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SIMILLIMUM

Editor: Neil Tessler ND, DHANP

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

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EDITORIAL:
HOMEOPATHY AND SPIRITUALITY:
A PRACTICAL VIEW

Neil Tessler ND, DHANP

When I became interested in homeopathy thirty years ago, I recognized in the philosophy something that appealed to my other interest, spirituality. It seemed to me that there was a natural harmony between a spiritual point of view and homeopathy as a system of medicine. So my curiosity was aroused when at a recent homeopathic meeting a colleague made the statement that homeopathy is not a religion. Although it had never occurred to me that homeopathy was a religion, I wanted to know the meaning of his comment.

A few days later I invited him to elaborate on the subject. He replied, "Homeopathy is a science and art but not supernatural or religious. Homeopathy is based on natural laws that can be used by any person of any religion. To construct a supernatural theory to explain these natural laws is pure speculation." I wondered to what supernatural theories he was referring. He was of the opinion that concepts such as vital force are not necessary in the practice of homeopathy. He further stated that the organization of *materia medica* according to kingdoms imposes a "supernatural dogma" intended to create "a metaphysical connection between remedy and source". He also asserted that doctrine of signatures is an "attempt to make homeopathy into some kind of religion." How these equations worked was never explained despite a number of further communications. My conclusion based on this and other statements was that the argument was polemical only.

Religion is typically associated with organized social structures built on faith in a supernatural God or ultimate reality, as well as the practices and rules of conduct associated with the God's worship or realities attainment. Homeopathy has nothing like this, though sometimes there are those who treat it otherwise. Nevertheless, it seems self-evident that homeopathy is not a religion.

If one were to say, homeopathy is a science and an art and separate from

spirituality, the argument, though more coherent, would appear to create an artificial distinction – science and art; yes, spiritual; no. If, for the purpose of discussion, we define spirituality as that aspect of the human personality that reaches out to understand and touch "spirit", the unseen nature of life, one can hardly deny that homeopathy has many elements that appeal to a spiritual view. In fact, it could be argued that every single aspect of homeopathy opens our mind to connectedness and order beneath the surface of existence.

We can appreciate the desire to harmonize the presentation of homeopathy with the demands of science. Yet to dress up homeopathy in order to perhaps gain passage on an otherwise unfriendly ship hardly seems a forward approach. Seeking scientific credibility (which was one of my correspondent's motives) cannot diminish the complex nature of homeopathy itself.

Let us mention some of the characteristics of homeopathy relevant to our discussion. First, there is the unity and pattern within the state of the patient that can carry us into such striking depth and insight. This is followed by the search for a substance to which the patient is uniquely related through similarity of pattern. The choice is likely based on provings in potency that give the substance a human face with which to recognize similarity. Then there is the process of remedy manufacture that empowers its homeopathicity while entirely stripping away its materiality. At last we are ready for "the magic of the minimum dose" – an insubstantial something, given once or a few times, that can change the entire complexion of disease.

With so many rich components, the practice of homeopathy could be honestly regarded as a spiritual contemplation as readily as a scientific one, or an artistic one. Certainly, a spiritual consideration of the implications of homeopathy will be found in the writings and thinking of every major homeopath from Hahnemann, through Kent, to Vithoulkas, etc. So why make distinctions that suggest we should ignore or invalidate the obvious? How homeopathy is experienced will be a blend of several or all of these according to the nature of the practitioner. There are some homeopaths, such as Kent, whose spiritual conceptions have played an enormous role in their thinking and to the benefit of the profession.

How then are these general considerations actually relevant to us within our practice? First, let's acknowledge that this question is not important to everyone and that there is no single answer, so the further discussion represents a personal view. Perhaps we could agree with my correspondent when he writes, "…a hardened materialist or an atheist could be a brilliant homeopath," though I'd like him to name one.

Ultimately, spirituality is not a belief system, but a personal exploration

to realize the energy that shapes existence at the surfaces of life. What is required is the willingness to open and engage powerful otherwise unconscious forces and latent potentialities within. When harmonized with our daily life this leads to what Carl Jung, the great psychiatrist, termed 'individuation'. Jung understood the human need for a transcendent spiritual axis of some kind – but he realized this must be based on spiritual experiences in order to have potency. In this, he did not distinguish the psyche and the spirit. A journey down into the assumptions, notions, interpretations, sensations and images that form our inner world can be as startling, awesome and liberating as transcendent visions of light, love and truth reaching down to us.

It is sometimes mentioned that homeopathy is not a psychological therapy, yet in seeking to truly understand the case, we very often find it necessary to draw our patient from the surface facts and intellectual explanations and descriptions. When we invite deeper expressions from the patient and intellect gives way to feelings and memories, we may find that it is not always a completely passive engagement. New light may be shed that evokes from the practitioner insight, inspiration and consolation.

The depth of modern case taking, carries with it considerations and responsibilities that are not often discussed in the profession. It becomes particularly valuable, if not essential as practitioners, to seek familiarity with our own inner terrain. The personal journey to wholeness of the physician becomes a significant and practical intersection of spirituality and homeopathy. In this way we can infuse an authenticity to our labors, leavening that which is conferred by the study of *materia medica*, repertory and clinical philosophy. It requires no speculation, no theory and no elaborate philosophy, only the willingness to do the exploration we expect of our patients. After all, are not the patient and physician really on the same journey?

While it is interesting to publish a case of new remedies, too often we forget that there are hundreds of remedies in the extant *materia medica* from which so much can still be learned. It would be wonderful to have individuals share for the benefit of all, good cases of more commonly known but perhaps less used remedies. It would even be good to hear about remedies that are fairly well known but less frequently described or curative in uncommon situations. Recently, after a number of failed prescriptions, we saw a dramatic improvement in a ten year old girl with a long-standing digestive problem, using a common remedy not generally thought of if the stomach alone is kept in mind. Cases of this nature, or collections of short cases would also be warmly received.

It would be so helpful if the readers of this journal could take the time to write up their interesting cases of even common remedies and send them in for consideration. The ideal for any editor is to have a selection of cases from which to create remedy themes in each issue. How wonderful if the community that subscribes to the journal were to use the journal as a way of communicating their experiences with each other and posterity. The hallmark of SIMILLIMUM is that we expect cases to adequately replicate the thinking of the practitioner in order that the article may really be a vehicle of education. We work with authors to ensure that they communicate their experience effectively.

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

ANXIETY AND DEPRESSION

Tim Shannon ND

First appointment: June 27, 2003

Chief Complaint: Anxiety and Depression

Sixty-nine year old female presents for chronic panic attacks. She was a childhood survivor of a concentration camp. She has a strong European accent, and some of her use of English is a bit confusing. She speaks very seriously, very gravely about her problems. She rarely smiles and gets right to the point. She begins spontaneously:

Susanna: If home, on the weekends, I sit in the house. No matter what I do, I get panic attacks and I want to die; I don't want to live. I don't want to keep going through this. During the week, I'm fine, doing things.

My momma said I'd scream at night "Momma, Momma!" and come to her bed. I remember a dream. I was standing with my sister. The person came in, with an orangey-pink cloak over him, and he was going to kill us. That is all I remember. Every night that is all I could remember. I was living that dream, maybe there was blood there too. That may have been the start of the panic, that dream.

Then I got taken away to a concentration camp. I was eleven when they took me away from my momma. My momma and sister went to another camp. Every year I was sick and didn't know how I could still walk. Don't know why I'm still here. We would take clothes and trade them in for some beans and some food. We had nothing. Family members would sneak in children. This was in the camps. Then they substituted me for another child and got me out. At the end of May, I went to the camp where my sister was; I couldn't find my momma. After a time, we all came together again. I didn't have any panic attacks all that time until in the 1960's. In 1959 I came to America. I would work daytime; but at night I'd wake up and have this feeling of being scared to death. Then I'd doze off in the living room, and the same feeling would repeat. Five years like that. Then in '65 I had a panic attack in Europe, in the night. The next day I was scared and shaking. Took sleeping pills, and was so dizzy and panicky from those pills. My mother-in-law had some valerian drops from the doctor. She gave me twenty-five drops and I was fine.

At 7 p.m. I calm down. But I wake up at night panicky and scared. A year ago I bought everything to commit suicide. They put me on Paxil, and

I got worse every night. I was going to do it, kill myself, then my sister called. The doctor told me to go to the ER. I did, and they gave me another drug, which gave me dry mouth and made me hungry for sweets.

At six p.m. I would go walking. They thought I was doing it for my health, but I was going because everything chokes me. I'm scared to death and I don't know what I'm scared of.

When I got panic attacks, at a friend's house, I would mow the lawn, to keep busy. I was panicking, waiting for my neighbor to come to my house. Then she didn't come anymore.

Or I'd walk around and around in the house, to keep moving, until seven p.m. Then I'd calm down and be okay. Two years ago, my son got married. They sold the house and built one for themselves. I had to move to an apartment, and was by myself. Then it got really bad. Later the neighbors moved in. I was not as close with them as I am now. Now with their kids, I'm their best grandma.

The weekends are bad if I have to be alone in the afternoon. If some child comes for an hour or two, I'm better. I don't feel perfect, but I control it better.

If this—this (patient points to chest and throat)—doesn't open here, if that starts then I know. If it tightens up, I want to open it. When that starts, I get depressed and don't want to live. What for? I'm old enough, my kids are gone. With my husband, I had a lot of problems; like lying, and he had alcohol problems. (Patient starts weeping.) Why did he die and not me? I was the one who was sick—breast cancer, back surgery, stomach ulcers. I can't shake that awful feeling. Why am I scared? Why am I scared of sitting by myself?

If I go on vacation, I can't sleep in another house so I panic. Even thinking about going to Europe, makes me panic. I can't get on a plane because it is too crowded. In a church, I can sit in the aisle only. I've tried six drugs and herbs. With Xanax, my tongue didn't work, and my head would buzz. I know people who take drugs for years and years and it works for them. But I have other friends like this too, not just me.

Can you tell me about the first panic attack?

The first time that I remember, I woke up at night, my whole body feeling funny, like something was going to happen. I didn't know what it was, I would watch TV, then doze off, and it would come again. That feeling, a scary feeling, it's weird. It is a different scared . . . it is like you are on top of a hill, and you are the only one in the whole world, and you'd be up there, that is how it feels. If I do something, it is okay, but when I relax, that is when it happens. Or if something comes up.

Can you say something more about the first time?

It woke me from sleeping. If it's bad, the panic wakes me up. Because I don't like the dark, the shaking would wake me up. I shake and panic. Sometimes it wakes me in the middle of the night, sometimes in the

morning. Sometimes during the day, in the afternoon.

Afternoon?

With no one there, and nowhere to go, if I sit two hours in my house, by myself, I get the attacks. If someone calls and I can talk for a while I'm better. I have to think about what I'll do the next day upon going to sleep. So I have to have something to look forward to, so I don't have time to sit and do nothing.

Has it ever happened when you were with someone?

Oh yeah, in the movie theater, in church—I have to talk—or on a freeway when there were cars around me.

I don't like tunnels, don't like elevators, I go in them, but I don't care for them. When something comes up and gets me upset, then it is bad.

Upset?

Like my neighbors going to move, or if my son would be sick, something triggers it.

Do you have any physical sensations during panic?

Shaking, and suffocating. (Patient makes repeated pounding motions with her hands violently toward her sternum and the left side of her neck.) I have tightness in the center of my chest and in my throat. I wish I could open them up. Even after the attacks, the tightness remains. If I get depressed, that is when it happens. It is like something closing there. It only happens on the left side of the neck or the center of the sternum. Like something is not relaxing; it is tight.

Then?

I take a breath, but mostly I don't think of breathing, because my mind is here (patient points to sternum and throat). It is like a spasm; I want it to relax, to open. It comes suddenly, like when I have it in the house. I'll be sitting there on Sunday, then the next day I am usually depressed, then I have tightness in my chest. I don't want to go into the house, because it reminds me. If I have an attack in one place and then go to that place again, I panic.

I tell myself I'm stupid, and childish, but it doesn't do any good. If I do exercise or am jumping around, it gets better. That is how I live with it. It is horrible; you never know when it comes.

When you're feeling panicky, are you thinking of anything?

No, I'm just scared to death; I just want to get out of it. It is not like a snake or something. If there is a snake, I know it is a snake. But with this, the only way to run away would be to go outside. Then I have a hard time coming in again because it would hit me again. That is why I run around in the house, to try to make myself get used to it.

When is it particularly bad?
I wake up day and night, can't eat, and just want to die. I'm always thinking about how to commit suicide without my son finding me.

Suicide?
I don't want to live like this anymore. I don't want to be scared anymore. Yet I can't do it, to have my son find me dead. I can't do it, but I don't want to live. I don't want to go through this panic. The only way out is to take my life.

Can you tell me more about your thoughts on suicide?
I would take sleeping pills, and rum, or vodka. If it wasn't for my son finding me, that's the only thing that has kept me here so far. I have no other way out, or take those pills and be drowsy all day.

My General Questions:

Do you have any fears, anxieties, or phobias?
Crowds, darkness, a small room with no windows. In a doctor's office, with no windows, I panic. I changed dentists because of that. I have to have control.

Can you tell me something about your relationship to animals?
Horses. I've always had bad dreams about horses; they always chase me. They were always so big, and they'd chase me. I have a lot of dreams where it is dark, and I get lost, and the people don't speak my language. It gets dark, and I panic then I wake up. Once I had this dream that they came with guns. We were hiding and they came very close. But the dream about the horses; I have this often. They come and I can't get away, or get out. They force me up against the stall. The horses never get me but sometimes it is very close, but I finally get away. It is always a struggle to get away, it is so big. I'm afraid of horses.

Can you say something about other animals?
I was always afraid of dogs; I once got bitten by a dog. If a dog is not on a leash, I don't like it. I walk around them, afraid, but not panicked.

Are there foods that make you sick, or that you don't like?
Well, milk I gave up a long time ago, and ice cream. I used to have a lot of headaches. I don't eat greasy stuff.

Do you react to dairy?
I used to get a headache and would feel sick, like vomiting from dairy. I drink soy milk instead. I have hot flashes. I had two cancerous tumors in my breasts.

(Thinking that Laq-eq might be the appropriate remedy) Are you fastidious?

I'm a neat freak. Everything has its place; everything has to be dusted. They call me the one who always cleans. I always clean up someone's house. Not that it bothers me, but it helps her, my neighbor. It makes me feel good to make her feel good.

Can you tell me something about your sleep?

Yeah, I wake every hour and a half. I blame the hot flashes.

Do you have any menstrual or female issues?

I've always been anemic; my period is never on time.

Anything more?

I didn't have enough red blood cells.

Can you tell me about your appetite?

It's fine, I eat every two hours. I eat a lot of food. I have breakfast at eight a.m., at ten I have some nuts and fruit, at noon I have my big dinner, at two I have fruit, and at five I eat my supper and some fruit again. I don't eat sandwiches. I don't eat ham; processed meat is not good anyway. I don't eat out a lot.

Tell me something more about your sleep?

I go to sleep, and half an hour later I awake. If panicky, I wake up. My husband died at eleven p.m., and ever since I wake at eleven p.m. When I go t o bed it takes me awhile to go to sleep. I can't stop looking at the clock. By four a.m. I am usually awake if I don't take something.

While sleeping are you restless or still?

I move, and the hot flashes wake me up. Sometimes, before the hot flashes come, you are so cold, and then you are so hot.

When awake are you restless?

I can leave things, like not washing my glass, but then I think about it. Or I make my bed everyday. My mother was like that, everything had its place.

Tracking:

- If I could sit in my house through the afternoon without panic or having to get out or call someone
- If I could think about going to Europe without having panic or tightness in my chest and throat
- Sleep better—I'm not calm, I can't relax, I have to look at the clock
- Waking so easily
- Fear of closed-in places and small rooms

- Tightness in chest and throat when panicky
- I get burning in the back of my legs from sitting a lot, or when walking in the mall
- I get pain in my back and my legs from sitting
- Pain in my bilateral thoracic area
- Pain in my right shoulder
- Pain in my right forearm

Analysis: Some Rubrics to Consider:
Mind; ANXIETY; suffocation, with*
Mind; ANXIETY; time is set, when a*
Mind; BUSY*
Mind; DELUSIONS, imaginations; contracted, constricted, everything is*
Mind; DELUSIONS, imaginations; pursued, he is*
Mind; DELUSIONS, imaginations; trapped, he is**
Mind; DREAMS; animals, of; horses**
Mind; DREAMS; danger; escaping from a*
Mind; DREAMS; escape, of**
Mind; DREAMS; pursued, of being**
Mind; FASTIDIOUS*
Mind; RESPONSIBILITY; strong**
Mind; REST; cannot, when things are not in proper place*
Mind; SUICIDAL disposition*
Respiration; IMPEDED, obstructed; constriction, contraction; throat, of*
Sleep; WAKING; frequent*
Sleep; WAKING; fright, as from*

Comments: This patient is in a type of chronic urgent state. So it is important to consider the ways the Rx can present when the situation is not so urgent. In my mind, this may be a case of PTSD from the concentration camp. Something she was able to manage for a time by being occupied and around others. But eventually over the years her strategy wasn't working any more and the panic attacks began to break through. She also lost her husband, and she was away from her family. These events happened just before the panic attacks began in earnest.

My Rational for *Lac Equinum*:
- She had repeating dreams of horses
- Clearly aggravated by milk
- Restlessness and fastidiousness are well known for the Rx
- Chronic headaches (very common pathology for patients needing milk remedies)
- Lung problems are also a weakness specific to the horse in comparision to other mammal milks
- She had issues with time and pace (watching the clock, or eating every two hours), which is another peculiarity of *Lac Equinum*

• Very fastidious, this is much more central to the horse than the other mammal milks
• Industrious, and busyness – very important for *Lac Equinum*
• Burden and responsibility for others (she would regularly clean her neighbors house and refused money for it)

Plan: *Lac Equinum* (Hahnnemann Pharmacies) , 200c, Q12 hrs x 2 (dry), extra envelope to hold.

Next appointment: Friday, August 01, 2003 **(Five weeks)**
Susanna: I'm doing much better. I stopped taking the medication from the doctor the next day. I've been busy too. I only had anxiety three times and it was not bad. I sleep good. I was in the house, my neighbors were gone for nine days, and I didn't have to leave the house. Yeah, I'm feeling better. I must feel much better because my neighbor asked me what I thought about last night. Last night there was a fight, and apparently I slept through it. They said the walls were shaking. Usually I'd hear everything and I'd never go into that deep a sleep. That was a surprise to me; I couldn't believe it. I still can't believe it.

Tracking:
▪ If I could sit in my house through the afternoon without panic or having to get out or call someone.
Now I can sit there. Not one hundred percent of the time, but I don't have to get on the phone or leave. I don't get so anxious, just a little uncomfortable. Nothing like it used to be; it was horrible. seventy per cent improvement.
▪ If I could think about going to Europe without having panic or tightness in my chest and throat.
deferred
▪ Sleep better—I'm not calm, I can't relax, I have to look at the clock.
I woke up only twice with anxiety, once in the morning and once in the afternoon.
▪ Waking so easily
Still waking, but now able to fall back to sleep. I would wake up with hot flashes. Now I sleep two hours. Before, I would turn and toss with anxiety and wake up. I still wake up every hour and a half or two hours, but then I go back to sleep. Before, I was panicky, looking at the clock, wanting the night to be over, and watching the clock, unable to fall back to sleep.
▪ Fear of closed-in places and small rooms
I did sit in a car for a ride and was fine instead of being panicky. It used to be I felt this way even in my own house. Before the panic would wake me up, by the time I'd open my eyes, I was scared. I had this panic only once. I used to have it a lot, every day.
▪ Tightness in chest and throat when panicky.
I had it maybe two times, when I got upset or panicky. I didn't have it that much. I had it maybe the two or three times of anxiety, but not bad.

How often did it happen before? *It was whenever I was depressed or panicky. It is a lot better.*
- I get burning in the back of my legs from sitting a lot, or when walking in the mall.

That is better.
- I get pain in my back and my legs from sitting.

That is also better.
- Pain in my bilateral thoracic

Deferred
- Pain in my right shoulder

Deferred
- Pain in my right forearm

Deferred

My stomach is better too. Before, even when drinking only water, twenty minutes later, I'd get stomach pains. If I ate something, it would go away. My stomach is better. I do get headaches sometimes. I had one the other day, but it didn't last long. They used to when I was younger. I felt something after I took that medicine. For two weeks or so, I felt . . . felt like something is working in my head. Not sleepy, but something relaxing. I can't explain it. Like something was working in my head. Like something was calming me or relaxing me.

I also have arthritis in my back, my spine, up to my neck, and my shoulder (mostly right). I feel pain in the muscles of the back. Spasms of the thoracic (bilateral). Also right side of trapezius and rhomboids. Also get pain in my right shoulder and pain in the right forearm. The muscles are stiff.

Assessment: Excellent response.
Plan: Watch & Wait
Case Note: Monday, August 04, 2003

Patient called and saying relapse happened starting this past Saturday (three days ago). She has been having anxiety, difficulty sleeping, waking from anxiety similar to prior to Rx but not quite as acute. She denies any worsening factors.

Plan: 200c, quarter teaspoon once per week, starting August 04, 2003

Next appointment: Friday, September 19, 2003 **(Approx 3 months)**
Susanna: I'm doing pretty good. My arthritis is bothering me; I think it is the weather. I'm much better. I can handle it now better when I'm at home. I don't know how it will be when the days are short. This last weekend I was home and I did okay. I didn't get that panicky feeling. In the afternoon when I'm alone, I don't get this "have to do something" feeling. In the morning I don't have to get out of bed.

Tracking:
▪ If I could sit in my house through the afternoon without panic or having to get out or call someone.
Better.
▪ If I could think about going to Europe without having panic or tightness in my chest and throat.
The tightness I've not had, just that time I called you in August. None in the last two weeks.
▪ Sleep better—I'm not calm, I can't relax, I have to look at the clock.
I sleep okay, except for hot flashes—they wake me up.
▪ Waking so easily.
Doing fine.
▪ Fear of closed-in places and small rooms.
I used to have that, I felt a little uneasy when I was with my granddaughter; I was a little anxious, but not panicked. I felt stupid. I remember praying allot last week, because I felt so good—let it always be this way.
▪ Tightness in chest and throat when panicky.
Don't have it.
▪ I get burning in the back of my legs from sitting a lot, or when walking in the mall.
It is better.
▪ I get pain in my back and my legs from sitting.
That is better.
▪ Pain in my bilateral thoracic.
That is worse.
▪ Pain in my right shoulder.
Better, but hard to tell.
▪ Pain in my right forearm.
This is good; it is okay now. I'm surprised—I worked with a hoe, and it didn't bother me.

I need more warmth on the back, and cooler on the front. I can't sleep in a warm room because I can't cool off from the hot flashes.

How's your stomach? It's doing okay. One day, (patient sighs) I had this pain like a knife in the right side. I felt so nauseated. If I bent over, I felt so sick, like something was stuck. I had this several years ago. I thought it would get worse, and I would have to go to the hospital, and then it went away.

I've had sinus infections all my life, as well as flu problems and chronic nasal inflammation. I just had it this past winter.

I always had to be thinking about what I was going to do the next morning before going to sleep because I wanted to get out of the house to not be alone. A friend asked me recently, "What are you doing tomorrow?" And it was Saturday! That was my worse day and I hadn't even thought

about it. It is so good to feel good!

Assessment: Patient is still doing very well. She has plenty of Rx to use.
Plan: 1M in dropper bottle for possible use, to hold onto
Interim Phone Consult: February 14th, 2003

Patient and I had conversation today about surgery. She went to see her Primary care doctor because of some abdominal pain. He did an exam and thought the pain was due to gallstones and suggested removal. Somehow either from a suggestion from her GP or from her own mind, she got the idea that she needed to get the surgery to prevent possible cancer. In our discussion I encouraged her that she should not get the surgery on that basis. I also encouraged her to make a follow-up appointment. She was in an agitated state and concerned about the cancer possibility. She has been reluctant to come in as she has been feeling well and it is inconvenient for her to get a ride into town and the cost, given that her chief complaint is resolved. Given her fear and anxiety about the cancer, I suggested an occasional dose of the 1M, perhaps one dose per week

P:

1. *Lac Equinum* 1M QWk PRN

Case note: Tuesday, May 25, 2003
Patient left phone message:

Hi Dr. Shannon, I'm doing fine, I didn't have the gall bladder surgery, and none of your medicine since the second week of March. I'm taking nothing except vitamins. I'm very busy seven days a week. I'm doing just fine. If there is a change, I'll just let you know. You will hear from me when I get to need you again, probably by the fall or whenever.

Final Analysis:

That is the last contact I've had with the patient. This is the type of case that I consider a "gift" in my practice. Only in the sense that she clearly had the "signature" of the substance she needed. I could confidently prescribe the Rx right at the intial interview. This is possible in only about thirty percent of my cases. So given that many cases present and require more research, it is always nice to see a patient in need of a clear animal Rx.

Some ideas of animal "signatures" in clinical practice:

The utility of signatures with patients that need animal remedies is often useful. But it can also be misleading if used superficially. For instance, sometimes a patient will talk so much about birds, you can't help but think about bird medicines. However, the remedy will not work unless the other themes of the birds are present in the patient. Also, animals often express archetypes that generalize. For instance, many patients are leery around snakes, but many remedies can have that fear without needing an actual

snake remedy. The archetype of a snake is universal. The same is true for many animals.

In my mind the signature is useful when we carefully confirm the rest of the symptoms that belong to the family, and the totality of the case. In addition, I try to see if the substance the remedy is made from actually makes sense for the type of pathology the patient presents with.

Signatures are also much more prominent with patients that need medicines from the animal realm. I have many successful prescriptions of animal medicines where the patient has many signatures of the animal that helped – it is very common in my experience. However, this is not nearly as common with patients needing medicines from the mineral or plant realm.

Tim Shannon N.D. is a passionate and tenacious homeopathic physician. His intestion 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 behavioral conditions such as Depression, Anxiety, ADD, Autism, Schizophrenia, Bipolar, etc. His current homeopathic mentor is Massimo Mangialavori, along with many contemporary and classical authors. Dr. Shannon practices in Portland, Oregon. He enjoys being out in nature, swimming, hiking and meditating.

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YOU HAVE TO BE FLEXIBLE

An Interview with Murray Feldman, MCH, RSHom, CCH

Neil Tessler ND, DHANP

Murray Feldman, along with his wife and fellow homeopath Susan Gimbel, is the founder/director of the Vancouver Homeopathic Academy. Good friend of many modern homeopaths, Murray is a fountain of tales and information. He is a very fine educator, leading a devoted staff who appreciate the generous and wise spirit with which he directs the school and its teachers. Our conversation was wide ranging from the historical to the practical. Some of Murray's anecdotes are valuable memories of several past and contemporary homeopaths.

I was in India, living in the south and was visiting a spiritual teacher in Bombay. I was having some health problems and one of his disciples is a homeopath, so the teacher said, "Well, why don't you help Murray?" So I went to his house and we talked for an hour or an hour and a half. We didn't talk much about me, we talked about Krishnamurti; we talked about Nisagadartta Maharaj, the teacher we were visiting. He asked me a few questions. After an hour or two, and some chai, he said, "Look, there's a homeopathic pharmacy across the road. I want you to get these two remedies." He told me which one to take first and said that if I was no better after two weeks to take number two.

Within a few days I noticed these chronic symptoms I'd had for years and years were clearing up. This was quite something because I'd tried homeopathy before for diarrhea and it hadn't worked at all, so I thought this stuff is nonsense, it just doesn't work. When the remedy cleared up a chronic problem I started reading *Kent's Lectures on Homeopathic Philosophy*. I didn't know anything at all about Kent. When I read the book, I kept saying to my ex-wife, "Wow he knows something about homeopathy. I don't know anything about homeopathy but this guy does." The book just spoke to my heart. What I saw in it was spirituality in a medical system.

So I did a correspondence course and studied on my own. My daughter was coming at that time. So I did a lot of self-study, seven to nine hours a day. The correspondence course provided some structure for my studies. Being in India it was easy for me to practice so I began with *Iyer's*

Beginners Guide, and with good results I was fascinated by the subject. Then after a year of study on my own I wanted to meet a teacher. I traveled to different hospitals and colleges in India but I didn't want to stay in an Indian city for five years. Then I met a man in Puri, south of Calcutta, a Dr. Das. He became my first homeopathic teacher. I would sit in on his clinic and watch him prescribe and we'd make house calls and then I'd go and visit him. Three years in a row I spent a couple of months with him and then would go back and study more.He'd give me books to read and recommend things I should study. Then I heard about a school in London, so I decided to go to London and study.

NT: By that point you must already have had a good foundation?

MF: I think I had a pretty good foundation there and I did a lot of treatment, particularly with acute cases. So it gave me a lot of confidence working in India because you see a lot different kinds of cases you don't see here, but that you do see in the old books. The homeopaths I met in India were very, very generous to me. I'd go and visit a hospital; they'd take me around the wards; they'd take me to the outpatients; they'd let me watch them prescribe and so I felt by the end of those three years I had a really good understanding of the basics of homeopathy. *Iyer's guide* along with Kent's *Philosophy* was a good beginners book because both of them stressed the *Organon*. Iyer was an Indian lay prescriber, a well known homeopath in his day in south India. The first part of his book was just quotes from the *Organon*, so I started reading the *Organon* right away.

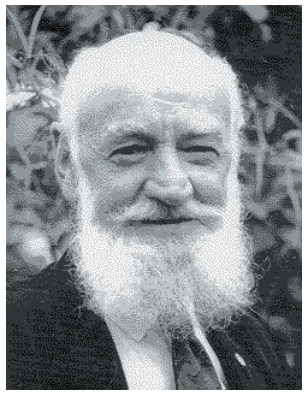
NT: Tell about your experiences at the school in England.

MF: (Laughing) The school in England!! The reason I decided to go west was I wanted to see a *materia medica* that related to the western situation. I knew in the west we weren't going to be treating malaria, cholera, typhoid and things like this that are common out there. So the school had just been started a couple of years earlier by the people who basically formed the Society of Homeopaths - Robert Davidson and Martin Miles, Misha Norland and David Mundy (who were both teachers there also). By and large it was founded by people who were with the Druid Order. Their teacher was Thomas Maughan. He was a homeopath who I'd heard about years earlier in India and also the head of the Druid Order.

The school, ah hah! I went there, of course, with very high expectations and was very, very keen. I have to say I only saw one live case the whole time I was there. The teachings of *materia medica* were the remedies that had been taught by their mentors, either John Da Monte or Thomas Maughan. They had a lot of their own ideas about *materia medica* but it was limited to very few remedies. So a lot of times our *materia medica* teachings would be reading from the texts, almost word for word. You

could see that these were very sincere homeopaths, really working to understand homeopathy for themselves and apply it in practice.

So though they didn't know a lot, in general they knew more then we did and I'm grateful for them for starting the school. I think they were brave considering where they were at in terms of their own homeopathic knowledge and development at that time. Yet they did good work in getting a whole new homeopathic group going in England. They had great people there. The teachers were all wonderful people. Jeremy Sherr and I were in the same class, as was Ernest Roberts who founded the Northwest College of Homeopathy in Manchester. So we had a good class and we inspired each other as well as the teachers.



Thomas Maughan

NT: What texts did you use?

MF: We were using *Kent's Philosophy*, George Vithoulkas's *Science of Homeopathy*.

We were using George's *Science of Homeopathy* but his *materia medica* hadn't come out yet. Around our second or third year we got the "stolen essences" and we were all very keen to get some of George's work. At that time George was only teaching doctors and then he found that the law was different in England. As a result he sent Vasilis Ghegas over with Roger Morrison, who was still studying in Greece. They came and did a seminar and went back and said, "Hey, there's a group of people in England. They're not doctors but they're very keen on studying homeopathy. We enjoyed being with them and they can practice it legally there and it would be a good thing to teach them."

So arrangements were made for a group of us to go and study with

George at Alonissos. After that he came to England and started teaching a small group of people. It was different in England than here as they had an unbroken tradition of homeopathy. Over here, homeopathy had virtually ended by the thirties and forties, whereas in England homeopathy remained fairly energetic. So although there was a group of young homeopaths that really welcomed George, there were also a group of doctors affiliated with the Royal London Homeopathic Hospital. They weren't so open to George in the beginning. Partly because he wasn't a doctor, partly because they thought that some of his ideas were too theoretical and that they could mislead people about the practice of homeopathy. Ironic isn't it, when we look today, at how George and some of his followers are attacking some of the new ideas in homeopathy. What they are saying about some of the newer ideas is exactly what the faculty of medical homeopaths in London were saying about George in the seventies and eighties.

John Da Monte

NT: Over here the essences became a powerful and influential concept and a lot of George's real work was missed. How was it over there?

MF: I think it was the same over there to a degree. First of all, the essences became a big thing as we know. However, there had already been essences of remedies, because of the work of Maughan and Da Monte. And wonderfully enough, a lot of them fit in with George's ideas about *materia medica*. And yes, the same thing did happen there with younger students, that they looked only to the essences and didn't realize that the essences were an addition to the basic knowledge of homeopathy. George expected when he introduced the essences that people had a good foundation in homeopathy and that the essences were by no means everything.

I remember that one of the first things George said when he taught us

all, was that you have to have a very flexible mind in homeopathy. We need to know keynotes, totality, essences, and to know whether they were just making a case fit an essence, which I think happened a lot in North America, that people would think only in terms of essence. Whereas, when I studied with George in Greece, I realized he wasn't doing that at all, and that it was a small, small part of his practice.

I studied a lot with George and he was great for us, answering a lot of our questions. He gave us a lot of feeling for the strange, rare and peculiar within the case. I think George was really great that way for us and in terms of trying to understand cases, he gave us a lot of confidence. Also in terms of case management and remedy reaction he taught us a lot in addition to those twelve observations of Kent. George taught us a lot about case management.

So we owed a lot to George and we were happy to study with him. However what we did find interesting though was that cases he took over in England didn't do that well. We didn't see the results we had hoped for; that we expected. Roger Morrison, reading from your interview in *SIMILLIMUM*, reported phenomenal results in Greece, whereas it just wasn't the same with his work in America. I think it was the same in England. When I look back at it now, I can't help but feel that George's case taking technique, though it works very, very well for him, is not that suitable a model for beginners. He does exactly the opposite of what Kent and Hahnemann say in the *Organon*. Kent says not to have a remedy in mind until you've taken the whole case. Hahnemann says let them say all they have to say without interrupting. Whereas I saw with George, almost right from the beginning he would be asking leading questions towards a remedy.

George Vithoulkas

For George, with his vast knowledge of *materia medica* and his great ability to drop something if it didn't pan out, it seemed to work for him. But for us with a very limited knowledge of *materia medica* and sometimes wanting to make it fit, and not having George's ability to drop things it was more difficult. I don't think that type of case-taking worked out that well for some of us. It might have in some cases, but generally speaking, I don't think it was that helpful.

NT: Tell me about this idea of dropping things. I presume you mean that if he was following a particular remedy path and it wasn't working out, he'd drop it.

MF: He'd just move on to something else. He'd drop that remedy and move on. Maybe he'd come back but he'd really be able to let it go and move on.

NT: But his whole logic pathway was based on knowledge of *materia medica*…

MF: And repertory…

NT: So he was swimming among remedies very quickly?

MF: Very quickly.

NT: Does that reflect in the Vithoulkas Expert System at all?

MF: I've worked with the VES and it does reflect that. I've never thought of it that way but I think it does. And I found it a useful tool at times. I don't underline the way he taught us, and which you have to do in that expert system because it really follows his thinking process. So in cases where I've wanted to use the VES, I've had to apply the whole model with cases where there were enough modalities and the underlining was done properly. You can only use it successfully if you use his particular approach.

NT: So George was generous in his teaching but stylistically he was speaking to a higher level of advancement that was less useful to young students.

MF: Well I think it was useful to us but it did have its limitations. He was very helpful to us, fired us up and got us enthused with his love for homeopathy.

And then Joseph Reves came along, the Israeli, and many, many of the

things that we take for granted now in homeopathy are due largely to his influence. The teachings of Jeremy Sherr, a few things that Misha Norland has introduced like the *Mappa Mundi*, the term "simple language", using the everyday language of the patient, the circle, the law of opposites, the law of the pipe, like Jeremy Sherr talks about, all of these came from Joseph Reves. A deeper use of delusions, using delusions in a way closer to how Rajan Sankaran uses them. All of these we heard about from Joseph Reves, the Israeli. They are just accepted today as part of homeopathy. He contributed a lot to homeopathy, more than people know. He has several publications. He has a book called, I think, *Twelve Chapters on Homeopathy*, which is basically his philosophical outline.

When you read Kent you see very much the influence of Swedenborg on Kent. Anybody who has read Kent, will be illuminated when they read Swedenborg's language that Kent takes and puts into homeopathy. Joseph Reves is an observant Jew and he was influenced by the Kaballah, in terms of homeopathy, to the same degree that Kent was influenced by Swedenborg. You see that in his teachings, particularly when you read Reves commentary on the Organon. It looks like a Torah.

So Reves had a very, very large influence on a lot of people. He made homeopathy, I would say, more holistic for a lot of us. The way he looked at the circle, the way he looked at opposites. He taught us about polarities very much, that they all come from and go to the same point. He taught us how to use these polarities, how you could see it all as one big picture, rather then separate keynotes, or separate symptoms. He taught us to just be quiet, let the patient talk, and let's hear the simple language as it unfolds.

NT: When did you first come in contact with Rajan Sankaran.

MF: In 1983. Quite early. He always says I was his first western friend, which I think is probably true. He was a very young man then. His father had died and I had wanted to meet his father because he was a very well known homeopath in India. He had a lot of writings and I'd read pretty well everything his father had written; little tiny booklets that I used to read in the bathtub. Then when I was visiting in India on one occasion I was in Santa Cruz, staying with a friend in the area. This was where Rajan's father had his practice. I was walking along the street one day and I saw a sign that said, "Sankaran's practice" and I said, "Wow, that must be P. Sankaran's".

I had heard that his son had taken over his practice, so I went in and introduced myself. Rajan had graduated from homeopathic college not that long before and taken over this huge busy practice of his father. So I went in and I watched his cases and he asked, "What do you think?" I had some

ideas on cases and I watched his ideas and we talked about cases. Then he invited me home that evening and I stayed the night.

Rajan is South Indian. He was born in Bombay but his family is South Indian and I'd been living in South India. So we both put on our South Indian clothing and sat back and talked about homeopathy, psychology, the world and spirituality until about three in the morning and we've been very good friends since that time.

When I came back to England I said to people that I'd met this young homeopath, the son of P. Sankaran, who is not just prescribing on keynotes or using nosodes like many Indian homeopaths were. "He's really thinking about his cases. He's going to be a great homeopath in the future." I remember when I left his house I said, "When you make your trip to Europe for the first time, you come and stay with me." Then a few years later, there he was lecturing in Europe. Very different in 1986 from what I had seen in 1983. I saw the huge growth in his ideas.

I can't remember exactly when I next saw him. I remember getting together at Misha's and having a talk. Quite something to see him develop over the years. I have a lot of respect – first of all I have a lot of affection for him as a dear friend, and secondly I have a lot of respect for him as a homeopath. People who don't know him personally think that he might just be bringing some of his ideas out for his own ego-aggrandizement. I don't know whether there is an element of that or not. But I do know that he is deeply committed to finding how we can improve on our cases. This was coming out of his frustration as a homeopath, wanting to get better results, tired of the guesswork. Try this remedy, try that remedy. His feeling was there must be something there that we can apply in a more scientific and systematic way. His desire was to really systematize homeopathy so that five homeopaths can study a case and come up with the same remedy. He has always had a very sincere desire to advance homeopathy and make it more predictable, too make our results much more consistent. He works hard in his practice to see the validity of these ideas. He has a group around him of sincere, hard-working homeopaths in Bombay; Sujit, Sunil, Sudhir, Divya, Jayesh.

NT: How would you characterize their education?

MF: Very sound in terms of the basics of homeopathy. They know the repertory inside and out. They know the *materia medica* inside out in terms of basic remedies. The knowledge of small remedies among Indian homeopaths is spectacular, particularly in terms of keynotes of the remedies and affinities for certain parts of the body. Of course their medical knowledge is also great. They study four to five year courses, five, six days a week! They have hospitals attached. So they have a very sound

knowledge as homeopathic physicians.

NT: So, the foundation of the evolution of their thinking about homeopathy is based on solid training and experience?

MF: They'll memorize Allen's keynotes from A-Z. Some of them can tell you the page. The Indian homeopaths are taught every little rubric. Also a lot of clinical practice and hospital experience. Most of the prescribing I saw in out-patient clinics was keynote work and with acutes, if you know your keynotes, you can do a lot of good work. For Rajan the problem was his private practice with the middle class patients. They have the same problems that we see, exactly the same – not the common third world diseases.

Of course the ideas that he's bringing up today, for me, in terms of running a school, it's always a challenge. The problem for us who are teaching and as homeopaths who are using the ideas is when do we know enough to start teaching it? We can only teach it based on our own experience, not just theoretically, but with cases to back it up. It takes quite a while to have enough cases that you've watched over for long time in order to teach from our own experience.

The other problem, not just with Rajan's work but also with Scholten is when to introduce these ideas! Even if we have been working with them successfully, and not successfully, when do we teach them? We started the course originally, with Hahnemann, characteristic symptoms, aphorism 153, then build up to George's ideas of essences and the dangers of it. Generals and particulars we really, really give a lot of attention to in the first year. This is so that they come away from first year with a sound grounding in Kent's generals to particulars. We also give cases they can work out with the repertory.

In second year, when they are doing chronic cases, I stick pretty much with these basics. We have enough cases that have done well using generals to particulars where we have been able to repertorize and the remedy comes out in the top three or so. This way they have a strong foundation and something solid with which to work. However, since the entire faculty is working with the new ideas, they are bound to come out in our teaching.

So that's been a very hard issue and what I've done is a sort of compromise. I still stick very much with generals to particulars in cases with which they can use the repertory. I feel that by teaching that way they have they have a structure and a repertory they can use. By the end of the second year they're starting to feel pretty good, "Hey, we can do this!" It gives them something solid because I think the homeopathic students are looking for something solid in the beginning anyways.

Then as we go along they learn that with various factors such as potency, etc, "We'll it depends on this case and it depends on that case." Some of them it drives a bit crazy because there is no one way. The first year my one way is generals to particulars for them. I think if we started to introduce miasms and kingdoms right away there wouldn't be as much for them to hold on too, to apply in a systematic way. Even though it is systematic, in the beginning it would be too abstract, or so I feel. I want them to feel confident enough. Also as we're now using kingdoms, delusions, things like that more often, I introduce it a little bit in first year, gradually. So I tell them a bit about this throughout the course, so that by the end of four years they'll have seen the whole evolution of homeopathy up to the present day.

I still believe that having that foundation, knowing about Boenninghausen, knowing about Lippe, knowing about these great homeopaths and their contribution – how homeopathy has just built up step by step on top of theirs, this is good for them. I tell them the new ideas are theoretical. Scholten's ideas came out and I didn't have much experience with them, but they were interesting ideas. Students would ask about them and I'd say,"These are theoretical, but some people are having good results with them. So I'm trying them out in practice and when it seems more then theoretical for me I'll tell you." So then over time I have found that Scholten's ideas do work. It adds a whole new tool to homeopathy. I see all these things as tools, additional tools for us. I still take cases where the old way of repertorizing generals to particulars works.

I had a case once a few years ago in class, where a woman came with arthritis of the wrist. I forget the whole story but she went into being ignored as child and how much grief there was in her life, etc., etc. In the course of the case taking it came out that she'd had frostbite that affected her wrists and hands on three occasions. So at the end of the case, students were looking at grief and forsaken feelings, but I just couldn't help thinking this women attracted frost bite to her three times and so I gave her Agaricus, based on causation. It cleared up the arthritis and helped her tremendously emotionally. So I never forget what George told me that you always have to be flexible in homeopathy. How flexible we have to be from case to case!

NT: So you don't trouble yourself too much over the conservative arguments regarding Scholten – the speculative nature of his *materia medica*, not strictly based on provings but more on pattern; if this and this is so, then this that is not so well known should look like this. It's a logic pathway but presumptive and without the symptom detail offered by provings.

MF: This idea of Scholten's I had been familiar with through Dr. Dhawale at the ICR Institute of Clinical Research in Mumbai. He wrote a very

good book on homeopathic philosophy and in it he talks about synthetic prescribing with elemental remedies. So I was familiar with that type of approach of taking elements and putting them together.

I was concerned with Scholten's work in the beginning because it was theoretical and not proving based. I was a little worried but not that worried that I didn't want to try it because I felt he's a sincere and serious homeopath. He's had a lot of experience. He comes from a medical background, which I think meant he should have a logical mind. He's not a dummy and he's out for the good of homeopathy. He wanted to get better results. In the beginning I didn't have good results using his approach. Then as I studied it more, did a seminar with him, I found that his approach works and I saw people getting better according to Hering's Law. When I see this, I feel fine.

Kent said that the principle is the main thing, its not experience. Kent was dogmatic in that way. Experience tells me that the new approaches of Scholten, as well as Rajan's classifications of kingdoms, families and miasms have value and so far they've been helpful for me in cases with which I've had trouble. So how can I deny that? Even the use of *Doctrine of Signature*, which I myself was never very big on, I see that it's helpful. If I'm really honest about it and look at practice or to say that there has been no growth in homeopathy since Lippe, then there is no question. Kent's whole philosophy is an addition after Hahnemann. Twelve observations, classification from generals to particulars – this is added on to Hahnemann's homeopathic philosophy and a welcome addition. So who is going to draw the line? Its like, dare I say it, a religion saying, "This is the final prophet". Dogmas are made to be broken or at least investigated.

Look at the modern development of LM's. Hahnemann said you can give these everyday, but many of those now using them say to just give it once, or once a week. Then what is the difference between giving LM's and waiting or centesimals and waiting? Nevertheless, these are developments and ideas based on experience, that sometimes go beyond the Master.

NT: How do you address in the context of the school, the depths of case taking as for example Rajan or Divya teach?

MF: It does alter the case taking. It is very beautiful because I'm sure that most homeopaths have found that when were taking cases we end up getting pages of story. They go on with the story ad infinitum. It could be boring or it could be very interesting. If the story is very interesting we could get caught up in the story. If the story is boring we could drift off a little. The way he's talked about using sensations really cuts it. So now you

can take a case almost without hearing the story. You don't even have to hear the story. In some cases hearing the story is valid – if it's not valid for our process as a homeopath, it may be valid for the patient because they've been dying to tell their story to someone. So sometimes hearing the story, even if it doesn't help us to the remedy, may be good for the patient because they've been to doctors who haven't heard their story. However, once they've told their story, to move away from the psychological angle and get to the homeopathic centre of the case, his approach works. And it is very inspiring in practice.

Divya's approach is different, but the depth of case taking is still there. The vital sensation of Rajan is the mind-body link. Divya is always looking for the confluence point of the mind and the body as well. The way she approaches it is beautiful. The way they approach case taking is so totally holistic, picking out what is really characteristic in the case as a totality of mind and body. I know that in cases that we've taken in class, we've seen that. In some ways it's been great for the students because very quickly they get to see the mind body relationship.

If you say to a patient, "You've got a headache, telling about the headache, how does it feel?" "It feels like I'm in a fog." "How does that affect you?" "Well, it frightens me." "Tell me more about the fear?" You're seeing all the connections begin to open up very quickly. You don't have to wander far and wide. You just want to make sure that this is the central fact in all aspects of their life.

People who don't know Rajan don't realize how rigorous he is, tenacious. Divya as well, the way she'll just go for it. The Indians taught me, never to rest until you feel you've got it because it's going to be there. Another thing I learned from the Indians was that if you give a remedy and you're fairly confident it's the right remedy, give it enough time. The point is, don't look for quick changes right away. Sometimes maybe people give it too much time, but to give it enough time has been really helpful for me in practice. One week isn't enough.

Case taking in the beginning of training is to take the chief complaint, find the sensations in the chief complaint, then find out how it effects them and how we see that in other areas of their life.

NT: So it sounds like you are allowing within the school for different methods in taking the case?

MF: I want the students to know what is out there. Then we as teachers can let them know what is theoretical. If it theoretical, you may want to try it later on, but for us right now it's theoretical. Just to be very, very honest with the students about our changes and ongoing development as

homeopaths also.

If you read the modern books on Hahnemann, you see that he was experimenting madly. I believe that a lot of the cases we see as homeopaths today, if Hahnemann came along and looked at them, he wouldn't know what to do if he were stuck with the methodology and remedies of his time.

Murray Feldman, MCH, RSHom, CCH. *Murray has been studying, practicing and lecturing in homeopathy since 1977. Murray studied for three years in India, then graduated from The College of Homoeopathy in London, England. He has also studied with well known leading homeopathic teachers and practitioners in England, Greece, India and the US. Murray lectures internationally and has taught in England, Finland, Ireland, Israel, and the United States. Murray is the founder and director of the Vancouver Homeopathic Academy, and is Vice-president of the Canadian Council for Homeopathic Certification. Murray has also co-authored* Homoeopathy for Children *published by C.W. Daniel Ltd., London, England.*

HOW TO TAKE THE CASE

Dr. C.M. Boger, Parkersburg W. Va.

International Hahnemannian Association Transactions
1919-1920

Prof. Tyndall has shown the necessary elements of a science to be the observations of facts, the induction of laws from these facts and the constant verification of the laws by practical experience.

When Hahnemann read that Cinchona Bark, the great empirical remedy for ague, had actually caused symptoms like the ones it had been curing, it was too striking to be passed over and he began to search medical lore for other cures seemingly based upon the similar action of drugs. He found a number, but the accounts were not conclusive enough to clearly confirm his induction, hence he began those experiments in drug action which were destined to end in what we now call provings, and to finally have a more profound effect upon medical science than any one thing that has happened since the days of Hermetic medicine, more than fifteen hundred years before our era.

As his work went on and drug effects were verified again and again he was troubled by the frequent over action of the remedy, which he sought to remove by steadily decreasing his dosage, and was thereby insensibly led into potentization, which is after all Hahnemannan's real and greatest discovery. Daily experience with potencies gradually evolved the practical details of the law, all of which was incorporated in the *Organon* as we know it today.

We may well believe that our innumerable verifications of the law will, in time, raise medicine more nearly to the plane of a true science, like that of mathematics, which advances from certain fixed and self evident truths, while all the others draw conclusions from evidence, by deduction, through reason, etc., all from premises which are in themselves of a variable import.

Our vision transmits impressions by means of light with considerable fidelity, but as we descend into matter each successive sense using lower rates of vibration reports with less and less accuracy, so that by the time we reach subjective sensation, interpretation is needed. In other words, in proportion as things are not self-evident, they must be and are defined, by a

comparison, essentially a very flexible method, which uses the striking and unusual as points of departure.

The larger part of sickness is composed of morbid feelings and sensations, which necessarily bear the impress of the sufferer, which also holds true of drug symptoms. A partial or one-sided array of symptoms of either sort, is perhaps common enough, but unless marked by very striking features, is to be greatly distrusted. Here is the weak point in most of the minor remedies, as well as the difficulty in many clinical cases.

In daily clinical work it has always seemed best to first get a pretty full life history of the case in hand, then look over the objective appearances, and lastly find out what the patient thinks and feels. These factors are then carefully built into a mental picture of what seems to be wrong. For sufficient reasons all of its features cannot usually be elicited at the first interview.

Hahnemann repeatedly pointed to the peculiar symptoms as being the real indicators for the curative remedy, and the successful prescriber is he who can pick them out and without losing touch with the essential diagnostic features, assign them to their proper places in the symptom picture. He links together and combines the essentials with the singularities present in such a way as to produce a harmonious whole. This is perhaps, not easy to learn, but it can be done, by avoiding a false start and persistence, even to the point of seeming to be intuitional.

The number of such possible combinations, is of course, unlimited, but we find that certain ones actually occur with relative frequency, giving rise to the idea of specifics, organ remedies, epidemic remedies, etc., etc., all delightfully indefinite terms, full of danger and lacking in the accuracy which makes for correct and radically curative homeopathic work.

In learning this art it is needful to divest oneself of all speculative opinions as to the origin of such odd manifestations. These things belong to the obscurities of diagnosis, nor does this mean that a diagnostic symptom can never be a major indication, as witness the marked aggravation from motion, equally prominent in pleurisy and the provings of *Bryonia* or the two a.m. aggravation, frequent in both duodenal ulcer and the effects of *Kali bichromicum*.

It is the striking nature of the systemic effect that determines the value of a given symptom; a manifestation that is prone to occur without any obvious connection with the disease itself. In chronic cases it is very apt to be a concomitant, while in acute ones it often stands out like a freshly painted guidepost. The physician must know how to give it the right value. It is an especially dangerous mistake not to ascertain the relative age of such

symptoms. A few clinical cases will illustrate some of these points.

Case I. Left sided quinsy with constriction in fauces, general smarting of the skin and prostration. The skin symptom held the second, yet deciding position. Smarting of the skin belongs especially to *Apis*, *Cantharides*, *Capsicum*, *Graphites*, *Lachesis*, *Lycopodium*, *Ranunculus scel*, *Sinapis* and *Sulphur*. Three doses of *Lachesis* 4M. aborted the attack in twenty-four hours.

Case II. Marked, diffuse hypogastric peritonitis of uncertain origin, with thirst, profuse foamy vomitus, dusky, almost black tongue, violent abdominal colic and temperature of 102°. *Aethusa*, *Arsenicum*, *Cantharides*, *Kreosotum*, *Lachesis*, *Natrum carb*., *Podophyllum* and *Veratrum alb*. especially have frothy vomit. Profuseness is a strong feature of *Veratrum*, hence she got the 12th potency; after the second dose, there were three copious stools containing mucus, the temperature dropped to normal and the distention disappeared, leaving only a sore and swelled appendix; all within twenty four hours.

Case III. Man with a violent cold. With every cough the nose discharged copiously, a combined characteristic that belongs to *Agaricus*, *Lachesis*, *Nitric acid*, *Salicylic acid* and *Sulphur*. One dose of *Lachesis* made a quick cure. I have verified this action of *Lachesis* several times.

Case IV. A flat chested woman with a chronic cough is always excited by eating candy. Aggravation from sweets belongs to a goodly list of medicines, but the symptom has only a clinical relation to coughs, hence is of low value. *Badiaga* has caused and cured "Spasmodic cough from tickling in larynx as if sugar were dissolved in throat. A single dose removed that cough in ten days whereupon she added that with each cough formerly the expectorate flew from her mouth, an additional *Badiaga* characteristic. Sometimes we discover the real keynote after curing the patient.

Case V. A single lady was subject to repeated cold taking; each attack began by running from the right nostril and violent sneezing. Blowing the nose always caused nausea (*Hellebore*, *Sanguinaria*, *Sulphur*). Her cheeks were frequently flushed. *Sanguinaria* repeated at each attack cured.

Case VI. Child aged seven. Diphtheritic membrane covering both tonsils and pharynx with cramps in calves of legs and fingers. Has been sick one day. A dose of *Ignatia* every six hours until four were taken caused the expulsion of large pieces of membrane. Within one day she was fully convalescent.

Case VIII. Infant age two. Yellow points in crypts of right tonsil. Right

cervical glands enormously enlarged. Great prostration. Takes a little food then quits. Is very cross. Four doses of *Lycopodium* 43M reduced the glands to almost normal, and in one day she was about herself again.

Case VIII. Lady aged forty-seven. Years ago chilled stomach with ice water; since then had duodenal ulcer with recurrent gastritis. The X-ray shows a large scar on lesser curvature, stricture of the duodenum and many corrugations (adhesions).

Bitter, sour, grumous vomit preceded by chills and accompanied by cutting pains in stomach, > urinating or belching. Craves very cold water. *Phosphorus* helped for a while, when a regularly recurring two a.m. aggravation set in. *Kali bichromicum* gave surprisingly prompt relief, followed by recovery. A radical cure is not to be expected.

Case IX. A small goitre seemed to press upon the trachea of a young woman out of all proportion to its size; a symptom reminding one of *Baryta carb*., *Bromium*, *Causticum*, *Graphites*, *Lachesis* and *Phosphorus*. A single dose of *Bromium* 71M., caused a violent reaction on the fourteenth day, during which she felt as if her face were drawn to a point in front of her nose, a big crop of herpes came out on the lips and chin and the goitre rapidly disappeared.

Case X. A young man was subject to attacks of migraine once or twice a week. He had inherited this from one of his parents. The attacks were preceded by blindness, reminding one of *Kali bicromicum*, *Psorinum* and a few other remedies. In ten days after a single dose of *Psorinum* 50M, a carbuncle, which opened and discharged of its own accord, came on the nape. Since this he has had no headaches.

Case XI. Sore aching from the region of the gall bladder to the left scapula, better Iying on the stomach, as of a lump under the sternum, then the mouth white with foam. Very foul black stools. Prolapsing, bleeding piles, nails very thin, split and turn black. Dry skin. Anaemic, emaciated and very weak. Constantly caves in. Aggravation from pressure of clothes and from fat foods. Four doses of *Leptandra*, in different potencies, have in three months, returned her to nearly normal flesh and strength. The nails are absolutely normal again, her color is quite good and an old, very foul leucorrhoea has returned in spite of which she keeps right on gaining.

Dr. Stearns: Dr. Boger's papers are always so good that nothing is left to discuss. I remember the first meetings of the I. H. A. I ever attended, where because of his knowledge and wisdom, I always wanted to touch the hem of his rainment. I asked him today "How do you feel about your prescribing each year as compared with the last?" He said, "I think I am getting better all the time." That is something to live for - to feel from year to year that

you are getting a deeper and deeper understanding of the art of prescribing.

Dr. Boger is wonderful in his paper, and I think it would help, if he would tell us where he finds his odd keynotes. I cannot remember all the characteristics of our most used drugs.

Dr. Loos, interrupting: If you did that you would know all that Dr. Boger knows.

Dr. Boger, answering: I have an insatiable desire and read and have a good memory for what I read.

Dr. Cyrus Maxwell Boger, M.D. (1861 - 1935)
Dr. C. M. Boger graduated from the Philadelphia College of Medicine.

He later studied at the Hahnemann Homoeopathic Medical College in Philadelphia, from which he graduated. During his long career in medical practice and research, Dr. Boger contributed important scientific textbooks, in addition to his authorship of a number of articles for medical journals.

His authorship of several scientific textbooks, his analysis and construction of a Repertory, his lively translation of several medical books from notable German authors and his indefatigable labour for the production of original works, like *The Times of the Remedies* and *Moon Phases* and his *Provings of Samarskite* made him universally recognized as an author and physician of great eminence.

Boger's books include:

Synoptic Key of the Materia Medica
Contains a short repertory and a summary of 323 remedies, complete with region of affinity, modalities, and specific symptoms, all graded as to degree.
Study of Materia Medica and Case Taking
Two essays that display Boger's uncommon knowledge of homeopathic science, that came from deep study and comprehension of its philosophy and materia medica.
Studies in the Philosophy of Healing
More teachings displaying Boger's rare acumen as a successful prescriber.
Boenninghausen's Characteristics Materia Medica
This Materia Medica was originally published in 1905 and was reprinted and enlarged with Boger's notes in 1937. It deals with the characteristics of

the remedies according to the standard schema of Locations.
Boenninghausen's Characteristics MM and Repertory
Originally published in 1905, this title was reprinted and enlarged with Boger's notes in 1937. Also included are additions from Carroll Dunham's personal copy. Boger's translation of the original German rubrics into English is considered to be more accurate than that of Allen. In addition, there is an excellent and exhaustive Index enabling one to readily locate symptoms.
(Thanks to the Whole Health Now website for biographical information.)

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CHC EXAM PREPARATION

Heidi Shorr RC, CCH

CHC Exam Preparation

Are you thinking about taking the CHC exam and wondering just what the case portion of the exam expects of you? In response to the frequently asked question as to the content and our expectations for the case analysis portion of the exam, this article will present a paper case that has been used on a prior CHC exam. The article will contain both an acceptable case analysis essay and an essay describing where the exam-takers were weak in analysis or downright off track. Subsequently, by reading the case and writing up your own case analysis essay, candidates who are preparing to take the exam may familiarize themselves with not only the case assessment portion of the exam but also with more *materia medica*.

The structure will be as follows: One case will be presented. At the end of the case directions will be specified as to which page contains the acceptable case-analysis essay, and also a discussion of where exam takers went off track, i.e. perhaps the candidate understood the case, in which realm the center of gravity lay, what needed to be cured, and which miasms were at work, but failed to translate that into relevant rubrics. Or perhaps they managed to translate into relevant rubrics but when they choose the final remedy they ignored their own prior stated information on what needed to be cured, or what in fact was important to the case. Perhaps they got lost in speculation or theorization. Alternately, perhaps the candidate was biased from the beginning towards a certain remedy and the case essay was a clear example of case building. Whatever situations came up on that specific exam will be discussed and tips given to point the applicant towards a well thought out and well written case analysis essay.

Case Exam October 2004

54 year old man with a lively, chatty presentation.
Chief complaint: Orchitis

I feel pain in my testicles, like they are being flattened, squashed – I feel it all the time, even when I am standing, and I don't wear any tight clothing because that makes it worse. I feel it more on the left side, but it is there on both sides. I have no idea what brought it on or why I have it - it just started

one morning when I woke up. It was diagnosed as 'idiopathic orchitis'. I had several tests done, but there was no specific infection or obvious cause, no sexual problem (though I definitely don't have any interest in sex when this is hurting) or prostate trouble. This began about 3 months ago – have been to a few different doctors, no resolution, no specific pattern for when it bothers me. Sometimes it is there and sometimes it is not. It can be painful at any time of day or night. When the pain comes on, it really hurts, as if my testicles were in a vise being flattened. Nothing relieves it. I have tried heat, ice, walking, sitting, swimming, hot showers, pressure, laying down, everything I can think of. Believe me, when there is that much discomfort, you have to try something to relieve it. I tried Tylenol and Motrin and several prescription medications, pain killers and anti-spasmodic things, but they don't affect it. The pain usually goes away after an hour or two. I feel it at some point most everyday, sometimes several times a day. Occasionally I have a day where I don't feel it, but not often. When it hurts, it is not bad enough to lay me out, and I can keep on doing whatever I was doing, but the pain wears on me, makes it difficult to pay attention to anything else. I work in sales, so I have a lot of flexibility in my work schedule, and if this pain comes on, I try to not do anything until it stops if that is possible.

I was trying to think of what happened to cause this. I didn't get injured or make any changes in my life that I can remember. Same job. Same life. Same food. Same exercise. Same sleep. My younger brother tells me it is just that I am getting old, but I can't see why.

I have a terrible time waking up in the morning. My brain is mush, I cannot think at all. Always been like this for me – I used to make terrible grades in first 2 classes that I had in the morning in grade school and high school, then ace everything else. I just can't think in the mornings, get confused, nothing makes sense. In college, I took classes in the afternoon and evenings, and had no problems. Just not a morning person at all. I arrange my schedule now so that I start my work day about noon. That suits me. I can wake up, relax for a few hours while my brain is mush, and then actually be able to think by the time I start working.

When I wake up in the morning, sometimes I have this odd sensation that the left side of the bed is lowering itself through the floor. Like it is dropping out from under me – when it is extreme, I jump out of bed and look at the bed and the floor to make sure it is not moving. Seems crazy, but it really does feel exactly like that. Like when a person is drunk and the room spins, and you know it isn't spinning but it seems to be. This is like that, but instead of spinning, it is sinking. This has happened since I was in high school, happens more when I have been up really late or not slept enough or not feeling well, but it happens at least 1-2 X month regardless.

Fears?

I am afraid of being on the water – family has a sailboat, never wanted to go out on it. Not really afraid of drowning, or of the boat sinking, don't know what it is, just really fearful about being out in water. I don't like to swim or boat, would never live in a houseboat, etc. I like to stay on land.

As a child, I had rheumatic fever, with heart problems – I don't remember much about it – being in the hospital. Maybe 1st grade? Infection in my heart because of it – took me a few months to recover. My Mother said I was very ill and they were all worried that I would not pull through. I had trouble using my left arm for about a year after that- it just was weak. I used to be left handed, but had to switch to using my right hand to write at that point because it was just too hard, too much work, to write with the left hand. Every once in a while, I will feel some discomfort, some achy pain in my chest around my heart – from there to my left armpit, not severe, just aches, lasts an hour or so then goes away. My heart doesn't seem to be weak or work badly, but I don't live an extreme life style. I exercise, but it is gentle – I do tai chi and I walk, not really a strenuous person. So if there was a problem with it I probably wouldn't know. No heart murmur or anything, and I pass my annual physicals, so I guess it is okay.

I come from a healthy family. My grandparents lived into their 90's and died of old age; wearing out I think. My parents are alive, in their late 70's, active and still clear minds and healthy.

Other than the rheumatic fever, I have not been sick. I don't even get colds often, maybe once a year or so.

ANSWER TO EXAM

The chief complaint in this case is interesting in that it is unexplained by any physical process or condition, often a good hint from the vital force. The man describes testicular pain that is 'squashed' on his testicles that comes in bouts of 1 - 2 hours at random times for which he does not see a pattern, and made worse by tight clothing. It is felt on both sides, but more on the left.

He first experienced this pain 3 months ago upon waking one morning, and then says that mornings in general are not good for him, as his brain is mush then. On waking in the morning, he also has an odd experience of feeling like the bed is sinking, particularly on the left side.

Other than these specifics, he seems like a generally healthy fellow with a generally healthy family history. He fears water. He has a history of rheumatic fever as a child, with weak heart and limited use of his left arm

at that time. The sequela of this is occasional chest pain with an ache in the region of the heart, extending to the left axilla.

Based on this data, the center of gravity in the case is physical. There is no predominant indication of any typical miasmatic patterns, though if there were a clear understanding of a 'rheumatic fever' miasm, that might be an interesting concept for this case. What needs to be healed in this case is the limitation of the state that is defined by the orchitis symptoms and delusion of the bed sinking, as these are both odd symptoms. It appears that his current state is the gradual evolution of who he has been all his life, or possibly since the rheumatic fever as a child. He has some general and mental symptoms as well that fill out a more complete picture in the analysis process with his morning aggravation and fear of water and left sided emphasis (left arm, left testicle worse, bed sinking on the left side).

Rubric selection (From *Complete Repertory*):
Male, Pain, pressing, testes + Male, Pain, compressing, testes + Male, Pain, crushed, testes
(adding several small rubrics together to create a fuller set of remedies that all represent the sensation of having the testicles flattened or squashed)
Generals, Clothing, pressure of, agg
Generals, Side, left
Chest, Pain, aching, heart
Mind, Delusion, bed, sinking, is + Generalities, sinking sensation
Mind, Confusion, waking on + Mind, Dullness, difficulty thinking and comprehending, forenoon
Mind, Fear water
Fever, Rheumatic Fever

The various rubrics that describe pain in the testicles with a flattening or squashing character are combined to provide a full group of remedies. The rubric for the delusion of the bed sinking is pretty small, so the somewhat larger general rubric for sensation of sinking is added in as well. Although the rheumatic fever is long ago in his health history, it still impacts him with the chest pain, so this rubric is included. It would have been more appropriate to include a rubric specific to sequelae of this illness, but that was not vailable. There were a few very small rubrics that were spot on but not included here, such as one for pain in the testicles aggravated by pressure of clothing, which was quite accurate, but only had one remedy in it.

Remedies considered based on this analysis: *Lach., Merc., Phos., Con., Spong., Rhod.*

Lachesis is strongly left sided, characteristically aggravated by tight clothing, has the specific delusion of the bed sinking, aggravated on waking, has fear of water and association with rheumatic fever. In this fellow's case, he has more pain in the left testicle, sinking on his left on the bed, history of problems with the left arm during rheumatic fever, and chest pain in the region of his heart that extends to the left axilla. *Lachesis* is also included in the rubric Chest, Pain, Heart, extending to arms, left. This was not used in the main rep set because he said it went to his arm pit rather than the arm, but it is somewhat supportive of *Lachesis* for this case. He is generally worse in the morning, and his testicular complaint was first experienced in the morning on waking; *Lachesis* has the keynote of sleeping into aggravation. His presentation is described as chatty and lively, which can match the typical *Lachesis* loquacious presentation. This appears to be a good match for the case.

Mercurius. Although this case did not appear as a typical presentation of *Mercurius*, it was important to investigate since it came through the repertorization so strongly. It covers the left sided nature of the case, testicular pain with aggravation from pressure of clothing, fear of water and history of rheumatic fever. Instead of the specific delusion that the bed is sinking, *Mercurius* is covered in the General rubric for sinking sensation, so this is a little less exact for the case than *Lachesis*. Similarly, it is included in the rubric for mental confusion on waking, but not for dullness in the forenoon, though it is included in 'Mind, Confusion, morning, rising on and after'. There were not additional supporting features for *Mercurius* in the case such as were identifiable for *Lachesis* to make this remedy a stronger candidate.

Phosphorus matched the mentals and generals in this case, but did not cover the presenting complaint of squashing pain in the testicles. A review of male testicle pain rubrics that include *Phosphorus* shows sensations of sore, cramping and drawing rather than crushing or pressing. It is listed in a rubric for 'Male, Pain, pressing', but this was not as specific for the case, so a less persuasive supporting argument for this remedy.

Conium and Spongia both have an affinity for the gonads, cover the nature of squashing pain in the testes with aggravation from tight clothing, left sided complaints and mental deficiency in the morning. *Spongia* has an association with rheumatic fever. Though to cover the physical complaint, neither remedy has a sinking sensation of the delusion about the bed sinking that was an unusual symptom in this case.

Rhododendron has an affinity for the genitals. Crushed, sore, bruised, pain in testicles, although on the right. There is a confusion and forgetfulness for what they have talked about. They are generally worse in the morning. It is also listed under rheumatic fever. However this remedy

does not cover the mental symptoms of fear of water, and the SRP sensation of the bed sinking. Interestingly, this remedy is aggravated by descending, which is similar to the sinking sensation, but this would be conjecture. It does not cover the prominent left-sidedness.

Based on this evaluation, *Lachesis* was chosen, and was given in a 1M potency for this case. The man had an increase in testicular pain the following morning that lasted for 6 hours, after which the pain stopped. About a week after the remedy, he experienced pain in his left arm and hand that reminded him of when he had been ill as a child; this resolved after a few days. He reported that his mental function in the mornings was much improved and that he was able to think clearly. In the year since taking the remedy, he has had no recurrence of testicular pain and no episodes of feeling the bed sinking.

Clarification of Exam Instructions

The purpose of this exam is to give you an opportunity to show us the process you go through when you analyze a homeopathic case. It is important that you give a thorough explanation of your analysis. Be sure to include the symptoms and rubrics you chose, making clear which ones were most central to your analysis, and the process you went through when deciding which remedies to consider and which one to prescribe.

Your answers must be written legibly and in essay format. Your answer should just highlight what you thought was important in the case. Avoid random notes and implications. Do not assume the reviewers will "know what you mean" when discussing symptoms or remedies. Explain your thinking. If you are stating a particular teacher's theory, back it up with explanation pertaining to the case. Assume that the graders are not familiar with the methodology that you are putting forth.

Points in the list below should be included in your essay for each case (even if by just saying why you didn't think it was important in the case):

1. Describe your impression of the patient as a person, the chief complaint, current symptoms, and symptoms you think are the strongest and most significant. Include key points about the health history of the patient (and family members, if relevant).
2. Case analysis: What is the center of gravity? What information do you think is most important, and why? Are there significant miasmatic influences? What characteristic and/or keynote symptoms did you consider? This might include essence, miasmatic, general vs. particular symptoms, etc.
3. List the rubrics that you used, in repertory language, and give reasons for

these choices.

4. Discuss the remedies you considered, in terms of materia medica. Explain key points for and against each, citing relevant points from the case. Make sure you compare the remedies and discuss their differences in terms of applicability.

Exclusion of any of the following may result in failure of the exam:

1) No analysis.
2) No repertorization. Repertory used must be indicated, and the rubrics must be in repertory language (as graders will often run your rubrics to check resultant remedy set).
3) No differential diagnosis of the top remedy contenders from your repertorization.
4) No final remedy choice or posology.

Where candidates went off track on the October exam

For the most part candidates did very well on this case. But as with every exam there are areas where some people struggle.

It seems that already in the summary one candidate was skewed towards a certain remedy. S/he erroneously stated that this patient's symptoms are strong but the patient cannot clearly describe them, and that the patient's thoughts are scattered. This patient clearly states his morning confusion, evening amelioration, and many very clear physical symptoms. Later in the case it is clear that the candidate saw this confusion as a state akin to drunkenness. While the patient did associate the strength of the sensation with the spinning of the head while drunk, he did so in reference to it being so strong that one could think the room was truly spinning, not to imply that he felt drunk. Candidate falsely extrapolated a physical sensation that the bed is sinking to mean that the patient is totally confused and has lost his grip on reality.

This candidate's rubrics lacked any physical characteristics such as the vice like, squeezed, squashed, flattened pain of the testicles, and excluded many characteristics of the case. There is no mention of left sidedness, which is in the testicle pain, the sequale after the rheumatic fever, and in this man's chest symptoms. The rubric chosen for the sensation of the bed sinking contained only three remedies. Candidate would have fared better had s/he chosen the larger more general rubric of delusion sinking, which, although not large, contained seven remedies, rather than the smaller sub rubric. Candidate would have done better overall if they had chosen 'Delusions, bed, sinking', which is more accurate and contains fourteen remedies. An option would have been to combine these three rubrics so as not to lose possible remedy candidates. In all, the repertorization yielded a poor remedy set that was not representative of the entirety of the case.

This candidate seemed to be jumping to remedy choices before repertorization and thus the DD seems also to be the result of case building, without the investigation needed to include or dismiss other viable remedy choices. Negative logic was used frequently as a means of dismissing the other remedies in the DD. Remedies were included that were in only 3 of the five rubrics, and the mental symptoms of the case were dismissed as not being necessary to the final remedy choice.

Another candidate saw the case clearly and was able to identify important elements. The repertorization was adequate, and candidate smartly chose to exclude very small rubrics about testicular pain, while stating that they would use those characteristics later for confirmation. Unfortunately however, s/he did not do this. Candidate noted the left-sidedness of the case, and stated that they would consider this in remedy choice, but again did not discuss this in DD. According to the repertorization of the candidate's rubrics, spurious remedies were considered with poor justification as to their dismissal or inclusion. In the DD one remedy discussion contained more conjecture than actual facts pertaining to the case. It is very important to justify the remedy with facts from the case, not just list symptoms of the remedy.

One candidate while coming up with reasonable remedies in their DD, and even the correct final remedy, totally missed the aspect of morning confusion, which was a significant component of the case. The purpose of this exam is to access the candidates thinking, and broader grasp of important case analysis concepts. It is therefore important to discuss these aspects in the case analysis.

In another situation the candidate's summary is minimal. While the candidate did touch on certain important aspects of the case in the summary, they unfortunately failed to identify them as such. No mention is made of the mental morning fog that this man experiences, rather this is seen as a general morning aggravation. While this is true to an extent, the patient clearly identifies that he has difficulty thinking in the morning with his mind being mush. The candidate narrowed this case down too far, and saw it solely based on the orchitis and some interesting 'personality traits', i.e. the fear of water, and the sensation of the bed sinking. This is not sufficient information from a case that had good physical modalities: chest and heart symptoms, left sidedness, testicular pain worse clothing, and sequale of rheumatic fever. Also there is a clear mental symptom: confusion mornings, which is better afternoon and evenings. No repertory was indicated nor were rubrics written in repertory language. The rubric selection was insufficient to cover the case, as only three were given. Even when run through MacRepertory and Reference Works the rubrics chosen yielded no results. There was no way to check this person's thinking, which is the

intent of this portion of the exam. No differential diagnosis was given. Rather, only one remedy was stated with no justification, except that the remedy covered the patient's physical condition and fears. We are looking for a demonstration of *materia medica* knowledge in this portion of the exam.

Heidi Schor R.C., C.C.H., *studied homeopathy in Munich, Germany before moving to Kirkland where she practices at Moss Bay Health Center. Presently she is the on the board of the Council for Homeopathic Certification for which she chairs the Exam Grading Committee, and teaches homeopathy at Bastyr University where she is Adjunct Faculty. Heidi continues to study homeopathy with Massimo Mangialavori, Henny Huedens Mast, and with the many wonderful colleagues that inspire her daily. Heidi can be reached at 425-822-2667, HeidiSchor@cs.com and www.HealHomeopathically.Us*

AN INTERVIEW WITH BEGABATI LENNIHAN, RN, CCH

Neil Tessler ND, DHANP

Simillimum interviewed Begabati Lennihan, RN, CCH, Director of Teleosis School of Homeopathy in Cambridge, MA, where she also practices homeopathy.

NT: First of all, how did you get started in homeopathy?

BL: I went to Harvard expecting to become a doctor like my father. But it was the late sixties, a time when the world was being turned upside down and everything was being questioned. I ended up with a passionate commitment to alternative medicine instead. I think I'm the only person in history who graduated from Harvard and opened a health food store. (Actually I first spent three years in book editing and design, which has helped me contribute to a number of homeopathic texts, like Yasgur's Dictionary.)

I ran the store for almost twenty years but by the time I turned forty I wanted something more professional, more challenging intellectually. I was familiar with just about every alternative healing modality through the store. There was no question in my mind that homeopathy had the greatest power to heal on all levels.

In the meantime I had spent several years studying how people learn. I had been doing weekend seminars with Dr. Dawna Markova, who took Milton Ericson's idea of visual, auditory and kinesthetic learning to a new level, creating a more subtle and sophisticated system. She had other concepts, like active versus passive learning, the importance of having students take in concepts or information and then express them in order to really consolidate their learning ("inhale" and "exhale" as Dawna calls it).

So I remember my first day of homeopathy school. On the one hand, I felt the hair stand up on the back of my neck, feeling, "Oh my God, here I am, I am forty two years old and I have finally found my life work, my passion, my reason for being here on this planet," and on the other hand wondering, "Isn't there a better way to teach this?" I investigated different schools, and they all seemed to be lecture format. You know: the school revolves around a briliant, famous teacher who stands up in the front of the room and talks while students scramble to write down everything he says.

I can't in any way blame homeopathy schools for being structured like this. It's pretty much the way all American schools are set up. But do you know how we got that model of education? It comes from schools for the Prussian bureaucracy in the 1800s. In other words, it's a way to convey objective information while at the same time teaching students to accept authority. It's not a great way to encourage students to think for themselves. And in homeopathic training, you have to do that, because of the highly individualized nature of the homeopathic process. When you're sitting there with a patient, you have to know what to do, because that famous expert is not in the room with you, and it's unlikely he's taught you a case exactly like the one you're taking.

NT: So did you figure out a better way?

BL: Well, for years I imagined my dream school. I thought of ways to involve students of all learning styles. For people who learn auditorily, you can make tapes available to listen in the car. People who learn visually, like me, won't retain anything that way! For visual learners, it helps a lot to have handouts and things written on the board, like diagrams or flow charts. Or let's say someone who takes in information kinesthetically, by actively working with it, perhaps by using their hands, or by using their gut sense -- homeopathy attracts people from other modalities, including of course chiropractic, acupuncture and massage. These are all hands-on forms of healing and tend to attract people who learn with their hands. How do you help them master the huge volume of information we have in our *materia medica*?

You can have them touch the materials the remedies are made from, or make models of *Adamas* and *Graphites* molecules, as one of our students did, and encourage them to "get" some of the different qualities of these remedies. You can have students in small groups create skits to act out the different remedies they are studying. It's hilarious, and it really makes the remedies stick in their minds, plus it picks up the energy of the class at the end of a long day!

Actually I'm giving you the simple version. Part of Dawna Markova's approach to learning is that all of us are visual, auditory and kinesthetic, we just use these "channels" in different ways, and a good school will take into account the six possible variations in learning styles.

NT: So did you create your school around these ideas?

BL: Actually, after years of dreaming of a better way, I met Dr. Joel Kreisberg at a meeting he organized of homeopathic educators. He was talking about Teleosis, the school he founded in New York in 1996, and immediately I realized that not only had he created my dream school, it was actually better than I had imagined. One of Joel's basic concepts was that

teaching homeopathy (or any subject) consists of conveying knowledge, skills and attitudes. Most homeopathy schools revolve around conveying knowledge: information about remedies or the laws of homeopathy or the structure of the repertory. But this information is available in books and on computers. It's not a great use of classroom time to have the teacher recite information while all the students are writing down the same thing. Why not put most of that learning into home study, and spend classroom time on the other two aspects?

So Joel created a school in which most of the time is spent practicing skills. He broke down case analysis, for example, into about ten separate parts. In a school that meets one weekend a month for ten months (a typical schedule) you can have the students master one aspect of it, one skill, per weekend. Taking the mass of raw data in a case and extracting perhaps five to fifteen elements which you want your remedy to address is a particular skill, called characterizing the case. Then looking at these elements to see how they are related, which ones are most important, and whether any can be set aside is another skill -- evaluating and prioritizing the case. Finding rubrics, assessing the results of repertorization, and doing a miasmatic analysis are other skills.

Here's another crucial concept: you want to structure the learning experience so that students master a particular chunk each time. I mean really master, so they have a sense of "I get it!" So many times I hear people going to seminars by famous homeopaths, and by Sunday at five pm they're saying, "He is so brilliant, and I'll never be able to do this." If participants come out of a seminar more discouraged than they went in, what kind of learning outcome is that?

So you want to break up the homeopathic process into manageable chunks, then create exercises for the students to do in class in which they can practice and master one of those chunks at a time. The result is a classroom in which the students are active most of the time. Lecturing is kept to a minimum.

You also have to create a very supportive environment in which students are not afraid to try out their ideas. So many times in seminars with well-known homeopaths, the lecturer will present a case and then ask the audience for remedy ideas. Most people are way too intimidated to call anything out. If they do, usually the lecturer just says "Nope!" because he has some obscure remedy in mind. So there's no learning from this process (like, why did the participant choose that remedy? and what's the differential diagnosis with the correct remedy?) and there's an atmosphere of intimidation.

In our school, the students work in small groups to come up with answers, then each group posts their answer on the board. The role of the teacher includes finding something in each group's work to praise. Most

of the focus is on what each group did well, to give the students a sense of self-confidence. Let's face it, homeopathy can be daunting! I realize that most of your readers are beyond the classroom phase, but here's a hint for people teaching seminars: we've found that if you present a case, then ask participants to discuss it with no more than two other people, it really gives people a chance to try out their ideas and you will get much more interesting and complete feedback from the class. You can't have groups larger than three, or someone tends to dominate and someone else can't get a word in edgewise.

Here's another value of that classroom design: placing the focus of power and energy in the students rather than the teacher reflects the homeopath-patient relationship. In an allopathic practice, the model is that the patient passively surrenders himself to the superior knowledge and power of the doctor. The doctor remains the expert and makes the decisions. It's a patriarchal dynamic. In homeopathy, the patient is the expert when it comes to his own body: he is the one telling us whether he feels better or worse from the remedy. We're asking the patient to articulate his inner experience, and we honor that in a way Western medicine can't. So by asking students to articulate their ideas, and by respecting their ideas, we are creating a classroom dynamic that mirrors the dynamic in their future practice.

NT: What about attitudes, the third thing Joel Kreisberg was talking about?

BL: All schools convey attitudes automatically; it's just that most schools don't realize it. Here's a common attitude: "My way is the best way [or maybe even the only right way] to do homeopathy. People from other schools are doing it wrong." Here's another one: "Western medicine is evil and dangerous." How do these attitudes help us create community? There are so few of us, homeopaths need to stick together, and we need to communicate with open-minded allopaths.

At Teleosis, we have reflected on what values we want to convey, then created a classroom design around them. For example, we feel strongly that homeopaths have for too long practiced in isolation and we need community instead. So we emphasize small group work with the students treating each other as resources. In each group, you might have a pediatrician, a vet, a psychotherapist, and a mom who has more practical experience with giving remedies than any of the others. Students are encouraged to contribute and to learn from each other. Then when they graduate they have a built-in community.

Also we convey the idea that there is more than one good way to practice, by inviting in guest lecturers. Several times a year, we let a visiting homeopath take over our school for a weekend! Of course each one has a different slant on potency and case management, which is fascinating to the students. It's actually bewildering at first, but it ends up being

empowering. The students realize that they can each decide what approach will work best for them.

NT: Other examples?

BL: One thing that has bothered me in other seminars is the attitude toward the patient, for example in video cases. I felt the patient was being treated like an object, even sometimes laughed at. I think we need to remember that patients are living beings who on some level will receive the energy directed toward them from the classroom. So we have a custom that before presenting a case, we have a brief meditation in which we send the patient our gratitude for sharing his or her story and we send our good will and healing energy. We explain this to patients when we ask permission to videotape cases, and they really like the idea.

Speaking of meditation, another tenet of our school is that homeopaths need to have some kind of spiritual or self-reflective practice that helps them to stay centered and inwardly attuned while with patients. We need to overcome our egos, we need to put our self aside to truly receive the patient. And if we can become inwardly silent, we can be receptive to the patient's energy, like using ourselves as tuning forks to vibrate at the same frequency as the patient. There can be tremendous learning in this, in addition to the objective facts we get about the case.

So we strongly encourage our students to have a self-awareness practice of some kind. We begin and end each class weekend with a meditation. At first they resist, feeling that it is taking away valuable classroom time. But then they realize the benefits. Meditating before a class helps students to be focused and present and more receptive to learning. Meditating at the end consolidates the learning. People leave feeling energized rather than totally drained.

I tell the students that I meditate before I see each patient, and I also meditate at the beginning and end of each day in my practice, so that I can be a good instrument of healing for my patients. I also pray for protection for my patients and my practice. When leaving I feel I am giving the responsibility to God. It's a great attitude: it means if things go well, you know some higher power did the healing so you can't get a swelled head, and if things do not go well, you don't have to feel overly burdened by the responsibility. You just do the best you can and (like the *Bhagavad Gita* says) you offer the results to God.

NT: What do you think is the greatest problem facing homeopaths today?

BL: It's hard to make a living at it. I don't know too many people who make enough to raise a family on homeopathy alone. Most homeopaths also have another healing modality, or a day job, or they sell nutritional supplements, or they're a parent partly supported by the other parent. You think of the years people spend studying, and the money they spend on

schools and seminars and computer programs, and then it's hard to make enough to repay it plus support yourself. We need to educate the public not only about the value of homeopathy but also the value of our process. Like for example, people complain about being charged for phone calls because their doctor and their chiropractor don't charge. But in my day at my office, I probably spend two hours on the phone with patients for every hour I have someone in the office for a scheduled appointment. I have to charge for phone calls in order to make ends meet. If all homeopaths were consistent about charging what our time is really worth, we could join together in convincing the public. It doesn't help if there's a mom down the street from you practicing homeopathy as a hobby who charges less than half what you do.

NT: Do I hear a hint of an attitude about moms practicing homeopathy?

BL: I guess I can just say from my own experience, I tried practicing as a layperson for a year and felt I was really acting irresponsibly. Patients would call with questions like, "My T3 and T4 are up, should I adjust my remedy?" or "My gynecologist says I need a hysterectomy right away for my bleeding fibroids, do you think you can help me instead?" I had to ask my patients to explain their meds, their diagnoses and their lab tests. I decided to do a two-year nursing program to get an RN, and I would recommend it to anyone. It's a crash course in the health sciences you need to be a homeopath. Plus you get vivid direct experience with patients that you could never get from a correspondence course or an A&P class. I would have done an ND program if there had been one in Boston. I planned to do a nurse practitioner program and still want to at some point . . . but the school intervened . . .

NT: So how did you end up with Teleosis?

BL: Joel Kreisberg passed it along to me two years ago because he is going off in another direction, taking homeopathy to a wider audience. He talks to organic farmers and bioneers and sustainable living folks, ones who are concerned about antibiotics in animal feed. Yet these same people tend to put their kids on antibiotics when they get sick. When Joel points out the connection, and tells them homeopathy can provide an ecologically friendly alternative, he says he can see the light bulb go on over their heads! He tells them about Ecologically Sustainable Medicine, how homeopathy and other forms of complementary medicine are safe for the environment and healing for the planet. It's great because it's bringing homeopathy to a potential audience of millions and millions of people in the environmental movement.

NT: And what new directions do you see for homeopathy?

BL: I'd like to develop the positive aspects of remedies and the notion of homeopathy as a way to support people in their spiritual growth. We know

homeopathy is good at taking people who are "broken" in some way and "fixing" them, bringing them to whatever is functional and normal for them. Of course, since it was developed as a system of medicine. I'd like to see it go further, taking people who are already functional and helping them fulfil their own highest purpose on earth. In my neck of the woods, near Harvard Square, I have a lot of patients working for various non-profits and good causes. I tend to give a lot of *Causticum* and *Carcinosin*. I always explain to them that I'm not trying to cure them of working for a good cause. I give them a lot of credit for the good work they are doing and tell them I hope they can work even more effectively as a result of homeopathy.

In general, when talking to patients about their remedies, I always try to find something good to say. It's another example of an attitude, of how homeopathy can be healing. In a doctor's office, they may have felt reduced to their pathology. In a homeopath's office, we want to treat the whole person -- and that means including their spiritual being, their good side, their positive qualities in how we receive them. And then we can look for ways that homeopathy can bring out the good as well as heal what is lacking. But that's a story for another day.

Begabati Lennihan, RN, CCH *has edited books on homeopathy, has written several articles on it for nursing and pharmacy journals, and is co-author of the chapter on homeopathy in the American Pharmacists Association's Handbook of Non-Prescription Drugs. She has lectured on homeopathy at Massachusetts College of Pharmacy, Northeastern University, and Harvard's Center for Wellness. She has been practicing heart-center meditation for more than thirty years and teaching it for more than twenty five years under the guidance of Sri Chinmoy, who gave her the mantra Begabati, meaning "a fast-flowing river" -- the soul plunging headlong to merge into the ocean of universal consciousness.*

HOMEOPATHY SERVING SPIRITUALITY SPIRITUALITY SERVING HOMEOPATHY

Begabati Lennihan, RN, CCH

Let's begin with an understanding of spirituality that most homeopaths can feel comfortable with. Let's not confuse it with religion – for while religion can be a source of spiritual growth and inspiration for its devotees, spirituality is directly accessible to many others who may have fled the religion of their youth. Nor is spirituality New Age woo-woo. It is something practical, for it refers to a powerful dimension of reality, albeit one we cannot see with our human eyes. And it is something scientific, although not reducible to what Ken Wilber[1] calls 'the world of flatland' – i.e. objective material reality. Yet is not homeopathy a science of unseen energies? Our healing paradigm rests on the workings of the Vital Force, and we routinely assess its strength in our patients without being able to see or measure it. And in our paradigm, objectively quantifiable physical symptoms are often the visible, palpable manifestation of an inner energetic mistunement. In other words, the world of energy holds sway over the world of matter.

In fact, we can say that Western medicine is based on an outmoded Newtonian mechanistic/materialistic/reductionist view of the universe, while Hahnemann founded an energy-based medicine more than a century before Einstein revealed that matter and energy are twin aspects of the same reality. To deny the spiritual underpinnings of the homeopathic paradigm for fear of appearing unscientific to the allopathic world is to limit our own potential in an attempt to appease an outmoded (Newtonian, materialistic) worldview. [2]

So let us begin with an understanding that spirituality refers to reality as energy, and to our inner subjective consciousness that allows us to perceive it. When we look at outer, material reality and try to understand it with our minds, we "see" the ways in which we are all different – because it is the nature of the mind to break reality into discrete particles, then compare and contrast, analyze, organize, and scrutinize. But when we "see" the invisible world of energy with our hearts (as St-Exupéry's Little Prince said, "Only the heart sees rightly; that which is essential is invisible to the eye"), we perceive our interconnectedness through a Ground of Being, an ocean of infinite Consciousness, which the religions of the world have called God and which modern spirituality calls Consciousness or Being.

And once we perceive this infinite Consciousness, we also realize that we are on a journey towards full awakening to this consciousness within us.

We realize we have a higher purpose for being here, that life on earth does have a meaning and direction. Again, are these not fundamental tenets of homeopathy? Hahnemann credited Divine Providence, his term, for the gift of homeopathy, and described our higher purpose in Aphorism 9:

> In the healthy human state, the spirit-like life force … keeps all parts of the organism in admirable, harmonious vital operation … so that our indwelling, rational spirit can freely avail itself of this living, healthy instrument for the higher purposes of our existence. [3]

The concept of an inner urge towards greater consciousness and evolution is embodied in Vithoulkas' use of the word *teleosis* ("the process by which a human being becomes more and more organized in his spiritual and psychic level"). [4]

> This inner urge for perfection and attainment in every human being is what we call the "law of Teleosis." … What is important for human beings is a state of Teleosis, where a sense of completeness, wholeness, maturity and happiness are the principal attainments. This whole process of Teleosis is therefore closely connected to one's health. [4]

Based on this understanding of homeopathy as a fundamentally spiritual form of healing, I would like to share how my thirty years of meditation have infused and informed my practice of homeopathy. In so doing I hope I may inspire a few of my fellow practitioners and learn from many others as I welcome others' insights.

In my office, I view my patients as my teachers – not only of *materia medica*, but of life-lessons for me – and I view myself as a humble instrument of their life-journey. I meditate for ten minutes in the office each morning, to silence my busy-day mind, set aside my ego, and open my heart to fully receive each patient. I pray for guidance to do whatever is best for each one. While talking to each patient, I meditate on my heart chakra and on the patient's, often "seeing" streams of light coming from the other's heart that remind me of solar prominences. I bring my awareness to my own heart, feeling that there is a silent stream of communication on a deep level. I often ask my patients how homeopathy can help them fulfill their highest purpose on earth. To my amazement and fulfillment, they really rise to the occasion in their answers! Or I might ask what they feel is the purpose of their illness, what they are learning from it, what is the "hidden blessing" – and often they reply with the words I need to hear most at that point ("Slow down, stop rushing, take better care of yourself"), which only underscores how we are fundamentally one.

I often recommend books, and depending on the patient, it might be a book of spiritual inspiration. Current favorites include Eckhart Tolle's *The Power of Now,* Michael Newton's *Destiny of Souls* (if someone close to them died) or Schatz and Shaiman's *If the Buddha Came to Dinner* (if they

have issues with food).

I rarely use a computer while sitting with the patient, feeling that my attention would otherwise get sucked into the screen, preventing me from being fully present for the person in front of me. (I ask patients for an extensive written intake, allowing me to do some repertorization before I see them, and again after they leave if necessary.) I meditate briefly between each patient and again at the end of the day, when I offer thanks for the opportunity to be of service, and giving responsibility to the Supreme Consciousness who is the real healer.

In my school, Teleosis School of Homeopathy, we have a five to ten minute guided meditation at the beginning and end of each class weekend. Far from interfering with the time needed for learning, these meditations enhance the learning process – in the beginning, by focusing the students' awareness in the present, helping them let go of all the rush and stress of getting to class, opening them to truly "learn by heart." And at the end of a weekend, meditation helps to consolidate the learning, so we can leave feeling energized rather than mentally overstuffed and drained of energy as often happens at the end of a homeopathy weekend.

We also encourage students to have a daily spiritual or self-awareness practice, explaining how helpful it will be both in their own life-journey and in their role as healers. We assign George Leonard and Michael Murphy's *The Life We Are Given*, in which these co-founders of Esalen and the Human Potential Movement share their favorite daily practice based on yoga, chi gung, affirmations and visualizations.

We also meditate for the patients whose cases we study. Before a case presentation, we have a minute of silence in which we send gratitude to the patient for sharing her story, and our collective prayers and intentions for her healing. (In asking permission to show a patient video, we tell patients they will be the recipients of this healing meditation, and they have responded very positively.)

In the homeopathic community, I try to promote the "view from the heart" that perceives oneness and connection, rather than the mind and ego's tendencies to divide and compare, to promote one way as the best and only way to practice. Clearly there are different valid ways to practice, for homeopaths would not survive in practice for several decades if they did not have reasonable success with many of their patients. I like the image used by my own spiritual teacher, Sri Chinmoy, that we are all flowers in the same garden. How can the rose compete with the lily, or the tulip prove that it is more correct than the daffodil? I believe we all need to "see" and respect the devotion that other homeopaths have to this highest form of healing. There must be a nobility in each homeopath's calling, because let's face it, we could all be making much more money doing something else. To be a homeopath is to serve a "highest calling" as Hahnemann terms it, and if this is not spiritual, then what is?

Notes:

[1]I highly recommend Ken Wilber's works as a validation of the scientific basis for homeopathy, enabling us to view science from a vaster perspective: *A Brief History of Everything, A Theory of Everything,* and perhaps most accessibly, *Grace and Grit,* the story of his wife's illumining death from cancer interwoven with insights into his philosophy.

[2]For practical reasons, I accept the necessity of documenting homeopathy's effectiveness with the gold standard of allopathic medicine, the RCT, given the overwhelming dominance of allopathic medicine in the political, economic, legal and cultural spheres. But I feel that within our own community we need to maintain our confidence in our world-view.

[3]Hahnemann, S. *The Organon of the Medical Art*. Brewster O'Reilly ed.

[4]Vithoulkas G. *A New Model for Health and Disease*, p. 136-139.

THE IMMATERIALITY AND MATERIAL ALCHEMY OF HOMEOPATHY

Melanie J. Grimes, RSHom(NA), CCH

When Hahnemann asks us to consider that we are treating the vital force, we leave behind any illusion that this is a mechanistic science. The concept of disease as a "wesen," an entity, mixed with the imponderable dilutions of our remedies leaves us on the edges of tangibility.

Yet, at the same time, all organic life is merely carbon-based, a mix of elements. Therefore, how very spiritual or immaterial can any aspect of homeopathy be? Perhaps homeopathy is a mechanical science, and we just don't have the proper tools to measure in quantities this small.

If we look to Hahnemann; his life and his philosophy echo the dichotomy between material and immaterial that we all face as homeopaths everyday.

Hahnemann was brought up in the rationalistic thinking of the enlightenment. Impressed by Romantic thinkers and their rejection of what had dominated the Age of Reason, Hahnemann took inspiration from Kant, Schelling, and the School of Naturphilopshie. Hahnemann followed the philosophers Decartes, Spinoza and Leibnitz. He went on to be a proponent of Vitalism and the Naturalism of Schelling and Heel. Then, his biographer, Richard Haehl states, "He advanced beyond this to spiritualism."

Hahnemann began his scientific work with "emphasis on scientific exactitude and empiric certainty as the starting point of his therapeutic reform," and later became "a strong opponent of materialism." No wonder we as homeopaths continue this debate today, both with ourselves and each other.

The further Hahnemann investigated dynamisation, dilution, and long intervals between small doses, the more he found that, "the essential material had to yield more and more ground and the purely spiritual (dynamic) came more and more into the forefront." His work began utilizing extremely high dilutions, "such as cannot be perceived by the senses or determined by science," In potentizing remedies, Hahnemann spoke of the process of potentizing as the process to "liberate the medicinal power from its material bonds." The spirit-like, energetic force he found in man was also found in plants and minerals, and released by the power of succussion and dilution.

According to his biographer, Richard Haehl, "The reformer and research worker, who had at first proceeded on purely scientific lines, starting always

from experiences and constructing on them his new theory of healing, had become in the eighth and ninth decades of his life, a mystic devotee in the province of religion."

"With all this, he rejected materialism equally as an outlook on life and as a foundation of his new theory. "

Yet, despite his understanding of the animating power of the remedies, the disease state and health itself, Hahnemann never lost touch with facts and truth. He denounced those who would not look truth squarely in the face. Hahnemann stated that, "his transformation of medicine would not have had so severe a struggle if the philosophers of his generation had not been such imaginative mystics and disregarded the facts of experience."[1]

As practitioners today, how do we balance between immaterial doses and the material facts of healing? Gently.

Yet, we cannot lose touch with what is true and what is real. We cannot become poetic and lose track of the true reporting of accurate results. When Hahnemann talks about disregarding the facts of experience, this is, for me, a warning. We have all seen the effects when homeopaths lose objectivity: in deciding which cases are "cured", in conducting provings, in deciding the efficacy of the Doctrine of Signatures.

We have all seen invalid information and emotionalism override the good work of scientific fact measurement. We have all seen, and possibly made, poetic prescriptions, based on some theory or other, and found the results not up to snuff. On the other hand, many of us have taken a leap of faith and found remarkable results. Self-watchfulness and honest introspection is a continual calling card. We must be mindful to always tell the truth, to see the truth, and report the truth.

But, the fact remains, that homeopathy has an immaterial element. To practice homeopathy is to delve into a subterranean realm, a realm of great sensitivity, where insight and extensive listening on a profound channel leading to a remedy correctly selected, can bring about physical changes so profound as to confound logic.

Anyone who studies human anatomy can only deduce that we were created by some kind of cosmic design. The human brain alone is cause for contemplation. Loren Eisley, humanistic philosopher, states that if anyone can explain to him how the human brain evolved from one, single cell, he will spend the rest of his money hiring a sky writer to draw exclamation points in the sky. We are a miracle. To restore health is a miracle. And we get to travel this alchemical highway every day.

Can homeopathy develop a person's inner self? I think so. I have seen homeopathy change people's lives. I have seen them make decisions to marry, to procreate, to deal with the death of a loved one. Certainly, these are spiritual aspects of human life. And homeopathy touches them all.

We are asked, as homeopaths, to delve into the deepest recesses of a person's subconscious. Certainly treatment is available to the patient or practitioner who asks what time of day do you wake and what temperature

do you like your liquid refreshment. But homeopathy offers much more. Our rubrics suggest words like "Praying quietly for her soul", implying that there is something we can look for, prescribe on, diagnose and treat.

Empiric certainty? Scientific exactitude? Or Life force? Dynamism?

Health is freedom.

My own personal philosophy believes that emotional freedom is a great part of the physical dilemma. I believe that much physical pathology is created in the mind, and by liberating the subconscious, the imbalances in the physical will evaporate. By turning to the light, we turn off the darkness.

If there is one creator, and all He/She/It creates is good, then what is disease? Disease, pain and suffering are part of the material aspect of living. When we are born, we begin the onward march to our physical deaths. This is inevitable, yet what are the goal posts along the way? The quality of our life, the manner in which we live our lives, the freedom we have from physical infirmary, decide if we fulfill our capacity to the best of our ability, and here it is that homeopathy has its finest hour.

Homeopathy liberates the deepest elements of our being. We know this because we see an essential change that effects the person entirely; not just the clearing of eczema, but the ability to make amends with family, to decide to marry, to resolve a grief. Homeopathy touches the creative force, that same spark that from the moment of conception draws to the developing embryo the elements necessary for human life. It is this life principle itself, as it exists within the individual, that is the very entity that I believe is effected by homeopathic remedies.

When we deal with miasms, we are dealing with ancestors long gone, who have left their imprint through their DNA and their disease history on a new generation. We are treating the tuberculosis in a grandparent, the scabies from ancestors whose names have long been forgotten. And we are curing them. Is this not a spiritual feat?

Homeopathy is a miracle. And homeopathy is a science. Homeopathy is measurable. Homeopathy is imponderable. Aude sapere.

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[1] Haehl, Richard MD, *Samuel Hahnemann: His Life and Work*, B. Jain Publishers, 1992

MASSIMO

Krista Heron ND, DHANP

Every Fall and Spring I look forward to traveling to a quaint village called Still River, one hour outside of Boston. In this little hamlet resides the Saint Benedict Abbey, the location for seminars taught by Massimo Mangialavori and organized by NEHA – the New England Homeopathic Academy. Beautiful pastures and wooded hillsides, as well as Nature Conservancy land bearing trails along the Still River, surround the Abbey. A few wooden buildings house the monks and seminar residents and a large hall with huge windows that look out over the hills, is where we gather to study and eat.

Massimo has been teaching at the Abbey since at least March 1999 traveling a few times each year from his home in Italy. In May of 2002 he began a more formalized school so that he could teach a body of work that explored remedies from the perspective of human development. Each session meets for seven days, Sunday through Saturday, generally from nine until six each day. We take Wednesday afternoon off for a break allowing some wonderful time to travel into the city, or wander the countryside.

We began the course in the Spring of 2002 with the theme "Remaining in a Safe Place" examining remedies from the sea and water, including the Calcareas (oyser shell) and the Natrums (sea salt). The next Fall we considered the concept of "Unreliable Support" in order to understand how the human family structure can be a determinant in the development of strategies for the patient. Here we examined remedies in the Silica, Magnesium and Carbonicum families. Next we spent a week looking at the theme "Knowledge, Seduction and Forsakenness." This session explored the snake remedies and the Zincums, as Massimo sees similarities between these two families. In the fall of 2003 we spent a week with the Kalis and Ammoniums under the theme of "Identification with Society." These are remedies whose strategic posture is directly expressed in their relationship to social structures. The Kalis feel a need to be "in" society and so they conform to rules, while the Ammoniums feel "outside" of society often because of their bitter or rancorous behavior. Most recently we studied the parasites, insects, spiders and milk remedies under the seminar title "Identity and Individualism." These remedies share a common

theme of individuation or development of the self. We see in the insects an early break from the family with a need to grow up or differentiate from the family quickly, whereas the milk remedies often struggle with independence, preferring to remain dependent despite family relationships that may not be nurturing.

The next three seminars to be held are titled, "Precious and Base Metals with an Alchemical View" – examining remedies such as *Aurum*, *Argentum*, *Plumbum* and *Stannum*, "Nightmare between Life and Death" – examining the Solanaceae remedies, and lastly "Drugs and Amphetamine-like Remedies – exploring remedies such as *Ether*, *Agaricus*, *Coca*, *Convolvulvus* and *Piper methysticum*. After these three weeks there are possibilities of seminars on many other topics such as the *Rosaceae*, *Liliaceae*, Conifers, and *Compositae* to name a few. This course is still open to new students. One may attend either a single seminar or the remainder of the course. If you are interested contact Betty Wood at NEHA at 24 Minot Avenue, Acton, Ma 101720, phone (978) 635-0605 or email bwood@igc.org.

I have studied with Massimo since the summer of 1996 . I first heard him speak at the IFH conference in Seattle. After the conference he gave a short seminar on insect remedies. Soon I was attending a seminar three times a year amassing nearly 30 seminars in these past 8 years. What can I say? I am a fan. I have studied with many wonderful homeopaths these past twenty years but at some point one finds a teacher who speaks a similar language and who looks at the world in a similar way. I have found this in Massimo. His integrity, humor and depth of understanding of homeopathy, as well as psychology and the natural sciences, broaden his teaching

Massimo teaches from his experience and his cured cases. He only presents cases that have a minimum of two years follow up - the remedy acting both constitutionally as well as acutely. He commonly presents two cases for each remedy examined, comparing the two cases, discussing what is shared between them and what is common to the family as a whole. In this way he builds an understanding of the family themes as a whole while individuating the remedies within the family.

In addition to teaching Materia Medica Massimo teaches case analysis and methodology. Foremost to making a correct prescription is to understand what is essential in the patient and what is essential to the remedy. Massimo says our main goal is to try to understand the strategies in the patient that have been present through out their life, particularly those that are related to the basic needs of the system and the patient's essential themes. He is very respectful of the patient's choices, seeing their strategies as means they use to live in their world. His intention is to enlarge their world, to help them look and live from a larger point of view, as well as to

free them from their limiting physical symptoms.

There is much to learn in our profession and the joy of study and of practice is one of the great pleasures of my life. I feel this is true for Massimo as well. He enjoys the discovery of the patient, the remedy and the substance. All these things together make for a very interesting teacher and very interesting seminars.

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WE NEED A REMEDY

Jennifer Smith ND, DHANP
&
Carol A. Jensen, M.Ed., R.N.

My heart pounded as I sat on the stand looking out over the courtroom. I focused on my breath to try and calm myself, but much of my attention was pulled to the jurors seated to my left, just within my peripheral vision. I tried to answer assuredly the questions directed at me from the prosecuting attorney. I wondered how many people in the room understood and had experience with homeopathy, or any type of energy medicine for that matter. I felt myself sink further in my chair as the prosecutor attempted to turn me into someone practicing witchcraft or voodoo. I was blamed for my patient's death, even though I knew that taking the remedy the day before he died was just coincidence. The remedy did not kill him. The man had suffered for months, and had been advised by his doctors to get his affairs in order. The prosecution wanted someone to blame, anyone. But I know that my patient would have died with or without the remedy, but the allopathic community jumped on this coincidental act of fate to try again to bring homeopathy to its demise.

Okay, this really didn't happen to me. But I have thought about this scenario at least twice in my career, and if we look at history it could happen to one or many of us.

The time we live in now is like no other time in history. With technology, and other discoveries and developments, we have accelerated many aspects of our lives. While many of these changes have given us exciting opportunities for growth, they have also catapulted us into uncharted territory. The current "growing pains" that we are experiencing affect every facet of our lives. How does this affect the practice of homeopathy?

The practice of how we do homeopathy has remained steady. Each of us may follow a little different technique in discovering appropriate remedies for patients, but overall homeopathy is a "tried and true" practice that we have come to rely on. The basic laws written by Hahnemann in the Organon of Medicine are as true for us today as when he wrote them in 1810.

What has not held steady within the practice of homeopathy is the

acceptance or non-acceptance of it as a legitimate medical practice. In the United States today, we are seeing a resurgence of homeopathy. It is a critical time for us, as practitioners, to take our place in today's health care system.

It is interesting that in the infancy of this new century, we are at a precipice with homeopathy that very much resembles where we were in the past. We have all heard that history repeats itself. Maybe by educating ourselves a little more about the history of homeopathy we will avoid the same mistakes we made long ago when we were at similar junctures.

The intention of this article is to reflect on historical information, and pose questions to help us as homeopaths to make better informed choices in our day to day decisions, so that instead of repeating history we step with progress as smarter and wiser homeopaths.

We experienced some good times in our past and often we were in very good company. For example, during the time Abraham Lincoln was a lawyer, he prepared a proposal to establish a homeopathic college. He stood up against a lot of opposition from medical practitioners and drafted the charter for the college. He, along with others, lobbied that charter and got it approved by legislation. In 1871 homeopaths earned four times more than allopathic physicians.[1]

History shows us though that even when there were twenty-two homeopathic schools, over one hundred homeopathic hospitals, one thousand homeopathic pharmacies, and fifteen percent of all American physicians were practicing homeopathy it still almost was completely wiped out.[2] We need to take steps that ensure we don't make the same mistakes we did in the past.[3]

It seems that in very recent years we have taken a quantum leap with homeopathy, with some of our homeopathic leaders taking the reins and leading us into the knowledge of new remedies and systems. Yet we are faced with situations and prejudices that so closely resemble the past that we can't ignore them.

Consider, for example, the renowned Oliver Wendell Holmes and the provocative Stephen Barrett. Holmes was a physician, poet and medical educator. He wrote a classic in 1842 entitled, *Homeopathy and Its Kindred Delusions*.[4] Barrett is a physician, creator of Quackwatch and the author of *Homeopathy: the Ultimate Fake*. It is interesting to note that when Holmes presented his writings to the Boston Society for the Diffusion of Useful Knowledge, Hahnemann was eighty-seven years old and living in Paris. When Barrett wrote The Ultimate Fake, Hahnemann had been buried for 150 years.[5] Yet their writings are eerily similar.

In regard to dilution, Holmes wrote… "For the fourth dilution it would take 10,000 pints or more than 1000 gallons, and so on to the ninth dilution, which would take ten billion gallons, which computed would fill the basin of Lake Agnano, a body of water two miles in circumference. The twelfth dilution would of course fill a million such lakes. By the time the seventeenth degree of dilution should be reached, the alcohol required would equal in quantity the waters of ten thousand Adriatic seas. Trifling errors must be expected, but they are as likely to be on one side as the other, and any little matter like Lake Superior or the Caspian would be but a drop in the bucket."[6]

Barrett used a similar illustration to discuss dilution… "Assuming that a cubic centimeter of water contains fifteen drops, this number is greater than the number of drops of water that would fill a container more than fifty times the size of the Earth. Imagine placing a drop of red dye into such a container so that it disperses evenly. Homeopathy's 'law of infinitesimals' is the equivalent of saying that any drop of water subsequently removed from that container will possess an essence of redness." [7]

Holmes and Barrett were not the only ones with a predilection for water references. Dr. Worthington Hooker wrote the following poem that was published in the United States Magazine and Democratic Review in 1851.

Take a little rum,
the less you take the better;
Pour it in the lakes
of Wener and of Wetter.
Dip a spoonful out,
mind you don't get groggy;
Pour it in the lake
Winnipissiogee.

Stir the mixture well,
lest it prove inferior;
Then put half a drop
into Lake Superior.

Every other day,
take a drop of water;
You'll be better soon,
or at least you ought to. [8]

Another interesting similarity between the writings of these two foes of homeopathy is in regards to provings.

Holmes: " An itching, tickling sensation at the outer edge or the palm of the left hand, which obliges the person to scratch". The medicine was acetate of lime, and as the action of the globule taken is said to last twenty-eight days you may judge how many such symptoms as the last might be supposed to happen. I might extend this catalogue almost indefinitely. I have not cited these specimens with any view to exciting a sense of the ridiculous, which many others of those mentioned would not fail to do, but to show that the common accidents of sensation, the little bodily inconveniences to which all of us are subject, are seriously and systematically ascribed to whatever medicine may have been exhibited, even in the minute doses I have mentioned, whole days, or weeks previously."[9]

Barrett: "The typical '*Pulsatilla*' is a young woman, with blond or light-brown hair, blue eyes, and delicate complexion, who is gentle, fearful romantic, emotional and friendly but shy. The '*Nux Vomica*' is said to be aggressive, bellicose, ambitious, and hyperactive. And so on. Does this sound to you like a rational basis for diagnosis and treatment? …"[10] It is apparent in these and many other writings that we homeopaths are met with the same ridicule of our practice today as we were over 150 years ago.

Albert Einstein said that it is harder to crack a prejudice than an atom.[11] The prejudice towards homeopathy is palpable in the writings of both Holmes and Barrett. One doesn't have to delve far into homeopathy before encountering the prejudice against it. The prejudices are the same currently as in the day of Hahnemann.

Einstein said its "harder to crack". He did not say impossible. History shows us that we haven't gotten very far with changing the prejudices that often limit the practice of homeopathy in America. Maybe the prejudices will always exist, but we homeopaths can not allow it to stop us from providing a service that we know greatly enhances the quality of a person's life. How can we avoid being like that fictitious homeopath, fearful under the thumb of the ill-informed prosecutor?

Indira Ghandi said "the power to question is the basis of all human progress". We obviously don't have all of the answers in dealing with those prejudices that may create certain limitations in the way we practice. However, if we start formulating questions, maybe these questions can lead us to a new direction of thinking so that future generations are not reading the same things that Holmes and Barrett wrote with the only change being a new author.

It has been said that a well formulated question can often give you half of the answer. So what kinds of things do we need to be thinking about to

expand the profession of homeopathy?

Albert Einstein said, “The world we have made as a result of the level of thinking we have done thus far creates problems we cannot solve at the same level of thinking we were at when we created them”. [12] We could say that we as homeopaths aren’t the ones creating the problems for ourselves. After all, it isn’t us who refuse ourselves insurance coverage or hospital privileges in this country. However, if we refuse to take the responsibility for creating our problems, we also refuse the power to change them.

We are being faced with some pretty big challenges right now. Only recently, several states within the United States have tried to pass bills making it a felony to practice homeopathy in those states. We need to do all that we can now to evolve the practice of homeopathy.

So how do we begin to problem solve? What if, instead of focusing on each problem we put all of our energy into focusing on what it is we really want? That brings us to another question. What is it that we really want? What do each of us individually and collectively as homeopaths want for ourselves and for our profession? What would happen if we clearly defined our goals with a complete and total expectation of achieving them? What if we take all focus off of obstacles and put the focus on the picture we would like to be a part of in our future?

We can step out of an old paradigm and make it mean something different than it ever has to be a homeopath. The potential for homeopathy is great, probably greater than at any other time in history. Its future is in the hands of every practitioner who is practicing at this time.

It seems that we are being asked by the prevailing medical establishment in this country to either give up this “nonsense” that we practice, or prove exactly how it is that homeopathy works, by providing ,not anecdotal data, but replicated double blind studies.

We homeopaths are very aware of the problems we face with these demands. Given that none of us are too willing to give up the practice of homeopathy we are left with proving it. As far as double blind studies go, I do that all the time, don’t you? The patient doesn’t know what the remedy is, and neither do I.

Can we afford to spend time and energy trying to enter into a paradigm that does not really fit what we do, just so we have the right to practice homeopathy in this country? This seems like a step backwards. We know that we don’t want to repeat our history. If we put our energy together in a powerful step forward what would it look like? How do we do it?

We can begin by identifying our strengths. Many us of are visionaries or we wouldn't have ended up in this profession in the first place. We may have chosen the more conventional medical practices instead. This is a valuable asset that we need to learn to use well.

As to "how we do it", these authors don't have the answers, but would like to share a few thoughts in hopes that it will encourage future dialogue regarding this question. We first want the reader to consider a slight shift in perception to begin to step out of the old and into the new. Consider the following:

You don't choose homeopathy, it chooses you.

How do we know this? Have you ever tried quitting? Mark Twain quipped, "Quitting smoking is easy. I ought to know. I have done it a hundred times." Quitting, or thinking of quitting homeopathy is easy, it's the 'staying quit' that is difficult.

Homeopathy chooses you. You can't get away from it. Be honest with yourself, can you walk past a disheveled, screaming street-corner preacher and not think; "is that *Hyocyamus*, or is it *Stramonium*? Do you find yourself in the middle of a heated argument with a loved one, and think in rubrics! ("You censorious, intolerant of contradiction, haughty, childish behavior …person!") Do you hesitate every single time you are offered anything with mint? Do you talk back to television ads that promote liver damaging, migraine producing medication that will take away a nail fungus?

We may be able to save ourselves a lot of time and energy if we just "surrender"; surrender to a destiny of infinitesimal doses. Once we have done this, we may find our own core commitment to this profession, and as we do we will naturally be drawn together into our next steps, collectively. We can hold big pictures of what this will look like.

One of the author's pictures is that on one lazy Sunday morning she is drinking a cup of coff…um, mild herbal tea, and working the New York Times crossword puzzle. Six down says, "a common remedy for a tearful, blue eyed blonde". She takes another sip as she fills in the squares, and finds that *Pulsatilla* fits perfectly. Later that day she flips on the television and sees that a medication for nail fungus is being taken off the market, call (1-800-I told you so) for more information. This ad is followed by an ad with a homeopath walking along a brook in the forest, surrounded by beautiful plants, trees, rocks and animals. "It is all here to serve us, call (1-800-the best care) to find out how."

We all have particular strengths and weaknesses within ourselves, so it

is only natural that these show up in every aspect of our lives, including our practice of homeopathy. Some of us are good at policy making, or conducting research, others at teaching or conducting the proving of new remedies. You may have heard the saying, "what is easy for you is right for you." We can start there, by giving a little thought to what we each have to offer and giving **that** to the profession. If homeopathy has found a place in your life, then you are a unique piece of the big jigsaw puzzle we are putting together that creates a new picture for a new millennium. Together let's find our place within this picture and turn the page and leave our history just as that, history!

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MIASMS: THE I.C.R. VIEW

Jim Veljanovski

Morrison has attempted to clarify Hahnemann's theory of miasms through reviewing the history and current trends in thought on this controversial subject (SIMILLIMUM Fall 2004, 42-56). There was, however, an omission from the section relating to contemporary views on Hahnemann's theory of Chronic disease.

In 1978, the Institute of Clinical Research (I.C.R.) in Mumbai held a symposium that introduced a breakthrough in understanding Hahnemann's theory of miasmatic disease (Dhawale, 1978). One seminal paper by Kasad entitled *Disease (natural and drug): A Phenomenological Approach* (1978) gives a detailed outline. Dhawale produced a follow-up paper in 1994. The proceedings from this symposium were later published by the I.C.R., though in limited circulation throughout the international homoeopathic community and are now distributed through B. Jain Publishers. The present paper attempts to define this approach to miasms.

Introduction (Kasad 1978)

The aim of case taking is to define the totality before the physician. By and large the features that attract our attention are what we sense as characteristic. Noting these down as symptoms, we then duly prescribe.

Any object, which also pertains to the patient, can be understood in terms of three basic attributes:
1) FORM: This is what we perceive and is highly changeable.
2) FUNCTION: The manner in which the object interacts with the environment for survival.
3) STRUCTURE: The object's internal organization.

The structure of an object determines the way it can function as well as its perceptible form. This is a dynamic system that is in constant change and this change is a function of time.

Miasmatic theory of disease is the understanding the various forms that indicate the progression from health to diathesis and then disease, from structural changes to functional alterations and finally death as an evolutionary temporal process.

Hahnemann

Samuel Hahnemann died in 1843 in Paris. In the 1830's the normal structure of cells was a mystery while the concept of an abnormal cell not contemplated. (Bracegirdle 1993, 104) It appears that Hahnemann just missed a huge breakthrough in Western medical science; the widespread use of the microscope in the study of histology and microbiology. Though this became fairly widespread by the 1830's, study into the cellular basis of pathology promulgated by Virchow did not occur until the late 1850's. (Maulitz 1993, 179)

Nevertheless, Hahnemann predicted micro-organisms as causative agents of infectious disease. Furthermore he has also made an attempt to incorporate hereditary factors in chronic disease by looking carefully at family history.

Hahnemann's research, leading to the theory of miasms, was inspired by his attempt to understand the state that we term reaction poor, i.e., well indicated medicine fails to act. Out of this came a new theory of chronic disease and new group of remedies.

Disease (Dhawale 1994)

The disease response can be looked upon as a failure of adaptation on the part of the host. However, it is also the best possible adaptation by the host to the environmental circumstance at that time, though of a deleterious manner. Initially, there is a continually changing picture. The host launches a range of "finding operations", looking for the best possible stance it should adopt (changes in function and form). When this is found the host decides to take a firm stand for as long as it deems to be advantaged. Any further deterioration (disease) is evidence of dislodgment to a more disadvantageous position, though it is still the best available at that point in time. Each "posture" allow us to determine the type of remedial help the host needs: the totality of their movement.

The Four Miasms

The I.C.R. drew from the research on stress by Hans Selye (Dixit, personal communication with the author). According to Selye's Stress Reaction Theory (1956), a great variety of harmful and threatening situations or stressors – including infectious agents, toxic substances, physical trauma, extreme temperature conditions, fatigue, emotional circumstances - result in a set of rather stereotyped reactions: *the general adaptation syndrome*. It consists of three stages.

1) *The Alarm Reaction Stage*: The body overproduces adrenal hormones to help the body cope with the effects of the stressor till homeostasis is reached.
2) *The Resistance Stage*: The biological changes allow for a new level of

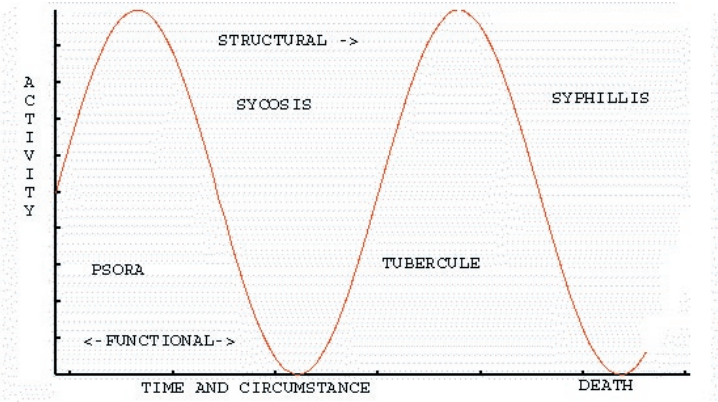
physiological balance

3) *The Exhaustion Stage*: Prolonged exposure and maladaptive resistance, bodily recourses depleted, death ensues.

These three stages bear resemblance to the three stages of miasmatic evolution with psora as stage one, sycosis as stage two and syphilis as stage three.

The tubercular miasm holds an intermediary position between sycosis and syphilis. Allen termed this miasm pseudo-psora or heightened psora, (Allen, 1983) we thus observe in the tubercular miasm both elements of psora and syphilis.

The following table expresses miasmatic evolution:



There are thus both similarities and dissimilarities of the miasms with respect to their activity index.

Kasad (1978) gives an elaborate description of the four individual miasms. Aggarwal has also attempted to briefly list the features of the miasms along with rubrics and appropriate remedies (1990 part 2). Kasad's assessment is summarised as follows:

PSORA

Psora is characterised by intense activity/ re-activity of the system at all levels and in all areas. There is a shift in favour of sympathetic nervous system tone. The psoric category exhibits symptoms that are highly reactive, idiosyncratic, with characteristic modalities and concomitants, "sensations as if", sharp swings and oscillations, simple inflammatory processes resolve without suppuration. Predominantly the mind along with skin and mucous membranes are affected. However when these peripheral

expressions are blocked through suppressive measures internalization to more vital organs occurs, changes are predominantly functional, any structural changes are reversible.

Psoric hypersensitivity is basically responsible for individualizing features: Cravings, aversions, concomitants and reactions to environmental circumstances. Such psoric symptoms have a tendency to lessen as disease advances to structural changes in sycosis, tubercule and syphilis.

As Selye observed in the *alarm reaction phase*, such a high level of activity cannot be maintained indefinitely, there is a resultant slowing down of activity, with the state of exhaustion. The psoric patient slips into sycosis.

SYCOSIS

Since heightened activity had failed to restore balance in the psoric response, biological intelligence attempts to cope by swinging to the opposite direction of inactivity. Controls are however weaker, leading to inappropriate, inefficient and aberrant (auto) immune responses, along with inflammatory responses such as rheumatic fever.

Features include: slowness, dullness at all levels of intellect, emotions and body, inertia accelerated by an increased parasympathetic nervous system.

Mentally, we see dullness in perception and thinking due to slow registration of sensory inputs from the environment. This leads to aberrations in thinking as evidenced by paranoid states, anxiety, hallucinations, illusions, anger followed by "guilt". This poverty of discrimination renders the sycotic patient susceptible to envy, jealousy, suspicion and hate.

Physically, we observe increased anabolic processes and a decrease in catabolism; a reduction in overall turnover: retention of sodium and water (hydrogeniod constitution), obesity, thick skin, hypertrophy of tissues and organs (simple tumors), accumulation of oxalates, phosphates, calcium, cholesterol with resultant pathologies, spasms and cramps worse from cold, damp weather and rest.

TUBERCULE

The indolent sycotic system makes a last ditch effort to survive and return to normalcy. There is a forced mobilization despite poor resources and in the face of odds.

There is similarity to psora as far as activity level goes, with over stimulated sympathetic responses, this phase having been described as "heightened psora" by Allen (1983). However in the course of time debility

sets in at all levels. Other types of tubercular response are: hyper-dynamic, changeable and alternating in relation to emotions, drives, endocrine system including sex and sexual indulgence.

Mentally, we find extreme hypersensitivity with an alert system, giving rise to acute, quick responsiveness (as in psora). Active thinking to the point of precocity and clairvoyance. However, drive and motivation are poor, the heightened imagination, desires and strong attachments mean that frustration sets in due to the short fall in results attained.

Physically, there is increased catabolism and decreased anabolism, poor assimilation, debilitating night sweats, emaciation with ravenous appetite, diabetic syndrome, skin cracks and fissures, inflammation leading to suppuration, loss of elastic tissue with subsequent prolapse. Immune system stimulation results in induration of glands, vulnerability to infections (bacterial, viral and parasitic), with tardy convalescence, easy suppuration, healing through fibrosis, scar formation and bleeding.

Structural pathology resembling that of the tubercular inflammatory response is also associated with this miasm.

SYPHILITIC

The final (exhaustion*)* phase of syphilis is characterised by destruction at all levels with a split response:

A) Active destructive/ulcerative type and
B) Passive degenerative

It is important not to confuse clinical syphilis with syphilitic miasm, even though *Treponema pallidum* could be regarded as one of the commonest accelerator's of syphilitic miasm expression. Syphilitic expression includes:
miscarriages, stillbirth, foetal malformations and congenital anomalies, toxemia of pregnancy, ectopic organs and tissues.

Violent responses are a hallmark. Progressive loss of values of life results in becoming prey to base elements, expressed as anger, hatred, jealousy, suspicion leading to paranoid traits, unto violent acts of destruction of objects, others and self.

Physically, we see squamous eruptions, cracks, fissures, ulceration, acridity, phagaedena, gangrene, allopecia, loss of elastic tissue, necrosis of bone and cartilage, inflammation that leads to induration without suppuration, degenerative bone osteophytes, bone pains < at night > by cold.
Ulceration heals through fibrosis resulting in scarring; deep, deformed and disfiguring. Ischemic states lead to degeneration and atrophy of cells.

These responses represent the final stage of exhaustion of all resources.

Miasmatic utility

From understanding the above we can see that both natural and drug disease can potentially progress through all the miasms. All medicines in the *materia medica* express peculiar and characteristic symptoms as expressed in psora, some medicines such as *Lycopodium* have an even spread, whereas other medicines like *Calcarea phosphorica* are strongly but not singularly, tubercular. It is possible to classify all the symptoms of a drug one by one according to the criteria of each of the four miasms and arrive at an assessment of its miasmatic potentials. Kasad (1984, 106) had illustrated this with the physical generals of *Sepia*.

This form of classification may give an answer to the confusion as to why different authors classify various homoeopathic medicines into different miasms as Morrison illustrates (2004, 47-8).

Likewise, natural diseases as described in clinical pathology can be classified similarly, allowing the physician to be prepared with an appropriate armamentum. This is not fool proof, as the nature of the individual response at that time will determine the *presenting* miasm. The miasmatic features presenting at any one time may vary from those that would be expected from past and family history. At this juncture, previous treatment tackling tubercular features would be suspended and anti-sycotic measures instigated.

When dealing with chronic disease, one cannot ignore the *fundamental* miasm (as assessed from past and family history), as it will certainly have its influence on the progression of the disease. For example, in comparing the treatment of psoric and tubercular urinary tract infections; psoric will tend to be acute, explosive, of shorter duration, relatively predictable in response. The tubercular may be progressive and ascend to the kidneys, or be apparently silent, with no symptoms but underlying infection remains for a prolonged duration. The response to treatment is less predictable.

As mentioned above, Hahnemann developed his theory of chronic disease in an effort to manage poor reaction. One of the more difficult types of cases to treat with homoeopathic medicines are those Hahnemann termed "one-sided diseases" (1990, 172-184). A clear exposition on the utility of miasmatic treatment of poor symptomatology, has been demonstrated by Dixit (1984). This fundamental clinical research, (unfortunately rarely referenced) found success in treating leprosy by first treating the presenting miasm with appropriate anti-miasmatic remedy.

Dixit found all cases of Leprosy presented with *fundamental* (past and

family history) tubercular miasm while the presenting miasmatic features were syphilitic in most cases and tubercular in neural leprosy cases. The patients had a submersion of characteristic symptoms making constitutional simillimum selection difficult. Even where past symptoms indicated the appropriate constitutional medicine, this medicine failed to act. The approach taken was to give repeated doses of the indicated anti-syphilitic medicines in addition to an anti-tubercular nosode to the point where new symptoms would begin to emerge. Often these new emerging symptoms were those of the original constitutional medicine as described from their anamnesis. Only at this point were these cases responding to constitutional medicine.

This research has demonstrated that reaction poor and one-sided diseases have a solution. Indeed one can pre-empt the development of poor reaction states. Even everyday cases that have low susceptibility (Close 1982, 76-86) can be approached with confidence. A case presented by Dixit illustrates the point:

A young Indian boy presented with moderate to severe asthma and allopecia totalis. Acute medicines *Arsenicum album* and *Antimonium tartaricum* were somewhat useful, though there were still relapses, occasionally to the point of requiring hospitalisation. The indicated constitutional medicine, *Calcarea iodatum* was ineffective. The case was reassessed from a miasmatic perspective. Tubercular miasm was found to be presenting, *Baccillinum* 200 on a weekly basis with *Antimonium arsenicum* 200 (chilly *Antimonium tart*. case) was used as acute. Attacks subsided dramatically and hair growth was restored over six months. The constitutional medicine, *Calcarea iod*., would only be prescribed when susceptibility increases, allowing for clear symptoms of the constitutional medicine to emerge.

Conclusion

We can regard the theory of miasms as Hahnemann's scientific approach to the classification of chronic diseases (as illustrated by Roberts, 1942) to facilitate homoeopathic prescribing. Miasms, from that point of view, are just figments of imaginations; they are not real, since they cannot be demonstrated in a patient; *miasms are inferential*, they owe their existence to our acceptance of a theoretical explanation of a certain phenomena, which are observable and hence real. *The symptoms are real, their miasmatic interpretation, theoretical* (Dhawale 1994).

Using this method; miasm theory becomes an integral part of every prescription, a real aid at the bedside, not merely a theoretically confusing concept.

The I.C.R. have not been forthcoming in spreading their work on the seminar circuit internationally or in common homoeopathic journals, their web site provides some information regarding their activities: http://www.mldtrust.com

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