccnm.edu)

**JANUARY 20-24 2004 HENNY HEUDENS-MAST 'Better By the Sea' Cocoa Beach, Florida** Sponsored By: Naturally Divine contact: Louise Divine phone 850-386-6970 Teresa Bland

**FEBRUARY 28-29, 2004 Dr. Paul Herscu, Orlando, FL 17th Annual Conference - Florida Homeopathic Medical Society and Florida Affiliated Study Groups.** Phone: 352-483-1546 or 407-423-1287  
[FloridaHomeopathy@yahoo.com](mailto:FloridaHomeopathy@yahoo.com)

**MARCH 6-7, 2004 New England School of Homeopathy, Amherst, MA. Reunion Class for NESH Alumni** For further info see <http://www.nesh.com> Contact person: Amy Rothenberg ND mail to: [nesh@nesh.com](mailto:nesh@nesh.com) 413-256-5949, fax 413-256-6223

**MARCH 19-21, 2004 Louis Klein R.S. Hom in New York, NY** Author of new book "Focus Guide to Homeopathic Remedies, Vol 1" Open to all Contact: Luminos Homeopathic Courses Ltd. Aryana Rayne: 604-947-0757 <mailto:aryana@homeopathycourses.com> <http://www.homeopathycourses.com>

**APRIL 16 - 18, 2004 Sujit Chatterjee, B.Sc., DHMS, FSASMS**  
**Toronto “Vital Sensation” beyond mind and body** Canadian College  
of Naturopathic Medicine  
[www.ccnm.edu/postgraduate/postgraduate.html](http://www.ccnm.edu/postgraduate/postgraduate.html) Contact: Melissa  
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Web: [www.ccnm.edu](http://www.ccnm.edu)

**APRIL 17-18, 2004 A.U. Ramakrishnan, NYC Neurology and Heart**  
**Disease** Contact: Jill Elliot, DVM Phone : 212-794 4993 Fax : 212-570  
9049 e-mail: [happytails@mindspring.com](mailto:happytails@mindspring.com)

**APRIL 23-25, 2004 Sujit Chattergie, UCLA, Los Angeles Pediatric**  
**and Adult case weekend using Rajan’s latest system of the “Vital**  
**Sensation” in the different kingdoms and families and their miasms.**  
Differentiation between the bird family and the Hamamalidae Also  
cases of Elephant, Panther, Rhino, Dolphin, Tortoise, Eagle, love bird,  
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Aviva Steinberg, Phone: 310-843-9112 Email: [avivaste@aol.com](mailto:avivaste@aol.com)

**APRIL 25 - MAY 1, 2004 Four-Year Postgraduate Course Massimo**  
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**Individualism: Milks, Insects, Parasites** Sponsored by New England  
Homeopathic Academy Contact: Betty Wood 978-635-0605 or  
[mailto:bwood@igc.org](mailto:mailto:bwood@igc.org)

**APRIL 30 - MAY 2, 2004 New England School of Homeopathy,**  
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[nesh@nesh.com](mailto:nesh@nesh.com) 413-256-5949, fax 413-256-6223

**MAY 26 - JUNE 1, 2004 Rajan Sankaran, Toronto Ontario College**  
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**JUNE 18-20, 2004 Jonathan Shore, MD, MBChB, DH-t, MF.Hom ,**  
**TORONTO Bird Remedies** Canadian College of Naturopathic  
Medicine [www.ccnm.edu/postgraduate/postgraduate.html](http://www.ccnm.edu/postgraduate/postgraduate.html) Contact:  
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**JUNE 19-20, 2004 A.U. Ramakrishnan, NYC Respiratory and Skin Disease, Arthritis, Lupus** Contact: Jill Elliot, DVM Phone : 212-794 4993 Fax : 212-570 9049 e-mail: [happytails@mindspring.com](mailto:happytails@mindspring.com)

## **INTERNATIONAL SEMINARS**

**JANUARY 16-25, 2004 BOMBAY SEMINAR 2004, Mumbai, India**  
Contact: Homeopathic Research & Charities Telefax: + 91 22 26050914  
E-mail: [seminar@homeopathyindia.org](mailto:seminar@homeopathyindia.org)

**FEBRUARY 6-18, 2004 Rajan Sankaran, Goa India** Contact: Dr Shachindra Joshi E-mail: [bhawisha@vsnl.com](mailto:bhawisha@vsnl.com)

**JUNE 3-5, 2004 Rajan Sankaran, Utrecht, The Netherlands** Contact: Stichling Alonnissos E-MAIL: [mail@alonnissos.org](mailto:mail@alonnissos.org)

**OCTOBER 18-23, 2004 LIGA International Homeopathic Congress Buenos Aires, Argentina** Website: <http://www.amha.org.ar> E-mail: [info@amha.org.ar](mailto:info@amha.org.ar)

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# Author Guidelines

The editor invites the submission of articles, essays, case reports and correspondence. The purpose of *Simillimum* is to provide high quality educational and clinical information to practitioners. Case reports and articles will be printed which strive to illuminate some aspect of classical homeopathic practice (defined here as a study of the totality of symptoms, the use of a single remedy, prescribed according to the Law of Similars) whether in the areas of *materia medica*, posology, case management, miasms, etc. The main point is that each article should provide a valuable homeopathic learning experience, so discussion must be thorough enough to achieve this goal.

Cases will be evaluated on individual merit by a peer review committee of qualified practitioners. The following guidelines are suggested to assist the author in the development of presentation and content.

## Case Format

A "well taken case" includes a description of the patient, occupation, etc., relevant family medical history, previous types of treatment (allopathic or homeopathic), details of the chief complaints including modalities and causations, mental and general symptoms and all other symptoms of the case, so that a clear picture of the totality can be gained.

## Case analysis

Case analysis, evaluation of symptoms and repertorization should be included. Please explain your reasoning behind the remedy selection and potency choice. Insights into difficulties or problems you encountered, mistakes you made, or things you might have done differently may be particularly valuable.

Cases using newly proven remedies should include relevant proving data for the benefit of the reader. Cases using remedies without provings or insubstantial provings should provide a discussion of the substance, references to other sources of information on its homeopathic use and the basis for its selection in this case.

## Follow-up

Appropriate follow-up should include the practitioner's assessment, repertorization and explanation regarding repetition or change of remedy. Chronic cases should be followed for at least one year. Acute cases, although obviously shorter, should be written out in a similar manner.

## Consent and Confidentiality

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

## Style

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

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

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

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

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