

HOMEOPATHY

MEDICINE FOR THE NEW MILLENNIUM

A complete introduction to the
revolutionary natural healing
system whose time has come

George
Vithoulkas

AWARDED THE
ALTERNATIVE
NOBEL PRIZE
FOR HEALTH 1996

**NEW Expanded
Edition**

HOMEOPATHY

Medicine for the New Millennium

Describes the foundations upon which this
seemingly miraculous method is built

By the same author:

The Science of Homeopathy

The Essence of Materia Medica

A New Model for Health and Disease

Materia Medica Viva (work in progress)

Talks on Classical Homeopathy

The Bern Seminar 1987

The Celle Seminars

Homeopathic Conference Esalen 1980

About the Author

George Vithoukas was born in Athens in 1932. He has been practising and teaching classical homeopathy internationally for almost 40 years. In 1967 he started teaching Classical Homeopathy to his medical students in Athens. In 1970 he established the Centre of Homeopathic Medicine, the first educational body for teaching classical homeopathic medicine in Greece, known as the Athenian School of Homeopathic Medicine. In 1978 he started teaching international groups in Athens and the island of Alonissos, and finally in 1995 established the International Academy of Classical Homeopathy on Alonissos, where he runs courses in homeopathy attended by students from over 20 different countries. His four-year course in classical homeopathy is now taught through video in many countries.

Besides travelling extensively, giving seminars in Medical Schools and Homeopathic Associations all over the world, George has written several books which have become classics in the field of Homeopathy. At present he is writing his *Materia Medica Viva*, a voluminous work which is an ongoing project.

In 1996 his untiring endeavours to spread classical homeopathy were acknowledged internationally when he received the Alternative Nobel Prize for Health in the Swedish Parliament for his 'Outstanding contribution to the revival of classical homeopathy.'

In January 2000 George became Collaborating Professor in the Faculty of Medicine at the Basque University in Bilbao, Spain.

George and his wife live on the Greek island of Alonissos in the Aegean Sea.

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**Medicine
for the
New Millennium**

by
George Vithoulkas



The International Academy of Classical Homeopathy

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Foreword to the 26th Edition

More than thirty years have passed since I first wrote this little introductory book for the sake of the public who were interested to know the basic principles underlying the science of Homeopathy. At that time nobody could imagine that these advanced ideas - such as how a human being is diseased, and how the best way to recover his or her health can be found - would find such wide acceptance in a mechanistic medical world that believed entirely in material means and in the tangible.

To bring a new dimension into medical practice, that of 'energy medicine', was so heretical or suspicious at that time that I ran the danger of being excommunicated. But the thousands of doctors who surrounded me in order to hear and receive the new knowledge confirm my belief that medical thinking has entered a new epoch where the 'energy part' of the human being is a crucial element for the accomplishment of a real cure. Many conventional medical schools invited me to speak in order to hear these new ideas.

A lot of other events took place that also substantiated the belief that something new was coming up fast for the new millennium in the medical world. In 1996, I received the extraordinary distinction of being awarded, in the Swedish Parliament, the Alternative Nobel Prize for Health, an award that is given exclusively to people who have helped humanity to better living.

I could not believe that I had received such a distinction from the 'heart' of Sweden, a country that was always a pioneer in chemical drugs, since all my life I had been opposing the mechanistic way of treatment that was implemented with such chemical drugs; my theories have been considered all along not only revolutionary but also dangerous for the pharmaceutical industry.

After such a distinction I was officially invited to visit the European Parliament and meet the President, the Minister of Health and Environment, as well as the allotted group of members from the Parliament that were studying opportunities for alternative medicine.

I think that my intervention resulted in the passing of a positive directive for research in homeopathy and other alternative ways of treatment. But that was not all; the Council of Europe invited me in a special session to hear my ideas on how these new theories could best be implemented within the European Community.

What was really impressive was the wide acceptance of homeopathy on the part of the suffering peoples of Europe, America and Asia, who did not wait to hear the official reports that were rather slow in coming, but rushed to experience the new energy medicine, that had been there for two centuries and yet had been suppressed by the conventional medicine and health authorities of the Western countries. With this widespread acceptance my books were translated into more than twenty-five languages.

The teaching of groups of doctors from thirty countries which started in the small Greek island of Alonissos in the Aegean sea, back in the seventies, is today spreading like fire in the whole of Europe and soon, I hope, in the great continent of North America.

It finally seems to me that I was not wrong when 30 years ago I first thought that, after an adventure of two hundred years, the time for homeopathy had at last come to stay, in order to benefit suffering humanity.

George Vithoulkas

Alonissos, October 1999

Foreword to the First Edition

We are living in one of the most exciting periods in human history. Virtually every aspect of human life is undergoing radical conceptual change - science, politics, economics, ecology, theatre, music, etc. Such change even extends to the field of medicine. The objective materialistic view of the world is widening to include the energetic plane of existence. The concept of the whole man is replacing the previously fragmented view of the patient as a diagnostic entity. In the fields of holistic health, nutrition, acupuncture and related therapies, increasing trust is being placed on the healing forces of the individual, rather than on drugs.

This book by George Vithoukas represents the cutting edge of this movement in the field of medicine. Step by step, it takes us through uncanny discoveries which have led to the most effective curative system known to mankind. In contrast to the somewhat vague mysticism which inevitably characterises the early, stumbling steps towards true holistic medicine, Vithoukas' book demonstrates convincingly that homeopathy is a systematic science which correctly applies the laws of nature to stimulate the healing energies of the human being.

The respect that I have for the work of Vithoukas can best be illustrated by briefly describing my own story. From a young age, enamoured of the 'white coat' image of medicine, I decided to become a doctor. I finally succeeded,

graduating from Stanford Medical School, where I was steeped in the most solidly materialistic medical science.

After completing my training, I contemplated going into private practice, but my idealistic image of what medicine should be left me disappointed and frustrated with what I had learned. I turned to the holistic fields of nutrition, herbal medicine, acupuncture, chiropractic and polarity massage, but nowhere could I find a method that was systematic enough to deal with the deep chronic diseases which are the challenge of every physician. Finally, I received training in homeopathy and opened a private practice in Northern California.

The results I received through homeopathy were gratifying, but there were still many, many cases for which I myself knew I had inadequate knowledge to treat. It was at this time that I met George Vithoulkas. His analysis of some of my cases taught me quickly that in the hands of a true Master, homeopathy holds the answer for the vast majority of chronic disease sufferers.

I finally closed my practice in California and left my own teaching responsibilities in order to study with Vithoulkas full-time in Athens, Greece. I have never regretted this decision, for it has brought about the possibility of my delivering the precise, natural cure to my patients which is the goal of every conscientious physician the world over.

It may seem too good to be true, but humankind's centuries of searching for a non-toxic, truly curative medicine have

finally come to completion in the homeopathic system. The challenge we now face is to create a professional school in which the highest standard of homeopathic medicine can be taught with the dedicated strictness which is necessary.

In this landmark work, George Vithoulkas convincingly and concisely describes the basic foundations upon which this seemingly miraculous method is built.

Bill Gray, MD

COMING OF THE NEW MILLENNIUM

In recent years, a profound revolution in thinking about health and disease has emerged. Beginning with a thoughtful and well-informed public seeking more effective means of dealing with chronic diseases, it has come to influence the medical profession as well as policy-makers in government.

It is difficult to trace exactly where the roots of this line of thinking began in modern times. Historically, it stretches back to Hippocrates and before, but with the advent of technology and the strictly materialistic world-view, it became lost for a time. Its resurgence has been influenced by the growth of psychology, the Esalen-inspired view of the whole man, the re-awakening of spiritual and mystical consciousness and even the awareness of ecology. It is a revolution inspired by the high level of education achieved in modern times.

Arising from this trend are a variety of therapies, clinics, classes, seminars, publications, and businesses loosely described as the 'holistic health' movement. The basic concept is that each of us is an integrated whole. We are not fragmented into separate parts each carrying a specific ailment or diagnostic category. We cannot be divided by any belief, lifestyle, relationship or therapy without violating fundamental universal laws. Each of us is a unique individual,

whole and complete, functioning as a totality relative to the universe surrounding us. All states of health or disease must be viewed in this context. To the extent that we deviate from this perspective, we experience disharmony and disease. Conversely, the more we live within this principle, the more we enjoy a balanced state of harmony and vitality.

A second basic tenet of the holistic approach is that the most effective, indeed the only, way to cure illness is to increase the defence mechanism of the afflicted individual. There is a fundamental recognition that all living beings are animated by an 'inherent energy' (to be discussed in considerable detail later) which when disturbed leads to sickness, and when activated leads to health. This energy has yet to be scientifically isolated, observed or measured, but each of us is aware of it working within us.

We all have made the observation that some of our friends enjoy a higher degree of vitality than others. Each of us experiences fluctuations in energy from hour to hour and day to day; we tend to ascribe these changes to stresses, diet, sleep, etc. But, whatever the apparent 'cause', the *experience* is one of increasing or decreasing vital energy.

A holistic practitioner, then, helps the 'client' to identify the various aspects of his life which tend to enhance the natural processes, and which aspects tend to oppose them. Thus the primary responsibility for the recovery of his health is placed upon the shoulders of the client himself. In this context, symptoms are seen as attempts by the body to heal or to signal distress, and they are respected as such - in marked contrast to the standard medical approach in which symptoms are viewed as disturbances to be suppressed.

Let me discuss some of the principal holistic practices in order to clarify the setting in which homeopathy is to be seen. The first holistic approach to gain widespread public approval was nutrition. First popularised by the author Adelle Davis in the 1950's, good nutrition was quickly recognised as being fundamental to proper health. As awareness of the necessity for a proper balance of nutrients grew, the public began consulting their doctors for advice on diet and vitamins - only to discover that they knew more in this area than their physicians. This was the first major step in the gradual dissolution of the mystique surrounding medicine.

With time, the nutrition movement grew beyond the 'fad' stage inaugurated by Adelle Davis and returned to the type of nutrition upon which the human race had actually evolved. But two principles were emphasised: the provision of proper nutrients (primarily through grains, seeds, nuts, vegetables, and fruits) and the detoxification of the body by various means. Thus, the vital force is sustained by a proper balance of nutrients and simultaneously liberated from the burden of toxicity.

To nutrition and detoxification was added recognition of a third basic bodily need - exercise. Throughout evolution, until the last century or so, exercise has been a fundamental aspect of daily existence. In the last few years there has been a virtual explosion of interest in exercise, not only as a therapy, but also as a form of self discovery and sheer enjoyment. Nutrition and exercise are fine for maintaining health once achieved, but what of those in need of therapy?

A variety of techniques were either rediscovered or popularised: acupuncture, polarity massage, Lomi massage, reflexology, various movement and postural techniques,

chiropractic, osteopathy and others. With the availability of all of these techniques, people with chronic diseases gradually came to believe that the body's own natural healing processes could be nurtured unobstructed and re-balanced with definite benefit - and without the toxicity of drugs, radiation, or surgery.

Unfortunately, the initially high expectations held by chronic disease sufferers were frustrated in the end. Although the new techniques provided some degree of comfort, *cure* seemed to be no closer than with traditional medicine. To maintain benefit, the patient must continue with frequent treatments, often with diminishing or transient results. The new approaches were still merely *techniques*, without fundamental insights into the origins of chronic diseases and without solid principles on which to base the therapy.

It is in this context that large numbers of people have turned to the highly sophisticated science of homeopathy. In my experience of forty years of practice, it is perhaps the most effective natural therapeutic system against acute and chronic illness existing today. At last, the epitome of holistic medicine has been reached, and actual cure has become a reality rather than merely a dream.

SAMUEL HAHNEMANN and THE LAW OF SIMILARS

"The physician's highest and only calling is to restore health to the sick, which is called Healing"

- Samuel Hahnemann

Homeopathy is a highly systematic method of powerfully stimulating the body's vital force to cure illness. It is based on a few simple but profoundly insightful principles of Nature which are contrary to commonly held beliefs.

In all its ramifications, homeopathy is far too sophisticated a discipline to be learned in a few seminars, or by reading this book- The principles are simple in concept, but difficult to fully comprehend, and they require years of intensive training and experience to apply - as many, or more, years as in a standard medical school.

To properly introduce homeopathy, we must go back nearly 200 years and examine perhaps the most remarkable story in medical history, all encompassed in the life of one man. With time, I am certain that this man will rank as one of the greats in history, alongside such giants of discovery as Einstein, Newton, and Hippocrates. His insights have radically and permanently altered our perceptions of not only health and disease but also, like these men, the nature of existence itself.

For this reason, we shall trace the life and thought of this man in some detail as a means of explaining and clarifying the basic principles of homeopathy.

In 1810, a book entitled *Organon of the Art of Healing* was published in Torgaou, a small town in Germany. 'Organon' is a Greek word which signifies 'the means'. Its author, Samuel Hahnemann, was an extremely prominent physician and medical author of the time, so that the appearance of another book under his name generated automatic interest. However, once the book was read, the European medical community was thrown into an uproar, for it introduced an entirely new and radical system of medicine, one fundamentally opposed to the traditional medicine of the time.

Hahnemann called his new medicine homeopathy, a word taken from the Greek words *omeos*, meaning 'similar', and *pathos*, meaning 'suffering'. Thus, homeopathy means 'to treat with something that produces an effect similar to the suffering'. In his book, Hahnemann laid out the laws and principles of his science, gathered empirically over a period of 20 years. Briefly, Hahnemann claimed and showed that:

1. A medical cure is brought about in accordance with certain laws of healing that are in nature.
2. Nobody can cure outside these laws.
3. There are no diseases as such, **but only** diseased individuals.
4. An illness is always dynamic by nature, **so the** remedy too must therefore be in a dynamic state **if it is to** cure.
5. The patient needs only one particular remedy and no other at any given stage of the illness. Unless that certain

remedy is found, he or she is not cured but at best the condition is only temporarily relieved.

Because of its dramatically curative results, homeopathy was soon to win widespread approval throughout Europe and the world; but when Hahnemann's work was first published it met with the most bitter opposition from doctors who were still prescribing blood-letting, cathartics, and diaphoretics. Hahnemann was not discouraged; he was a brilliant individual and, as such, was used to being misunderstood.

His first biographer, Thomas Bradford, describes how Hahnemann's father used to lock his son up with what he called 'thinking exercises'¹ - problems the boy was required to solve himself. In this way, Hahnemann learned to develop the use of intuition and insight and to come to know the limitations of intellectual logic.

Clearly, Hahnemann was precocious at virtually everything he attempted. When he was twelve, his teacher had him teaching Greek to the other students. He put himself through university studies of chemistry and medicine by translating English books into German. He qualified as a physician from the University of Leipzig in 1779, and soon after began publishing a series of works on medicine and chemistry. In 1791, his research in chemistry earned him election to the Academy of Science in Mayence. His *Apothecary's Lexicon* became a standard textbook of the time, and he was chosen from all the physicians in Germany to standardise the German *Pharmacopoeia*.

Soon after graduating from medical school, Hahnemann married and had children. He now had a family, and his reputation in the fields of both chemistry and medicine was firmly established, yet he was dissatisfied. Hahnemann

dropped the practice of medicine, much to the dismay **of his** colleagues and friends. As he wrote to a friend,

I was agony for me to walk always in darkness, when **I** had to heal the sick, and to prescribe, according to such or such an hypothesis concerning diseases, substances which owed their place in the *Materia Medica* to an arbitrary decision... Soon after my marriage, I renounced the practice of medicine, that I might no longer incur the risk of doing injury, and I engaged exclusively in chemistry, and in literary occupations.

After he had become a father, when disease threatened his 'beloved children', he was still not swayed. In fact, as he wrote to the same friend, *'My scruples redoubled when I saw that I could afford them no certain relief.'* He continued translating medical works as a meagre means of supporting his family. He could have made a very comfortable living practicing medicine, but he preferred poverty to the necessity of conforming to a system *'whose errors and uncertainties disgusted me.'*

Hahnemann's active mind nevertheless remained curious, open and systematic. He relentlessly probed into the basic issues of health and disease. It was in this frame of mind that he stumbled onto the first fundamental principle of homeopathy. He was translating the *Materia Medica* (a compendium of the actions of therapeutic agents), written by Professor Cullen of London University. Cullen had devoted twenty pages of his book to the therapeutic indications of Peruvian Bark (a source of what is known today as quinine), attributing its success in the treatment of malaria to the fact that it was bitter. Hahnemann was so dissatisfied with this explanation that **he** did something **very** extraordinary: **he**

took a series of doses of Peruvian Bark himself! This was an action entirely unprecedented in the medical world of his time. It is not known to this day what prompted him to do such a thing, but his experiment led to an entirely new era of medicine. He describes the result as follows:

I took by way of experiment, twice a day, four drachms of good China. My feet, finger ends, etc., at first became cold; I grew languid and drowsy; then my heart began to palpitate, and my pulse grew hard and small; intolerable anxiety, trembling, prostration throughout all my limbs; then pulsation in my head, redness of my cheeks, thirst, and, in short, all these symptoms, which are ordinarily characteristic of intermittent fever, made their appearance, one after the other, yet without the peculiar chilly, shivering rigor.

Briefly, even those symptoms which are of regular occurrence and especially characteristic - as the stupidity of mind, the kind of rigidity in all the limbs, but above all the numb, disagreeable sensation, which seems to have its seat in the periosteum, over every bone in the body - all these make their appearance. This paroxysm lasted two or three hours each time, and recurred if I repeated this dose, not otherwise; I discontinued it, and was in good health.³

Imagine the astounding revelation that struck Hahnemann as a result of this experiment! The standard medical assumption had always been that if the body produces a symptom, a medicine must be given to relieve that symptom. This was so deeply ingrained that it had almost become an automatic reflex in the mind of doctor and patient. But here, in his own personal experience, Hahnemann found that a drug which

was known to be curative in malaria actually produces those very symptoms when given to a healthy person!

Many would simply have ignored such an observation as a mere exception. Hahnemann, however, was a true empirical scientist. To him, the observation itself was what counted - regardless of whether it fitted neatly into current dogma or not. He accepted the observation and went on to make further experiments which further proved this 'chance' observation as a fact of Nature: *A substance which produces symptoms in a healthy person cures those symptoms in a sick person.*

This discovery, as well as the fact that he was already very well known, attracted to Hahnemann a number of physicians who, like himself, were looking for the truth. They all started to experiment upon themselves by taking different drugs. They continued for six years and kept scrupulously detailed records of the symptoms produced on each of them by every drug they had taken.

During this time Hahnemann, who had access to a vast medical library and was fluent in Latin, Greek, Arabic, English and French, compiled an exhaustive list of accidental poisonings recorded by different doctors in different countries through centuries of medical history. The symptoms produced by poisons and those produced by experiments done upon Hahnemann's physician friends were gathered together in detailed volumes.

Hahnemann and his colleagues recognised in these symptom pictures the identical symptomatologies of many illnesses for which medical science had in vain been seeking cures. These medicines were then tried on patients who manifested similar symptoms, and the amazing discovery was made that

the drug actually cured so-called 'incurable' diseases when prescribed according to this principle. According to the law he had discovered, Hahnemann saw that every drug must necessarily cure the set of symptoms it produces in a healthy human organism.

The process by which Hahnemann and his colleagues experimentally produced the symptoms of a substance upon their healthy organisms he called 'proving'. Orthodox medicine (which homeopaths term 'allopathic', from '*alio*' meaning 'other') also has its process of proving drugs, but with the very important difference that it experiments upon animals.

Animals do not possess the power of speech. They cannot report the subtleties of alterations in mood of the different types of pain which can be described by human experimental subjects. In addition, the physiology of animals is considerably different from that of the human being. Hahnemann perceived clearly that any therapeutic system based upon animal experimentation must necessarily be limited. To construct a valid therapy, experimentation must be done within the same realms of physiology and awareness as the medicines will be called upon to act therapeutically. This principle is merely common sense, yet it was absolutely revolutionary in Hahnemann's time.

After several years of experimentation, Hahnemann returned to the practice of medicine, but now he was practising homeopathy. During a consultation, Hahnemann first noted down all the patient's symptoms, mental and physical; he then sought a homeopathic medicine that had produced similar symptoms in himself or one of his associates (or which had been observed from an accidental poisoning). Prescribing in this manner, he achieved a rate of cure which

was truly remarkable. Moreover, these cures tended to be speedy and permanent - sometimes even after a single dose of medicine!

Hahnemann's rationale for the homeopathic principle, known today as the Law of Similars, is explained in Aphorism 19 of the *Organon*:

Now, **as** diseases are nothing more than alterations in the **state** of health of the healthy individual which express themselves by morbid [i.e. disease-producing] signs, and the cure is also only possible by a change to the healthy condition of the state of health of the diseased individual, it is very evident that medicines could never cure diseases if they did not possess the power of altering man's state of health which depends on sensations and functions: indeed, that their curative power must be owing solely to this power they possess of altering man's state of health.³

Although he had so clearly grasped and formulated this principal law of homeopathy, Hahnemann did not feel that he had discovered it. He quotes a number of people who, he thought, either stated it or hinted at it long before he did. Hippocrates, for instance, stated this law several times in his teachings, referring to two methods of cure: by 'contraries' and by 'similarities'. Boulduc had written, long before Hahnemann's time, that rhubarb's purgative quality was the reason why it cured diarrhoea; another writer named Betharding said that the herb senna cures colic because it produces a similar effect on the healthy. And Stahl, a contemporary of Hahnemann, wrote that:

The rule accepted in medicine to cure by contraries is entirely wrong; on the contrary diseases vanish and are

cured by means of medicines capable of producing a similar affection.⁴

Going back in history as far as the ancient Jewish Bible, we find the Mekilta stating, in effect, that whereas man heals with contrary remedies, God heals with similars:

Come and see, the healing of the Holy One, blessed be He, is not like the healing of Man. Man does not heal with the same thing with which he wounds, but he wounds with a knife and heals with a plaster. The Holy One, blessed be He, however is not so, but He heals with the very same thing with which he smites.⁵

Although others had grasped the principle, Hahnemann's genius went a large step further. He had the perception to reason that if the Law of Similars is a basic truth, then we should be able to identify the curative properties of substances by systematically testing them on normal people. It was this systematic method which was the first of his many major contributions to medical thought.

References

Sometimes in the footnotes (and throughout the bibliography) no publisher is indicated for a work mentioned. This means that the work is a standard textbook of homeopathy and that it exists in different editions and sometimes in different translations. Quotations from Samuel Hahnemann's *Organon*, for instance, have been taken either from the translation of C. Wesselhoeft, MD, which he has entitled *Organon of the Art of Healing*, or that of W. Boericke, MD, entitled *Organon of Medicine*.

- 1 S. Hahnemann, *Organon of the Art of Healing* (6th American edition; Boericke and Tafel, Philadelphia, 1917; translated from the 5th German edition by C. Wesselhoeft, MD), p. 13.
- 2 Thomas Lindsley Bradford, MD, *Life and Letters of Dr. Samuel Hahnemann* (Philadelphia: Boericke and Tafel, 1895).
- 3 T. L. Bradford, *op. cit.*, pp 36-37.
- 4 S. Hahnemann, *Organon of the Art Of Healing*, p.46.
- 5 Quoted from MEKILTA DE - RABBI ISHM AEL, **translated by J. Z. Lauterbach**, The Jewish Publication Society of **America, Phila.**, p.239.

PREPARATION OF HOMEOPATHIC MEDICINES

Today, homeopathic remedies, which all originate from the three kingdoms of plants, animals and minerals in their natural forms, are widely available in many potencies. But to understand the story of their preparation and development we must look back again to the days of Hahnemann

Once Hahnemann felt he had proved enough remedies, he began prescribing them in the accepted dosages of the time. But, although the patient was invariably cured, the drug often caused such a severe initial aggravation of symptoms that patients and doctors alike became alarmed. Such aggravation was to be expected since the drug itself was producing symptoms similar to those of the patient.

Moreover, Hahnemann wanted to test some of the drugs in common use at that time - such as mercury and arsenic, but, of course, he could not give such toxic substances to healthy people. So he reduced the dose to one-tenth of its customary amount. The patient was still cured but the aggravation, though lighter, remained. This was not good enough for Hahnemann, who diluted the medicine still further, each time prescribing only one-tenth of the previous dose, and presently reached a dilution that was completely ineffective because there was essentially no more medicine left in it.

The advantages of simple dilution were clearly very limited. If the medicine was not strong enough to aggravate the symptoms it was too weak to bring about a cure. The future of homeopathy seemed to be on shaky ground, indeed.

Precisely at this most critical juncture, Hahnemann made another amazing discovery. To this day, it is not exactly known how he came upon the procedure; most likely, it arose from his knowledge of chemistry and alchemy. In any case, he simply submitted each dilution to a series of vigorous shakes (or 'succussions', as he called them) and discovered that progressive dilutions were then not only less toxic but also more potent!

Hahnemann had found a solution to a problem that had occupied medical men throughout history. He had beaten the problem of the 'side effect' of drugs!

We shall presently offer certain theories as to why this happens, but we know from observation that it does. Hahnemann says that the efficacy of a remedy thus processed is increased because *'...the powers, which are, as it were, hidden and dormant in the crude drug, are developed and roused into activity to an incredible degree.'*

Hahnemann first considered that distilled water, alcohol, and lactose (milk sugar) were medicinally inert, so he diluted the medicines in these substances. If the remedy were soluble in water or alcohol, he mixed one part of the substance with ninety-nine parts of the liquid and submitted the mixture to one hundred vigorous succussions. This dynamized solution he called the 'first centesimal potency'.

Then he mixed one part of this first potency with ninety-nine parts of water or alcohol and again succussed the dilution

one hundred times to produce the second centesimal potency. The third step in the process, of course, diluted the original substance to one part in a million, the fourth step to one part in a hundred million, and so on. He repeated this up to thirty times and apparently did not go beyond that himself, although modern homeopaths use potencies to the *hundred thousandth centesimal* and beyond!

The implications of this discovery are staggering. A substance shaken and diluted to a dilution of 1 in 100,000 parts, even to a total of 60 zeros and more, still acts to cure disease, quickly and permanently, and without side effects!

Clearly this phenomenon cannot be explained by ordinary chemical mechanisms. The dilutions are so astronomical that not even one molecule of the original medicine is left! And yet the actual clinical results demonstrate beyond a doubt that *some* influence remains - an influence which is powerful enough to cure even deep chronic diseases. In Aphorism 209, Hahnemann writes:

The homeopathic system of medicine develops, for its special use, to a hitherto unheard of degree, the inner medicinal powers of the crude substances by means of a process peculiar to it and which has hitherto never been tried, whereby only they all become immeasurably and penetratingly efficacious and remedial.

What Hahnemann had discovered is that there lies hidden in every substance in Nature some inner life. We can mobilize and use this 'force' if we know how to process the substance correctly.

Science has shown that, when it is possible to *reduce* a substance to its molecular state and to isolate a molecule, this

particular molecule exhibits an automatic, incessant mobility, known as 'Brownian Motion'. Every atom and molecule is composed of high degrees of energy, and the particles contained within atoms move at speeds often approaching that of light. Everyone today is aware that tremendous energy can be released by the fission or fusion of atoms. From these observations, it is clear that hidden within the apparently solid material substances of our world vast amounts of energy are lying dormant.

Somehow, the repeated dilutions and succussions of a homeopathic medicine release a great curative energy which is inherent in the substance. In each instance above, we discover that energy is released by the proper method. We do not know the relationship, if any, between these phenomena, but there is objective proof that they exist: Brownian Motion is observed by looking through the microscope at minute particles suspended in water; modern quantum physics measures with great precision the energies and speeds of motion of subatomic particles, and nuclear explosions demonstrate the energy contained in matter. In homeopathy we witness the amazing cures that the potentized remedy can bring about. In this connection, we are struck by something which the famed healer Paracelsus wrote centuries ago:

The Quintessence is that which is extracted from a substance... After it has been cleansed of all impurities and its perishable parts, and refined to the highest degree, it attains extraordinary powers and perfections.... In it there is great purity, and it is because of this purity that it has the virtue to cleanse the body.'

As we have seen in the holistic health field - not to mention the impact of Einstein and modern quantum physics - we

have gone beyond the concept of nineteenth century materialism and accepted quite easily the idea that all matter is, in fact, energy, and that this energy can be released and even harnessed. The true miracle is that in homeopathy it has been harnessed for the cure of disease.

Reference

- 1 Karl Sudhoff and Wilhelm Matthiessen, eds., *Paracelsus, Samtliche Werke*, part I, Vol. II, pp. 186-187 (translated by the author).**

THE VITAL FORCE

'We may regard matter as being constituted by the regions of space in which the field is extremely intense... There is no place in this new kind of physics both for the field and matter, for the field is the only reality.'

- Albert Einstein

Insight into the fact that all matter is permeated with energy which can be liberated for the purpose of curing disease eventually led Hahnemann to the true understanding of the nature of disease. He had the kind of mind that proceeded only from facts obtained from research, inquiry, and experiment. He never accepted any concept that was incompatible with the results of experiment and observation.

Now, two facts struck him: firstly, that remedies greatly diluted could only cure if they were homeopathically potentized, that is, energized through succussion; and secondly, that once they were so potentized they contained no detectable material trace of the original substance. It followed that their curative effect was not a material affair but that it involved some other factor - energy. He concluded that the succussions must transmit some of the energy of the original substance to the neutral matter in which it was diluted. We see examples of such transmission in our daily lives: plastic transmitting static electricity to paper if rubbed against it; or

electricity, an invisible force, being stored in batteries which are themselves material. He probably realized that he had gone beyond matter and was working in the domain of energy.

From all this, a chain of logical conclusions necessarily followed. Since the remedy was in fact *dynamic* and not material, the level of disorder upon which it worked must belong to the same order of being: so the illness was a derangement primarily on a dynamic plane. But what exactly did that mean? Hahnemann concluded that it was simply a derangement in the life force in man. The transition from life to death takes no time at all, is not measurable in time, not gradual; yet it is the most radical transition there is. It ends all activity of the body and decomposition follows. This dynamic force which makes the difference between a corpse and a human being Hahnemann called the 'vital force'. In Aphorism 9 he describes its qualities:

In the healthy condition of man, the spiritual vital force (autocracy), the dynamism that animates the material body (organism), rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions, so that our indwelling, reason-gifted mind can freely employ this living, healthy instrument for the higher purposes of our existence.

The mind must be extremely free and perceptive to comprehend so clearly something which is neither visible nor material. Nobody can deny that some force holds the universe together simply because this force is invisible or immeasurable. All of us experience this vital force in our daily lives when under stress - a change in climate, travel,

change of diet, unusual exertion, a grief, a momentary illness. In all of these instances, we observe in ourselves a resiliency, a flexibility, an ability to adapt to circumstances. As this ability is most dramatically evident only in living things, we call it vital force.

Today we have at our disposal the means of recognizing a force by its qualities alone and that is how we recognize the existence of such things as magnetism, electricity, the force of gravity, and so on. The usual definition of electricity is that it is a movement of electrons, but we know nothing about the force which makes that movement possible. The very essence of force or energy has always eluded us and we have never been able to perceive it or comprehend its nature through the senses. Similarly, the vital force which animates the body is not something we can experience directly; its presence can only be recognised through its qualities.

James Tyler Kent, one of the most illustrious American physicians of the nineteenth century, describes some of its qualities in his *Lectures on Homeopathic Philosophy*:

1. It is endowed with formative intelligence, i.e. it intelligently operates and forms the economy of the human organism.
2. It is constructive; it keeps the body continuously constructed and reconstructed. But when the opposite is true, when the vital force from any cause withdraws from the body, we see that the forces that are in the body being turned loose are destructive.
3. It is subject to changes; in other words, it may be flowing in order or disorder, may be sick or normal.
4. **It** dominates and controls the body it occupies.

5. It has adaptation. That the individual has an adaptation to his environment is not questioned, but what is it that adapts itself to environment? The dead body cannot. When we reason we see that the vital force adapts itself to surroundings, and thus the human body is kept in a state of order, in the cold or in the heat, in the wet and damp, and under all circumstances.¹

Another proof of the existence of this vital force is the fact that when the disturbed organism of a patient is properly tuned through the administration of the right homeopathic remedy, the patient not only experiences the alleviation of symptoms, but also has the feeling that life once again is harmoniously flowing through him. Finally, after centuries of stumbling and experimenting, we have a system of medicine that not only recognizes the presence of the healing powers of the body and of Nature, the vital force, but actually bases its entire system upon the stimulation of that force. At last, principles have been found by which we can work with, rather than against, the vital force - a true ecology of medicine.

Reference

- 1 James Tyler **Kent**, MD, *Lectures on Homeopathic Philosophy* (Calcutta: Sett **Dey** & Co. 1961), p.69.

THE DYNAMIC OR SUBTLE PLANE

Once the **basis of health and healing was understood**, Hahnemann applied his genius **to the question of disease**. In Aphorism 11 he writes:

'When a person falls ill, it is only this spiritual, self-acting (automatic) vital force, everywhere present in his organism, that is primarily deranged by the *dynamic* influence upon it of a morbid agent inimical to life.'
(Author's emphasis).

Here we see clearly that Hahnemann went far beyond his time, and was even in advance of us today, in stating that not only the disease but also its cause is dynamic. In other words, it is not the microbes or the virus or the bacteria, nor even their virulent poisons on the biochemical level that cause disease, but rather their intimate nature, their vital force, their very 'soul'. And that is something *dynamic*.

Furthermore, these vibrating, pulsating, living inner malevolent or morbidic (meaning 'harmful' or 'destructive') agents can only affect organisms that are susceptible to them, and can only affect them on a dynamic energy level. If illness were only a question of bacteria and their numbers, those most exposed would be the first to be affected. But we all know that this is not the case. There are people everywhere who are exposed to contagious diseases

and do not catch them. People sleep in the same bed with victims of tuberculosis or severe staphylococcal infection and are never affected. Correspondingly, there are others who live in the most healthy environment and take great care with diet, rest, exercise, etc., and still contract all kinds of contagious infections.

Disease comes about only when two conditions are fulfilled: the presence of an external morbid agent and the patient's own susceptibility. It is not merely the result of exposure to a number of microbial invaders. That is why an epidemic never hits everybody in a particular area.

All allopathic physicians are taught that susceptibility is a major factor in the production of disease. This fact is taught, but it is subsequently ignored as the overwhelming emphasis of medical training and practice focuses exclusively upon the theory of viral or microbial transmission of disease. It is readily acknowledged that people are protected from microbial attack by 'antibodies', but no further inquiry is made into precisely what triggers off the production of antibodies. Again, why is it that this happens to certain people and not to others?

The great American homeopath of the nineteenth century, J. T. Kent, again writes:

They will tell you that the bacillus is the cause of tuberculosis. But if man had not been susceptible to the bacillus he could not have been affected by it... The bacteria are results of the disease... the microscopical little fellows are not the disease cause, but they come after... They are the outcome of the disease, are present wherever the disease is, and by the microscope it has

been discovered that every pathological result has its corresponding bacteria. The Old School considered these the cause...but the cause is much more subtle than anything that can be shown by a microscope.¹

So we can clearly see that both susceptibility and a destructive agent are necessary for the appearance of disease. It is interesting to note that the theory of 'allergic conditions' - to which orthodox medicine subscribes - fully supports this. It states that even an infinitesimal quantity of a substance can sometimes bring about such violent reactions in someone susceptible to it that the suffering is unbearable and in rare instances even fatal. This happens because his susceptibility to the substance has laid him open to its effects. Since in their daily practice allopathic doctors observe infinitesimally small amounts of substance causing disease, one wonders why they do not accept that an equally small dose of remedy can cure it, particularly since a homeopathic remedy is selected precisely because it has the closest possible affinity with the patient's disorder, and he is therefore most sensitive to it.

If we wish to seek a scientific explanation for the action of infinitesimal homeopathic doses, we will find it in the law of Maupertuis, the eighteenth century French mathematician, who said:

The quantity of action necessary to effect any change in nature is the least possible; according to this principle the decisive amount is always a minimum, an infinitesimal.²

This principle can be seen in action all around us. How much warmth is required to unleash the incredible growth

potential in a seed? How much energy from the sun is needed in order to nourish a single flower? Think of how sensitive the instruments must be which measure cosmic rays from the sun - yet cosmic rays unleash tremendous forces in the vast weather changes occurring during sunspot cycles.

Today more than ever, mental shock is recognised as the sole exciting cause of a series of diseases. If we accept in these cases the dynamic disturbance caused by a thought or an emotion, why is it difficult to accept that the initial disturbance lies always on an energy level which can be affected also by the inherent vibrating energy of the bacteria or the microbe?

The conviction that disease is caused by bacteria is probably one of our greatest current illusions. All therapeutic research today is based on this tenet; it has produced a continuous wave of new products, new medicines, at a quite incalculable cost in time, effort, health and money. But it is based on a wrong assumption and directed towards the wrong target. Many people argue that orthodox medicine, as the result of research, has impressively reduced the death-rate all over the world, but if we look around us we can see that the incidence of mental and emotional illness has increased proportionately. We will later speak of the relationship between these two phenomena.

In homeopathic practice, the contrary is the case. It is not at all a question of killing bacteria but of bringing the whole human organism into a state where it is impossible for bacteria to thrive on it - in other words, to reduce the patient's susceptibility.

THE DYNAMIC OR SUBTLER PLANE

To summarize, then, what we have said so far:

1. A patient is cured only if he is given that medicine that can produce in a healthy organism symptoms most similar to his own.
2. A disease is not just the malfunction of some organ but, first of all, a disturbance of the vital force that is responsible for the functioning of the whole organism.
3. Medicines cannot penetrate the physical organism to reach and to act upon the vital force; unless they are in a dynamic, energized state.
4. The cause of disease must be sought on a dynamic plane and not on a physical-chemical plane.

References

- 1 J. T. Kent, MD, *op. cit.*, p.22.
- 2 Quoted in Dr. H. A. Roberts' *Principles and Art of Cure by Homeopathy* (England: Health Science Press, 1962), p. 119.

PREDISPOSITION TO DISEASE

Now let us return to the question asked by all sufferers of chronic disease: What is the *real* cause? How did this arise in my case? And what does this mean for my treatment?

As we have said, Hahnemann attracted a great many medical men who helped him in his work of proving the different remedies and recording the provings. His cures won him countless admirers. Students flocked from all over the world to study under him. But success also made him many bitter enemies. One of these, a prominent Leipzig publisher, looked for someone to write a book against homeopathy and found a certain Dr. J. H. Robi, who passed on this task to his pupil, Constantine Hering. Hering accordingly set about investigating homeopathy and tried to collect material which would discredit it. Instead, he was rapidly convinced of its inherent truth and became devoted to Hahnemann and homeopathy. He collected, classified, and published all existing information on the action which drugs exert on human beings. His monumental *Materia Medica* runs into twelve large volumes and has become a fundamental reference book in homeopathy.

One rarely fails to find in it any symptom, mental or physical, which has been produced by the proving of a remedy - no matter how strange: a fever that only comes

between six and eight o'clock in the evening; a chronic headache that comes on alternate days and lasts from ten in the morning till three in the afternoon; a vertigo that appears only when the patient is lying down with eyes closed; an irrational fear that if one goes to sleep one will never wake up; depression and sadness that emerge only in twilight; irrational fears - of cancer, heart disease, death, or insanity; a suicidal impulse to jump from a great height; a neuralgic pain that appears only once a week; an excruciating sciatic pain that comes every fourth day; a rheumatic pain that strikes only between two and four in the morning or an asthmatic attack that comes at midnight..

By this time the resources at the homeopath's disposal - his knowledge of the science and its laws, his techniques of preparing the remedies - were much greater, considerably more refined and accurate. Seeing this, Hahnemann applied himself, from 1816 onwards, with his customary order and penetration to the understanding of disease itself.

He observed that diseases are of two general classes. The first are usually self-limited and brief; in Aphorism 72, Hahnemann defines them: *'Such affections usually run their course within a brief period of variable duration, and are called acute diseases.'* Chronic diseases, the second class of diseases, are more insidious and destructive in the long run. They represent an entirely different problem both for the vital force of the patient and for the homeopath. Hahnemann continues:

The second class embraces diseases which often seem trifling and imperceptible in the beginning; but which, in a manner peculiar to themselves, act deleteriously upon the living organism, dynamically deranging the

latter, and insidiously undermining its health to such a degree, that the automatic energy of the vital force, designed for the preservation of life, can only make imperfect and ineffectual resistance to these diseases in their beginning, as well as during their progress. Unable to extinguish them without assistance, the vital force is powerless to prevent their growth or its own gradual deterioration, resulting in the final destruction of the organism.

For Hahnemann, the cure of acute diseases presented no great problem. Simply find that substance which produces similar symptoms in a healthy organism, and the cure is rapid and complete. But chronic diseases were a different matter. To comprehend how Hahnemann met this challenge, we must go back and follow his discoveries step by step.

From 1810 to 1816, the six years after he published the *Organon*, he was inundated with pupils and patients from all over the world. He kept a complete record of every case, and noticed that, although the great majority of complaints were cleared up, many patients subsequently returned with a new complaint, or a relapse of the old one. It was in Hahnemann's nature to ask why and to probe until he had found the answer. In his *Chronic Diseases*, he writes:

Whence then this...unfavourable result of the continued treatment of the...chronic diseases even by Homeopathy? What was the reason [for] the thousands of unsuccessful endeavours to heal... diseases of a chronic nature so that lasting health might result? Might this be caused, perhaps, by the still too small number of Homeopathic remedies that have so far been proved as to their pure action? ... Even the new additions of

proved valuable medicines, increasing from year to year, have not advanced the healing of chronic diseases by a single step, while acute diseases are not only passably removed, by means of a correct application of Homeopathic remedies but with the assistance of the never-resting preservative vital in our organism, find a speedy and complete cure.

Hahnemann saw time and again chronic diseases removed homeopathically only to return in a more or less varied form and with new symptoms. He saw that the homeopathic physician, presented with a chronic case,

...has not only to combat the disease presented before his eyes...but that he has always to encounter some separate fragment of a more deep-seated original disease... He, therefore, must first find out as far as possible the whole extent of all the accidents and symptoms belonging to the unknown primitive malady before he can hope to discover one or more medicines which may homeopathically cover the whole of the original disease.

To Hahnemann, it gradually became clear that such chronic conditions cannot be cured by the vital force alone, nor by any manipulation of diet or life habits. He then launched into exhaustive inquiries of all such chronic cases to see if any common denominator could be found to explain the deep and invisible weakness which predisposed to their chronic condition - a weakness which Hahnemann termed 'miasm'. By 1827, when Hahnemann had studied this problem for about twelve years, he became convinced that he had found the common denominator. His condition was based upon two related observations. Hahnemann describes the first obser-

vation in the following passage:

I had come thus far in my investigations and observations with such patients, when I discovered, even in the beginning, that the obstacle to the cure of many cases... seemed very often to lie in a former eruption of *itch*, which was not infrequently confessed; and the beginning of all the subsequent sufferings usually dated from that time.

In patients who at first could not recall any such itchy **skin** eruption, Hahnemann persistently inquired in even further detail into every stage in the life of the patient:

After careful inquiry it usually turned out that little traces of it (small pustules of itch, herpes, etc.) had showed themselves with them from time to time, even if but rarely, as an indubitable sign of a former infection of this kind.

This initial clue as to the basis of miasmatic predisposition to chronic disease was further confirmed by a second type of observation made by many physicians at that time. The following are a few of the case histories Hahnemann quotes in his *Chronic Diseases*, which he gathered from many different physicians:

A boy of 13 years having suffered from his childhood with *Tinea Capitis* [now called 'ringworm of the scalp'] had his mother remove it for him, but he became very sick within eight or ten days, suffering with asthma, violent pains in the limbs, back and knee, which were not relieved until an eruption of *Itch* broke out over his whole body a month later (Pelargus, *Obs. Clin. Jahrg. 1722*, p. 435).

Tinea Capitis in a little girl was driven away by purgatives and other medicines, but the child was attacked with oppression of the chest, cough, and great lassitude. It was not until she stopped taking the medicines and the *Tinea* broke out again, that she recovered her cheerfulness and this, indeed quickly (Pelargus, *Breslauer Sammlung v. Jahre*, p.293).

A 3-year-old girl had the *Itch*, for several weeks; when this was driven out by an ointment she was seized the next day by suffocating catarrh with snoring, and with numbness and coldness of the whole body, from which she did not recover until the *Itch* re-appeared. (Suffocating Catarrh, Ehrenfr. Hagendorn, *hist. med. phys. Cent. P. hist.* 8, 9).

A boy of 5 years suffered for a long time from *Itch*, and when this was driven away by a salve it left behind a severe melancholy with a cough (Riedlin, the father, *Obs. Cent. II, obs.* 90, Augsburg, 1691).

A girl of twelve years had the *Itch* with which she had frequently suffered, driven away from the skin by an ointment, when she was seized with an acute fever with suffocative catarrh, asthma, and swelling, and afterward with pleurisy. Six days afterward, having taken an internal medicine containing sulphur, the *Itch* again appeared and all the ailments, excepting the swelling, disappeared; but after twenty-four days the *Itch* again dried up, which was followed by a new inflammation in the chest with pleurisy and vomiting (Pelargus, *Obs. clin, Jahrg.*, 1723, p. 15).

A girl of 9 years with the *Tinea Capitis* had it driven

away, when she was seized with a lingering fever, a general swelling and dyspnoea; when the *Tinea* broke out again she recovered (Hagendorn, *Recueil d'observ. de Med. Tom. Ill,* p.308).

From *Itch* expelled by external application there arose amaurosis, which passed away when the eruption re-appeared on the skin (Amaurosis, Northof, *Diss, de scabie,* Gotting., 1792, p. 10).

A man who had driven off a frequently occurring eruption of *Itch* with an ointment fell into epileptic convulsions, which disappeared again when the eruption re-appeared on the skin (Epilepsy, J. C. Carl in *Act. Nat. Cur. V., obs. 16*).

Two children were freed from epilepsy by the breaking out of humid *Tinea*, but the epilepsy returned when the *Tinea* was incautiously driven off (Tulpius, *obs. lib. I., Cap. 8*).

From these cases two facts emerge. First, **in** a person with a deep chronic tendency, when a skin eruption is merely suppressed instead of being properly cured, it brings about serious disturbances in inner organs; and second, all the organs of the body are the interrelated parts of but one organism and therefore influence each other mutually.

There is no such thing then as a 'local disease'; one may use this expression only to mean that a particular part of the body is more especially affected, but not that one organ suffers independently of the others. Modern orthodox medicine subscribes more and more to this view, that there are no diseases but only individuals who are ill - but only with lip-service.

For instance, in the case of a patient suffering from asthma, constipation, and rheumatic pains, today's allopathic physician will prescribe three different medicines - one for each ailment (and each one is probably a combination of several drugs as well) - whereas the homeopath would prescribe a single remedy to cure the single disease which is showing itself in three aspects.

To return to Hahnemann and his inquiry into the origin of chronic diseases, the numerous examples he mentions show us clearly the connection between skin diseases and internal disturbances. He also observed that whenever he brought about a real cure, the skin disorder from which the patient suffered in the past reappeared during the treatment and whenever the patient was relieved of the internal trouble.

This fundamental miasm underlying the majority of chronic diseases Hahnemann termed *Psora*. He viewed it as a fundamental weakness further aggravated by suppressive treatments which merely remove the symptom without curing the predisposition.

Man's efforts to get rid of suffering merely resulted in continuous suppression of diseases throughout the ages. Except by some lucky chance or otherwise, very few people ever received the right treatment, and the continued suppression of symptoms created damaging weakness in internal organs.

These weakness were transmitted from one generation to the next, according to Hahnemann's investigations, which included whenever possible interviews with the ancestors of chronic disease patients. Children inherit from each parent particular sensitivities in particular organs, and the resulting disorder in the child is either an accurate copy of one parent's

disorder, or a compounding of disorders inherited from both parents.

Hahnemann had noticed that, whereas nature tries to keep the disorder as far as possible from man's vital organs - as far as possible from his centre, as it were - when the vital defensive resources become critically diminished, the disease proceeds to more internal organs.

Not only are the physical impediments of the parents involved, but other factors as well: mental disposition of the parents at the time of conception, hardships they have suffered physically or mentally, their habitual diet, the degree of toxicity of their bodies (children conceived when the parents were heavily under the influence of alcohol or drugs are particularly affected), even the magnetic conditions of the atmosphere and the degree of atmospheric pollution, radioactivity, and so on. All of these, as well as any disturbing influence during pregnancy, will affect the sensitivity of the unborn child. This, briefly, is the beginning of Hahnemann's theory of the basic cause of diseases. He writes,

The psoric miasm is the most ancient, most universal, most destructive, and yet most misapprehended miasm, which for many thousands of years has disfigured and tortured mankind, and which during the last centuries has become the mother of thousands of incredibly various, acute, and chronic (non-venereal) diseases...

The concept of the 'miasm' may seem too simple, too pat. It may seem too easy to lay the origin of all chronic diseases to such a single simple source - particularly something as seemingly insignificant as a skin eruption. Doctors reading this may balk at the idea that the vast

advances in therapy over the centuries have largely resulted in suppression of the vital force, and therefore a worsening of the chronic disease state of mankind. But before you dismiss the concept, remember that Hahnemann was a recognised, pioneering, medical genius who applied himself painstakingly to the question for twelve years. It also is true that solutions to the most difficult problems are generally very simple, and usually come from an unexpected quarter. Finally, as always, the final proof lies in the fact that Hahnemann's insight has led to the most consistently dramatic permanent cures of chronic diseases ever seen.

Hahnemann was very careful to distinguish between venereal and non-venereal diseases. The reason for this was that his studies of ancient history led him to the conclusion that venereal diseases were a much more recent phenomenon than psora. As we have seen, Hahnemann took great pains to prove the transmissible 'miasmatic' character of skin eruptions. Syphilis was a simpler matter: he did not have to convince anybody of its ability to be transmitted from generation to generation. It was common knowledge at that time that syphilis could not really be eradicated, but rather that its effects were transmitted through successive generations.

It is a very frequent observation in homeopathic practice that the syphilitic miasm is grafted onto an organism which has already been weakened by the psoric miasm. In Aphorism 206 of the *Organon*, Hahnemann writes:

When a physician is called to treat what he supposes to be an inveterate case of syphilis, he will usually find that it is principally complicated with psora, because

this miasm (the psoric) is by far the most frequent **and** fundamental cause of chronic diseases...

In this situation, the homeopath is faced with a difficult and delicate problem. *Two* specific miasmatic predispositions are present at the same time. The homeopath must be able to discern which symptoms belong to the syphilitic miasm, and remove this layer first. Only then will the symptom complex representing the psoric miasm become clear. Each miasm is represented by a set of symptoms. Therefore, the homeopath must recognize among the totality of symptoms those complexes which belong to each miasm. Obviously, this is a painstaking process, demanding extraordinary skill and knowledge on the part of the prescriber and a great deal of patience on the part of the patient.

Hahnemann also identified a third miasm, which he labelled the psychotic miasm. This arises from a certain type of gonorrhoea which has the peculiarity of developing warts in its secondary stage. *'The miasm of the other common gonorrhoeas'*, Hahnemann writes, *'seems not to penetrate the whole organism, but only locally stimulate the urinary organs.'*

The homeopath confronted with a case in which all three miasms are present can remove them one by one - not simultaneously. Remedies prescribed must follow each other in a particular sequence depending upon the prominence of a particular miasm at any particular moment in time. This demands the homeopath's constant attention, continuous study, and careful re-evaluation of the symptoms appearing during various phases of treatment; only their correct assessment will enable the prescriber to choose the right remedy in the right dose at the right time.

Unfortunately, in our time the task is even greater than it was in Hahnemann's time. There are in fact many more than three miasms. Modern homeopathic experience identifies a wide variety of influences which can engraft upon the constitution predispositions which are transmitted from generation to generation.

A common source of miasms are severe diseases such as cancer or tuberculosis. It is well known that such ailments run in families, and homeopaths are also able to identify specific symptom complexes found in subsequent generations which are related to these diseases without necessarily resulting in the specific diseases themselves.

Another source of miasms are the vaccinations and powerful drugs commonly prescribed by allopathic doctors. These can create such disturbance in the vital force that the patient is left in a chronically weakened state. Specific iatrogenic miasms which are commonly seen in homeopathic practice arise from smallpox vaccinations, cortisone, major tranquilizers, antibiotics, and other powerful drugs.

Because of all of these influences, it is not uncommon these days to encounter patients suffering from five or six miasmatic layers. In addition to the psoric miasm, there may exist the psychotic miasm, plus 'smallpox vaccine' miasm, a 'penicillin miasm', a 'cortisone miasm', etc. For a homeopath, a case of this type presents the most tragic, disheartening, and frustrating kind of challenge to his skills. To peel off each miasmatic layer in succession, even assuming that correct prescriptions are made each time, can take many years of painstaking and patient effort.

One word of clarification, so as not to touch off a panic amongst most of my readers: merely because someone has

taken a drug does not mean that he or she suffers from that miasm. Only a relatively small number of people who take drugs for a long time, or who get gonorrhea or syphilis, actually acquire the corresponding miasm. Nevertheless, even this small percentage of patients presents a serious problem in a society in which chronic diseases are the major health issue.

Reference

- 1 This and other quotes in **this section on chronic diseases are from *The Chronic Diseases* (Calcutta: C. Ringer and Co.), translated by Prof. Louis H. Tafel, pp. 19-22.**

THE HOMEOPATHIC INTERVIEW

We may have, by now, some idea of the enormous task the homeopath assumes when he agrees to take our case. In addition, he must answer questions like: 'Can you cure me?', 'How long will it take?', 'What must I do to co-operate?' Today, every patient knows the name which orthodox medicine has given to the prominent symptoms of his or her trouble. He must also know, from the beginning, that no true homeopath prescribes according to the name of the disease: each case is new, each has its own particular symptoms, mental and physical. Each individual is unique. A homeopath who bases his prescription on the name of the disease instead of on the patient is no true homeopath and should not be trusted.

How does a homeopath look to a patient? What is it like to experience a homeopathic interview? To begin with, the literature in the waiting room will emphasize natural approaches to medicine, and there will likely be far fewer patients waiting than you will find in the office of an allopath. This is simply because the length of each visit is considerably longer. Indeed, if you are not the first patient of the day, you may wait long past your own scheduled time, for the interview, as you will discover, is painstakingly individualized, and therefore nearly impossible to schedule by the clock.

During the interview, you might feel slightly self-conscious. It may seem that the homeopath is gently scrutinizing your every mannerism. But you quickly realize that this is not a process of passing judgment, but merely of interested observation. You soon get the idea that he or she is as much or more interested in *you* as in your ailment.

In contrast to the allopathic doctor who rarely, if ever, turns to a book during consultation, the homeopath is surrounded by gigantic well-worn books to which he constantly refers as you describe particular symptoms, all the while writing incessantly. Or he may have this information on a computer, in which he enters your symptoms. He may even request that you speak more slowly so that he can get the exact phrasing of your words!

If you are unfamiliar with these stylistic differences, you may have a sense of wonder at all this, a sense that will likely be reinforced when the homeopath, after listening at length to everything you can think of to say, launches into a long series of the most unusual questions, ranging widely into all aspects of your life:

Are you warm-blooded or do you usually feel chilly? Are you intolerant to dry or wet weather? Do you have any fears (of dogs, of the dark, of death, of closed places, of heights)? Are you anxious, and if so, over what kind of things (your health, other people)? Are you usually neat or sloppy? How are you affected by music? Are your complaints mostly on one side of your body - which side? Do you have any particularly strong cravings or aversions for specific foods? How do you sleep? What position do you sleep in? Do you stick your feet out from under the covers?

All these questions and more may be asked. It may seem momentarily like psychoanalysis, except that the homeopath does not challenge or probe deeply into your answers, but simply notes them in your own words and moves on.

At the conclusion of the interview, the homeopath may well require time for private study of your case in order to go into all the details with his books, or to examine the information in the computer more closely, before he prescribes a remedy. You will likely leave the office with your mind awl with many details, wondering if you have answered his questions fully and correctly, since many will have involved subtleties about yourself that you had never thought about - perhaps never *would* have thought about.

Invariably, patients later return reporting a change in some of their answers after observing themselves more closely for a while. But, as often, the homeopath will have anticipated them through his knowledge of the totality of symptoms of the remedy he has prescribed for you. This may lead you to conclude that the homeopath knows you better than you do yourself!

Hahnemann knew the complexities of human nature and the difficulties confronting the homeopath in trying to question a patient about his symptoms. In Aphorism 96 he writes:

It is worthy of remark that the temperament of patients is often abnormally affected; so that some, particularly hypochondriacs, and other sensitive and intolerant persons, are apt to represent their complaints in too strong a light, and to define them by exaggerated expressions, hoping thereby to induce the physician to redouble his efforts.

And in Aphorism 97:

But there are persons of another kind of temperament, who withhold many complaints from the physician, partly from false modesty, timidity or bashfulness; and who state their case in obscure terms, and who consider many of their symptoms as too insignificant to mention.

He went still further. He compiled a list of more than one hundred questions which the doctor should ask the patient in taking a case. This gives the reader some idea of the accuracy and care required in taking a case and the time involved.

Take, as an example, the following case from the notebook of J. T. Kent. It deals with a *lupus erythematosus* growth of the nose; this diagnosis alone would be sufficient for any allopathic doctor to begin treatment, (pessimistically, since there is no allopathic 'cure' for this disease), whereas for Kent, a homeopath, we see how much information was needed to complete the cure:

Mr. H. C. M. was a married man, 28 years old when he appeared for treatment.

Oct. 1, 1903. Nose had a lupus growth across it, resembling a large red saddle. Malaria of nine months' duration five years ago. Checked by doctor with quinine. Irritable. Memory good. Sleeps reclining on back; inclination to place arms above head. Dreams depressing, latter part of night. Respiration slow. Heart pulse 60. Appetite and thirst small. Rheumatic pains in R. ankle, occasionally in shoulders. Steady pains in small of back. No pains intense. Aggravated] in winter, ameliorated] in summer: itching and rheumatism. Skin dry; itching on cheeks and nose, and in winter on ears.

Spots became hard, lumpy then red and very itchy; similar itching on head and in rectum. Has never had pimples nor boils. Used to have warts - burnt off. Feet always cold. Hair falling out. Tonsillitis recurrent. Perspiration copious from exertion. Urine light and yellow, frequent and copious. Rectal evacuation costive, daily, in morning. Sensitive to cold, not to heat. In childhood was sensitive to heat but always had cold feet. Urination frequent, difficult, urine nearly white, following the drinking of two glasses of beer when overheated ten years ago. Considers this the beginning of kidney trouble and skin disorder. Nausea, riding in cars or on elevators. Psor. cm.

Nov. 7. Stomach - empty sensation. Itching over entire body. Rheumatism in joints; shoulder, wrists, elbows. Anus moisture; itching. Kidney-region pain. Feet cold. Sensitive to cold. Psor. cm.

Dec. 16. Cold feet and sensitive to cold. No new symptoms.

March 4, 1904. Lupus has not broken out much this winter. Anus - moisture. Tired and languid; wants to recline.

Constipation. Respiration sighing. Psor. cm.

April 23 and July 6. Psor. mm. Chief symptoms during this period were rheumatic pain in ankles, sensitiveness to cold, nausea riding on cars, hair dropping out, and moisture about anus.

Oct. 1 (about). Headache frontal. Stomach sour. Nose - lupus visible on crest and side of nose. Nausea, riding on elevated road cured by Psor.

Nov. 9 and Dec. 23. Sulphur. 10m.

Feb. 15. Pains in small of back. Pain in region of spleen.

Headache frontal. Catarrh of nose. Slow to **answer**.
Sleeps with covers over head.

Here the record ceases. The patient has remained cured many years.¹

It would be no exaggeration here to say that love is needed. However, taking the case is only the first part of the picture, for the prescriber must then set about finding the remedy. To do so he must go through his books and study the provings of different drugs until he finds the one whose symptoms are the most similar to those of the patient.

It often takes hours before the prescriber can say that he has found the right remedy for a chronic condition. In homeopathy, there are no ready-made formulas. Each case requires its own particular medicine, and no other potentized remedy will have any significant effect at all.

Considering all the difficulties involved in taking and prescribing for a chronic case, as well as the knowledge of miasms and the remedies themselves, it is very difficult for a conscientious homeopath to either promise a cure or define the time needed. And in any case it is an unscrupulous practitioner who promises a cure of whatever ailment. Generally, it seems that the one who promises least will accomplish the most.

As a very gross rule, one can say that it will take a month of treatment for every year the patient has suffered. For instance, if the patient had the ailment for eight years, it will

take approximately eight months to cure him. **This is not an** absolute rule. Often the length of time may be **much shorter**, and in other cases longer.

If a patient's case is very simple, it may be cleared within one consultation only, but in complicated cases, especially in those who have been taking allopathic drugs for several months or years, the process of really curing is a long and arduous one for both the patient and the homeopath. Finally, a lot will depend on the preserver's skill and knowledge of homeopathy.

Reference

1. J. T. Kent, MD, *Lesser Writings* (Calcutta: Sett Day and Co., 1958), pp.411-412.

A SAMPLE CASE: INFLUENZA

The choice of the correct homeopathic medicine is not a simple one. One does not prescribe on a reflex basis: remedy X for a cold, remedy Y for arthritis, remedy Z for cancer, etc. Instead, each prescription must be highly individualized to the specific symptoms manifested by each patient, regardless of the formal diagnosis.

Of a group of ten patients having exactly the same disease, a homeopath may prescribe ten different remedies. Conversely, the same remedy is commonly prescribed to a variety of patients all suffering from different disorders.

Often, the decision of which remedy to give is based upon fairly subtle differences. The homeopath must be a very astute observer, very familiar with human nature, systematic, and thorough.

To provide an example of the subtleties of homeopathic prescribing, let us imagine an influenza epidemic. Throughout a typical day, a homeopathic prescriber may see several cases and prescribe different remedies in each case. Influenza, being a dramatic acute ailment, is actually quite easy for homeopathic prescribing. Compared to the usual dilemmas facing a homeopath, the differentiation between possible remedies in influenza is quite clear.

Virtually everyone is familiar with the common symptoms of influenza. Usually, it attacks with a fairly sudden onset. The patient develops a high fever, prostration, and usually headache and muscle aches. Most patients complain of sore throat, swollen lymph nodes, perhaps a runny nose, and later a cough. Sometimes there is nausea, vomiting, and diarrhoea. These are the common symptoms by which the allopathic diagnosis 'influenza' is made.

However, as the following excerpts (from the monograph *Influenzas*, by Douglas M. Borland) demonstrate, there are many types of influenzas, each requiring different remedies. Herein we will consider only a handful of the many which could be presented - just a sample to provide you with a concept of the individualizing detail which leads to the correct prescription. (Note that in homeopathy, the condition and the remedy take the same name).

Gelsemium Sempervirens (Yellow Jasmine)

Gelsemium is somewhat slow in onset, and produces primarily a feeling of intense weariness. The patients are very dull and tired, look heavy, and are heavy-eyed and sleepy; not wanting to be disturbed but to be left in peace, and yet - the first outstanding symptom - if they have been excited at all, they spend an entirely sleepless night, in spite of their apparently dull, toxic state.

The patient is definitely congested, the face slightly flushed - rather a dull kind of flush - the eyes a little congested, the lips a little dusky; the skin generally is also a little dusky, and the surface is definitely moist - hot and sticky. Another Gelsemium symptom is that with the hot, sticky sensation, the patients have a very unstable heat reaction. They feel hot

and sticky, and yet have the sensation of little shivers of cold up and down their backs - not actual shivering attacks but small trickles of cold, just as if somebody ran a cold hand, or spilt a little cold water, down their back.

With their general torpor, Gelsemium influenza patients always have a certain amount of tremulousness, their hands become unsteady much more quickly than you would expect from the severity of their illness; they are definitely shaky when they lift a cup to try and drink. Frequently linked with the shakiness is a feeling of instability, and very often a sensation of falling. Particularly when they are half asleep they wake with a sudden jerk and feel as if they have fallen out of bed.

As one would expect with anyone in this toxic state, the Gelsemium patient does not want to make any great effort at all; discomforts of every kind are aggravated by moving. With their unstable circulation they are definitely sensitive to cold draughts, which make them shiver.

As a rule, their mouths and lips are intensely dry and the latter are very often dry and cracked, or dry with a certain amount of dried secretion on them. The patients complain of an unpleasant taste and there is frequently a sensation of burning in the tongue. The tongue itself usually has a yellowish coating - though, sometimes, it is quite red and dry.

Gelsemium influenzas always include a very unpleasant, severe headache. Typically, there is a feeling of intense pain in the occipital region, spreading down into the neck with a sensation of stiffness in the cervical muscles; as it is a congestive headache, it is usually throbbing in character.

The patient is most comfortable when keeping perfectly still, propped up with pillows, so that the head is raised without any effort being made. With these headaches, the patients often complain of a sensation of dizziness, particularly with any movement.

There is another type of headache sometimes met with in Gelsemium. Again, it is congestive in character, but the sensation is much more a feeling of tightness - as if there were a tight band round the head, just above the ears from the occiput right forward to the frontal region. This, also, is very much aggravated by lying with the head low. Peculiarly, these patients often find relief from their congestive headaches by passing a fairly large quantity of urine.

In nearly all Gelsemium influenzas there is a sensation of general aching soreness, an aching soreness in the muscles. This is worth remembering; there are other drugs which have similar pains but are much more deep-seated than the Gelsemium pains.

Now for a few details of actual local disturbances:

Most Gelsemium patients have the appearance of intense heaviness of the eyelids that is associated with this dull toxic condition. But there is also a good deal of sensitiveness of the eyes themselves, a fair amount of congestion, a definite sensitiveness to light, probably a good deal of lachrymation and general congestive engorgement.

There is an apparent contradiction here: despite this ocular sensitiveness; occasionally a Gelsemium patient becomes scared in the dark and insists on having a light.

These patients get very definite acute coryza, with a fluid, water discharge, accompanied by very violent sneezing and

a feeling of intense fullness and pressure just about the root of the nose. It is not uncommon in *Gelsemium influenza* - where there is this feeling of blockage at the root of the nose - to find epistaxis on forcible clearing of the nose. This, again, is worth remembering, for certain *Mercurius* cases tend to run in the same way.

With their acute coryza, *Gelsemium* patients, despite a general hot stickiness, very often complain of very cold extremities. (This appears to be a contradiction, and might mislead you when you consider the general heat of the typical *Gelsemium* patient.)

As a rule, in *Gelsemium* influenzas, there is no very marked localized tonsillitis, but much more a generalized, puffy, red, congested throat. There may be a certain amount of enlargement of the tonsils, but it is not the spotty throat that some of the other remedies have.

In spite of the absence of acutely localized symptoms there is often acute pain on swallowing. Swallowing may be actually difficult - with a feeling of constriction or of a lump in the throat - and it is much more difficult when the patient takes cold fluids rather than warm; this is unexpected, considering the dryness of their mouths.

Associated with these conditions of nose and throat, *Gelsemium* influenzas quite frequently have an involvement of the ears. But, in spite of what is recorded in the *Materia Medica*, I have not observed the acute stabbing pains that are described under *Gelsemium*: and, where I have tried to clear up such pains with *Gelsemium*, I have not had any success.

Gelsemium does get a good deal of roaring in the ears, a feeling of blockage and obstruction and you very often get

dullness of hearing, and giddiness; but **I have not seen acute earaches** respond to Gelsemium.

Quite frequently there is an extension downwards, with involvement of the larynx and loss of voice. Associated with the laryngitis, there is liable to be an intensely croupy cough which is almost convulsive in character, coming in spasms and associated with very intense dyspnoea.

Typical Gelsemium patients, despite their sweatiness and dryness of mouth, are not usually very thirsty. Occasionally a patient is intensely thirsty, but the typical one is not.

They hardly ever have an appetite - they do not want anything at all. They very often complain of a horrible empty sensation in the region of their chest, often near the heart. This sometimes spreads down into the epigastric region, and they may describe it as an empty feeling, but it is not really a sensation of hunger, and is not associated with any desire for food.

Associated with the digestive system, Gelsemium patients often have a definitely yellowish tinge and actual jaundice may occur. Again, the patient quite frequently develops very definite acute abdominal irritation accompanied by diarrhoea. Usually, the stool is very loose and yellowish but not particularly offensive.

There is quite often an intense feeling of weakness in the rectum - incontinence, or a feeling of prolapse - after the bowels have acted, and there is sometimes a definite prolapse associated with the diarrhoea.

A SAMPLE CASE: INFLUENZA

Baptisia (Wild Indigo)

Baptisia runs very closely to *Gelsemium* in symptomatology. Personally, I look at Baptisia as *Gelsemium* exaggerated and more intense. In contrast to *Gelsemium* patients, Baptisia patients are definitely more dusky. They give you the impression that their faces are a little puffy and swollen; their eyes are heavy, but with a congested, besotted look rather than the drooping lids of *Gelsemium*; the lip congestion, present in *Gelsemium*, makes Baptisia lips rather blue.

Mentally, Baptisia patients are more toxic than *Gelsemium* patients; they are less on the spot; they are confused, finding it difficult to concentrate on what they are doing. They grow a little confused as to the sensation of their body; they may feel that their legs are not quite where they thought they were. Their arms may have definite disturbed sensations; some patients feel their arms are detached and they are trying to re-attach them, others say their arms are numb.

Associated with this is the general Baptisia confusion. The patients themselves are not quite clear why they are there, where they are, what they are talking about or trying to discuss; they are not quite clear whether there is somebody else talking to them, somebody else in the bed. They are simply more fuddled than *Gelsemium* patients.

As you would expect with the slightly more intense toxemia, all the local conditions are definitely worse. The tongue is dirtier - the typical Baptisia tongue is in a pretty foul state. In the early stages it usually has a central coating of yellow, brown or black with a dusky red margin all round.

The patient's breath is always foul. With this very foul mouth, there tends to be a lot of ropy, tough saliva which is

apt to dribble out of the corner of the mouth when the patient is half asleep. In consequence, the lips tend to crack and become very foul, and may actually bleed.

The Baptisia patient sweats a lot, but the sweat, in contrast to the somewhat sourish odour of *Gelsemium*, is definitely offensive. This is true of anything in connection with Baptisia; it is all offensive.

In Baptisia, it is much more commonly the right ear and the right mastoid region which is involved. If a mastoid does occur, the prognosis is very serious indeed. Thrombosis occurs very early - and I mean astonishingly quickly - and the prognosis becomes correspondingly worse.

In a Baptisia influenza with obvious mastoid developing - tenderness and slight blush over the mastoid region - it is astonishing how the case alters completely within two or three hours of giving Baptisia. The patient, from being obviously toxic - all the signs of starting meningeal irritation are developing - is equally obviously recovering, as a result of even the first dose of Baptisia.

In contrast with *Gelsemium*, Baptisia patients are always thirsty. They have a constant desire for water, but if they take much at a time it often produces a sensation of nausea. Taking a little at a time, they are all right, but their thirst is always one of their troublesome features.

Baptisia patients always have intense aching pains all over. Any part they press is painful and tender; they also have acute pains in their joints, a feeling as if they were sprained or had been bruised; moving is very painful.

A SAMPLE CASE: INFLUENZA

Bryonia Alba (Wild Hops)

The typical Bryonia influenza develops, like the Gelsemium case, over a period of six to twelve hours. And the appearance of Bryonia patients is not unlike that of Gelsemium patients. They give the impression of being rather dull, heavy, slightly congested, with a rather puffy face.

Although they are definitely heavy looking, they do not have the sleepy appearance that you find in Gelsemium, nor yet the besotted look of the Baptisia patient - something between the two.

Mentally, as stated above, Gelsemium patients are dull, sleepy, heavy and do not want to be disturbed. Bryonia patients are also definitely dull and do not want to be disturbed - but if they are disturbed they are irritable. Irritability is always cropping up in Bryonia patients. They do not want to speak, and do not want to be spoken to. They do not want to answer because speaking annoys them, not because they are too tired to do so.

As, a rule, Bryonia influenzas are very depressed; they are despondent and not a little anxious as to what is happening to them; they feel they are ill and are worried about their condition.

To their worry about their impending illness they add a very definite anxiety about their business. They talk about it; if they become more toxic, they are apt to dream about it, and it is an underlying thought in the back of their minds throughout their illness.

It is also typical of Bryonia influenzas that the patients are difficult to please. They are very liable to ask for something and refuse it when it comes. They want a drink, and when it

comes, do not want it. Or, they may ask for a fruit juice and, when it comes, say they would much rather have had a drink of plain cold water - they are very difficult to satisfy.

Typically, they have a good deal of generalized, aching pain. They will tell you that it hurts them to move, and yet, very often, Bryonia patients are constantly on the move. They are restless and uncomfortable, and move about in spite of the fact that the movement increases their pain.

All the text-books mention that Bryonia patients are aggravated by motion. Apparently it does hurt them, but they get into this restless state when they will not keep still. When the patients are restless, the homeopath must find out whether it eases them or not. If it does not, they are probably Bryonia cases. If it does ease them, he must consider one of the other drugs - possibly Baptisia or one of the restless drugs, such as *Rhus tox*. It is a point that needs early clarification.

Bryonia patients feel hot, and are uncomfortable in a hot stuffy atmosphere; they like cool air about them. This can be linked with their thirst. They are always thirsty, and their desire is for cold drinks - large quantities of cold water - though, as mentioned above, they may ask for cold, sour things and then refuse them when they are brought.

All Bryonia influenzas have very intense headaches. Usually, the headache is intense, congestive and throbbing; the most common situation for it is in the forehead. Patients often say they feel as if they have a lump in their foreheads, which is settling right down over their eyes. The pain modality of the headache is that it is very much relieved by pressure - firm pressure against the painful forehead affords great relief to the Bryonia headache.

As one would expect, the headache is very much worse from any exertion - talking, stooping or movement of any kind. It is worse if the patient is lying with the head low; the most comfortable position is semi-sitting up in bed, just half propped up.

As a rule, *Bryonia* patients do not have a very profuse nasal discharge. More commonly, they complain of feelings of intense burning and heat in the nose, or of fullness and congestion.

Eupatorium Perfoliatum (Thoroughwort)

The outstanding point which leads to the consideration of *Eupatorium* is the degree of pain which the patients have. There are very intense pains all over - of an aching character - which seem to involve all the bones of the skeleton, arms, legs, shoulders, back, hips, and, particularly, the shin bones.

As a rule, *Eupatorium* influenzas develop rather more quickly than others and the pains develop very rapidly. The patients say it feels as if the various joints were being dislocated - it is that type of very intense, deep-seated pain. Associated with the pain, there is incessant restlessness; the patients are always moving to try to ease the aching pain in one or other of their bones.

In *Eupatorium* influenzas - a useful differentiation point - the sweat is very scanty. Other drugs which have a very similar degree of bone aching all tend to sweat.

The patients are always depressed, but with a different depression from that of *Bryonia*. They are acutely depressed

and definitely complaining; they complain bitterly about the intensity of their pain and, if they are not complaining, they move around in bed, groaning and moaning, and are very sorry for themselves.

In appearance, they usually have a fairly bright flush and a dryish skin, with rather pale lips, in contrast to the deep congested appearance in the other drugs already described. They tend to have a white-coated, thickish fur on the tongue and, instead of the bitter taste of *Bryonia*, they simply have a flat, insipid taste.

Eupatorium patients are always chilly; they feel cold and shivery, are sensitive to any draught of air and very often have a sensation of chilliness spreading up the back.

They usually suffer from quite intense headaches. Typically, they complain of extreme soreness of the head, very often most marked in the part that is resting against the pillow.

Rhus Toxicodendron (Poison Oak)

The onset of a Rhus tox. influenza is usually gradual and without a very high temperature; it is a slowly progressing feverish attack, which is accompanied by very violent generalized aching.

The aching in Rhus tox. is very typical indeed. The patients are extremely restless; their only relief lies in constant movement, constant change of position. If they lie still for any length of time, their muscles feel stiff and painful, and they turn and wriggle about in search of ease. This constant restlessness is the most noticeable thing about Rhus tox. patients on first sight.

They are very chilly, and very sensitive to cold. Any draught or cold air will aggravate all their conditions, and is enough to aggravate their coryza and start them sneezing; an arm outside the bed-covers becomes painful and begins to ache, and so on.

Understandably, Rhus tox. patients are extremely anxious; they get no peace at all and are mentally worried, apprehensive and extremely depressed. The depression is not unlike of *Pulsatilla*; the patients go to pieces and weep.

With all the restlessness and worry, they become very exhausted and, considering that their temperature is quite moderate, unduly tired-out, almost prostrated.

Rhus tox. patients inevitably have extremely bad nights. It is very difficult for them to get to sleep because of their constant discomfort; when they do sleep, their sleep is very disturbed, full of all sorts of laborious dreams - either that they are back at work, or making immense physical effort to achieve something.

They sweat profusely, and the sweat has a peculiar sourish odour, the sort of odour one used to associate with a typical case of acute rheumatic fever.

These patients always have intensely dry mouths and lips and very early in their disease they develop a herpetic eruption which starts on the lower lip - small crops of intensely sensitive vesicles that spread to the corners of the mouth. These usually develop within the first twelve hours of their illness.

Rhus tox. patients have very violent attacks of sneezing. They describe them as usually more troublesome at night,

and so violent as to make them ache from head to foot. As a rule, the nasal discharge is somewhat greenish in colour.

They suffer from rather severe occipital headaches, with a sensation of stiffness down the back of the neck and, very often, marked giddiness on sitting up or moving. They often complain of a sensation of weight in the head, as if it were an effort to hold it up.

Rhus tox. patients often complain of a feeling of intense heat inside, and yet their skin surface feels the cold. They are sweating profusely and any draught seems to chill them - they feel the cold on the surface - but they feel burning inside.

These are only highlights of five remedies commonly used in influenza, but they should be enough to show the wide variety of symptom complexes which can occur even with such a straightforward ailment as influenza. Homeopathic prescribing is a detailed and complex affair requiring astute self-observation and reporting by the patient and thorough skill and knowledge by the prescriber.

THE PATIENT'S RESPONSIBILITY

The homeopathic practitioner is faced with a challenging task in choosing precisely the correct remedy at each stage in a patient's treatment, but the patient as well carries significant responsibilities. Homeopathy is a powerful and effective therapy, but it also demands a great deal of the patient. One doesn't get something for nothing. The patient must learn to observe areas of life which are ordinarily ignored by most people, and this observation must be done objectively and dispassionately.

It is not enough for the patient to merely keep a notebook of every detail and then leave it to the prescriber to decide which details are significant and which are not. Symptoms are manifestations of the vital force, and as such they are the basis for making a homeopathic prescription. The symptoms important to the homeopath are those which have meaning to the patient, not mere pieces of data reported out of a compulsion to be 'complete'. Those observations noted by the patient in the course of daily existence - those which have some meaning, however small - are the very symptoms which are created by the organism's vital force, and therefore these are the ones which lead to a prescription.

On the other hand, it is important that the patient does not go too far in the other direction either. Some people are too

careful about not misleading the prescriber and so they ignore changes until they are absolutely certain. For example, if a patient of this type notices a definite tendency to chilliness on a particular afternoon, his mind may search for possible explanations - perhaps someone turned down the heat, or perhaps he drank a little too much iced water at lunch, or perhaps his metabolism is lower than normal because his sleep was restless the night before. If one searches hard enough, it is possible to 'explain away' virtually everything. This approach can present a big problem for the homeopath because there will be too few symptoms upon which to prescribe.

So, it is possible to go too far in either direction - either reporting too many symptoms having little actual significance or 'explaining away' the many symptoms which in fact are important. The best policy lies in between. The patient should accept the fact that everyone is an individual, including especially himself, and that any eccentricities which occur are simply a manifestation of his individuality.

At the same time, the patient should not place *ultimate* importance on these changes; he should refrain from interpreting what he observes. Otherwise, he may begin to imagine that he has some serious disease, or that he is sicker than he really is. This is why I recommend an objective and dispassionate attitude. Symptom observations are just that and no more; they are observations. No judgments are made about them. They are merely manifestations of the unique way that the defence mechanism is attempting to maintain balance.

The basic task of the patient is to report to the prescriber every deviation from natural function, not only on the

physical level, but on mental and emotional levels as well. Homeopaths do not limit themselves to merely physical symptoms leading to an allopathic diagnosis. Much more important are the wide variety of symptoms expressing themselves in every aspect of the patient's life - relationships, work stresses, reactions to environmental changes, food cravings or aversions, sexual desire, quality of sleep, and so on.

Even small observations which seem insignificant from an allopathic standpoint may well be crucial from the homeopathic perspective - particularly if it is something which has meaning to the patient. For example, suppose a patient has been found by allopathic doctors to be suffering from ulcerative colitis. He is used to spending the entire consultation discussing details about his bowel habits. A homeopath is also interested in this information to some extent, of course, but much more time will be spent on other aspects of the patient's life.

To the homeopath, the most useful information might be that the patient is often anxious - particularly about the future, is easily startled by sudden noises, can fall asleep only while lying on the right side, and has a strong craving for salt. Such pieces of information are irrelevant in the allopathic context, but they lead directly to the curative medicine in the homeopathic setting.

Another responsibility of the patient is to avoid impatience. This is especially true for chronic disease sufferers. One cannot expect immediate relief from symptoms possibly caused by pain-killers, tranquillizers or cortisone. Homeopathy does not have specific medicines to relieve pain, allay anxiety, counteract insomnia, etc. Homeopathic prescrip-

tions are always designed to bring about cure of the entire organism. The goal is harmonious functioning on all levels of being, not merely momentary relief of specific symptoms. Sometimes this process takes weeks or months and in more severe cases it can take one or two years.

One must not be too impatient. Patients sometimes consult homeopaths with the idea that a miracle is likely to occur, and when progress is slower than they expect, they denounce homeopathy and seek another therapy. The laws of Nature proceed at their own pace and they do not progress any faster under the demands of impatience.

The actual time required for cure depends upon several factors. The first is the strength of the vital force at the outset of treatment. A patient with a strong constitution will respond more dramatically, while someone with a weak vitality will take longer to cure. Stronger patients may need only one prescription and weaker ones may need a carefully-prescribed series of remedies.

The strength of the defence mechanism is determined to a large extent by hereditary factors. Patients coming from families exhibiting many chronic diseases are likely to require a longer time for cure. In addition, patients with a history of several illnesses, particularly if treated with many allopathic drugs, present more problems for homeopathic treatment. And finally, patients with long histories of poor diet, no exercise, and abuse of alcohol or drugs can expect cure only after extended periods of time.

Another factor in homeopathic treatment is the length of time the homeopath takes to find the indicated remedy. This is not an easy task and it may take some time to accomplish.

Patients who are used to the allopathic method of prescribing, which requires relatively simple judgments for finding palliative medications, may be disappointed at first with the systematic, painstaking process involved in homeopathic prescribing. Rarely, homeopaths encounter patients who become suspicious about the competence of the prescriber when he spends so much time consulting his books or computer and carefully inquiring into seemingly irrelevant details.

The patient must, however, remember that the process of finding a correct remedy is difficult enough without having to contend with a suspicious or impatient patient. Therefore, the patient should be glad to see the homeopath taking so much time and care. The patient should try to help the homeopath feel as psychologically at ease as possible in order to aid the process.

Another factor governing the length of time for cure is the level upon which the predominance of symptoms reside. Patients suffering primarily physical symptoms are generally easier to treat than patients suffering mostly from mental or emotional complaints. This is because the vital force, insofar as possible, always tries to limit disturbances to the most peripheral levels of the organism.

People can suffer from physical difficulties and still maintain a considerable degree of well-being on mental or emotional levels, but the reverse is not true. People who are disturbed on these deep levels experience much less well-being and are generally much more limited in their life-expressions. For this reason, patients with primarily mental or emotional problems have a relatively weak vital force, and cure can be expected to be correspondingly slower.

Once a prescription has been made and progress has occurred, the patient still has responsibilities. There are a number of influences which can interfere with the action of homeopathic remedies. In the absence of these factors, remedies may literally continue to act for months or even years, but if the effect is disrupted, it makes further prescribing even more difficult.

Allopathic drugs are among the most powerful interfering factors. An occasional aspirin for temporary aches or pains is generally no problem, but consistent use of analgesics, tranquillizers, antibiotics, contraceptive pills and especially cortisone can completely counteract the action of homeopathic remedies. In some instances, even dental work can produce the same effect. Therefore, homeopathic patients should refrain from all other therapies except for true emergencies and, if possible, only after consulting the homeopath.

Coffee is another common homeopathic 'antidote'. Coffee is a stimulant which can have effects as powerful as medicines. Individual sensitivities vary widely, so that for some patients a rare cup of mild coffee may have no effect, while for others even this exposure is enough to interfere. For this reason all homeopathic patients should avoid coffee altogether. Decaffeinated coffee, black tea, and grain-based coffee substitutes are all acceptable.

The handling of remedies themselves can also be an important factor for patients taking daily doses. Even in their glass vials or paper envelopes, remedies can be destroyed by exposure to direct sunlight, strong odours (particularly the odour of camphor and other aromatic substances) and excessive heat or cold. Remedies should be stored in a shaded place of moderate temperature free of strong odours.

Finally, the responsibility which occasionally can be the most demanding for patients is that of waiting out whatever healing crisis occurs. In the process of cure, the strengthening of the vital force may result in a temporary increase of symptoms. Usually this lasts from only a few hours to a few days, but in some cases it may take longer. If the patient doesn't understand this possibility, it may at first seem as if the homeopathic medicine is having an adverse effect and there may be a tendency to seek allopathic relief from the exacerbated symptoms. The same confusion may occur if the patient expects to never have a relapse, when in fact his or her particular case is expected to require several remedies in order to accomplish full cure. The patient must be able to recognize what is happening and trust the judgment of the homeopath. The patient must avoid panic and await further developments.

Homeopathy is a demanding system not only for the prescriber but for the patient as well. It is not a therapy in which the patient unthinkingly reports the diagnosis of allopathic physicians, receives a pill, and is then cured. It requires a good deal of objective self-observation, an attitude of sympathy and assistance for the task confronting the prescriber, a willingness to avoid interfering factors and the wisdom to be patient during whatever healing crises occur. For most people, these responsibilities are quite easy to meet, and the results are correspondingly gratifying.

Chapter 10

DOES HOMEOPATHY WORK?

When a homeopath has loved and deeply studied his work for many years, it sometimes happens that he may know the right remedy for the patient immediately. This is often wrongly called intuition. Perhaps intuition comes into it, but it is really a long and most serious acquaintance with homeopathy that makes this possible. An accomplished homeopath, Dr. Karl Konig, says:

We all know the experience, that sometimes, when seeing a patient, suddenly we are struck by the image of Drosera or Antimony. We are convinced that this is the right drug and that it will fit the patient as a key fits into its lock. How does this come about? It is not a matter of combined thought and impressions of outer symptoms; it is a sudden and immediate knowledge.'

In homeopathy, diagnosis is nothing more than the recognition of the drug which can cause - and therefore cure - a certain totality of symptoms. That is why homeopaths all over the world talk about their patients as being a '*Sulphur* case' or a '*Pulsatilla* case' and so on, and not a diabetes or arthritis case. They call the patient and the totality of his or her symptoms by the name of the remedy indicated.

These images are drawn from ordinary human experience plus a great deal more. In Appendix I (*Materia Medica*),

some characteristic remedy images are presented in order to give you an idea of the detail involved; actually, even these descriptions are only a summary, since the full description of even one common remedy would occupy fifty pages **or** more. Here, I will present just a few thumbnail sketches.

Undoubtedly you know some hard-driving individual, constantly working to force the world to go his way, who is often nervous and irritable, snaps at every detail, yanks the door handle off the cupboard if it sticks a little, comes home and takes out his work frustrations on his wife and kids. He lies awake thinking about work problems only to finally relax and fall asleep just as he must get up to go to work again. In his ailment, this person will show all the characteristic physical symptoms of *Nux vomica* (a Brazilian nut), and will respond dramatically physically, emotionally and mentally to its administration - often for many months or even years without the necessity of repeating it.

Or perhaps you know a very feminine, rather plump woman, very changeable in her moods, one minute in tears, the next in laughter - and all at the merest change of scenery or company - who enjoys people and talking to them (particularly about her complaint), but who is socially rather passive and not likely to be a leader. Yet she can suddenly be spiteful and snappish if spoken to. She is intolerant to heat while running about in cold weather with the skimpiest of clothing, and feels best when taking a walk in the open air and worst when cooped up in a stuffy room. This woman will show a dramatic response to *Pulsatilla* (the Wind Rower) no matter what her physical complaints may be (a skin eruption, disordered menstrual cycle, sterility, diabetes, asthma and so on).

Homeopathy lists in its *Materia Medica* (the formal compilation of guiding symptoms of medicines) literally thousands of substances. Their provings cover most of the symptoms which the homeopath encounters in his medical life. Naturally one can, and will, add to these resources. There is need for new research and new provings of substances not yet fully proved.

The great advantage of homeopathic diagnosis is that it concerns itself exclusively with the patient's symptoms, and discovers from these alone the cure. For the allopath, a pathological state requiring treatment exists only when he can observe some pathological tissue change in the body - a duodenal ulcer, say, or a tumour somewhere - but for the homeopath the disturbance starts with the patient's own symptoms, which are at the same time the indication to the remedy that will cure him.

To a homeopath, the patient is ill when and because he feels ill, and the malady is already far advanced when it qualifies for allopathic recognition. For the allopath, the patient is ill only if something can be seen in the laboratory tests. The point is that the patient is right: those very disturbances which are in the beginning his symptoms can, and ultimately do, result in the tissue changes recognised by allopathy.

The homeopath comes on the scene at the beginning and may cure the functional disorders, thereby aborting the possibility of subsequent pathological tissue change. It follows from all this that if the patient has to wait for an allopathic diagnosis before he can be cured, he pays for it dearly. This is why it has been repeatedly stressed that homeopathy is the best preventive method one can follow.

In Aphorism 7 Hahnemann states it very aptly:

Symptoms alone must constitute the medium **through** which the disease demands and points out its **curative** agent. Hence the totality of these symptoms, this **outwardly** reflected image of the inner nature of disease, must be the chief, or only means of determining **the** selection of the appropriate remedial agent.

One hundred and fifty years later, the late Sir John Weir, a renowned homeopath and personal physician to the Queen of England, gave a lecture on homeopathy to the Royal Society of Medicine at which he remarked:

In conclusion let me say, that the foregoing may sound to you plausible - or the reverse. But, as practical medical men, your feeling must be, 'Does it work?' In order to show you that it does work, I will take a few of the simplest cases, exemplifying Homeopathy in some of its phases. I am not going to weary you with details, but merely relate salient points.

An officer invalided home with Trench Fever. He had been ill for a year. This man had frightful irritability of temper. His fever started always at 9 a.m. He had the usual pain, restlessness, and jerking of extremities: these were worse at night. One remedy only, *Chamomilla*, has just this symptom complex: and a single dose of *Chamomilla*, in high potency, quickly cured him, and sent him back to the line.

A mother of small children, with acute food-poisoning, had been vomiting and purging all night, and was supported down to our out-patient department by her husband, at 2.30 p.m., cold, collapsed, anxious - almost

'done'. Her symptoms were typically those of Arsenic, and *Arsenicum*, in high potency, sent her home, a couple of hours later, warm and smiling, and again, well.

You see here the rapid homeopathic action in very acute sickness. The more acute the sickness, the quicker and more complete the curative reaction.

I was asked one night, at midnight, to see a man who had had champagne and oysters for dinner, and who was doubled up with colicky abdominal pain. There were beads of sweat on his forehead. His only relief was by pressing his hands deeply into his abdomen. He could only answer in a whisper. He felt so ill that he thought there was no chance of work next day. Giving him a dose of *Colocynth* [cucumber], in potency, I timed him, and in three minutes he gave a sigh, and stretched out his legs and said, 'I'm better.' And he went to business next day. Here the remedy had to be *Colocynth*, not *Arsenicum*!, because *Colocynth* is the only remedy with abdominal pains relieved by doubling up and pressure.

At 10.30 p.m. one night, I was called to a man suffering from urticaria - anaphylactic - after anti-tetanus serum. He was almost beside himself with fear and anxiety: very restless, couldn't keep still: certain he was going to die. Thirsty, felt hot, great fear of being alone. Very apprehensive. Everything had to be done at once. Here *Aconite* (monkshood) in the 30th potency, gave almost instant relief, and in fifteen minutes the patient was quite himself again. This was one of the most dramatic things I have ever seen.

I was once urgently called to see a patient acutely ill with rheumatic fever, who was the despair of all who came in contact with him. Nurse after nurse had had to go, and the doctor in attendance was at his wits' end. Rheumatic pains intolerable: said they were driving him crazy, A dose of *Chamomilla* brought almost instant peace: the temperature promptly dropped, and the patient got well.

One might multiply such cases indefinitely and remember, they are common, not to any one prescriber, but to Homeopathy.

In these days of advancing science, when the foolishness of Homeopathy is proving wisdom... and the amazing prescience of Hahnemann is obtaining every day new confirmation, what is there to prevent the most sceptical from, at least, experimenting with the power that has come to us.

Those who test Homeopathy and make the experiment, do not escape. Over and over again doctors have studied Homeopathy, or have been commissioned to look into it, in order to expose it - only to become its most enthusiastic adherents and exponents.

I suppose not one of us has approached Homeopathy otherwise than with doubt and mistrust: but facts have been too strong for scepticism.²

Here we shall describe some dramatic cases cured by good classical homeopathy but the reader should not get the idea that homeopathy, since it can cure such deep pathological cases, can cure everything. As we have stressed so far, the treatment for each case is different, requires an investigation that is completely akin to the individual organism under

consideration, and the therapeutic result **depends on the** capacity of the defence system to respond **to the highly** energized remedy.

A case of a patient in a coma for three months after an aorta transplant and a rejection process.

The first case refers to a 74 year old man, Mr. Stathopoulos, a Greek civil engineer, who was operated on for an aorta transplant by the famous Greek cardiologist Dr. Boulafentis in the cardiological department of a hospital in Houston, USA, in 1979. A rejection process started shortly after the operation and the man soon fell into a comatose state. After being unconscious for two months he was transferred to the Athens hospital, Hygia, where he remained in a coma for another month. At this stage he was taking strong allopathic medication including the antifungal drug Amphotericin D. His vascular system was in a terrible state, his kidneys were breaking down and his blood pressure high. He was being attended by two cardiologists, an intern and a nephrologist.

All his extremities were swollen and bluish from the repeated intravenous saline with the medication. After this long lapse of time and taking into consideration his serious condition, the doctors became desperate and called the daughter, an architect, and her husband, an assistant professor in the Athens University, to tell them that this was all they could do, there was nothing more to be done in his case. By their estimate the man had only a few days to live.

At this point his daughter and her husband, who were good friends of mine, came to consult me about the desperate condition of their father, and to ask me whether homeopathy could do something for the old man. My initial reaction was

of course negative, but all the same I went with them to the hospital to see his condition myself.

After looking at his case I thought that there was a ray of hope and I said that I would take up the case if the doctors of the hospital agreed to suspend all allopathic medication except the intranasal feeding. Under homeopathic treatment and while all allopathic medication was suspended, his consciousness returned in seven days and in twelve days he asked us to take him home. We did, but not by an ambulance but by the private car of the professor.

A month later the man was so well that the only thing remaining was a swelling of his ankles. I then asked him to call the cardiologist for his opinion about his swollen ankles. The cardiologist arrived and the patient opened the door. The doctor, not recognizing the patient said, "I am the cardiologist and I came to see Mr. Stathopoulos". The patient replied, "I am Mr. Stathopoulos". The doctor insisted "Not you, the patient". Mr. Stathopoulos now replied, "I am the patient!" The cardiologist, finding him in very good condition, telephoned me later and said, "You made a small miracle".

The man lived for another ten years in good health, driving his car until the end of his life, and died suddenly a few days after a brain stroke at the age of 84.

A case of progressed gangrene where preparations were being made to amputate both of the patient's legs at the thigh.

The next case is an equally dramatic one: it was referred to me during a seminar I was giving in Celle, Germany, to a

fairly large group of doctors. It concerned a woman who developed gangrene and was in a hospital in Celle pending an operation during which they were intending to amputate both her legs at the thigh. The daughter of the patient, who is a medical doctor and a student of homeopathy, made an appeal during the first day of the seminar saying that her mother was in the town hospital ready to be operated on in three days, and since I was there, could I do something for her mother?

The appeal was made in front of three hundred homeopathic physicians and it was a big challenge. Could homeopathy do something in such a short time, in legs in which the arteries were so closed as to allow gangrene to develop in a patient suffering for years with diabetes.

The most interesting thing was that during their routine examinations in the hospital they found out that this woman was also suffering from adenocarcinoma of the lungs, and such a diagnosis made the prognosis extremely bleak.

I took the case in June 1989 on a Friday in the hospital, and the patient was programmed for amputation the next Tuesday. Therefore we had only three days to show some effect on the circulation of her legs in order to persuade the doctors of the hospital to postpone the operation. Pictures of her legs, and the case study, was presented by me to the class with an analysis of the case and the prescription of the homeopathic remedy that she started taking at Friday noon.

The excitement in the class was tremendous, and the elation of all the doctors in the seminar was great when we heard on Tuesday morning that the doctors of the hospital had decided to postpone the operation due to the fact that the popliteal

artery showed some signs of functioning again. In another week the patient was discharged from the hospital bearing her weight with both legs. The treatment continued for two years, after which the patient reported to be quite well. I stopped consulting the patient after that time.

In 1999 I wanted to present this case in a medical symposium in Greece with the participation of a group of distinguished professors of medicine. I therefore asked my secretary in July 1999 to contact the daughter of the woman to give us a report. The report arrived in September 1999 and says as follows:

'Your treatment of my mother was very successful. She was in a good condition until she died on 26.11.98. On this morning she probably had a stroke, she was very weak and tired and didn't want to get up. She fell into sleep again and when the doctor from the village arrived, he recognised that she was going to die. He observed her last minutes and didn't interfere. She died in a very tranquil way, it was like the way she lived and I am filled with gratitude. Your treatment was unbelievable, it was like a wonder to change her dangerous condition and I want to thank you very much. In 1996 she had fractured the *collum femoris*; she got a TEP and recovered in a short time. There were no complications of the circulation or in any other parts of the body. After a few days she was able to walk and this condition continued until the end of her life. When my father died in January 1997, she went into a nursing home, where she enjoyed the company of others. I learned a lot in these last years with my mother - about life, sickness and about homeopathy.'

The dramatic atmosphere during the treatment of this case, within the congress hall, is difficult to describe, as the case looked incredible, but the three hundred participants can surely testify to it. A Polish surgeon who was attending the seminar said that he could state that he himself had amputated hundreds of similar cases in Poland. Furthermore, the case and its progress has been recorded on video and is available to any medical authority that might be interested.

A case of cancer of the head of the pancreas with metastasis in the liver.

In June 1995 a case with the above diagnosis was presented to an international group of doctors in the International Academy of Classical Homeopathy in Alonissos, Greece. The patient was a painter who was operated on and was told that he was going to live only a few months more. Homeopathic treatment was started immediately. His laboratory liver tests were really bad. After a lot of ups and down in the first year of treatment the patient steadily improved over the following years and in May 1999 all his laboratory examinations returned back to normal. The patient is in excellent health, happy, working full time for the last three years, and says that his health is as good as ever. He is still under treatment.

This case was also witnessed by 300 doctors and is also recorded on video. Needless to say, the story which is given here is only a very compact resume of the real case that took hours of investigation and analysis before the indicated treatment was finalized. Such cases, where allopathic treatment can do nothing or very little, would be useful cases for future research in hospitals.

A case of adenocarcinoma of the liver

During the September 1998 seminar of Italian doctors at the International Academy of Classical Homeopathy in Alonissos, a case of cancer of the liver was presented by one of the students. The patient was a 58 year old who was diagnosed with adenocarcinoma of the liver. A famous Italian professor of oncology who attended the case pronounced it incurable and told the wife of the patient, who is also a medical doctor, that the statistics show that such cases have a survival prognosis of 78 days.

The patient is still alive after 2 years of homeopathic treatment. But the important thing is that he feels great, his mood and energy are excellent and his laboratory tests are normalizing. He is still under homeopathic treatment.

Besides being witnessed by 120 medical doctors who attended the seminars this case is also recorded on video and is available for scrutiny and discussion by any interested medical authority.

A case of neurodermatitis complicated with celiac sprue (malabsorption syndrome)

A case of severe neurodermatitis in a child 3 years old which started after BCG vaccination and was complicated with celiac sprue (malabsorption syndrome) was presented in the 1990 seminar in Celle, Germany, in the presence of 150 doctors. The child was suffering extremely in spite of the fact that he had a diet free of gluten. The itching was almost constant and the eruption was spread all over his body. After 6 months of treatment the child became much better and has remained well up to the present time.

A case of cancer of the lungs with metastasis on the brain and bones.

This is perhaps the most dramatic case I have ever seen under homeopathic treatment. I received a call from a London clinic saying that a woman with the above diagnosis wanted to see me urgently. I replied that nothing could be done with homeopathy in such an advanced case and refused to see her. The head of the clinic telephoned me again pleading her case. I again refused. I then received a third telephone call saying that the woman wanted to see me just once and she was prepared to pay any amount of money. I said if they would pay me millions I could still do nothing for the case and again refused even to see her.

The reason for my refusal even to see her was that the woman was actually immobile as the cancer had affected the right hip-joint on the sacral bone. She was under heavy painkillers and could walk only for a few steps with the help of a cane, then she would move only with a wheelchair. Her case was monitored by one of the best hospitals in London.

I had forgotten the case when I received a call from a Greek friend of mine who lives in London asking me to see a woman from Australia with cancer of the lungs. I agreed to do so though I warned him that the chances were very slim for a cure. It turned out that the woman was the same one from London, who had found the avenue of my friend to approach me. She came to the Athens Centre of Homeopathic Medicine in Maroussi in a wheelchair and I saw her with one of the doctors of the centre.

I told her that I was surprised to see that she had insisted on coming all this way in vain as I was sure I could do nothing

for her. I wanted to finish the consultation right there and told her that I had nothing more to say.

She then started pleading with me to at least listen to her symptoms. Seeing my insistence in refusing to take her case, she told us a story which made me change my mind. She said "One night I prayed to God to help me with my health, and then I heard the voice of God telling me, '*Go to Vithoukas, he will cure you*'" and this was the reason why she was insisting so much to see me.

I said to her again: "I do not know what God told you, but what I do know is that with homeopathy it is impossible to cure such a case". She kept on pleading so much that I finally agreed to listen to her case.

As it came out it was one of the strangest stories I have ever heard in my whole career. She was a 43 year old woman from a very rich family in Australia. Her father had died several years before but the strange thing was that her mother had developed a really vicious hatred for her, to the extent that in one of their fights she had wished openly that her daughter, the patient, would die from cancer.

Two years after the mother's vicious wish, the daughter actually developed cancer of the lungs, which was soon metastasized to the bones and then to the brain.

The patient had also developed an equally strong hatred for the mother, to the extent that she also wished her dead. The complication for the patient was that in spite of the fact that the family was very rich, the wealth was controlled totally by the mother in Australia, who provided very little to the daughter. She, in turn, mixed with the high society of London, borrowed money from her affluent friends to cope

with living in the style of the rich and in the hope **that when** the mother died - she was already approaching **her eighties** - she would be able to pay them back.

As I progressed with the taking of her case, listening to all the symptoms, I found out that the indicated remedy - strangely enough - was clear in this case, something that happens very rarely and indicates that there is really hope for the patient. Homeopathy has different ways of evaluating the strength of the defence mechanism which is actually stimulated and brings about the cure.

Therefore, after 3 hours of taking her case, I had come to the conclusion that there was actually a possibility for an improvement in this woman. I then told her this but the problem was that she was taking many strong painkillers and the homeopathic remedy would not work together with them.

I explained the situation to her, to which she answered immediately that this was not a problem, she could stop the painkillers right now! I said that this would be impossible as the pains on the bones would be so intensely aggravated before the homeopathic remedy could act that she would not be able to stand them even for a few days. She left for London the next day.

After a week I received a telephone call from her. Her first words were: 'I am well.' I asked what she meant, had she really stopped the painkillers? She said, "Yes, the same day I started your medicine". "And there was no pain?" She said none! I could not believe my ears. Anyhow I gave further instructions and forgot about the case. In three months she telephoned to say that she had been back in the hospital in London where they monitored her case and she told them

how well she was. She said, "I danced in front of them in order for them to believe that I could walk again without pain". I still could not believe my ears, but anyhow I gave further instructions for the medication.

A month later I received a telephone call in my house, very early in the morning, about 3 a.m. in London and 5 a.m. in Athens. She was on the phone screaming that she most probably broke her ribs during her sleep in the night and the pain was excruciating, unbearable. She could hardly speak from the pain. I told her that these pains were a relapse from the metastasis and not from a broken rib!

I thought that's it, I could never control the pain again, but all the same I instructed her to try a remedy and to phone me in the evening. Sure enough she telephoned to say that there was no more pain any more! These relapses happened another three times in the 11 months of treatment, and were always controlled by the homeopathic remedy. One day she telephoned in a panic saying that the right eye was bulging out and could not see. There was also a severe pain in the head. Again the homeopathic remedy controlled the symptoms. After a year she considered herself cured and stopped telephoning.

Three years later I inquired from the lady in charge of the clinic in London who had initially phoned me about the patient to know what had happened with this case. And she told me the most amazing story I could have heard. The mother in Australia had died but before her death, she gave all her property to a foundation in Australia, leaving the daughter with all her debts. The patient despaired so much that she went to an expensive restaurant in London, ordered a luxurious meal and took with it enough pills to kill herself.

I mention this case here though I cannot know to what extent the improvement really was, whether after a year or two the cancer would have come back and killed her, as the case was monitored from the London hospital and I had no access to their findings. But this case really shows the extent to which homeopathy can be effective if it is practised properly.

For many decades, homeopathy was practiced in a very bad manner. Instead of trying to find the indicated remedy for each individual case, which requires a lot of time, doctors would prefer to give ten, fifteen or even twenty remedies together hoping that the right one would be within these twenty. With such a practice results were very poor and people got the impression that this method was good only for simple ailments like common colds and headaches.

Epilogue

Just because these few cases may look anecdotal, it is important that the reader understands that in the 40 years of my practice of homeopathy I have seen more than 150,000 cases, a great proportion of them coming to homeopathy after allopathic medicine had failed. I can easily testify that most of them were benefitted by homeopathic treatment.

It is also true that the above are extreme pathology cases that do not comprise the everyday practice of a homeopath. It is also true that many other cases that look like the ones I have presented here would not have responded in the same way, for reasons that I cannot explain in this small treatise. What can be said for sure, is that homeopathy could have prevented a lot of cases going into deep pathology. It could have alleviated the suffering of many chronically ill patients and

could have regenerated an increasingly degenerating Western society that has had so far 'the best possible medical treatment'. Yet, perhaps the main reasons for such degeneration are the chemical drugs themselves that were supposed to cure the diseases.

It is strange that in spite of the fact that homeopathy has demonstrated this kind of effectiveness, it has not taken the place it deserves in the medical arena. If any other therapy had shown such dramatic effects in incurable cases, even in one of them, the whole world would have listened with attention and awe. Look at the first heart transplant that created such a sensational impression. Yet the cases that were subsequently saved with this treatment had none of the quality of life that homeopathy can provide nor were they in any number. They also do not have the easy and inexpensive way for providing such tremendous relief.

Homeopathy has received much attention from the public but not the attention and seriousness it deserves from medical authorities and governmental bodies. I am afraid that when its worth is suddenly discovered by the masses, the whole world will turn towards it with an unprecedented hysteria expecting much more than it can deliver at the moment. So a kind of plan is needed to prepare for the fast approaching changes in the medical arena.

Homeopathy is a very difficult therapeutic modality in its learning and application, and requires several years of education together with a definite dedication on the part of the physician who undertakes to learn it correctly and practice it professionally. The reason is simple: the doctor has to learn a subject that requires at least as much time as his medical studies if he wants to learn it properly.

In case such a sudden expansion does take place, the public will be exposed to a lot of charlatans who will manifest from one day to the next to cover the transition. Governments should start planning for the future and investing more programming and finances into better education which doctors need, so that homeopathy can finally demonstrate its best possibilities.

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HOW CURE OCCURS

So far, we have considered society's return to natural processes arising from the failure of modern medicine to deal effectively with chronic diseases. Step by step, we have followed Hahnemann through his life of discovery: the Law of Similars, the process of extracting the healing power from natural substances while eliminating toxicity, the concept of the vital force as the basis of health and disease and the miasms as being the underlying cause of chronic diseases. We have been given a glimpse of what it is like to have a homeopathic case taken and the miraculous results which occur after the correct remedy has been prescribed.

Homeopathy works, and attempts continue to be made to understand the nature of things, to be able to say precisely *how* it works. In truth, the answer is academic, since the practitioner's first obligation is to cure, and our knowledge of homeopathy is adequate to do that. Nevertheless, the human mind is not content without answers. Within the framework of existing knowledge, here, briefly, is the best answer I can give.

It doesn't take much thought to see what the symptoms of a disease mean, what they show, what they say. They are the means by which nature fights to rid the organism of the disease. As Hippocrates aptly put it: *'Through vomiting*

nausea is cured.' It seems that each organism possesses a defence mechanism (a manifestation of the vital force acting in the disease state) which is set in operation as soon as this organism is invaded by an internal or external morbid agent. We know that all infectious diseases have an incubation period during which the patient is unaware that he is ill; actual symptoms appear only after this period of incubation, which may last hours, or days. Here is the first clue to the theory of the dynamic conception of disease.

In the phenomenon of illness we see the appearance of certain symptoms. But what is the process of their creation - indeed, of any creation? When something is created by man, it is first conceived in his mind. That conception is the birth of creation at a dynamic level. For example when a new machine is made, its inventor first conceives it and works it out in his mind.

This rule of the dynamic origin of creation holds for all creation, whether it be for the original creation of the universe or of man or of man's works. *'As above, so below.'* Nature works this way and disease is created this way as well. When a morbid agent comes in contact with a susceptible organism - and here we have, clearly, the positive and the negative, light and dark, male and female, yin and yang - then the disease is conceived on a dynamic level. Only later do we feel and see its results in the organism.

This dynamic disturbance which shakes the entire organism, starting from its centre, first affects the electromagnetic field of the human body. Until recently, the very concept that the human organism is associated with an electromagnetic field has received scant attention, but modern research with field-measuring devices and Kirlian photography is demonstrating

that there is a highly active electrodynamic field permeating every living organism. These fields can be measured in intensity and they have been demonstrated to be very dynamic. From moment to moment the field changes in intensity depending upon alterations in consciousness, emotional changes, ingestion of alcohol or drugs and even the acquisition of illness.

The discovery of bio-electromagnetic fields is beginning to revolutionize the concepts of Newtonian physics. Newton explained laws which govern the visible physical universe, and these laws remain as valid today as in Newton's time. However, observations of nature on atomic and sub-atomic levels required new concepts and these have been provided by modern physics. Basically, these concepts recognize that matter and energy cannot be considered separate categories. They are interchangeable, and they interact constantly in the context of what is called a 'field.' The importance of this new perspective is stated best by Albert Einstein:

We may therefore regard matter as being constituted by the regions of space in which the field is extremely intense... There is no place in this new kind of physics both for the field and matter, for the field is the only reality.

Electromagnetic fields are characterized by the phenomenon of vibration. As electrons race around atomic nuclei, they first move in one direction and then in another, as viewed by an external observer. This oscillation back and forth occurs at a specific frequency which is determined by the type of sub-atomic particle and its level of energy. For our purposes, however, the significant point is that everything exists in a state of vibration, and every electromagnetic field is charac-

terized by vibration rates (or frequencies) which can be measured.

The human organism is no exception. To grossly oversimplify a highly complex situation, one can visualize an individual human being as existing at a particular vibrational frequency which may change dynamically every second depending upon the mental state of the person, internal or external stresses, illness, etc. The vital force is akin to a kind of subtle energy which resembles the electromagnetic field in living beings.

Once a morbid stimulus has affected the electromagnetic field of a person, things may progress in two ways. If the person's constitutional state is quite strong and the harmful stimulus weak, the electromagnetic field changes its vibration rate only slightly and for only a short time. The individual is not aware that anything has happened at all.

If, however, the stimulus is powerful enough to overwhelm the vital force, the electromagnetic field undergoes a greater change in vibration rate, and effects are eventually felt by the individual. The defence mechanism is called into action which may involve changes on mental, emotional, or physical levels.

The defence mechanism of an organism is called into play only when a stimulus is truly a threat to the existence or well-being of the organism. It is only then that the organism sets in motion processes which are felt by the patient as symptoms. The symptoms of a disease are nothing but reactions trying to rid the organism of harmful influences which are merely the material manifestations of earlier disturbances on a dynamic electromagnetic level.

The function of homeopathy is to powerfully strengthen the organism's natural defence mechanism by adding to its resources and energy. It works in the same direction as the vital force and not against it. This direction, this natural intelligence of the vital defence, is precisely that set of symptoms that allopathy would so diligently suppress.

As all substances possess characteristic electromagnetic fields, the task of the homeopath is to find that substance whose 'vibration rate' most closely matches that of the patient during illness. As discussed earlier, the vibration rate is manifested by the totality of symptoms - whether in a patient as manifestation of the illness or in provings after administration of the remedy. When the vibration rates of patient and remedy are matched, a phenomenon occurs which is very well known to physicists and engineers as 'resonance'. Just as one tuning fork can stimulate vibration of another of identical frequency, so the remedy enhances the vibration rate of the patient's electromagnetic field. This results in an increase of the patient's electromagnetic field at precisely the frequency needed to bring about a cure.

Of course, to accomplish such benefit, the remedy chosen must be very close to the precise vibration rate of the patient. This is why it is important for patients to consult only fully qualified homeopaths - those who have undergone at least four years of training in reputable schools and who strictly follow the basic laws and principles of homeopathy.

There are many homeopaths who possess only a partial knowledge and who frequently deviate drastically from basic principles. They administer homeopathically prepared medicines, but they cannot be called homeopaths. Although poor homeopathy cannot do active, direct harm in the same sense

as toxic allopathic drugs, it can create great disruption in the vital force of the patient. If disorderly prescribing occurs over a long enough period of time, the case can become so disrupted that even a highly qualified homeopath will not be able to restore the patient's health.

Because of the principle of resonance (the Law of Similars), a remedy which does not cover all the patient's symptoms cannot have any effect, nor should it be supposed that two or three drugs (remedies) taken together will collectively do the work that one is supposed to do. Logic may find it perfectly reasonable that if one drug can produce 80 per cent of a patient's symptoms and another can produce the remaining 20 per cent, both can be safely administered together and jointly remove the disease. But it does not work that way. It is not a matter of quantity - adding up the required number of symptoms in a variety of drugs - but rather one of quality. In nature, these remedies are all dissimilar in quality (in vibrational frequency) and thus create dissonance with one another.

As a crude analogy, we may enjoy two Beethoven sonatas, each in its own mood affecting us in a refined way, but if we were to mix them simultaneously, we would hear only a meaningless and painful dissonance. Every drug has its own vibrational frequency and, in order for it to work, it must be Similar to the nature of the disorder and be administered singly.'

MORE LAWS OF CURE

Any practitioner who goes into such detail and depth with each case - homeopath or otherwise - is bound to make many crucial observations about health and disease. Just so, homeopathy has discovered further laws of the manner in which cure occurs. As with those already mentioned, these are universal laws which apply in any field - acupuncture, herbal medicine, polarity massage, psychic healing, even allopathic medicine.

You will remember that a temporary aggravation of the symptoms is to be expected after the correct remedy has been taken and before the cure is completed. This aggravation is hardly noticeable in acute disorders but quite definite in chronic disorders. It sometimes attains an intensity which one could well describe as a healing crisis. During such a crisis one may expect such things as sudden diarrhoea, increased menstrual flow, excessive perspiration, profuse expectoration, excessive sleepiness and the reappearance of any suppressed skin eruption. The duration and intensity of the crisis are in direct proportion to the severity of the case. Two conditions are necessary for such a reaction: the correct remedy, and a vital force strong enough to produce a reaction. This explains why true homeopaths delight in such aggravations.

It often happens that in individuals of weak vitality, this curative crisis comes about only when the organism has been sufficiently strengthened, both by continuous and careful prescribing and by the right kind of life.

In homeopathy, up to twenty-two different reactions have been found after the first prescription but it is not within the scope of this book to go into minute detail. It may simply be enough to say here that after the first prescription the symptoms may disappear in one of four directions. They may:

1. Go from the centre to the circumference of the body.
2. Travel from above downwards.
3. Go from more vital to less vital organs.
4. Disappear in the reverse order of their onset - those that appeared first being the last to disappear.

By symptoms moving 'from the centre to the circumference' we mean that the brain, which is the seat of thinking and all higher functions, is at the centre of man. With the organism considered as a whole, the brain is automatically recognised as its most vital part - its centre. Next in importance comes the heart, liver, lungs, kidneys, down to the muscles and skin, which constitute the circumference of the organism. These latter are man's least vital organs in that a scratch or the rupture of a blood vessel on the skin can safely be neglected, while on the brain the same thing could be fatal. We also know that if the centre is disturbed, the whole organism suffers profoundly.

For example, when a mental case is treated homeopathically, in the course of treatment the mental symptoms disappear and are followed by violent symptoms in the stomach. By

this phenomenon the homeopath knows that a complete cure will eventually come about, because the direction followed by the symptoms is correct: from the centre to the circumference. Likewise, in the case of asthma, if a skin eruption appears during the treatment, it shows that the disease is moving towards the circumference, thus guaranteeing that the patient will finally be cured.

It takes a master homeopath to understand the symptoms of a patient, evaluate them correctly and treat them accordingly. Unfortunately, after a favourable reaction the ignorant patient, anxious to clear up his skin condition immediately, often finds some obliging allopath to swiftly restore him to his previous condition!

One of those who have most clearly described the direction followed, if a cure is to take place, is Hippocrates himself. In the 49th of his aphorisms he writes:

In a person suffering from angina pectoris the appearance of swelling and erythema on the chest is a good sign, for it shows that the disease is moving towards the circumference.

And in section 7, aphorism 5:

In a mental disorder of a **maniacal type, dysentery or anasarca** is a good sign.

Again in section 6, aphorisms 11 and 21:

In those suffering from depression of spirits and kidney diseases the appearance of haemorrhoids is a good sign.

The appearance of varicose veins or haemorrhoids in those suffering from mania shows that the mania is cured.

And in aphorism 26 of the same section:

If the erysipelas moves from the outside **to the inside, it is a bad sign**, but if the opposite happens **it is a good sign.**¹

In all these examples we can see how correctly this great physician understood and described the law of direction of cure.

The direction 'from above downwards' appears mainly in skin eruptions where the trouble moves from the head and the upper part of the extremities toward the fingers and nails. Likewise, if the symptoms move from the brain to the lungs, this is a movement from above downwards, and at the same time from a more vital to a less vital organ.

Finally, the symptoms disappearing 'in the reverse order' to which they appeared means, for example, that if a patient suffered from chronic headaches ten years ago and then from vertigo and after that from depression or epilepsy, the depression or the epilepsy would be the first to disappear; next vertigo, and then when this had gone, the headaches would return and finally they would also disappear.

This gives an idea of what detailed and careful work is required of a homeopath in each individual case if he is to restore his patients to health. It also shows the knowledge he must have and the difficulties he encounters when, in the course of treatment, old symptoms reappear and the patient is anxious to get rid of them.

It is of the utmost importance, then, for the patient to thoroughly know the theory of homeopathy; otherwise he will perhaps discontinue treatment just when he is

improving. It has been the source of much disappointment for me to see good work undone by ignorance and impatience.

Reference

1 Hippocrates, *Aphorisms*; author's translation from the Greek.

PLANS FOR THE FUTURE

Despite the difficulties of creating a new and revolutionary system in the world, there are actually some very exciting and important steps being taken to establish and institutionalize the highest standard of homeopathy. These efforts require the assistance of many individuals in a wide variety of ways. How can an individual contribute to the establishment of homeopathy?

The first and most important thing to do is to be treated by a good homeopath. Personal experience is the only way one can fully appreciate the benefit of homeopathy. It is not necessary to have a serious disease to be treated homeopathically; virtually everyone has some disturbance or imbalance to be corrected.

How does one find a good qualified homeopath? You can seek out homeopaths who have been trained extensively by the eminent homeopaths of modern times.

The ultimate goal for the future is to establish a full-time professional school for training homeopaths, where medical knowledge as well as homeopathic training is given over an extended period of 6 or 8 years. At present the resources are not available to directly establish such an institution. However, steps toward that end have already been taken, and there is much that can be done to further this progress.

An important project now in the planning stage is the establishment of a healing centre to which people of various degrees of health from all over the world can come for treatment. Such a facility will not only provide the best of homeopathic care (along with other holistic therapies when indicated), but it would also be a training facility for homeopaths who have completed the basic training. This facility will then become the nucleus eventually for the formation of the fully-fledged homeopathic professional school.

Such are the plans which have already been formulated. It is impossible to predict the directions of growth for such a successful and complete system of healing. But the limits are only defined by the energy, vision, and talent of those who apply themselves to the task with love for their fellow beings.

Finally, let us describe briefly the vision of the curriculum of the professional homeopathic school of the future. Such a curriculum would have to be radically different from anything taught in medical schools at present, and I shall try, in very broad terms, to describe what would be necessary. To do so we must first consider the most basic subject matter of medicine: man himself.

Until now, applied medicine has considered the human being exclusively as a physio-electrochemical organism. In theory, it might admit that there is something beyond man's material body, something called the mind. But what do physicians really know about these matters? In their everyday practice they are called upon to treat skin eruptions that come on after deep distress, Bell's palsy after anxiety, diabetes after disappointment, duodenal ulcers after irritability or tension, insomnia caused by ambition or fear, chorea after

mortification or vexation, and so on without end. So they know in their practice the effects that disturbed thoughts and feelings have upon the body. Yet they have neither the knowledge nor the means to go to the root of these disorders, nor do they ever stop to think that some other treatment may be needed.

It is indispensable to teach the practicing homeopath about the mind and the emotional spheres of mankind. The homeopathic *Materia Medica* deals exhaustively with all these and therefore the homeopath has the means to detect all disturbances, trace their origins, and treat them radically. Hence, the homeopathic *Materia Medica* will be one of the main subjects taught throughout the entire period of study.

Next comes what is called homeopathic philosophy, which deals with the laws and principles that govern a cure. This will cover not only those considerations described in this book, but also many more which enable the homeopath to recognize quickly when a cure is in progress, when the disease is being suppressed, when to wait for further elucidation of progress, how to discover the 'essence' of a given case, what cases are curable or incurable, etc.

Then the student will be taught all the subjects that will give him or her accurate knowledge of how the human body is constructed and functions in health and disease: anatomy, physiology, pathology, pharmacology, and the various specialties. These subjects, however, will be taught in a new light, always from the knowledge of the action of the vital force. In this way many things that remain mysterious to even modern medicine will be explained. The student will also be taught everything in modern technology that is relevant to the healing art, such as laboratory diagnosis with

all modern equipment, as well as the elements of certain ancient and modern holistic techniques that have proved effective in some instances.

Then the student will have to be taught through the living example of his teachers that love and compassion constitute the rules on which he would build his scientific knowledge, if he really wants to help his patients.

Finally, the teachings of the school should be such as to bring about, in the very depths of the students' hearts, the realisation that the human being is not an accidental event but the result of a Divine Order or Will, and that its destiny is to free itself from the bondage of pain, of passion, and of selfishness.

A Step towards the Vision - the Present Situation

It is well known that there are different schools for homeopathy all over the world that are teaching the art and science of this discipline. In India, Pakistan and Mexico we find separate colleges that run a full course in homeopathy, and there are as well different weekend schools in England, Germany, Norway etc. that also teach. Apart from these, there are several seminar and postgraduate classes that aim at giving a more complete knowledge to their students. Many such seminars are run by my ex-students who participated in my teaching from the late seventies to the early eighties.

Soon I was finding out that students who graduated from such teaching programmes did not have the experience and the knowledge to give them the confidence of going in to practice. Therapeutic results were quite uneven and were not matched to the possibilities that this science has.

On the other hand, in the ten years from 1985 to 1995 I had concluded that there were several problems that had to be solved before results were steady and of a consistently high quality. During these last years of my practice I have discovered a lot of such problems and found many missing links.

All this knowledge was never given out in any of my seminars before the year 1995 as I wanted to share it with students who would be willing and enthusiastic enough to participate in a full course from A to Z in the classical way of prescribing homeopathy. This was an old vision of mine which I had shared in an article in 1977 in the Journal of the American Institute for Homeopathy.

In May 1995 we celebrated the opening of the International Academy of Classical Homeopathy in the Aegean island of Alonissos, Greece. This school of classical homeopathy, with its beautiful buildings, was established for the specific purpose of incorporating the above ideas into its teachings. The course runs for four years and educates medical doctors, and health practitioners to the highest degree in classical homeopathy. The students come from over 20 different countries, mainly from Europe, North and South America, Russia and Asia.

This teaching programme is based on my more than 40 years experience of homeopathy and includes theory, *Materia Medica* and most importantly, gives to the students a practical course with live cases with long follow-ups. The objective is to send out into the world fully trained classical homeopaths who will be in a better position to practice this true healing art and science with love and compassion.

An interesting development has been the dissemination of this particular teaching of the four year programme by video courses. These are currently starting to run in several countries with further expansion planned. At the moment the courses are already being held in Germany, USA, Bulgaria, Romania, and we are preparing for the UK, Russia, Ukraine, Pakistan, India and other countries.

Those interested in the courses should contact the International Academy of Classical Homeopathy, 37005, Alonissos, Greece. In this way students can participate, in their own country, in this specific homeopathic education and be eligible to take the examinations for the final diploma. Continuing true and pure education of future homeopaths along classical lines must remain one of the highest priorities and it is one to which I have dedicated the rest of my life.

PROMISE FOR THE 21st CENTURY

I strongly believe that humanity is entering a new era of consciousness, a new understanding of things, making deep changes, re-evaluating accepted norms - in short, that there has begun a deep and sincere revolution leading to a spiritual evolution unprecedented in strength and eagerness until this time.

One catalytic factor forcing humanity to this re-evaluation is *suffering* and a great deal of this is due to humanity's state of health. As people awaken now to a new dimension in the understanding of existence and their relationship to the world in general, they find themselves frustrated, for the tool, the means through which they may attain a higher state - namely the body - has degenerated to the point of incapacity.

The intelligent person soon asks the question, 'If orthodox medicine were really good and effective, wouldn't it have improved the situation? How is it then that we see today millions of epileptics, mental patients, paranoids, diabetics, asthmatics, heart sufferers, and cancer victims?'

It is therefore natural that people turn to an alternative. In this small treatise, I have tried to show the depth and thoroughness of homeopathy, and its unbelievable effectiveness. Needless to say, we need Masters in homeopathy to perform

the miracle but the main thing is that it can be **done. It is not** only **I** who make this statement, but every Master **of the past** and present.

The following is from a speech by Dr. W. H. Schwartz during an international homeopathic congress in America:

Let me present the evidence of my Master, James Tyler Kent, A.M., MD, taken from his presidential address to the Society of Homoeopaths in Chicago, 1912:

'Let us announce to the world *what* we can do, if we do it, that it may be a standard for others to follow. All acute diseases, no matter how painful and malignant they may be, may be aborted or cured by homeopathy: typhoid and whooping cough within ten days; la grippe, acute bronchitis, pneumonia, remittent fever within a few hours; scarlet fever, diphtheria, intermittent fever, measles and smallpox within a few days; septic fevers within a few hours.'

I once asked Dr. Kent, 'What can you do for the insane?' for I knew of some remarkable cures he had made. He replied, 'I could go through our insane asylums and take out about half of them and cure them, and if I could have reached them at the time they were incarcerated, I could have cured practically all of them excepting those cases due to imbecility, tumours, and epilepsy.'

All expert homeopaths will attest to Dr. Kent's announcement as being verified by their individual experiences. Your experience will prove that homeopathy is a talisman from which all diseases fade away. It is specific.

Yet in spite of claims by Hahnemann more than one hundred years ago with demonstrated proof, Dr. Kent's announcement twenty years ago and your individual experiences, we are slow to let the world, both professional and lay, know what homeopathy can do. How could they know if we do not tell them? We tell one another often in our societies and journals, but we have neglected to 'go out into the world and preach the Gospel.'

We are lazy, and we alibi with 'professional ethics'. We follow the path of least resistance preferring to be entertained, amused and 'letting George do the work'. We are like the foolish virgins: we bury our talents and hide our candle under a bushel measure, keeping suffering humanity in the dark. Is that ethical? It is our duty to go out and preach, *advertise* homeopathy. The medical profession at large is starving and wants homeopathy but they don't know that they do...

If someone had the genius to awaken the world and make it realize what homeopathy can do, it would mean a new epoch for humanity - a renaissance in medicine. Indeed, homeopathy is so far-reaching that its universal use in medicine would mean great progress toward the millennium, as homeopathy has to do with not only the physical but spiritual development in man - the homeopathic remedy actually saves souls in this way.

It assists in destroying the evils by creating harmony of the physical organs and thus promoting a pure vehicle for intellect and spirit to function. Homeopathy helps to open the higher centres for spiritual and celestial influx. It is the only scientific system of medicine, but is too difficult to master without intensive training...

Homeopathy is not limited to certain diseases but is universally applicable to all diseases. It cannot cure all cases as in some there is not sufficient vitality that may be aroused to cure.

There is another field of homeopathic achievement. Without fear of being challenged by the expert homeopathic physician, I will state that practically every individual may have many years added to his life if taken in time, by being vitalized by the homeopathic constitutional remedy. Even those elderly souls who ordinarily would have died at three score years and ten, in many instances, can be rejuvenated, vitalized and given a new lease of life, adding years of usefulness and comfort, and joy to their family. It was this fact that led me to prophesy in one of my writings in 1916 that Mr. John D. Rockefeller would undoubtedly live to be over 90 years of age, for I knew his physician, Dr. Alonzo Austin, had vitalized this remarkable man with homeopathic remedy.¹

Homeopathy is absolutely effective in cases where there are no pathological tissue changes - that is, in cases where the disorder is still only functional. In such cases, though the sufferings of the patient may be intense, no seat of the disease appears, even after the most thorough clinical examinations.

Homeopathy also has most spectacular results in diseases of children, both acute and chronic. In children, the disease has not had time to progress to the point of being incurable. The vitality of children is also still at its height and therefore capable of bringing about the necessary reaction.

A child treated by homeopathy will grow with far less suffering than another, because homeopathy eliminates his

predispositions towards disease. Of course, if predisposition **to** any disease is going to be completely eliminated, the treatment must be continuous and should start at the very beginning of life - conception.

Therefore, homeopathy can regenerate the population of any country that adopts it completely, together with some other auxiliary sanitary measures which are not within the scope of this book.

It often happens, if the doctor is a real master of homeopathy, that even cases considered incurable can be restored to health through continuous and proper stimulation of the vital force. That is why Dr. J. T. Kent, the man who effected the most spectacular cures in the world of homeopathy, wrote as follows to one of his friends: *'My records of epilepsy, blindness, cancer, etc., I dare not publish, as I would certainly be hounded as a falsifier. I should not believe it myself unless I had seen the patients come and go.'*⁵

Homeopathic journals all over the world are full of cures in cases like asthma and all kinds of allergic conditions of the lungs and higher respiratory tract, anaemia, skin afflictions of all kinds - like psoriasis and dermatitis, rheumatoid arthritis, heart disease, kidney and liver complaints, chronic headache, vertigo, mental disorders and so on. Most of these have been declared incurable by allopathic medicine; all of them have been cured by homeopathy.

This is the main reason why homeopathy has survived and spread as widely as it has. It is at present practised in nearly every country of the world. Now that this is so, now that it has cured millions of people, we can understand the meaning of the epitaph which Hahnemann chose for himself: *Non Inutilis Vixi* - 'I did not live in vain.'

It would be fitting to end this book with the words that Hahnemann bequeathed to coming generations:

Refute these truths if you can by showing a still more efficacious, certain, and agreeable method than mine; refute them but not by words alone, for we already had too many of those. But if experience should prove to you, as it has to me, that my method is the best, make use of it to save your fellow-creatures and give the glory to God.³

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3. Dr. S. Hahnemann, *Organon of Medicine*.

Chapter 11

The Great Misunderstanding

A serious misunderstanding has arisen where health and medicine are concerned: there is a general belief that, in this particular field, constant improvements have brought us ever greater progress and a better state of health. In reality, however, not only are we not seeing such improvements, but on the contrary, the appearance of ever new medicines with their attendant side-effects, is causing increasing damage to the deeper levels of the human organism.

This misunderstanding has arisen for two main reasons:

1. A certain amount of confusion has arisen concerning **surgery** and **therapeutics**. There is a tendency to combine these two when speaking of medical progress. In reality what is being referred to is basically the **accomplishment of modern technology used in surgery**. Surgery has used aspects of high technology originating from other branches of science to perform truly miraculous acts, and therefore the whole medical world speaks of 'medical progress', creating a generalisation based on these quite distinct surgical successes. The greater part of medicine is however made up of the **therapeutics**, applied to millions of people on our planet daily, and not surgery which covers only a few tens of thousands.

2. Doctors have practically never clearly and openly admitted to their patients that their prevalent therapeutics cannot truly cure not even one chronic degenerative disease such as osteoarthritis, rheumatoid arthritis, *lupus erythematosus*, sarcoidosis, multiple sclerosis, myopathy, myastheny, epilepsy, bronchial asthma, allergic conditions, heart diseases, mental disorders of various kinds of severity, AIDS, cancer, etc.

However, the majority of diseases befalling the human race today are precisely these **chronic diseases**, and not acute diseases or surgical cases. For instance, it is a chronically damaged heart that will need transplantation which has such a high cost today. If therapeutics were making any progress we would prevent degeneration and we would not have so many cases of heart or chronic disease already in young individuals.

The problem that we must face is, how is it possible with appropriate treatment to get to the point where surgery will no longer be needed to such an extent?

My reasoning is quite simple: **if our present system of therapeutics were truly curative, chronic diseases should by now have declined or even been wiped out.** In reality, however, not only is this not the case, but what we are seeing is exactly the opposite, a great explosion of the numbers suffering with chronic diseases plus the fact that new chronic degenerative diseases have manifested and joined the ranks of those already existing - witness the latest - AIDS!

So where is this tangible medical progress? Should we wish to approach this problem as a whole, we should be obliged to confess that **existing methods of prevailing medical treatment have sadly failed us.**

Today's medicine is not only useless, but often dangerous as well, with its unresearched long term side-effects. Medical literature is full of short term side effects but what about the long term ones? The problems and side-effects which prevailing treatment creates can often be worse than the illness itself. Why should we not therefore suppose that this system of therapeutics has itself been responsible for the explosion of chronic degenerative diseases?

Stating facts, of course, one must admit that governments, seeing no other option, did the best they could, in the belief that it was in the best public interest to impose such a system of medicine on the whole population. Here, however, we are attempting to uncover the truth of the matter.

There are certainly doctors practising conventional medicine with experience, knowledge and wisdom who make real efforts to protect their patients' health with the mildest and safest possible drugs, but the great majority of doctors act under the influence of pharmaceutical companies and their agents, who are keen to sell their products.

The greater the number of drugs a doctor prescribes, the better he appears to be in his clients' eyes, and it is also better for the chemist, the pharmaceutical industry and the patient generally, who believes that in this way he may get better sooner. This myth (that a doctor's efficiency can be measured by the number of drugs he prescribes) has widely been accepted by patients, who ask for, or even demand, an ever increasing number of expensive drugs.

In this way a vicious circle has been created which benefits the pharmaceutical agents and companies as well as the chemists, but which harms the patients in the long run and

also serves to perpetuate and aggravate both the world health problem and its financial relationship with government health organisations.

Governments, of course, require their doctors to be more consistent, to be better informed, to do more research, to prescribe less drugs, and to earn less money. They forget however that doctors are members of a greedy society created by all of us and our way of thinking, and that it is not possible for them to escape the general trend.

No centralized health system can succeed, no matter how autocratic or democratic it may be, because the individual's egocentric self-interest will always precede any other interest. But if it should succeed, pity the poor patients! The result would be similar to the situation in Romania or other Eastern European countries, prior to the collapse of Communism, which were able to boast the best medical care, although the WHO statistics would show the lowest life-expectancy rate in those countries.

In other words, such patients that can take unlimited amounts of drugs from a disinterested doctor, could count on lowering their life-expectancy rate. The reason would be that since, in such a case, the cost of medicines would be very low or even nil, patients would swallow them in great quantities, in the belief that they were thus benefitting their health, whereas in reality their health was being destroyed.

Perhaps this all seems exaggerated, but if there is interest in exploring the health problem and the ways in which it was created and expanded to the desperate situation prevalent today, one may refer to my book *A New Model for Health and Disease*, published by North Atlantic Books, California.

Chapter 16

What Is the Alternative?

The responsibility of the governments

The whole medical establishment is set up in such a way as to give the impression that there can be no question of any alternative. Whatever takes place in the medicine of the Western world today is directed by the medical establishment, or more precisely by pharmaceutical companies, who subsidise all university research and eventually bring to the market whatever they please in any way they wish. Control of such products is minimal in Europe and is backed by the wrong theory in North America in that long-term side-effects are never researched - as for example in the thalidomide affair.

Has the Ministry of Health of any European country ever instituted any form of research to find out how many patients suffering with chronic diseases are benefitted by conventional treatments, and how many by alternative therapies? Has any government made an inquiry into the fact that so many patients are turning to alternative methods of treatment? Is it not because of the failure of the conventional treatment?

The whole health policy of any government should be based on such research. Nothing should be taken for granted. I am

WHAT IS THE ALTERNATIVE?

sure that if there was such research amongst the people of Europe, it will be found that those people who have tried both systems have found substantial relief from alternative therapies. In any case, the fact that they turned to the alternative, itself is an indication that conventional treatment failed them.

I am positive that if such a direct question is asked to a specific public that has the experience of **both** therapies - the conventional and the alternative - the answer would be surprising and revealing. **The health policy of any government should be based on such information.**

The state and place of alternative medicine

Another 'feat' accomplished by the medical establishment has been to conceal from the public the fact that alternative methods of treatment **do exist**, and that such methods are **effective in many cases**.

In this, of course, the patients themselves have played a major part. These patients, once cured by some alternative form of medical treatment, do not dare to go back to the doctors who made them suffer, sometimes for many years, and tell them straight out that they should have been informed **by them** and much earlier. The patients do not dare to challenge the doctors.

Patients are afraid that one day they may need the attentions of their 'official' doctor, and so do not want to insult him. With this cunning approach, they fail to confront the doctor, and so do not help the spread of the right information.

Each patient acts like everyone of us, thinking of nothing else but his or her own narrow best interests. In spite of all

this, alternative systems of medical treatment are **flourishing**, both in Europe and in North America.

When I speak about alternatives, I mean only homeopathy, acupuncture, osteopathy, chiropractic and naturopathy. These therapeutic systems present great possibilities, on the condition, of course, that they are properly applied. Here too, as elsewhere, there is scope for makeshift practice and exploitation.

By using alternative medicine as leverage, the state could apply pressure on the medical authorities, reducing their power and simultaneously giving back to these traditional, alternative forms of medicine, their proper meaning and status.

A most dangerous game is however being played at this very moment within the European circles of conventional medicine, (except in Great Britain, Germany and Holland, where alternative methods of treatment have already been recognized and are freely practised). This game consists of an attempt on the doctors' part to monopolize all alternative methods of treatment, even though these were not a part of their official studies, in the medical schools.

What kind of reasoning allows doctors whose studies at medical school have only covered conventional medicine to suddenly become the guardians of an alternative medical tradition? How is this possible, when in order to master just one method of alternative medicine, three, four or sometimes even five years' intensive study and exclusive training are necessary?

How can a doctor - who will be the only person allowed to practise such methods under possible future laws - suddenly

become a specialist in homeopathy, naturopathy, acupuncture, osteopathy and chiropractic? Such doctors already exist, who claim to specialize not only in one but in many alternative methods.

There remains very little doubt nowadays that real and fundamental improvements in a patient's health are brought about not by conventional medicine, but by one of the forms of alternative treatment referred to above.

Naturally, surgery is not included in the above arguments. As mentioned earlier, surgery's achievements rely heavily on the successes of modern technology. The subject under discussion here is the conventional system of therapeutics with its hormonal/chemical treatments, cortisone, psychotropic drugs, antibiotics etc., which doctors today prescribe in great quantities for all acute or chronic diseases.

APPENDIX 1

Five Remedy Pictures

Following are a series of typical homeopathic remedy images. These are designed to convey the 'essence' or 'soul' of the remedies, as well as some concept of the stages of development of their pathology. These are only a few of the many hundreds of remedies well-known to all competent homeopaths, and these descriptions represent only a small fraction of the wide variety of symptoms seen in each remedy. (Remember that in homeopathy the condition and the remedy take the same name.)

In reading these descriptions, do not forget that the actual prescription of a homeopathic remedy is not based upon the personality of the patient, but upon pathological states. The goal of treatment is not to alter the personality of the patient, nor to get rid of healthy manifestations of the uniqueness of the individual, but rather to remove limiting factors in order to allow the individual a greater degree of freedom.

ALUMINA (Aluminium Oxide)

The Essential Features

The Alumina case is one which is difficult to diagnose. Frequently, as one takes a homeopathic case history, one searches for positive symptoms on which to base a diagnosis. In Alumina however, perhaps because of a characteristic **vagueness of the patient's descriptions**, this approach often will not yield the necessary information. Instead one will need to observe the whole patient, looking at the contextual background as well as the specific symptomatology that is provided.

It can be said that the pathology of Alumina evolves from two different tendencies: **confusion and retention**. In the neurological system we find confusion of neural impulses resulting in inco-ordination, ataxia and finally paralysis. Alumina is one of our most useful remedies for deep neurological disorders such as multiple sclerosis, *myasthenia gravis*, amyotrophic lateral sclerosis, *tabes dorsalis*, and even acute forms of paralysis like Guillian-Barre syndrome.

In the mental sphere one almost invariably finds mental haziness and dullness of thinking. As the mental pathology progresses the confusion becomes so profound that it leads to imbecility or near psychotic states.

The Alumina tendency for retention is pervasive; both expressiveness and normal eliminative processes seem to be held back. The patient gives the impression of being very closed and self-protective. He seems unwilling or often **unable to bring forth his thoughts and emotions**. Even in his sexual life the release of orgasm is delayed or completely absent. On the physical plane one sees that normal secretions such as the menses are retained or scanty. Perspiration and other lubricating secretions are also scanty, giving rise to the **great dryness of the mucous membranes and the skin** which is so characteristic of Alumina. Of course, Alumina is also famous for severe constipation without urging. Thus, one finds the same theme repeated in all the normal outlets of the organism - **retention and difficulty in moving forward, even to the point of paralysis**. It is as if the entire system were moving in slow motion.

The pathology of this remedy seems to concentrate mostly on the **mental and physical levels**, with the emotions less affected. On the mental level the Alumina patient almost invariably displays **marked dullness and slow comprehension**. During the interview the patient gives information very slowly and in vague, hazy terms. Of course, as in all remedies, one finds a spectrum of cases ranging from intellectuals to more unsophisticated, primitive type people. Patients at either extreme will present themselves quite differently.

The intellectual will come to the office with carefully prepared notes. He has realized that he has difficulty in retrieving information he needs from his memory, so he comes with everything written down. He gives this information very slowly, as if being very careful to be exact.

However, even as he describes his symptoms he does not seem to be really involved with the interview. He plods along, speaking in a colourless, monotonous voice, giving just minimal answers without elaborating, even to the point of monosyllabic replies. The homeopathic practitioner may well feel like reaching across his desk and shaking this patient just to provoke some kind of interaction. Even if the interviewer 'zeroes in' on the patient and exactly describes his condition, the patient may rather blandly respond, "Yes, that's correct." He may appear slightly perplexed at the practitioner's comprehension of him, but he shows none of the excitement or relief normally expressed by a patient who finds that he has been understood so completely.

At the other end of the spectrum, the unsophisticated or primitive type patient demonstrates an even more extreme picture. The effort to describe himself can visibly entail an almost agonizing struggle. He seems powerless to describe what he feels. Despite the probing and questioning of the interviewer, the conversation may resemble the following:

Interviewer: *'Can you tell me how you feel?'*

Patient: *'Umm... ahh... hmm... I... I don't feel well.'*

Interviewer: *'Are you feeling anxious?'*

Patient: *'I... umm... I think... umm... yes.'*

(One may wonder from such a response whether the answer is affirmative or not.)

Interviewer: *'Are you afraid? You feel afraid?'*

Patient: *'Ahh... afraid? Umm... umm... **I think so... I feel... umm... I don't feel well.'***

(and so on).

Meanwhile, looking at the patient's face one may observe a deep struggle and a sense of agony. He struggles to find words to describe himself, or even more precisely, he struggles to comprehend what has happened to him. He rubs his forehead, straining to answer even the simplest question (as if his mind were constipated). Even this struggle, though, is not vividly expressed. Rather it seems like the effort one makes in trying to wake up from an anxious dream - a nebulous, inscrutable type of struggle.

At this point one must mention that the **imagination of Alumina seems extremely restricted**, and therefore he has difficulty in making decisions, perceiving things in their real dimension, and comprehending abstract or complicated ideas. He sits there silently trying hard to comprehend what everyone is talking about, wearing an expression, to the observing eye, of constant bewilderment. His associative capacities are minimized or lost, his judgment crippled.

Because of this mental slowness the Alumina patient seems to need a slow, consistent lifestyle. He **cannot tolerate pressure, especially time pressure**. If allowed to work at a slow, familiar pace, the Alumina patient can be a diligent, competent worker, but he must do things at his own pace and according to an established routine.

If such a person is rushed, for instance, by someone who hurriedly says, "We have to leave here in fifteen minutes!" a great commotion will follow. He loses all sense of organization and hurriedly rushes about, almost hysterically frantic. Even though he may be physically and mentally capable of accomplishing all of the necessary tasks within fifteen minutes, the sense of being pressured causes him to lose any ability of functioning effectively. He becomes immobilized

and confused, almost paralyzed. It is a slow competence that, if pushed to a faster pace, completely disintegrates. An interesting consequence of the mental slowness and confusion of Alumina is a distorted time sense - time may seem to pass too slowly (*Medorrhinum*).

The patient often recognizes his mental inefficiency. He may work hard to overcome his weakness by keeping notes and performing tasks in an organized, systematic manner; however, the apprehension that he may not finish things on time remains. It is as if the patient moves at a slower rhythm than the rest of the world. With the slightest provocation he feels rushed. He may know certain information perfectly well, but if one were to say, "Quick, tell me about this matter!" he would become confused and unable to think clearly.

From the above it is easily understood that the Alumina patient does not like surprises or excitement. He may tend to be rather antisocial, preferring small gatherings or one-on-one interactions. Especially in the morning upon awakening there may be **a great aversion to conversing**. Interestingly, Alumina women may be more open and outgoing during the menstrual period, as if the flow of their emotions parallels their menstrual flow.

As a rule the Alumina individual is self-protective. He withholds his feelings until he is certain that his affection is reciprocated. He represses his anger and may later redirect it toward family members. Again one sees the idea of retention. Often an Alumina patient will be encountered who lives excessively in his imagination. He will have all sorts of daydreams and fantasies, but he tends to keep them to himself. Sometimes his mind will get stuck on one theme, and he will dwell repeatedly on that thought. His mind is

weak, and he makes silly, stupid comments. At other times he becomes argumentative, bringing up foolish objections during a discussion. One can be tempted to shake one's head in disbelief at some of these foolish statements.

The mental deterioration occurs in stages. At the beginning the patient merely exhibits some slowness of thinking. Then he seems to lose his expressiveness, developing the tendency for retention. His mind fatigues very easily, and it becomes a great effort to think at all. The patient especially becomes confused when he attempts to read; the mind becomes dull and does not absorb the material. At this stage he answers questions somewhat vaguely, rubbing his forehead and thinking a long time to find an answer.

When a case has evolved this far, the prescriber will have considerable difficulty making the diagnosis. Frequently the homeopathic practitioner will be so preoccupied listening for specific symptoms that he will fail to notice how this patient must hesitate and puzzle before he can manage making even a simple observation, such as whether he is warm or chilly, etc.

At this stage the patient notices that something is wrong with his mental functioning: 'I have a fear and an anxiety that I won't do what **I** want myself to do' or perhaps, "**I am not who I think I am.**" The latter phrase is illustrative of a peculiar feeling of **unreality**, especially about the **patient's sense of his own identity**, that can accompany the Alumina confusion.

The patient may say that when she talks, she thinks that **someone else is talking**, or, even more strangely, the patient may say that she cannot hear except through the ears of someone else. *'When he hears or states something, he has*

the feeling as though some other person has said or seen it or as though he was placed in another person and could see only through them.' Such information will not be volunteered; it must be elicited by direct questioning once one suspects an Alumina case.

As a consequence of his developing confusion, the Alumina patient can come to feel **quite insecure about his mental capabilities**, suspecting, at times somewhat fearfully, that he may be **going insane**. This insecurity may lead to dependency on other people. His developing uncertainty and irresolution compel him to cling dependently to some trusted person (e.g. a parent or spouse). As the mental deterioration continues, the mind becomes increasingly indolent to such an extent that eventually almost all reasoning power may be lost.

Alumina is listed prominently in the Repertory under the rubric '*Prostration of mind*' (frequently this prostration in women is worse after the menses.) The end stage of Alumina corresponds to imbecility or what we see so frequently today, Alzheimer's disease. It is one of our most frequently used remedies for senility (*Argentum nitricum*, *Baryta carbonica*, *Plumbum*, *Secale*).

Even though the emotional level is less affected in Alumina than the mental and physical levels, significant emotional pathology can be encountered. The Alumina patient often develops great anxiety, most frequently in the morning on waking. He may awaken with a feeling that something terrible is about to happen. There is a fear and anguish that the patient himself cannot explain. Frequently the patient may awaken with this anguish in the morning, especially at 4 a.m. As the morning passes the anxiety subsides, and by

evening it is markedly ameliorated. Many times he may experience feelings of guilt that bring about a kind of indescribable anxiety, but all the same these feelings are described or defined with great difficulty on the part of the patient (*Arsenicum album, Aurum, Chelidonium, Digitalis, Psorinum, Sulphur*).

Alumina can have very definite fears and phobias. Perhaps the most striking of these is **a fear of knives** or pointed things (*Arsenicum, China, Hyoscamus, Lyssin, Silicea, Spigelia*). The Alumina fear is different from the fear of small pointed things seen in *Spigelia* and *Silicea*; it is, rather, a fear of, or at times a repulsion for, large knives. The disturbing idea is that the object is potentially lethal. Sometimes the patient has the thought, 'Someone could be hurt with that instrument.'

However, this symptom of Alumina is often not so clearly presented. There may simply be revulsion when looking at the instrument, an instinctive dislike. At other times there can be momentary impulses to use the knife or images flashing in the patient's mind of the instrument being used to hurt someone else or himself. Thus, there is a gamut of unformulated fears and impulses concerning knives and pointed instruments.

Another phobia is **fear on seeing blood** (*Nux moschata*). Alumina can also produce a great fear of cockroaches. The fear of insanity is quite strong, but there may also be **a fear of disease** in general which causes the patient to travel from doctor to doctor. A **fear that she may get epileptic fits** may be seen (*Argentum nitricum, Mercurius*).

Fear of evil spirits (*Calcareo carbonica, Chininum sulphuricum, Mancinella, Psorinum, Phosphorus*); this is the

only fear that may come at dusk, when darkness comes (*Graphites, Sulphur*). These fears seem to come mostly in the morning when the mind seems to be sluggish, weak, and non-functional.

At some point the patient seems to arrive at the vague realization that there is something seriously wrong with his system. Looking for an answer, he visits several doctors. When he sees that no one seems to understand what is wrong with him, he despairs that he may never recover. The patient thus progresses into depression, even to the point of having suicidal impulses, especially on **seeing a knife** (*Mercurius*). It is rather an impulse than a logical decision stemming from long and tedious suffering. He logically rejects the idea of killing himself, but as soon as he sees the knife the impulse comes automatically. However, imagining himself wounded and bloody is an idea abhorrent to him.

The Alumina depression can be described as a 'gloominess', there is no light. The patient complains to the doctor, but not in a burdensome way. He does not express his despair to the doctor; instead it is incumbent upon the doctor *to see, to observe the despair* in the demeanour of the patient. His disease has slowly progressed and has become so deeply ingrained that he sees no possibility of recovery. He wants to be alone, undisturbed by people; his inability to cope with, to process the sensory stimulation underlies this aversion to company. A feeling of unreality prevails, and despairing, he resigns himself to his condition.

ARGENTUM NITRICUM (Silver Nitrate)

The Essential Features

In my writings I have repeatedly emphasised the hierarchical structure of human health. In the healthy individual the mental sphere, being the most central to normal functioning, exerts its control over the physical and emotional spheres. This control can become excessive in over-mentalized patients.

On the other hand, in other types of patients there is a weakening of this central, controlling influence; to this group belongs Argentum nitricum. In the neurological system, this weakness leads to clumsiness, inco-ordination and, finally, ataxia and convulsions. In the psychological state it leads to **impulses**, the hallmark of Argentum nitricum.

If we wanted to describe an Argentum nitricum case with few words, we could say that he is an **over-emotional, impulsive individual with weakening mental faculties, which allow a host of impulses and fears to arise. He is an individual whose power of coordination and balance has been upset on all levels.**

In the early stages Argentum nitricum individuals are jolly, extroverted and optimistic. Far from being egotistical, they are giving and attentive in conversation. They are people who enjoy life, and its comforts. They have a strong sexual

appetite, as well as an appetite for tasty foods, salty and sweet foods, and 'high living.' They will avoid ordeals at any cost.

At the same time they possess a certain straightforwardness and simplicity. These patients seem to be incapable of hiding their feelings for long. For example, a patient may be unable to hide a romantic affair from his wife for long. He confesses the transgression and feels great remorse. Argentum nitricum individuals may frequently be overtaken by a sense of guilt for their actions and will cry with remorse. They become very emotional and weep as they tell of their transgressions.

Such an extroverted character tends, even at this early stage, to be impulsive. The patient may be explosively irritable. If his wife drops something, the patient impulsively shouts, "My God! Why the hell can't you hold on to anything!" The temper is uncontrolled by normal mental restraints; it flares but then dies away completely.

The family soon learns that the individual does not mean anything by the outburst; there is no maliciousness behind the temper. After an outburst, the patient may equally spontaneously express warm, loving feelings. In some cases the patient may not show the irritability except to his wife and family. At work his uncertainty about his profession precludes his arguing with his boss; he withholds his anger because he feels inefficient.

The emotions are robust, and the person himself is not highly refined and certainly is not oversensitive. His emotions are too vital to allow wounded feelings or deep emotional scars. This type of individual can be extremely sympathetic. He may be easily moved to tears when hearing of another person's suffering (*Phosphorus*). Unlike *Phosphorus*, he

may dislike crying in front of others, but he is so expressive and incapable of hiding his feelings that he may, in fact, cry. Another similarity to *Phosphorus* is that the *Argentum nitricum* patient will accept and enjoy consolation.

In this early stage, there is little mental pathology or, at most, only hints of the extreme anxiety or strong impulses which occur later. The patient will seek attention mainly for physical complaints such as duodenal ulcer, colitis, or vertigo.

It is at this point, however, that the patient may become vulnerable to mental overexertion. An entertainer or an evangelist perhaps, he gives himself very energetically to his public audience. Subsequently he notices a certain weakness in his thinking. One of the earliest symptoms of the mental-emotional pathology of *Argentum nitricum* is **weakness of memory**. The patient can no longer perform as he did previously in his work.

Anticipation

As he notices this inefficiency he begins to **feel very much in a hurry**; there is not enough time for him to accomplish the things he wants to do. He becomes impatient and can hardly wait for an appointment. He has great anxiety about arriving on time for his rendezvous and will leave home much too early for an appointment. The anticipation of any engagement brings on anxiety, sweating and sometimes diarrhoea. Thus, *Argentum nitricum* is one of the main remedies for **complaints which occur from anticipating an appointment or engagement**.

At this point the patient is well aware of the weakening of his faculties and the failing of his memory. He feels incompetent

and inefficient, especially when confronting some sort of intellectual challenge. This patient is of the type who, even if he knows a subject well, becomes very anxious before giving a public speech and, in anticipation of the event, may suffer a rumbling abdomen, flatulence, vomiting and even diarrhoea. Even an insignificant appointment may produce similar reactions. Tyler describes a typical case:

'A poor little school girl of six, in such terrors of anticipation that, when the school bell rang, she put her head in her hands and vomited. Argentum nitricum finished that trouble promptly and entirely.'

As the pathology of Argentum nitricum develops, the patient seems to lose intellectual strength and control. Rather he seems to be controlled or almost overwhelmed by his emotions and impulses.

Anxiety

The psychological pathology **may** begin in a different **way**; often the patient may confront a type of shock which overwhelms his balance. Frequently this shock comes in the form of a death in the family, or perhaps someone close to him develops a serious disease like cancer. The patient then begins to develop **great anxiety, especially concerning his own health**. Also, he may develop great concern or anxiety about others, his family or friends.

He becomes **overly anxious or even frightened when he is alone** and, consequently, seeks out company. Argentum nitricum is one of our main remedies for **fear of being alone and for a desire for company** (*Arsenicum*, *Lycopodium*, *Phosphorus*). Fear of death when alone in the night is

characteristic. As these tendencies continue, the patient can reach a state **of severe anxiety neurosis with irrational behaviour.**

In Argentum nitricum, the anxiety about health may reach unprecedented heights. When alone he can easily fall prey to panic states during which he **trembles all over, mumbles, stutters and even convulses.** Often the **entire crisis is attended with frequent stools or diarrhoea.** An indescribable fear overwhelms the individual and renders him irrational.

At this stage he may sometimes fear that an evil force is affecting him. The patient is gullible, believing the opinions of anybody and everybody concerning his state of health. He develops palpitations and is sure that he is about to have a heart attack. He feels a palpitation, and he freezes thinking, 'My God! What is that?' He seems to exaggerate his symptoms dramatically through his imagination. Although in his life he may be a practical businessman, he cannot apply this rationality when in his neurotic states. He is simply overtaken by them.

Alone at night, he is especially anxious, fearful of fainting, and fearful that some sort of calamity will befall him or that **death is near.** This fear increases gradually until it assumes enormous proportions, overwhelming the individual and precipitating absolute panic. This is the time when he usually ends up in a hospital emergency room.

His fears about his health are not always defined, but most of the time they will either be of **heart disease, brain stroke or cancer.** While in the throes of this crisis of fear he will ask for and seriously consider any advice offered by anyone

concerning his health. He will telephone doctors, psychics, relatives and friends alike, one after another, for advice.

For instance, he may seriously take into consideration the explanation offered by a psychic that 'he is suffering now because in his past life he was tormenting his wife or cat.' He will try to seriously discuss such an opinion with somebody else he trusts, in spite of the fact that such an explanation makes no sense to him and affords him no actual relief. His agony impels him to find a solution quickly, and his anxiety renders him gullible to such suggestions.

A strange feature which distinguishes *some* Argentum nitricum patients from Argentum nitricum patients in general is that they do not want everybody to know about their sufferings. Argentum nitricum patients in general usually like to tell their stories and fears to anybody they meet, even asking the milkman for medical advice. These particular Argentum nitricum patients, however, confess their concerns **only** to people they trust and who they believe may possibly afford some relief to them in their moments of panic. They are afraid that if others know of their problems they will reject them or revoke their affection. This contrast within one remedy is striking.

An Argentum nitricum patient may feel a mild discomfort in his stomach, and the idea of cancer comes to his mind. He literally stops in his tracks and slowly brings up his hand to probe for the dreaded growth. 'Oh, my God!' he thinks, 'Now, here it is - cancer!' It is an impulsive fear, almost as if he imagines he has 'caught' the cancer. This type of anxiety is foolish, almost laughable for others, but to the patient it causes great anxiety and is a source of great annoyance to his family.

The patient may reach an intense anxiety with trembling and panic, fear of losing consciousness and flushes of heat. But with all of this fear about his health, in most cases the patient is worried only fitfully. It usually is not a constant fear such as we see in *Agaricus*, *Nitric acid*, *Arsenicum* or *Kali arsenicosum*. Rather this patient is one who might feel a little catch in his chest while he is walking up the stairs to his apartment and then has an immediate fear for his heart. He stops on the stairway and examines his chest and his pulse. Then, he goes inside, quickly consumes some of his latest medication, and goes to watch television, hardly remembering his earlier anxiety until he gets another symptom and it starts all over again.

The *Argentum nitricum* patient may become the type of **hypochondriac** who takes every medication he can lay his hands on. When he travels, he takes with him all of his bottles of pills, blood pressure gauge, herbal medications, etc. His bathroom cabinet is stuffed with every imaginable remedy. Impulsiveness also characterises this form of hypochondria. Every new medicine of which he hears sends him anxiously searching for the product. He tries this new preparation for one week and again becomes disappointed.

He may in his anxiety make a circuit from doctor to doctor, frequently asking for an electrocardiogram or some other test to be run. His doctor, who may well have become a 'friend' in consequence of the frequent visits, may ask him not to return as he finds no reason for concern about his heart. Finding no answers or solutions, the patient may become disappointed and sink into a gloomy state, a kind of apathy.

When he is with company, he can escape this mood and enjoy himself. *Argentum nitricum* is always **better with**

company, ready to communicate his thoughts and feelings to others and forget his sufferings. But after the social engagement, while he is alone, the gloom returns, and he sits and broods over his state of health, convinced again that something is seriously wrong with him.

A **fear of hospitals** is another common fear of this remedy. At a certain period of his pathology the anxiety about his own health and the fact that he is going to face sick people (a reminder that he may get the same disease) make it impossible to enter a hospital; the prospect generates panic.

Another strong feature of this remedy is **fear of fainting** (*Lac caninum*). This fear is connected with his fear of death and anxiety about health. A faint feeling comes as he walks or drives his car, the panic overwhelms him to the point that he has to stop and ask for assistance since he cannot drive or walk further.

In some cases, because of these fears, the patient does not want to leave the house by himself and desires to be with somebody at all times. He fears that something may happen to him if he is out somewhere without company and has **no** one to assist him.

Impulsiveness

As alluded to previously, **impulsiveness** is a major aspect of the *Argentum nitricum* pathology and it is one of the main remedies for this. At first, one may see only a suggestion of impulsiveness in the personality. Later, impulses of an almost superstitious nature appear. Kent describes this state beautifully when he says,

A strange thought comes to his mind that if he goes past a certain corner of the street he will create a sensation, will fall down and have a fit, and to avoid that he will go around the block. He is so reduced in his mental state that he admits into the mind all sorts of impulses...

For example, a patient may become preoccupied with the thought that he must avoid stepping on the cracks in a sidewalk. He realizes it is silly but cannot bring himself to step on a crack. Later, this impulsive and obsessive tendency may result in paranoid superstitions and fixed ideas. Kent lists *Conium* and *Zincum* in the Repertory under the rubric '*Superstitious*', but in my opinion *Argentum nitricum*, *Stramonium* and *Rhus tox.* should also be added.

It is at this point that one can see the development of a very peculiar and characteristic type of impulsiveness. It seems that normal thought control mechanisms are hampered in this patient. When an idea occurs to him, he is unable to push it aside. In fact, the more the patient tries to force thoughts from his mind, the stronger the impulse becomes. Some examples will be provided to illustrate this characteristic. Kent again gives an excellent description:

When crossing a bridge or high place the thought comes that he might kill himself, or perhaps he might jump off, or what if he should jump off, and sometimes the actual impulse comes to jump off the bridge into the water.

A patient may be sitting on a balcony when the idea comes to his mind, '**What would happen if I were to jump off?**' Of course, such a thought is not uncommon, but with this patient the thought does not simply pass away. Instead the

idea becomes lodged in the patient's mind, and he begins to fantasize about it. He sees himself getting out of his chair and walking to the edge. He becomes more and more wrapped up in this fantastic scenario as the impulse gains momentum, almost hypnotizing him, until he actually finds himself walking to the railing. Then, just at the moment the impulse reaches its crescendo and he begins to lift his leg over the rail, the image shatters, and the patient returns to his senses. Fearfully, he backs away from the edge and goes inside.

In the interview the patient may speak of a fear of heights without volunteering descriptions of such events as the above. This symptomatology seems to be so much a part of his personality that he does not consciously think of it until the impulses reach an alarming proportion. If, however, the homeopathic practitioner describes such a possible scenario to the patient, he will stare in disbelief and exclaim, 'My God, yes! How did you know that? You must be some kind of genius!' This statement is typical of the kind of impulsive exclamations frequently made by *Argentum nitricum* patients.

In another example, the patient may be walking on the pavement when he is struck by the idea that perhaps a car will weave off the road and hit him. He begins to live the accident in his mind and becomes anxious and almost frantic. He sees the car coming toward him, and the fantasy seems to gain momentum. As the fantasy speeds up, so does the patient; he begins to walk faster and faster. As he begins to visualize the car losing control and hears the wheels screeching, he becomes hysterical and verges on breaking into a run. Suddenly he is, in his fantasy, struck by the car, and an image of his crushed and bloody body flashes in his

mind. **At** that instant the fantasy ends with a start, and the patient pauses. 'What am I running for?', he wonders, and resumes his walk at a normal pace. Thus, the keynote symptom arises - '**Anxiety walking, which makes him walk faster.**'

Often the patient may experience difficulties when crossing a street. He stands at a crossing until the light turns green and then begins to cross. At the same time a car is coming to a halt near the crossing. Suddenly, the patient thinks that the car is not going to stop in time. He is just about ready to bolt into a run, visualizing the car running him down, when he returns to his senses, almost with a start. Then, realizing the car has already stopped, he crosses the street at a normal gait.

At other times he may have an identical fantasy concerning another pedestrian or perhaps a child crossing the street. For example, he may, while seated in a restaurant, observe through the window a child crossing the street. He imagines the child being hit by a car and may be on the verge of rushing from his seat in an attempt to rescue the child before he looks again and sees that the child is safe.

I once had a patient whom I had treated unsuccessfully for great anxiety about his health. I was unable to find the correct remedy until we spent a few days together in the countryside. We were on a fishing boat and happened to catch a fish that was covered with poisonous stinging spines. I warned him not to touch the fish because it could be very dangerous. We put the fish in a container. Later I was alarmed to turn around and see him closely examining the creature. He had his hand dangerously close to the spines. I warned him away for a second time, but a few minutes later I looked back to see his fingers close to the fish again. It was

obvious that he was fascinated by the danger and could not steer his thoughts away from the poisonous fish.

When I asked him why he was doing that, he did not answer me, most probably not knowing himself. I then saw the remedy for his anxiety! Argentum nitricum cured him promptly. After several years the remedy was repeated for a relapse of his anxieties, and again the remedy acted.

There seems to be a type of attraction to **imaginable, dangerous situations**; the patient becomes hypnotized by the thought 'What would have happened if...': ...if I had fallen down the stairs; ...if I had touched the poison needles; ...if I probed a wire in the plug, etc. But Argentum nitricum will not be the type of patient who engages in really dangerous activities, such as driving at breakneck speed down a twisting highway. He actually prefers cosy, easy pastimes and enjoys the pleasures of life. He will try to **avoid ordeals**.

In yet another example, a student may be trying to study some subject, but he is unable to really concentrate. He seems to be suffering from **brain fag** as a consequence of the exertion of studying. He idly looks about the room; the electrical outlet catches his eye and he thinks, 'I wonder what would happen if I put a screwdriver into that outlet?' He tries to redirect his mind back to his work, but these thoughts just will not leave him. Finally he picks up the screwdriver and walks over to the outlet, catching himself just as he is about to insert the screwdriver in the outlet. If someone should walk in just at this moment and surprise the patient, he would be quite embarrassed. He understands that he was acting on an irrational impulse, out of foolishness, and that his behaviour was not normal. He feels that he has to try to explain what he was doing, so he fishes around in

his mind for some justification, typically coming up with some lame excuse, a foolish, illogical rationale: 'I was just checking the size of the wire in this outlet.' It says in the text: **'He gave all sorts of queer reasons for his strange conduct,** endeavoring to cover up his foolishness that he himself realizes.'

Another patient imagines that he must not turn at a particular corner because some tragedy will befall him if he turns onto that street. He carefully avoids or becomes incapable of entering that block. He realizes the stupidity of it all but cannot avoid it. Here again one sees the superstitious element.

Sometimes the brain fag is so powerful that he feels that he is not in touch with reality; in such cases the patient becomes so irrational and obstinate that he may object to something for no reason at all, **just for the sake of objecting.**

All of the above are some examples of the impulsiveness and irrational thinking portrayed in *Argentum nitricum*. The practitioner does not have to take these examples word for word but must understand the gist or spirit behind them which can be applied in appropriate cases. It is a certainty that different cultures may present the same symptomatology in a modified manner.

As the impulses become more deeply entrenched, the patient can reach a stage of compulsive neurosis or fixed ideation. He may be alarmed by an **impulse to kill someone**, perhaps even his own child. Having reached this stage, when he comes to the interview, he will quickly confess all of his compulsions and will be eager to receive help. At other times, especially during acute illnesses, the patient may develop an irrational idea that **he will die at some particular**

hour of the day (*Aconitum, Agnus castus*). He becomes certain that he will die at three o'clock, for instance, and he watches the clock with agony.

Fear of heights

Of course, Argentum nitricum has many fears which are often associated with these impulses. He has **great fear of heights** and an unsteadiness or vertigo when standing in high places. One distinctive feature which can be seen in this fear of heights is a fear even when **looking up at tall buildings**. The fear may be expressed as merely a discomfort when near **a tall building** or an actual fear that the building will come crashing down on him. A similar feeling may occur if there are a lot of clouds in the sky - he fears that they will fall on him. Tyler describes an interesting case:

A wee boy of 4½ was curiously ill - mentally. The history was: measles before he was two; then double pneumonia and meningitis. He 'rolled his head' and had evidently marked opisthotonos. When he began to walk he walked backwards. Now had 'terrible nights, with much screaming' and 'mad' attacks by day. Was in terror of his father, by night. 'Daddy might look at me!' He said of people, 'They make me bleed, and I'll make them bleed.' He said the next house was 'going to fall on him'; that 'the clouds are coming down on him.' Great fear of noise. After a couple of doses of Argentum nitricum the next report was very much better. Lost the things coming down on him. Fears all gone.

Interestingly, during the Argentum nitricum's depression there is an **actual tendency** or **impulse to jump from a high window** or balcony.

Argentum nitricum has a peculiar **fear of narrow bridges**. The patient, when confronted by a footbridge, may be totally incapable of crossing it. He becomes unsteady on his feet, vertiginous, and goes down on all fours in order to cross it. It seems that this dizziness is partially due to an actual vestibular dysfunction and partially to a fear of falling from a height.

Claustrophobia

Another classic fear of Argentum nitricum is **claustrophobia**. The patient may be completely incapable of entering an elevator, preferring to walk several flights of stairs instead. In some cases the anxiety about health is aggravated in a closed room. He may be comfortable sitting and conversing in a small room until his companion gets up to leave and closes the door. At that point he suddenly feels enclosed in the room. The room feels like a tomb; there is a feel of death about it, and he becomes quite anxious.

The patient may also suffer claustrophobia when in a crowd or a theatre (*Aconitum*). He must sit close to the rear of the theatre for he cannot bear the thought of being caught in a line when leaving. This claustrophobia will arise again in the delusions of Argentum nitricum. In febrile deliriums or in advanced mental cases the patient may have a delusion that the walls are about to crash in upon him.

It is easy to understand from the nature of these many fears that the Argentum nitricum patient may well also have a **fear of tunnels**. Furthermore, combining the fear of heights and the fear of narrow places, one finds that Argentum nitricum also produces a fear of travelling by airplane. It must be stressed again that it is not necessary that a patient have all

these fears in order to merit the remedy; a few of the fears will suffice as long as he possesses the general qualities attributed to this remedy.

The **progression of mental pathology by degrees** seen in this remedy is an important element to understand. The patients first display anxiety and impulsiveness and then become more and more fitful, impulsive, fidgety and restless. From these transient states of impulsive behaviour the disturbance crescendoes until the whole nervous system is in tremendous turmoil. Their memory breaks down completely; they cannot remember words, cannot remember the name of their spouse nor to whom they are married. They become very impulsive and assertive in a crazy way - shouting, demanding, slapping their own face, especially when they cannot find the right words. It is a deep degenerative process. It is similar to the picture of Alzheimer's disease. When such an advanced state has been reached, Argentum nitricum will afford some relief, but it will not cure; the case is too far gone.

This same idea of escalation of pathology applies to chorea; Argentum nitricum covers the entire range of chorea, from slight choreic movements to states of violent choreic movement. The severe chorea can be so violent that the patient can hardly remain in his seat or bed. Similarly with regard to anxiety, these patients may progress from transient states of mild anxiety to states where the anxiety reaches panic dimensions and can cause tremendous trembling and convulsions throughout the body.

The last stage of Argentum nitricum (such as in old age) is characterized by a state of apathy with loss of memory (where they search to find the right words), a generalized

trembling, ataxic gait, and an old appearance - **the face looks** much older than seems consistent with the **chronological** age.

AURUM METALLICUM

(Pure Gold)

The Essential Features

Gold imprints upon the human organism the idea of self-destruction, of annihilation, of death. When introduced into the living organism, it tends to deprive the person of the will to live. It is the principle remedy to develop the state of loathing for life, **desire to die**, and tendency to **commit suicide**. As several other remedies correspond to suicidal depression, we must here concentrate upon a description of the particular type of person, the character of the individual who requires Aurum.

The Personality of Aurum

The central theme of Aurum is **extreme depression and loathing of life** which progress to suicidal thoughts and, finally, **self-destruction**. These elements are clearly described in earlier literature. An extreme depression does not develop overnight, and not without earlier stages. For homeopathic practitioners the very best strategy is to prevent the final stage of the Aurum depression, to prevent the possibility of suicide. To facilitate this recognition we must identify the various characteristics that coincide with the earlier Aurum states to the extent that the patient's desire to live and capacity to enjoy life can be reinstated.

The pathological Aurum condition usually arises in people who possess a serious and introverted character. They are generally closed people, responsible and quite refined. At the early stages of pathology one can sense that they avoid superficial contact and tend to remain rather aloof or self-contained. Generally they are very disciplined and highly ambitious. They seem to have the fundamental conviction that they are destined for a superior and esteemed position in life.

Aurum, we must not forget, is the metal gold. Using an analogy, gold, if it were personified, would feel that it held the highest position possible. It is as if these individuals think that a high position in life is their birthright. This characteristic illustrates the **egotistical quality of Aurum**, and it is this egotistical element that will cause difficulties for these people later in life.

They want to be, and feel they are, more capable than others; they have that conviction. Because they feel that they have a high intrinsic value, like gold, they set very high standards for themselves and work hard to achieve those standards. In fact, their high opinion of themselves is often justified, for Aurum individuals tend to be serious-minded, mentally clear, responsible and intelligent.

But through this seriousness, ambition, diligent self-application and industriousness they seem to **lose the sense of lightness about life, cheerfulness**. They will often say or convey the impression that throughout their life there has been a pervading sense of seriousness with a touch of sadness. It is as if a constant background of sad music had been playing in accompaniment to the events of their life. As the pathology develops, they will eventually go in **to** a state

of self-reproach, self-criticism and, finally, a feeling that **they are worthless and** incapable of accomplishing anything.

The Aurum Child

Aurum children tend to be serious and aloof. Even at an early age it is difficult for them to establish close friendships. These children usually are ambitious and frequently attain prominence in their class at school. Their parents will describe them as serious. At the same time one can see a sensitivity and refinement in these children. **The weak point of these children, and of Aurum patients in general, lies upon the emotional level.** They are vulnerable emotionally though they are intellectually quite strong. Externally one sees a person who appears quite normal; the vulnerability and extreme sensitivity is inside and not readily apparent on the surface.

Once they leave the shelter of the home and enter school, they inevitably encounter some difficulty, be it a critical remark by a teacher or fellow students, some problem with school work, etc. Critical remarks will have a tremendous and immediate effect upon these children. Their emotional body cannot tolerate such remarks, and they seem to break down very easily. A normal child will not be so significantly affected by so slight a remark as is the Aurum child.

The child will not show his reaction, however. Instead, an internal doubt about his own abilities begins to grow, and he begins to feel that the world is not a fit place in which to live. He will not express his doubts and concerns but will continue trying to attain the goals of his ambition - further education, money, positions of prominence, etc. Yet throughout his entire life a sense of bitterness remains, and

he continues to feel that the world is a cruel, uninviting place. The world seems to him an environment in which it is not worth living. Eventually this attitude leads to deep depression and a suicidal disposition.

These children are not emotionally expressive, not affectionate nor warm. As mentioned, they are introverted and serious; however, they do need and demand affection. Later in life, when they have established for themselves a prominent position in their career or in society, they seem to receive affection because they are esteemed by others. They will receive praise and commendations from parents, teachers, and, later, society. They need this affection and approval in order to survive; it represents food for their weak emotional nature, enabling them to maintain balance.

Their exaggerated self-confidence causes them to believe that they deserve the adulation they receive. But with the first grief they encounter they become very hurt and disappointed. They will react angrily to the situation, but the anger remains inside, unexpressed. Eventually they develop resentment.

Aurum and *Natrum muriaticum* children would seem to have many characteristics in common. Contrasting the two, one sees that the *Natrum muriaticum* child can be recognised early because of his reserved demeanour and his tendency to be easily offended and resentful. The Aurum child is difficult to recognize unless exposed to significant stresses; he usually looks quite normal and well-behaved. *Natrum muriaticum* is very closed; also, the hysterical element is quite prominent; he creates an atmosphere about him that clearly states, 'Leave me alone!' His parents may describe him as terrible, throwing screaming tantrums whenever he is punished or

even worse when somebody is trying to calm him down
while in a tantrum.

Natrum muriaticum does not seem to want company; more accurately, he finds it impossible to engage company even if he wants it. When at a party, *Natrum muriaticum* will sit alone and just observe - a typical wallflower. Nonetheless, the *Natrum muriaticum* child can be very receptive. To justify prescribing *Natrum muriaticum* to a child one needs to see some shade of the typical aggravation from consolation. Both remedies want affection. *Natrum muriaticum* may show a liking for an affectionate grandmother if he feels safe with her. In such a relationship the child will open up, revealing the beauty and sensitivity dwelling inside. At the end of the homeopathic interview, if the practitioner has acted very concerned, the *Natrum muriaticum* child might open up; the Aurum child will never open up.

The Aurum child seeks the company of older persons. He exudes seriousness and most probably wants to understand intellectually what it is that 'is causing so much pain in the world.' It is amazing how many questions an Aurum child has and how much he understands without his parents realizing it. It is because of this sensitive nature that he suffers silently with even the slightest of reprimands.

The Aurum child is sure to have been emotionally wounded from his very early years by virtue of the contrast between his own sense of self-importance and the actual degree of importance others seem to attribute to him. He believes in himself, and, if it appears that others do not believe in him, he is destroyed. This is how the conflict emerges from the very beginning. It is interesting to observe that an enormous number of tragedies have unfolded in the history of mankind

because of the inflated belief in the significance of gold. Human beings have attached tremendous importance to gold, and when they lose it, they all too readily feel that life is not worth living. Interestingly, it is this very theme, when prominent in mental illness, that gold will cure in high potencies.

The Aurum Adult

The Aurum adult we have described - possessed of high ideals, great self-confidence, self-discipline, a serious mind and the desire to both dispense and receive justice in life - will at some point experience his first romantic encounter. The dynamics in such a relationship are the following: the idealistic Aurum enters the relationship with the whole of his energy; he gives himself to the relationship entirely. He immerses himself totally in the idealism of the romance. The relationship provides him with the warmth of affection that his Aurum nature needs.

After a time in this relationship he will begin to observe various untoward details about his partner, becoming inwardly critical. He begins to withhold his affection for the least thing; such as, if his partner were to just look at another man. Finally he comes to feel that the relationship is not ideal and will at some point abruptly terminate the relationship without the least previous indication of dissatisfaction.

He is loathe to face an impending future failure of the relationship; consequently, he tries to paradoxically avoid such a failure by being the one to end it first, but he does so at tremendous emotional cost. Subsequent to the rupture of the relationship he will feel torn to pieces with grief. He will

suffer insomnia, often talking to himself when trying to fall asleep. This talking will occur in fits and jerks; it is not continuous. On closing his eyes he will see or relive a scene from the relationship and, in a fit of emotion, will blurt out something, e.g., 'No, no, go away!'

This example illustrates an important characteristic of this remedy: when under stress or suffering a grief, Aurum may begin talking to himself. It is an aggressive form of talking, erupting as thoughts come to him. The words seem to jerkily escape from his mouth. During that period he will remain closed, silent, non-communicative and brooding. True to his Aurum nature, he may soon begin to lose his ambition in life, eventually reaching a state of complete lack of ambition with the hope that he will soon find an exit from this wretched and disappointing world.

Resentment and Vengefulness.

After such a grief, resentment and vengefulness lay claim to his character. He takes his revenge on his next lover, acting very coldly toward her. He gives nothing of himself in this relationship (like *Natrum muriaticum* and *Ignatia*, *Veratrum album* and *Hyoscamus*, but for different reasons). The relationship is primarily established on an intellectual level, the Aurum individual being considered attractive especially because of his mental capabilities. However, he may display great sexual excitement in this relationship (though not so great as would *Platina*).

Eventually, at some point in the relationship when he feels that his lover has become quite attached to him, he begins to take advantage of her and to treat her coldly and cruelly. He

inflicts suffering on her while at the same time suffering himself because of his behaviour. This suffering leads to deeper grief which augments the earlier depression. He feels that there is no possibility in this world to have a successful love affair because he recognizes his own weakness in that regard - his fear of rejection (still, that which Aurum fears most is a **downfall** and **the loss of his self-esteem** and the respect of others.)

He feels that he will not survive if he is rejected by his lover; in consequence, his thoughts immediately turn to the ultimate destructive recourse - suicide; however, paradoxically, he also refuses to accept the least flaw in a relationship, (gold does not accept impurities). This lack of acceptance on his part is not, of course, the result of some (alchemical) incompatibility between Aurum's 'purity' and his partner's 'impurity,' rather it is an expression of his essentially critical nature, tinged with malice and vindictiveness.

Because Aurum so coincides with the state of depression, it should be strongly considered when a patient presents deep grief without more definitive indications of another remedy and when earlier prescriptions of such remedies as *Ignatia*, *Natrum muriaticum* and *Staphysagria* have failed to act.

The Reasons for Suicide and the Means

Business and financial success are very important to Aurum. They go into business because of a financial dream. Despite being competitive, hard-working businessmen, they retain a high degree of sensitivity. They are very sensitive about their obligations, so much so that when faced with a serious financial failure, with no way to meet their obligations, they will be unable to see any way out of their predicament. They

cannot tolerate the possibility of a financial downfall or bankruptcy because of the implications of personal and professional imperfection, the possibility that they are no longer credible to others, the fear that they have lost the esteem in which they were previously held by their colleagues and business associates. They feel that they must ascend the ladder of success; if not, if they fail, they feel that all is finished. They become deeply depressed and want to leave this world. It appears to them impossible to consider starting over again, attempting to rebuild their financial fortunes to the extent that they can repay their debts. When this attitude becomes deeply entrenched and the depression very deep, they will be prone to commit suicide, mostly by **jumping from a high place.**

It is interesting to observe in this desperate, final act how the idea of an abrupt 'fall' from a high place overtakes the individual. The Aurum individual repeatedly displays the tendency to suddenly fall from one psychological state to another. This tendency of Aurum is obviously a very pathological one, the extreme sensitivity to reversals equating with a form of fragility - when put under a specific type of stress, the organism falls down and may self-destruct.

Aurum invests his belief in high ideals, typically wealth, justice and prominence. If disappointed by any of these ideals, he can become quickly disillusioned and depressed. For instance, were he to be treated unjustly by someone in a position of authority, he would react strongly. His painful experience might motivate him to seek reforms in society, to re-establish order and justice in the world, according to his own ability and influence. Such a preoccupation with idealism provides a common ground between those who have attained some success in their lives and those who are

disillusioned; consequently, both highly **successful young** people and passionate anarchists with idealistic **attitudes can** be Aurum individuals.

The successful Aurum businessman will work diligently towards prominence within the establishment, Aurum being one of the major **workaholic** remedies. He quickly attains considerable heights in his profession due to his capacity for constant work; however, should something go wrong, should he be unable to meet his financial obligations, he will be totally devastated. The thought of possibly being disgraced is unbearable to him; in his despair he immediately seizes upon the ultimate and absolute solution: **suicide**.

Constant criticism, especially from his closest associates, can also crush Aurum. He expects everyone to understand his high ideals, his high aspirations and his inborn sense of justice, and he is sorely disturbed when others misunderstand or criticize him.

It is really amazing to see how quickly in such a case Aurum, in high potency, will restore order, remove the extreme emotional coldness, lend warmth and courage to the person so as to enable him to see the positive side of life, providing him the will to try again and to choose to continue living. Margaret Tyler, who lived as a homeopathic physician through the world's greatest financial crisis, writes:

Some of us could tell tale after tale of patients, in these days of world-wide commercial depression, who, reduced to despair by straightened means and anxiety, threatened suicide, and yet were rapidly restored to life, to hope, to renewed effort by a few doses of homeopathic gold.

In the development of the pathology of such an individual

we must keep sight of his cachectic emotional life, the emotional coldness that eventually develops, the continuous 'emotional winter' that shapes so much of his actions and decisions. It is, perhaps, of interest to note that countries in the extreme North, with almost 'constant winter' climates and prolonged periods of relative darkness, report high suicide rates. An Aurum patient feels that he lives constantly without the sun in his life, without the rays of light, hope and warmth.

The anarchist follows another path. He can be quite passionate about his cause; he can be an extremist or even a terrorist, seeming at times to court death by his activities. Caught in his Aurum psychopathology, he feels no joy in life, and he usually mistakes his inner joylessness for that of the world at large; he projects all of his gloomy perceptions upon the world. Thus, in his eyes, the world is a doomed place, lacking in happiness, and tainted by immorality and rampant injustice. In many instances the Aurum individual will decide to do something about it, even to the point of risking his own life; in fact, the thought that he may die for a good cause actually comforts him. He is excited by the idea of death and even invites it. Consequently, in pursuit of this needed stimulation, he may engage in underground activities that create the risk of death.

Interestingly, when such a person arrives at the brink of success, such as when he is just about to assume a position of leadership in his group, he will usually drop out of the group for fear of failure. In such instances one does not see the more typical successful Aurum who may have suffered from a setback, but rather one who avoids success because of his fear of failure and who at the same time carries the idea of death inside him most of the time. Such individuals, after

leaving one group, will seek another group, another ideal to serve, eventually with the same consequences.

Aurum, during his depression, thinks that the sun, the light has completely faded from his life, that there is no hope for him; he even believes that in the afterlife he will be lost, that he will not find salvation. All avenues for a reversal of his situation in life seem closed. He feels that he has 'failed in every department of his life.' Nothing can give him joy. A cold 'metallic stillness' prevails over his emotions. This stillness is complete; there is no movement of feelings. There seems to be a hardness, an 'induration of the feelings' which can in the end produce a 'malignant emotional ulcer.' After having reached such a state, self-destruction is unavoidable.

This very same idea of **hardness, induration, ugly ulceration** runs throughout the remedy, affecting the organs, especially the uterus and testes, the organs that physically express the emotion of love.

An Aurum individual in such an advanced state of depression, without any hope of change, without any reason to live, may remain in this condition for years. Then some incident, even a relatively trivial one, may occur which upsets his tenuous emotional balance; it is then that the well-known impulse to jump from a high place occurs. When he finds himself in a high place and looks down, he thinks that if he jumps he can put an end to his sufferings. He almost hears a voice murmuring to him, 'Jump. Jump. Now is your chance.' At this point he has reached, as Kent says, a state of *'insanity of the will.'* Now **the very thought of dying brings relief, almost joy.** He feels that by jumping he will be jumping into freedom and ending his unbearable sufferings. He experiences no fear of death.

An important point to note is that such a patient may not tell the physician that he suffers from a **suicidal depression!** He neither believes that anyone can help him nor that he can be saved by a medicine, so he sees no point in mentioning his severe depression. He is convinced that his emotional state is the end result of his factual situation in life, not a reflection of any emotional weakness or illness on his part. Should the physician inquire directly of the patient about any suicidal thoughts or depression, he may answer in the affirmative, but typically not very overtly. Similarly, Aurum will never ask for help or advice from a friend or relative with regard to his problems. Asking for help would be too degrading, and, furthermore, he considers his problems his and his alone.

It is very seldom that we see in Aurum a **fear of dying**. When **it** exists, the patient will exhibit a definite loathing of life while at the same time abhorring the idea of death. In such instances the fear of death is so intense that even the mention of the word 'death' is tremendously upsetting.

Industriousness

Aurum suicides very often catch others by complete surprise. Aurum hides his depression from others and offsets it with industry. Despite his emotional turmoil, he maintains control over his mind, and he engages in mental occupation to avoid his emotional woes. His work is not in the least compromised by his sadness; he performs very competently right up to the moment he commits suicide. His sense of responsibility is so strong that he cannot do otherwise even though he might secretly wish to quit working. It is for this reason one should think of Aurum when confronted with a workaholic with a constant background depression.

In other cases, along with the depression, the patient may feel that he has lost all ability to think and perform; he feels weary and listless yet does not find relaxation by resting. His sleep is disturbed. He feels that he is incapable of meeting his obligations, yet this 'incapacity' is not easily perceived by others because his work is essentially still quite good. Aurum is especially indicated if the patient senses such changes within himself and is, as a result, extremely disturbed. Well before reaching a state of actual imbecility Aurum will commit suicide. However, on occasion the pathology can rapidly progress towards imbecility, imbecility being within the sphere of action of this medicine.

Anger, Violence and Self-Reproach

Self-reproach, self-criticism and anger are common to Aurum. The self-reproach can take a self-destructive turn - excessive smoking, drug and alcohol abuse are examples of this. For example, a depressed executive with a hectic emotional life might be criticized by his boss. He says nothing to anyone, instead sitting silently and brooding. His wife perceives the change in him, but when she asks him about it, he replies that nothing is the matter. He sits there and tries to find solutions by himself, but the more he thinks, the more dejected and depressed he becomes. He becomes intolerant of being pressured, intolerant of any kind of contradiction. If his wife should begin to nag him or interfere with his silent brooding, he flies into an **outburst of violent anger**.

When in the grip of anger, Aurum can be quite violent, breaking objects, striking walls or windows with his fists; he loses his self-control, becoming hysterical and possibly very nasty toward others. However, he is **very seldom physically**

violent toward others. Soon after an hysterical outburst of anger he feels great exhaustion, remorse and, eventually, deep sadness; it is at this stage that physical symptoms will begin to surface. The primary organ to suffer will be the heart, anginal pains being a common result.

Usually Aurum directs his anger at himself rather than others; he will never have the urge to kill another but often wishes **to annihilate, to destroy himself.** Deep down, he views his own suicide as an act of revenge toward those who care about him, who love him and who will be hurt deeply by this final act. He contemplates such a course of twisted vengeance because he believes that his loved ones do not care enough about him.

One rather common scenario the Aurum patient describes is that when in a fit of despair and anger, he will go for a drive in his car. In his despair he accelerates the car faster and faster with the thought in mind of disappearing from the face of the earth, of having an accident, of smashing the car against a tree or wall. The acceleration, imminent danger and possibility of death eventually relieve him enough that in time he calms down, sees the irrationality of his behaviour and slows down the car; but Aurum can also kill himself in this situation.

Praying

Another aspect of Aurum is **the praying** in which they engage. But before describing this characteristic of the remedy, let me stress that it is incumbent upon us to understand the different reactions of the remedy/patient in a logical and sequential manner.

A disease or remedy imprint upon a human being has its own 'logic', its own seal that is unique and that has a specific personality. It is our duty to understand and unravel this 'logic' if we really want to relieve our patients of their suffering.

Aurum people pray as a result of different psychological states and for different reasons. In certain cases they themselves have difficulty explaining and understanding their need for prayer. It is usually manifest in younger people: they pray and pray for hours, being unable to stop without really knowing why. The fact of the matter is that they are unconsciously depressed, dejected, and disappointed by life. If one inquires about the possibility of prayer with seriousness and concern, they may confess their need. They find that praying diverts their attention from their background depression, enough to almost provide them with a deep sense of relief and joy.

The compulsion to pray in such a fashion - for hours on end without stop - occurs several years before the deep suicidal depression appears. These patients will confess that they like to pray, and they find nothing wrong with their praying apart from the fact that it consumes too much time and they cannot stop themselves. This excessive praying usually occurs when they have established contact with some religious group. Apart from this habit, they behave rationally in every other way. One should be careful not to confuse this protracted and almost mechanistic praying with the natural tendency and need that certain pious or religious people have to pray; Aurum prayer is truly pathological.

There is another type of praying which arises out of the deep suicidal depression of Aurum, depression characterised by

tremendous hopelessness and worthlessness and a profound sense of alienation from all others, even those close to them. Those in such a depression feel totally isolated from any form of life on this earth. They also fear that spiritually they are so undeserving that they will not win God's salvation after death; they feel completely lost.

It is then that the conviction comes upon them that the **only thing that can save them is God**, the only being upon whom they can rely is God. Having completely given up all connections with actual life, God becomes their only recourse, their only source of hope; nothing else matters. This conclusion is not a derivative of logical thought, but rather of instinctual impulse, a desperate final impulse to survive.

They begin to pray with their mind, not with their heart: 'God help me! God help me!' they repeatedly plead in despair, sometimes voicing the words as if talking to themselves. Inside, their emotions remain totally frozen, hard, detached, as if they are composed of cold metal. Nothing moves; they are cold and immovable. During this earlier phase they do not pray for long periods of time, but as soon as their depression becomes deeper and more unbearable, they start to do so almost impulsively; then, as soon as they are out of this depth of depression they stop.

This second group of patients, those who pray in the manner just described, although deriving some relief from such prayer, do not experience as much satisfaction or pleasure as the former group of patients. Their praying is far more desperate, their state of mental health very precarious.

FIVE REMEDY PICTURES

Fear of heart disease

Here we must stress the tremendous fear of having heart disease, reaching states of panic. They are convinced that they are going to have a heart attack and will go from cardiologist to cardiologist again and again for a check up. The case looks similar to *Kali arsenicum* or *Arsenicum*. Aurum people during their anxiety like to have somebody near them, they also want reassurance from the doctor. But they will not tell anyone about their problem except the specialist, the psychiatrist or the homeopath, and only to the one they trust. And it takes a lot to give their trust.

The mind seems to be obsessed with the idea of there being something wrong with the heart. Reassurance from their doctor affects the patient for a short while, but immediately after that the mind goes back to the problem. Such a state can come after a deep disappointment in their work, from not being appreciated for what they have done; this disappointment, instead of creating in them a desire to fight, and to ask for their dues, takes the form of the phobia which torments them. These are the cases of phobia that will be lifted totally while they are taking an allopathic antidepressant drug, but of course the whole situation returns as soon as they stop it. Actually it is a depression that is expressed through this fear.

Remarks and Comparisons

After the correct prescription of Aurum for depression, one may witness significant irritability replacing the previous sadness plus the emergence of previously repressed anger that can appear as violent outbursts. One should not be in haste to prescribe another remedy in such a case; if one waits

long enough, the anger and irritability will subside. Also, when prescribing a remedy for a really suicidal patient, it is wise to take some precautions (watchful attendance of the patient) during the first two or three days after prescribing the remedy as one can never be certain of the full extent of the patient's problems at the moment; it is prudent in such situations to protect the patient until the remedy has enough time to act. Usually such depressions will respond within forty-eight hours.

The Aurum patient is definitely syphilitic. Frequently in practice it has been observed that patients who have responded to another syphilitic remedy, namely *Mercurius*, can easily go into Aurum states. There is a definite complementary relationship between these two remedies that has not, as of yet, been fully understood or adequately exploited in treatment. To give them together would be hazardous; to prescribe them, in succession, at the appropriate times can be life saving.

While we certainly cannot fault allopathic medical science for the widespread suppression of syphilis from a public health standpoint, that suppression, in my opinion, has had its consequences, adversely affecting the overall health of mankind. It is my contention that the suppression of syphilis by the administration of penicillin (and other antibiotics) undermines the vitality of the host organism (in this case man) at the very central core of its being, the mental and emotional levels. It is for this reason that the syphilitic miasm is so prominent in the younger generations and why Aurum is so very frequently indicated today. Without exaggerating, I would estimate that almost 20% of

patients treated homeopathically will need a dose of Aurum at some time in the course of their treatment. I believe syphilis has inflicted much more harm upon the human race than we realize.

The Aurum depression can be compared to that of *Natrum muriaticum* and *Natrum sulphuricum*. The *Natrum muriaticum* depression is not as deep as that of Aurum. *Natrum muriaticum* patients also will not talk of their depression. They can also be prone to drink a lot, though they will not become alcoholics (like *Lachesis*, *Nux vomica*, and *Sulphur*). They drink to relax, to somewhat release their pent-up emotional state. A taciturn *Natrum muriaticum* person, when intoxicated, can become very loquacious. He becomes another person entirely when he drinks. (The loquacity of *Natrum muriaticum* appears when the person is either mentally deranged or intoxicated.) The *Natrum muriaticum* loquacity is not characterized by the rapid change of subject that is so typical of *Lachesis*. Interestingly, Aurum can also be quite talkative, appearing in italics in the corresponding rubric.

Natrum sulphuricum's depression usually arises because of family troubles; repeated familial difficulties lead to emotional exhaustion. The *Natrum sulphuricum* person wants to give of himself to the family, to be responsible, but he finally grows so weary of the difficulties that he feels he would be better off dead. He is genuinely interested in others, being the least closed of all the *Natrum's*. As he contemplates suicide he may be dissuaded by the thought of the effect his death will have on his family.

The Aurum impulse to jump can be compared to that of *Gelsemium*, the other major remedy with that symptom. In

Gelsemium the desire to jump arises because of the extreme tiredness and confusion of the mind. He feels as if in a daze, always wanting to just lie down. When in a high place, he has the instinctive urge to jump to end his tired life.

In all our medicines there are several evolutionary stages of pathology; consequently, we should never limit our understanding of a remedy solely to one aspect or pathological stage, but rather develop an awareness of the full range and depth of each remedy's potential. Only in this way can we prescribe appropriately on a consistent basis.

BARYTA CARBONICA

(Barium Carbonate)

The Essential Features

Like all polychrests (drugs of many uses), Baryta carbonica is used in **all age groups** and in a wide span of disorders. The old homeopaths' observation of Baryta carbonica is most interesting however: they found that most patients who required Baryta carbonica were either very young or very old, and that the elderly patients who needed Baryta carbonica were generally those who had fallen into their '**second childhood**'.

It is a fact that Baryta carbonica is very useful in treating **old patients whose behaviour becomes childish** as well as children **whose behaviour is far behind their age**, but this does not exclude patients of all ages.

Some authors have used the term 'dwarfishness' in describing the Baryta carbonica state, and this quality is most certainly an aspect of this remedy as will be seen later in this chapter. However, a more apt characterization may be found by employing the term '**immaturity**'.

This immaturity is seen on all levels. The whole body **or single organs**, such as the testicles, or the penis, or the uterus, or the head, or the toes, or the fingers etc. **remain small**; they fail to develop like the rest of the body, and **do not reach maturity**. The same can be seen with the mind **or**

certain functions of the mind which fail to develop fully. The critical faculties for instance remain undeveloped, the memory weakens or loses the power to retain facts and it is a great effort for the patient to combine or associate complex ideas.

But you **do not have** to have **all these symptoms** combined in one case. A child for instance may be **very intelligent** on certain levels and the teachers will be satisfied with his progress, yet on other levels immaturity will be apparent. He may be **insecure** when left alone at school and may need the company and support of his family in order to feel at ease. He will also probably show signs of underdevelopment in the body or in some organ.

The **emotions** are the last and the least to be affected. The emotions become minimal: Baryta carbonica individuals cannot tell whether they love somebody or not, as their emotions are not strong enough to make an impression on their mind so as to be able to describe them.

The Desire for Protection

The only thing of which the Baryta carbonica patient is fully aware is the **desire for protection**. This symptom is almost universal with this remedy. That is why, for instance, if a husband provides enough protection the wife will attach herself totally to him, whether she loves him in an erotic way, or whether she just tolerates him. For these patients the most important thing is their **insecurity**; if this is covered then all else is of secondary importance and can be tolerated.

It is interesting to note here that the insecurity is such that the patient often wants to lean on to somebody else physically.

For instance, on walking down the street, the Baryta carbonica patient will want to lean on or be supported by the person accompanying them. When alone, such a patient may worry about feeling dizzy and seek out a place to hold on to, regardless of whether they are in the street or in a building. Their dizziness leads them to a fear that they will faint. If they are left alone in the street they start to panic. In a young woman this symptom was so strong that she was afraid to go out in case there was no place to hold on to should she feel dizzy. Fear of fainting has to be added to the repertory.

I should mention at this stage that the overwhelming majority of the patients needing this remedy in my experience were **female**. I imagine that the Barium carbonate affects the female hormonal chain more easily than the male. As we shall see from the following description of the pathology Baryta carbonica accentuates what we can term 'the female traits.' A young boy is so sweet and placid and non-aggressive that he reminds one of a girl (I do not want to imply, though, that there is a tendency to homosexuality); yet you may find that after having suppressed his anger he needs an outlet and will curse and swear when alone.

Immaturity

As one traces the different stages of Baryta carbonica, **one** sees the theme of **immaturity** repeated in many forms. Immaturity is of course proportional to the chronological age of the patient; i.e., at age five the child acts as if he were two or three, at age thirty he acts as if twelve, or sixteen etc. Kent writes:

You will have patients to treat, where this slow development manifests itself in girls 18 to 25 years of

age, who do things they did when they were children, and say things as they said them when they were children... They have not come to womanhood. They are late in taking on the activities and uses of the woman. They lack the prudence of the woman. They have not become circumspect and say things just as a boy or just as a little girl would say them. That is the dwarfishness of the mind.

Sometimes you will see cases where the patient herself will tell you most emphatically that she **does not want to grow up**, that she wants to **remain as a child**, or even a baby in the protection of the mother's lap. The world with its complications and society's complex demands scares these patients to death; they do not want to go out there and fight. They really feel like children in the midst of grown-ups and do not know how to protect or defend themselves.

A tremendous **anxiety neurosis** may develop out of this state, especially if the person is pushed by his family or society to go out and act. This can be accompanied by inability to retain food, or to swallow solid food, by tremendous inexplicable fear, constant weeping and the desire to be protected and stay at home. They have no desire to go to the cinema or to social events. Any kind of enjoyment or amusement is unthinkable in their condition. They cannot bring themselves to **laugh**; the problem takes on a serious dimension in their mind, they can think of nothing else.

You may wonder how they can exaggerate a small problem to such proportions. The more their mind dwells on the problem, the bigger it becomes. They will sit in the house in a corner and brood and bite their nails. If they leave the house and go out into the open they immediately develop

anxiety. The anxiety may also occur at night in bed, they become restless and want to uncover. The anxiety can revolve around business, domestic affairs, relatives and friends and is usually sudden in its appearance. It is a negative attitude towards life, **denying** the natural **evolution** that is normal for human beings, all **without any serious reason**.

It is noteworthy that in the life of such persons there is usually **no adequate stress** to account for their pathology. Everything seems to be going smoothly and unobstructedly and the patient herself will confirm it. Yet this tremendous anxiety will arise. If you investigate the case properly, you will find that the reason for this anxiety is not a prominent single grievous event in their life, but rather a continuous feeling of inadequacy that pervades their existence, and that all of a sudden, with minimal stress, erupts into an annoying pathology.

The nature of our remedies is such that **different kinds of stresses produce different symptomatology**, while each remedy can be said to be sensitive to a particular kind of stress. The general idea prevalent in allopathic medicine that all stress gives out anxiety is not only grossly oversimplified but also untrue.

For instance, *Aconitum* is very sensitive to a sudden fright that is momentarily life-endangering, while *Natrum muriaticum* will show no reaction to such a shock, but will on the other hand be extremely sensitive to the stress of a love disappointment, particularly in case of a possibility that he may be ridiculed. *Baryta carbonica* or *Aconitum* will not be affected at all by such types of stress. A financial ruin or stress will affect

Aurum, Psorinum or *Bryonia* deeply while *Ignatia* or *Natrum Muriaticum* will remain unaffected. A stressful situation in an *Arsenicum* patient will produce anxiety about health, fear of having cancer and tremendous fear of death. The same stress will make a *Hyoscyamus* patient cut off his emotions and feel dead emotionally. These are but a few examples to illustrate my point.

The type of stress and the kind of effect it has upon an organism therefore become extremely important in the differential diagnosis of a case. Thus, I have never so far seen a *Baryta carbonica* case develop pathology because of a love disappointment. I do not mean that such a thing could never occur, but it is rare, and it is probable that in such a situation another remedy and not *Baryta carbonica* is indicated.

You will see cases of *Baryta carbonica* where, with extreme application, the patient has become an architect, lawyer, doctor, psychologist etc., but who lacks the inclination or the courage, once the studies are completed, to go out and work or open an office. The inner inclination of this patient will be: 'let me remain in the house protected by my own people, without demands, without responsibilities.' They themselves are bothered by such thoughts but cannot help it. The general idea that *Baryta carbonica* hinders one from becoming a scientist because the memory and critical faculties are minimized is totally wrong. Actually most of the cases of *Baryta carbonica* which I have treated successfully were either scientists in their younger years or the senile in old age.

Of course only in cases where the patient has the means to afford to do so will such behaviour manifest itself; in cases where the person really needs to go out and work in order to

survive you will see a different attitude, although the inner pressure will still be tremendous and the main idea under such pressure will be the same. These cases will prefer positions of little or no responsibility. They will remain unnoticed in their professional group, though every one will like them because they very seldom object to or quarrel with their superiors or others.

Fear of Responsibility

Another aspect of this remedy, associated with the fear of responsibility, is the fact that **these patients do not want to have a child**. The idea that a woman should have the responsibility of a child is totally intolerable to her; she herself feels like a baby and does not want other babies in the family. There is such a fear of pregnancy that the Baryta carbonica woman fears she may become pregnant even through erotic play, without any actual contact. It is an irrational thought for an educated woman, yet for all that she will have the fear.

The Baryta carbonica Child

Baryta carbonica children have a characteristic appearance which includes an enlarged belly - they are not fat but have a **marasmic appearance** like *Calcarea carbonica*. Baryta carbonica is famous for **glandular swellings**, and often in these children the tonsillar enlargement is so large as to make the swallowing of food difficult, and to force them to breathe through their mouth. This open-mouthed expression gives them somewhat of a 'stupid' look which is at the same time rather serious and rather vacant, as if they can never quite figure out what is happening around them.

If you have a child who looks marasmic, has tremendously swollen cervical glands, with frequent tonsillitis, very swollen tonsils, and you see the child does not have the development of a normal child for his age, you almost certainly have a case of Baryta carbonica, even though the parents may tell you how intelligent the child is. There is always a tone of immaturity, especially in the voice and mode of talking which resembles that of a baby, and you will surely see some other aspects of Baryta carbonica in them.

Yet if the mind is primarily affected you will see that they are backward children. They are very **timid and shy**. They do not grasp the situations in which they find themselves, and therefore feel very **insecure**. For instance, if they want a drink of water, they will go and whisper in their mother's ear. On the first day of school the child cries, clings to its mother, and does not want her to leave. When left at school it throws a fit, and this is repeated every day for months. They feel particularly threatened and fearful with **strangers**. When strangers are present, they cling to the mother or hide behind her or the furniture. They peek out for a little while at the doctor and then withdraw again. The child may go and hide, for he thinks that **all visitors laugh at him**. The presence of strangers aggravates to such an extent that the child may start coughing in their presence.

These children will be resistant to gentle coaxing, remaining hidden behind their mother. If one goes to them and takes them by the hand or gives them a forceful command, they either emerge in a fearful state or they start crying. In the interview one rarely hears these children speak a word. One gets the information primarily from gestures or subtle signs, and even that with difficulty. When one tries to physically examine such children, they withdraw, resist and if you force

a bit they **cry**. Baryta carbonica children don't **like interference** from strangers, although they/ are very **docile and obedient** where their own parents are concerned.

The mother will notice that her child seems to suffer from a lack of concentration. When he plays with a toy, he seems to pay only superficial attention and then loses interest. He seems unable to concentrate or apply his mind. Often the child may sit without playing at all. He has no interest in the toys around him and just sits staring, inactive. This child is also late learning to talk and walk. One may stand him on his feet to encourage him to take a few steps, but he does not seem to comprehend that he is supposed to put one foot in front of the other.

This mental inefficiency will create difficulties when another child comes into the family. The Baryta carbonica child feels inferior to other children and responds with a type of **jealousy**. This jealousy is not overt but is displayed by a variety of physical disorders such as loss of energy, enuresis, hair loss, periodical fevers and embarrassed nail biting. The Baryta carbonica child can also be rather fearful. Nightmares are very frequent in Baryta carbonica; the child may awaken terrified and in a panic. However, he does not seem to understand why he has awakened nor why he is afraid. In this aspect there can be a similarity to *Stramonium*.

When this child reaches school age, his problems become more visible. It is not unusual to hear that a Baryta carbonica child has repeated several school years. His memory is very poor; he **cannot remember what he has just heard or read**. The mind breaks down even to the point of **forgetting words** (*Phosphoricum acidum*). Consequently, he does very poorly at school, even though he applies himself. He willing-

ly sits with the parents and studies his lessons. With their guidance he seems to be able to repeat the lesson almost word for word, but by the next day his knowledge seems to evaporate as he goes in for his test.

Baryta carbonica children tend to be rather **passive**. They do not make friends nor play with other children. They prefer to stay passively at home. They can sometimes suffer an irritability which may lead them to break their own favorite possessions. Normally, though, they are shy and **easily repressed**. Adults also occasionally exhibit anger, but at the same time will display a degree of cowardice. This anger can also be malicious.

They may be **furious at trifles**, exemplifying the immaturity and narrow-mindedness of Baryta carbonica; also spells of great despondency and **grieving over the merest trifle**, where the patient goes off alone and sobs and cries as though he had no friends in the world. The antisocial streak remains throughout all the stages of Baryta carbonica.

Children and adults alike prefer to stay home in familiar surroundings. They may fear to stay alone, and yet they are averse to company. They feel better when alone. When in company they can be very critical of others but will never voice criticism. In general Baryta carbonica does not talk much, or may prefer not to talk at all. However, a keynote for this remedy is **extreme loquacity during pregnancy or during menses**.

They often become very attached and cling to close family members. This attachment explains why Baryta carbonica people can have **anxiety about others** - they are fearful of losing their protectors, the people to whom they cling for help and advice.

In a case of mild pathology, the Baryta carbonica individual may finish school without real difficulty, the tendency for mental decay remaining dormant. If the pathology is centered on the physical body alone then you may even have a brilliant student.

In a non-constitutional type needing this remedy as a first prescription, we may for instance give *Badiaga* to a child who, while doing very well at school, **suddenly** and without apparent reason lags behind and has difficulties in comprehending and remembering his lessons, and where in general one sees clearly a backward movement.

Baryta carbonica will be needed in cases of **autistic children** who present the following picture: muscles lacking in tone so much so that they cannot stand even for a few seconds without support. The head falls to the side. The fingers cannot close upon an object placed in her hand. Vacant eyes turn and move about incessantly, never resting for a second upon any object. The child obviously does not recognise anything. Lack of response to your attempts to bring bright objects to his attention, or to your shouts. This is a perfect picture of total passive retardation with very little action apart from a general restlessness, especially of the eyes. You will have difficulty in differentiating such a state from *Cicuta*.

Sexual Behaviour and Maternity

Finally the time will come when the person becomes involved in their first love affair. Often one may see a Baryta carbonica person becoming romantically involved for the first time only very late in life; perhaps, instead of at eighteen or nineteen years of age, she may first become involved at age twenty-five or thirty.

When she finally does fall in love, she gives herself up to the man in the same way as, previously, she had trusted her mother, and clings tenaciously to him. She can tolerate anything in order to maintain the relationship. The amount of insult and repression these women can tolerate from their husbands is amazing. This is true to such an extent that *Staphysagria* will often be prescribed in cases of *Baryta carbonica*.

The sexual demands of *Baryta carbonica* are simple and easily satisfied as long as the patient is provided with security and protection. You will very seldom see a married woman having an extra-marital affair. Not only because the insecurity this can produce is intolerable, but also because such a woman will not attach herself to anybody without preliminary security.

The sexual drive in *Baryta carbonica* can be very easily suppressed. If she becomes disappointed by her sexual relationship, she can easily turn to masturbation and feel comfortably fulfilled. Or she may not need the desire for sexual intercourse. She seems to need little stimulation.

Often one may find a sort of **narrow-minded morality** in *Baryta carbonica*. She can become very upset by any 'bad' comment or even a subtle reference to her sexual conduct. A *Baryta carbonica* woman cannot have an extra-marital love affair because if she is recognised with her lover by someone, she will become overwhelmed by the thought that she was discovered, and not because of the larger moral issues such as 'Why did I accept the marriage in the first place?' or 'Was this marriage right for me?' or 'Why did I start another affair?' She will not be the type of person who says, 'If this man is right for me I will divorce my husband and change

my life.' She is preoccupied with a superficial morality instead.

Finally, as a consequence of the continual suppression suffered in the course of the relationship, her mind breaks down. She was previously well-compensated, but now she becomes very childish, her faculties dwindle. She says silly, childish things she knows better than to say. For example, she may see a cockerel and childishly ask, 'Oh, can he also lay eggs?'

This emotional and mental behaviour is connected to the fact that the genitalia have not developed fully. The uterus is small and looks like a child's and the menses start late and are easily suppressed. There is a hypotonic function in this area that is characteristic for this remedy. The Baryta carbonica woman will not be fit to bear a child, not only because of the small uterus but because she actually perceives that she cannot go through with a pregnancy and refuses to undertake the responsibility of having a child. As mentioned earlier, she feels that she is a child herself and does not want to grow up; for a child, the thought of rearing another child is unbearable. Such is the physico-psychic state of a Baryta patient.

Indecision

Of course, it is easy to understand that a person with this type of mentality can become **very indecisive**. The Repertory indicates this by listing Baryta carbonica in capitals under the rubrics: *Irresolution, in acts, in projects, for trifles.* For example, the Baryta carbonica woman and her husband may be looking for a house. They find a well-located house which suits all of their needs and is being offered at well below the market value for a quick sale. The husband is enthusiastic, and he asks his wife, 'What do you think?'

It is a moment for decision, and yet at that point the woman becomes afraid of the decision. Consequently, she begins to make silly objections, 'Yes, but that mountain by the house is so big it may block off all of the air. And the road is full of potholes,' etc. The indecision is so great that a professional woman, who was looking for an office building to settle her practice for four years without being able to decide on any, would probably never have decided to take one unless she was given this remedy, after which she had her office within a few months.

Lack of Self-Confidence

In all of these characteristics one can see a great **lack of self-confidence**. This lack of self-confidence will be most apparent of course in their professional life. Most of the cases that I have treated with Baryta carbonica were cases of professional people with a tremendous **inferiority complex**. It is so great and bothersome that it leads them to the psychologist and later to the homeopath.

They will always feel inferior to their colleagues, they feel that they are inadequate for their jobs, that they do not know enough to compete with others. They have a strong tendency to compare themselves with others and the conclusion is always that they are inferior.

I must insert here an observation of mine, for what it is worth. I have noticed that people with inferiority complexes at one time or another study psychology books trying to find solutions. With Baryta carbonica patients I have never encountered this inclination in spite of the fact that their inferiority complexes are

almost the worst in the whole Materia **Medica**, except perhaps those of *Anacardium*.

This lack of confidence is manifested repeatedly in various other traits as well. For example, Baryta carbonica patients may develop an extreme **preoccupation with their appearance**. They fear that they are not good looking, and they will dwell on the 'bad' quality of their face, or the shape of the eyebrows which are not what they should be, there is excess fat in their belly, their buttocks are too obese etc. They become very attached to their bodies and their appearances; they may become completely preoccupied by some aspect of their body such as their characteristically small testicles or an obese part in their gluteal region.

It is also true that the Baryta carbonica woman will indeed have a tendency to excess fat on and around the abdomen and gluteal region. It is characteristic for them also to be repulsed by what they may see as disharmonious appearances in the bodies of others. They seem not to be able to perceive the deeper aspects of the human being and the appearance becomes all important.

This lack of self-confidence may be very evident also in family relationships. The Baryta carbonica patient often feels that brothers or sisters are superior to him. He feels overwhelmed by the other family members even if he is better educated or has more impressive credentials. He feels he is not strong enough to resist. He constantly observes how the parents treat their brothers or sisters and will always reach the conclusion that they are treated with much more sympathy and appreciation than themselves. For instance, a woman may not like to have her sister at home when entertaining people because she feels the sister

BARYTA CARBONICA

is over-shadowing her.

Another element is that they cannot be aggressive under any circumstance. No matter what they feel inside, even if someone is very nasty towards them, they cannot fight back. They become cowed, apologetic, and are prone to self-reproach.

Anxiety About Health *

Baryta carbonica patients can be **very anxious about their own health** and especially about cancer. These patients will complain constantly, as if life were a tremendous burden for them. They will visit the physician several times to be examined for a supposed cancer of the breast. A typical reaction of a Baryta carbonica case in follow-up interviews, after a few remedies have been wrongly prescribed, is to say at once that they feel better, while continuing to relate the same symptomatology all over again. In the end you wonder to what extent they feel better and you decide on another remedy.

And so the story is repeated until you see this lawyer, this doctor, this architect you are treating to be a small and pitiable and fearful individual who so perfectly fits the Baryta carbonica picture. Give the remedy in high potency and wait, wait for several months, before you hear from the patient that he is really better now. And you will see that this time the changes are deep and lasting.

There are patients who will tell you immediately about the changes and you can assess and easily evaluate the situation; Baryta carbonica is **not one of them**. This anxiety will frequently revolve around, let us say, a characteristically

enlarged cervical gland. When a doctor informs these patients that the enlargement is not pathologically significant, they are readily reassured. However, after one month they seem to forget this reassurance and return to the doctor for another examination of the very same gland, and so on month after month.

It is tremendously bothersome for the homeopath to see such cases of anxiety as these patients will plague the doctor with complaints that are undefined and confused. Their attitude is helpless, wretched, miserable, pitiable, distressed but always soft and non-aggressive, as though they were afraid to make the doctor cross, or to make him shout at them. So in their constant complaining they try to be nice and sweet and not overburden the doctor.

For instance a woman will sit up the whole night, not moving at all, in order to prevent a brain stroke which she thinks is coming on just because she ate too much at dinner. She will not dare phone the doctor during the night and she will wait until the morning to visit him.

In such anxiety states they are **afraid of everything**, of being alone, of the dark, of ghosts, of flying by airplane, of going out from the house, of going crazy, of staying in the house alone, about the future, etc. They can make the life of the persons they live with a misery, but still due to their 'mild characters' are easily tolerated by others. All these fears seem **to** have no ground as such but are rather the side effect of their insecurity and immaturity.

If you do not perceive the general attitude of the patient, the insecurity and immaturity that are behind all these fears and anxieties, the fear of crossing a bridge, fear **from noise in the street**, fear of strangers, fear while walking, you will **be**

inclined to give *Calcarea carbonica*. But the fears of *Calcarea* are really strong and bothersome, whereas the fears of *Baryta carbonica* do not seem so deep, or substantial.

I have seen cases living for years in such a state and everybody around is used to such conduct but after the remedy they assert themselves and then a commotion arises around them. All of a sudden everybody starts talking about their change and how 'assertive' and 'domineering' they are!

Naivete

Another aspect of *Baryta carbonica* pathology is an **inability to think or act independently**. Today many cases of *Baryta carbonica* are missed and other remedies are prescribed instead because of a misconception according to which, in order to administer this remedy, we had to be confronted with a quasi imbecile patient. I have often myself mis-read a *Baryta carbonica* case for several years before being able to see the real picture of **lack of self confidence, of inferiority complexes, naivete** and **immaturity** lying beyond the phenomena. The *Baryta carbonica* of today, who is often a scientist, can conduct herself in a such a manner as to mislead one completely, and only these subtle deviations from the norm are left for the contemporary homeopath to discover.

One must be careful in what one tells such a patient for she may follow the physician's advice quite literally in a very **naive way**; she may use no discrimination in following instructions. For example, a young woman goes to the general practitioner and complains that her husband dominates her, that she is afraid of him. The doctor advises her to try and free herself from the husband, to live her life

more **as an** independent person. He may **even** jokingly suggest that she see another man. But this patient could not discriminate, and 'at the doctor's orders' she tried to have an affair with the psychiatrist whom she visited after the general practitioner. It is a foolish sort of behaviour, very naive, very childish. This story was told to the homeopathic physician who prescribed Baryta carbonica, and perhaps spared her from a lot of trouble. Along similar lines, these patients may be rather superstitious.

Remember these basic concepts must dominate, colour and underlie the case before you can prescribe this remedy. There are always many aspects to a remedy that indicate or point to the same basic concept or idea, but it is not possible for all of them to be described in a Materia Medica. The student must use his judgment where these matters are concerned.

Caution and Mistrust

A characteristic of Baryta carbonica is a lack of trust **and** tendency to secretiveness; they never show that they **are** depressed or in a bad mood. Nobody can understand **or** should understand the bad mood in which they live, not even their closest relatives or husband.

The patient becomes mistrustful, **cautious, reticent** with people, and he goes out less and less. He is afraid to meet people. He feels inefficient and thinks people find him stupid or incompetent. He can be over-sensitive and 'touchy' to the extent that even little criticisms cause him to withdraw and sulk. As the pathology progresses, the patient's faculties, and indeed the patient himself, seem to dwindle, to become

small, and to enter a marasmic state mentally and physically. The patient may say: 'I used to be outgoing and have strong interests. Now I am becoming isolated, and my mind is less active.'

Baryta carbonica can, therefore, produce a type of paranoia in which the main characteristic is that she is being watched by others who are talking about her, making fun of her, criticizing her and laughing at her. She may have other kinds of delusions, a few examples being delusions of fire, of every noise being a cry causing her to tremble, a delusion that a beloved friend is sick and dying, or a delusion that her legs are cut off and that she is walking on her knees.

Here is a typical case: A patient has delusions that she hears voices that try to confuse her or harm her. A female voice is constantly audible, as though from far away, trying to confuse her. Voices communicate between themselves. They give advice, tell jokes and at times ridicule and laugh at her; they try to harm her or harm relatives or friends. She says she does not want to die. Sometimes she swears at the voices, telling them to 'Go to hell.' The voices talk about sexual matters, but she is too shy to give details.

She is **mistrustful** of even the closest friends or relatives. She is jealous, suspicious. At times she is closed and remote, at others open and loquacious. Suddenly she grows wild, has a wild look and retreats to her bed, but she never attacks.

Baryta carbonica was prescribed with long lasting success in this case due to the fact that many of the themes running through this remedy were present in her symptomatology.

FIVE REMEDY PICTURES

Senility and Old Age

The idea of the **dwindling of the faculties** is more markedly apparent in elderly Baryta carbonica patients. Just as there is atrophy of other organs, it seems that the mental powers and the brain itself begin to atrophy. In fact, Baryta carbonica is one of the main remedies used in organic brain syndromes with actual **cerebral atrophy** and **imbecility**. These are the senile patients who **become childish** in their behaviour, playing with dolls or tying a ribbon in their hair.

It is important for the right prescription of the remedy that the patient should have this childish behaviour. Simple imbecility will not necessarily require Baryta carbonica. But we must understand that these patients who are now senile may have needed the remedy many years ago, and that at that time the picture may have been quite different. They had probably started losing their memory and their comprehension was possibly somewhat affected but still nobody would have noticed the difference, only they themselves knew. Yet the element of inferiority must have been there in one way or another. Therefore we must perceive the remedies as developing in pathology, which goes deeper and deeper, accompanied by analogous manifestations.

Sometimes these older patients may sit and give a feeble, helpless sort of moan. When they attempt to write the size of the letters is **very small**, so small as to be difficult to read.

Old people needing this remedy may present cardiac, vascular and cerebral problems, enlarged prostate glands, indurated testes, weakness with palpitations, need to lie down, chilliness, loss of memory and aversion to meeting strangers.

They don't really say what is bothering them but instead just continue whining. Treatment with Baryta carbonica may bring these people several more useful years before their degeneration begins again. In these senile states these patients may even take on a childish appearance. The face is practically free of wrinkles, as if they have lived life only superficially. The feelings have not been sufficiently intense or deep to leave their mark on the face.

CALCAREA CARBONICA

(Calcium Carbonate)

The Essential Features

The remedy picture of this great polychrest needs to be introduced with a few preliminary remarks. Calcarea carbonica is a remedy which covers all stages of life, from infancy to old age, and all stages of pathology: on the physical level from the common cold to malignant tumours, and on the emotional/mental levels from simple anxiety to manic depression and schizophrenia.

One intriguing observation I have noted in the course of my clinical experience is that a disproportionately high percentage of babies, perhaps 40%, require Calcarea carbonica in the beginning of their lives, while this remedy is indicated much less frequently in adults. Why then, may we ask, do we not see more Calcarea adults?

The explanation is not obvious, nor easy to perceive, and is a function of the developmental process, from baby to adult. In babies and young children the need for calcium is tremendous. It is the main element necessary for the development of the skeleton and teeth and the quantities required at this age are enormous. If there is even the smallest disturbance in the absorption of calcium it becomes apparent through a certain group of

symptoms, which are identified as belonging to *Calcarea carbonica*. This explains the applicability of this remedy to young children. As the child grows and the need for calcium decreases, one of the following takes place:

- a) The disturbance is automatically corrected and the person grows into health;
- b) The absorption problem is not corrected and is accompanied by new layers of disease disturbance;
or
- c) The absorption problem is not corrected and no new layers are created.

In (b) the absorption problem is not corrected and the patient slowly progresses along the road to chronic disease. As he encounters various stresses in the course of his life, his symptomatology changes in accordance with each *new layer* of disease disturbance that is *superimposed upon the original layer* of disease predisposition.

For example, grief superimposes a layer of *Ignatia* and *Natrum muriaticum* on a constitutional *Calcarea* case. A vaccination further superimposes a *Thuja* (or *Morbillinum*) layer. Then influenza adds a layer of *Influenzinum*. In such a case you will not cure the patient unless you follow the exact reverse sequence in prescribing that is, in my example: first *Influenzinum*, then *Thuja*, then *Natrum muriaticum*, then *Ignatia*, and only finally *Calcarea carbonica*. The exact sequence and time frames are determined not by theoretical speculations, but only from the symptomatology of the

patient. This is the concept of 'layers of **disturbance**' referred to in my earlier writings, and this **is also the** idea underlying the theory of the miasms.

In (c) the problem is not corrected, yet the stresses mentioned above do not create new layers. They serve to *only exacerbate the Calcarea symptoms* and shift the pathology to a deeper level. The patient retains his Calcarea symptomatology and, in this case, remains a Calcarea case throughout his life. His case is not complicated; there is only the Calcarea layer and no others. It is for this reason that I have said that if we find an older individual whose symptomatology calls for Calcarea carbonica, that person tends to have quite a strong constitution. In these instances it does not matter how severe or malignant the case may be; the possibility for a cure is great.

The Calcarea state itself, according to my experience, is one which is seldom added as a new layer, but is, rather, a more basic, 'ground-level' disturbance. These persons are usually relatively healthy and well-balanced; their solidity and stability is not easily undermined. Finally though, when their vitality is compromised through some stress, such as excessive allopathic drugging, the Calcarea state of pathology surfaces.

For instance one often finds that elderly patients who have received Calcarea carbonica for lumbago again require Calcarea carbonica when they develop another pathology, e.g. bronchitis. This need not always be the case because, at other times, an acute remedy such as *Belladonna*, *Rhus toxicodendron*, etc. may be required without the subsequent necessity to return to Calcarea or to any other deeply acting

remedy.

In response to our question, in today's world only a small percentage of those we see have constitutions strong enough to retain the Calcarea layer throughout their lives. Therefore, in our practices, the majority of cases fall into the second category. This means that even those adults who might have begun as Calcarea babies will usually have at least one additional layer that masks this underlying one. This is why, relative to babies, we see so few cases of Calcarea carbonica in adults.

Some Orientation points

Calcarea carbonica is such a huge remedy with vast symptomatology, that the student can get lost in it. He might think that every case is a Calcarea case or that none of his cases have all of these symptoms. For the sake of the novice student and in order to provide clarification for those who are experienced, I will present my observations regarding the symptoms that *usually* point to this remedy.

I have separated the indications into two categories: the keynotes of Calcarea during physical ailments and the keynotes during mental disturbances. Ninety percent of the cases of Calcarea have been recognised because they exhibited all or some of the following symptoms.

During **physical pathology** we usually observe:

- a **general aggravation from cold and wet weather**. The patients are **chilly, cannot get warm**, especially **their feet which are cold** and at the same time may have a **slight clammy sweat**. They need to **wear socks in bed** and **cannot go to sleep unless they feel that their feet**

are warm.

- a tendency to **be overweight and obese, and t sluggishness;**
- **perspiration during sleep, around the neck;**
- **desire for sweets and soft-boiled eggs;**
- **vertigo in high places.**

During **mental pathology** we most often see:

- that patients have **numerous fears, such as fear of the dark, of ghosts, of thunderstorm, of high places, of mice, of dogs, of infections, etc.;**
- a **prevailing fear of insanity;**
- a particular **fear that others will observe and perceive their mental confusion;**
- **despair of recovery ;**
- an **overwhelming anxiety about health, especially the fear of cancer.**

If the **cause** for the pathology is **exhaustion after physical or mental exertion**, then the case is further confirmed.

The practitioner should not get lost in the vast array of symptoms but should look for these main keynotes of the remedy. Of the above ten symptoms, at least four or five should be found in a Calcarea case. The following observation regarding Calcarea is particularly important:

The characteristic constellation of physical symptomatology may change and/or diminish as the mental pathology becomes more prominent. For example, during

the stage of initial fears where the patient fears heights, the characteristic perspiration and aggravation from cold and wet weather and from dampness are present. However, when the case deepens in pathology to the point where fears dominate his life - fear of cancer or heart disease, fear of insanity, etc. - the physical symptomatology and the earlier fears often subside, and the prototypical picture of Calcarea is lost or becomes unclear. For example, in such cases it is possible to find that the person is no longer chilly, or that the usually cold feet of the Calcarea subject are neither cold nor damp. Also, the desire for eggs might disappear. At this stage, therefore, it becomes easy to confuse Calcarea carbonica with other remedies, such as *Arsenicum* or *Phosphorus*.

In addition, the development of pathology in **stages** must always be considered when looking for 'guiding symptoms' in a case. For this reason, the practitioner must not refer to the above list of symptoms as an unvarying, stereotypical guide. It is there to provide a guideline by which to identify the remedy which is valid for the majority of Calcarea cases. It is, for obvious reasons, impossible to enumerate all the aspects and combinations of symptoms that a Calcarea case can assume.

Flabbiness and obstinacy

Calcarea has a unique and characteristic type of polarity: the ideas of **flabbiness** and **obstinacy**. This may relate to the physical body (flabbiness of muscles vs. hardness of tissues) and/or to the mind and emotions (which may also be 'flabby' and/or 'hardened'). To simplify matters, we might say that the pathology in Calcarea patients develops from a calcium imbalance, either a lack of calcium or an excess. Cases that

evolve from a lack of calcium far outnumber those from excess. A caution, however, to remember is that this is merely a generalization. Not all cases of Calcarea can be classified into such simplified patterns.

In the cases of calcium deficiency, where the organism does not absorb or metabolize enough calcium, the result is **softness in places where the natural state is hardness.** There is **softness in the bones and teeth,** and **flabbiness of the muscles, especially the muscles of the heart.**

On the other hand, wherever an excess of calcium develops, the result is excessive deposits of calcium in segments within individual bones, deformities of the bones, excessive hardness of the nails, scrofulous swelling of the muscles and hard swelling of the lymphatic glands. In the realm of mind and emotions, this translates into an inflexibility in thinking and into obstinacy

There is also the possibility of uneven or irregular nutrition of bones: As Nash explains: *'One part of a bone, the vertebra for instance, is nourished, while the other is starved.'*

As stated above, it is typically the idea of **softness** and **flabbiness** that prevails in Calcarea carbonica. The word 'flabbiness' implies more than just 'weakness': patients are weak and soft; the element that gives stamina, strength and support to their tissues is missing; their mental and muscle tone is deficient. The general flabbiness ultimately leads to disintegration where the organism feels that it will soon collapse, mentally and physically.

In addition to knowledge of physiology the perceptive faculties must be at a keen and functioning level in order to understand what occurs in a system that cannot absorb this

element so basic to its existence. What you will observe is how the lack of stamina and strength, which result from the malabsorption, affect all the levels: physical, mental and emotional. Any small exertion can trigger a state of exhaustion.

The patient has a sensation of inner trembling; all kinds of fears prevail. His mind can deal only with trivial matters; it cannot address the more essential, important and useful things because this would require an effort, and call on reserves of power and stamina that he does not have. His mind does not have the power to overcome difficulties, to endure, nor to concentrate and so, ultimately, the Calcarea subject feels compelled to give up. He then either withdraws and stays homebound or gives himself over to medical care.

'Little ideas'

This trait, the fixation on **little ideas**, is characteristic of the remedy, but the degree to which it is evident may vary and depends upon the stage of the mental pathology. It is peculiar to see how, under the pathology of Calcarea, a mind that used to be sound and whole, becomes fixated on little things. In its mildest form this keynote may appear as a simple inflexibility of thinking. At a later stage it becomes a striking obstinacy in daily life, and ultimately, a preoccupation with trivial ideas that amounts almost to psychosis.

By the time Calcarea has degraded to a relatively serious condition, his mind loses its perspective and gets obsessed with little ideas. It is not merely that the Calcarea patient pays attention to trivialities and details; these minor concerns prevail and actually dominate his life and mind. This kind of **inflexibility** of mind, the fixation on minor issues, makes it

impossible for him to think about anything else. He does not even seem to realise that his focus is on small, insignificant things, and that he is overlooking the essential. Kent describes this state graphically:

When the Calcareo patient begins to relate to his friends how he feels they all naturally say to him, 'Why don't you put that aside; that doesn't amount to anything,' but to him it is a big thing, and he cannot put it aside; all these little things combine to convince him that he is going crazy.

While in this state, Calcareo patients may talk endlessly about these little things that are of no interest to anyone else. Kent asked some of his Calcareo patients why they behaved this way, and he generally got an answer like: *I tried a good while to stop it, and when I could not I just kept right on at it, for it seemed to do me good.'*

This type of rigidity of thinking may be coupled with a laxity of the mind, as the underlying polarity of Calcareo suggests. As a result, the affected subject loses his ability to think deeply and consistently. Kent relates that there is also a particular inability to calculate:

He cannot add and subtract even in the simplest forms...
He may have been a philosopher, and he has lost his ability to think out things in philosophy. He has lost his mental depth.

Obstinacy may combine with flabbiness of the intellect to form wishful thinking, as Kent's lucid remarks concerning this trait illustrate:

He forms conclusions out of his emotions rather than from his intelligence. He forms conclusions about

things as he wants them to be. You would almost think he wants to grow crazy, he keeps talking about it so much. He is unable to accept any sort of argument, and this grows worse and worse. He is unable to accept the assurance of his physician, in whom he has always had confidence. It is no use, it seems, to try to reason with him; yet he is not so far gone but he can reason about other things except his own mental state.

A Calcarea patient may say, 'I am restless on a mental level. I like to be stimulated intellectually, philosophically; this is, perhaps, where my restlessness lies', as was the case with one Calcarea patient I had. However, this kind of 'philosophical interest' does not represent an ability to think deeply, nor does it at all resemble the genuine involvement with philosophical matters that we see in *Sulphur* patients. On the contrary, it arises from his fear of dying.

This fear of death is at the core of what stimulates the patient to ask questions such as 'Is there a God? What kind of God?' **Worrying about salvation** is a striking symptom in Calcarea persons. This point will be elaborated upon further in the chapter on Calcarea children, where this kind of religious inquiry is most frequently seen.

The fixation on little things is also the feature that is responsible for the well-known **obstinacy** of Calcarea, especially in children. If their mind is stuck on an idea, they cannot set it aside. Their desire must be satisfied and this takes on great importance for them. They must gratify their need in order to stay balanced and even seem to derive strength from it.

Over-Exertion

Calcarea people tend to be **very** attached to their work. They are industrious, conscientious and hard-working, and they also have a fear of poverty. Their industriousness compels them to push themselves, which in turn contributes to a growing **sense of being over-exerted**. They feel exhausted, but ignore this and push themselves further despite their exhaustion. In these cases of overexertion (which may, ultimately, result in a breakdown) we see different stages:

In the first stage, they are **easily irritated**. They become irritable, even from trifles. The patient is easily riled, and a few words are enough to make him fly into a temper, especially if he feels that demands are being put on him. He feels fatigued after far less exertion than was previously required, and begins to complain about his workload, etc. He is **easily offended** and tends to take everything negatively. He is easily excited and tends to break out in a sweat when a situation seems too much for him. His emotions are easily excited and as easily prostrated.

Vertigo and confusion are often present, as Calcarea's circulation tends to be disturbed. The patient has palpitations, quivering, inner trembling, and physical exhaustion. It is, in particular, in cases with nervous irritability and excitement that we see patients **who tremble easily: from fear and anxiety, after coitus, when waking up at night, after frightful dreams, from any mental or physical exertion**. It is as if the muscles cannot take any exertion. Their quivering creates the sensation of internal trembling.

The Calcarea person is unable to apply himself to anything that requires an effort. Focusing his attention becomes

increasingly difficult; his mind wanders when he attempts to concentrate. His brain becomes 'paralysed' when he makes the effort to speak. Words get mixed up and confused; he tends to make mistakes and slips of the tongue. He feels confused and is unable to remember the subject of the conversation. His memory is weak. His confusion while reading is such that he has to stop and try to remember where he was. Due to the weakness of mind and difficulty of thinking, his self-confidence disappears; he is easily overwhelmed by his work. This mental exhaustion predisposes the patient to have an apprehensive, anxious disposition with a **tendency to worry about the future**, about his health and about salvation (as mentioned before). He feels **restless anxiety**. He is easily frightened and his agitation prevents him from resting and may even bring on palpitations, ebullition of blood, and shocks or jerks felt in the pit of the stomach. His fear tends to rise up from the stomach.

During this phase, in which Calcarea individuals begin to break down and to develop anxiety, they are often troubled by sleeplessness, especially after 3 a.m. They may sleep well for hours, but then awaken around 3 a.m., and cannot fall asleep again.

In the next stage the patient enters a period where even the least responsibility looms over him as a **tremendous responsibility**, so large he no longer feels able to cope. He feels overwhelmed; situations and problems seem insurmountable. He becomes **averse to his work** and in fact dreads it and the responsibilities and demands made on him by others. His **indisposition to any kind of work**, aversion and loathing of work, is accompanied by a general mood of tremendous irritability and a heaviness in his lower limbs.

Anxiety and the 'fear that something bad is **going to happen**' are evident. He feels a very great urge to **leave his business**, yet he stays on.

If, at this stage, some additional stress is encountered (e.g. a grief or an acute illness complicated by allopathic drugging), the patient will progress to a far deeper state of pathology. He will develop a tremendous anxiety about his health and, consequently, a very pronounced fear of cancer or a fear of insanity. The intensity of these two fears - that of cancer and that of insanity - tend to have an inverse relationship; that is, if the fear of cancer is quite strong, the fear of insanity is minimized and *vice versa*. The patient also has the disconcerting impression that other people can, simply by looking at him, perceive his insecurities and read his mind. These fears will be discussed further in the sections 'Fear of Insanity' and 'Despair of Recovery'.

Calcarea persons are able to endure this state of overexertion for a long time. Eventually they arrive at a stage where they cannot continue with their business, and, therefore, **quitting of business due to over-exhaustion** is a keynote of this remedy. Kent describes this situation in the following **way**:

A Calcarea patient sometimes takes an aversion to work, and quits work. He will quit a most thriving business, and go home and do nothing, after being fatigued in carrying on the business until it reaches a most thriving condition. He says business is not good for him. He is tired of business, and when he goes to his business again it seems as if it would drive him crazy. He does not want to see it, he does not want to know anything about it. Of course, you can readily see that it is not so much in the Calcarea patient that he is driven

to weakness and fatigue from distress in business, although it has that, but that which I am speaking about is that he has overworked until he has given out, and right in the midst of his success he quits his business and goes home, and leaves all—it looks just as if he were lazy.

And he adds an important differentiation: *'It is not such persons as were born that way, born lazy, never would work; but those that become lazy.'*

This is the symptomatology that has given Calcarea the reputation for curing cases that are in a state of breakdown, from prolonged overexertion and worry.

Fear of Insanity

This third stage, in which the mental condition is the main problem, is much more severe and disturbing than the previous one. The general condition of the patient is one in which he has the feeling that he is really breaking down mentally and does not believe that he can function under the present circumstances. His mind is weak, and he forgets important things. His thoughts are occupied with a lot of small things, while the main and important issues remain unresolved. He is unable to concentrate, nor solve business problems. All the while the stress continues. He may or may not have left his business, yet the expenses keep accumulating and he has to pay the bills. As a consequence, he despairs.

Against this background the patient begins to develop a very pronounced fear of cancer, or to develop a fear of insanity. **In** this section we will focus on the latter.

The Calcareo patient usually keeps to himself the secret that **he feels he may be going insane**. He conceals it for a long time, because he fears that were he to admit it, others might think that he is really psychotic and commit him to a mental institution. He dwells upon his state of mind day and night and cannot sleep. This is a fear that, in time, becomes overwhelming, and the more he continues to endure stress, the more the fear develops. Eventually, the mind is constantly occupied with this fear.

At this stage, the practitioner may experience clinical situations such as the following: A patient comes to your office and relates different ailments. While you are listening to them, paying close attention, a breakdown suddenly occurs. He or she begins to cry; tears trickle down the face and despair becomes apparent. You ask him or her why they are so desperate. After some hesitation they finally confess their fear of going crazy. If they do start telling their real problem, they will eventually confess everything that is happening to them.

Apart from the fear that they are going crazy, Calcareo also has a **fear that others can recognise their mental confusion**. They feel they are being observed suspiciously by the people in their environment, that they can be 'looked through' or 'seen' by them. As Kent puts it: *'He thinks people look at him suspiciously, and he looks at them suspiciously, and he wonders why they do not say something to him about it.'* Similar to the above situation, this information is not volunteered by the patient, but if you suspect that the case is Calcareo carbonica and start inquiring, especially about these matters, he will confess his fear to you with some relief.

This is a condition bordering on delusion, and it may truly be accompanied by **delusions, especially when closing the eyes**, even during the daytime. They see horrible visions and must open their eyes immediately and try to persuade themselves that they are not crazy, that what they are experiencing is only a trick of their mind. This is a far cry from a healthy mind, as we can easily perceive, but it is not yet real psychosis, as they are still able to control themselves in their dealings with others. However, at this stage, Calcarea people definitely feel that they are quickly approaching insanity.

They also might confess to you at this time that they are talking to themselves. When in the presence of others they are able to maintain their self-control, but once they are alone in the house they start carrying on a conversation with themselves. This is particularly true in cases of prolonged grief. We can picture the case of a woman whose husband has not been faithful, and she has suppressed her anger and emotions against her husband for a long time. She then starts talking to herself, and says a lot in these 'conversations' without a partner. It is a state of confusion, weakness, and breakdown of the intellect.

Psychosis

Such a state eventually transforms into real psychosis. The Calcarea psychosis usually assumes a **passive form**. Calcarea patients have **numerous delusions which develop very quickly**, such as the person seeing **horrid visions upon closing the eyes**, grotesque faces, etc. We also find delusions such as the impression that clothing hanging over the back of **a chair is really a person sitting there** or that someone **is walking beside her** (similar to *Petroleum* or *Silica*). In

Hahnemann's proving, we find the example of an illusion: *'She heard a rumbling and clattering over her bed, which made her shiver.'*

Concerning Calcarea's behaviour when in company, they mostly sit and do nothing, or else they do strange little things like play with their fingers all the time, break sticks or cut little pieces of paper. Margery Blackie reports a case where the patient opened and shut her handbag the entire time she was with her.

The general idea in Calcarea psychosis is a passive state with delusions, coupled with the motif of fixation on little things, which was discussed earlier. The delusions may also come on quickly in serious fever cases, as in cases of pneumonia or pyelonephritis. Two examples from Hering's *Guiding Symptoms* are: *'Mania; sees many curs [dogs] crowding around him; fights them off'*, *'Sees and plays with cats and other animals in delirium.'* In these more acute states, we see a greater degree of restlessness and activity. Another example from Hering is: *'Feels as if she would like to run up and down and scream.'* Kent comments: *'Feels as if she could not help it, she must scream. That occurs in persons overwrought, dreadfully excited from a loss in the household by death.'*

During an acute exacerbation of this chronic psychosis, a pronounced aggression might surface. Then conditions resembling the following description by Hering ensue: *'Throws herself forcibly about, rolls on ground, tries to catch hold of bystanders' clothing, which she puts into her mouth, bites and spits, makes a loud barking noise, all with open, dull eyes.'*

This condition does not assume the extent and the intensity that occurs in *Belladonna* or *Stramonium*, whose delirium is much more characterised by activity, desire to bite, spit and so on. On the whole, Calcarea tends to passivity in delirious and delusional states.

I must note here that the differential diagnosis between remedies is often a function based on the degree of severity of the symptoms, as the symptomatology, especially in acute states, is often quite similar.

Fear and Phobia

In 1976, during an international seminar in Athens, I heard Dr. Paschero, the renowned homeopath, say that Calcarea has all the fears of the *Materia Medica*, and that unless the patient was full of such fears you could not prescribe this remedy, or that if the patient had a lot of fears then the remedy was most probably Calcarea. Though it is true that Calcarea has a lot of different fears it is equally true that not all Calcarea persons have fears. Some of them actually have none! (I shall discuss this point in the Calcarea Child section, because it is especially in younger children that we often do not see any fear.)

It is equally important to realise that the fears should be evaluated according to their intensity and severity. A fear in a mild form may accompany some physical ailments, while at other times, the same fear becomes overwhelming and the physical complaints disappear. There are certain fears in particular that point to the remedy when they prevail and totally overwhelm the patient.

An overwhelming fear of thunderstorms, for example, would not lead one to conclude that the remedy is Calcarea, though Calcarea has this fear. An overwhelming fear of insanity, without any other accompanying symptoms, indicates *Mancinella* rather than Calcarea. However, when one of these fears is coupled with an overwhelming **fear that others will observe their mental state**, it points exclusively to Calcarea. It is a strong enough keynote that, if the patient has this symptom, even without additional fears or physical ailments and modalities, Calcarea is the indicated remedy.

One of the fears that in Calcarea can grow to tremendous intensity is **the anxiety about health and the fear of death** (thanatophobia). When physical ailments prevail, this fear can be of mild intensity, and the Calcarea patient will not pay much attention to it. This anxiety, however, is capable of increasing to such a degree, and the fear of death can be so overwhelming, that the patient lives in an inferno; his life is totally destroyed by it. In this case, the fear dominates and is the first thing of which the patient complains.

The most common forms of this fear are: **fear that he will die from cancer or heart disease, or that he will lose his reason. The fear can become the main pathology.** In contrast, the fear that he will catch or has caught some contagious disease, is often to be found in Calcarea persons, but I have never seen it as the main pathology in mental cases. The symptom, anxiety about health, will be discussed in further detail in the next section.

Another tremendous source of anxiety is a **guilty conscience**. The patient develops it to such a degree that neither reasoning nor logic can pacify him. The guilt develops over little things that would have been ignored by

another person, but in Calcarea, due to the focus on 'little things' the problem is so exaggerated that it overwhelms the whole person and his life becomes intolerable.

Fear of high places or vertigo in high places is one of the main ailments that accompanies most cases of Calcarea carbonica. They may really freeze with fear when they go up a ladder, even three steps above the ground. This fear is so great that many times they dream that they are standing in a high place and feel vertigo. Calcarea cannot even tolerate somebody else standing close to the brink of a high place; they shout to the person not to go so close to the edge of the balcony for fear they will fall. They are also afraid to descend stairs, especially if they are stairs without a railing.

Calcarea has a strong **fear that a misfortune will happen to him or to others or that bad news will come**. A fear of being alone is also often evident. A special time for their fears is **when evening draws near**, as **was** confirmed by Hahnemann.

Other fears that appear often in Calcarea subjects are the fear **of**: thunderstorms, supernatural things, ghosts, infection and microbes, poverty, mice, insects, spiders (arachnophobia), leaving the house, public places (agoraphobia), narrow places (claustrophobia). There is also an anxiety or anguish that is excited by **listening to cruel stories**.

In the early stages, these fears and anxieties aren't usually overwhelming and typically accompany physical ailments. Calcarea patients may have many of these fears, but sometimes they have only a few or even only one.

If we compare *Phosphorus* with Calcarea carbonica during the stage of fear of thunderstorms and of the dark, we see that

Phos. is much more open than Calcarea, and that the *Phos.* fears are much more accentuated. The fear of thunderstorms is terrible in *Phos.*-, they express a desire to hide under a table during a storm. Calcarea people would never communicate their fear in such a strong manner. *Phos.* persons also manifest their anxiety about health in earlier stages than does Calcarea. In Calcarea the anxiety about health develops in association with a pervasive anxiety about life and the future. *Phos.* could be called a thin Calcarea, with more accentuated fears and with a great desire for cold water. The perspiration in *Phos.* is less than Calcarea, while their vitality tends to be higher. *Phos.* is also more responsive than Calcarea.

Despair of Recovery

The anxiety about health can assume high intensity, even when there are no signs of physical illness. One proving illustrates: *'She thinks she is sick to death, hypochondriacally, but she couldn't complain about anything.'* Calcarea patients can have a fear of any type of disease - heart disease, liver or intestinal disease, etc. - but the fear of cancer is the most prominent. Their anxiety drives them to visit one doctor after another. Sometimes all it takes is a slight colitis or a slight feeling of pain that originates in the abdomen, for the patient to become totally preoccupied with this little discomfort. It is a state of unbearable anxiety, coupled with inner trembling and palpitations that only serve to exacerbate the anxiety. They go to the specialist who can find nothing wrong with their colon, and this, instead of pacifying them, only makes things worse. They are now certain that they have cancer and that it will be discovered too late.

While engrossed in their suffering, Calcarea is quick to conclude that nothing can be done in their case, nothing can save them. They become desperate and believe that no one can help them. They despair of their recovery. This tremendous **despair overwhelms them** and they cannot be pacified. You see the despair in their expression, their utter **hopelessness**. In this symptom, **despair that they will never recover**, Calcarea, together with *Arsenicum*, leads the entire Materia Medica. This despair may not be revealed during the first homeopathic interview; the Calcarea patient may think the practitioner is his last chance and, consequently, waits to see what can be achieved. If Calcarea isn't given after the initial visit, however, he will, during the second visit, express his despair. If the practitioner tries to persuade the patient that his case is not that serious and that, in all probability, something can be done for him, his words fall on deaf ears. The patient reiterates that there is no hope for him and that he cannot be cured; he knows this for a fact.

These cases can be confused with those of *Nitricum acidum*. Both remedies possess great anxiety about health, and both have a desire for sweets and salt. Where they differ is that in Calcarea the desire for sweets is stronger than that for salt, while in *Nitricum acidum* the reverse is true.

Depression from Grief

Calcarea many times has a **depression** so severe that it recalls the *Aurum* state. However, the suicidal disposition is never as strong as in *Aurum*. The Calcarea depression is accompanied by despair and physical fatigue; the patient is unable to do anything; there is no stamina, whether mental, emotional, or physical; and the world looks altogether black

for them. They may just sit around and say absolutely nothing. People surround the Calcarea patient and talk, but he or she doesn't want to do anything, doesn't want to enter into a conversation and even refuses to speak. When Calcarea persons are alone in such a state, though, they may talk to themselves, as was mentioned earlier.

These patients are tired of life; they do not want to continue living. They have suicidal thoughts, although, as previously mentioned, this symptom is not strong as, for example, in *Aurum*. A characteristic modality is that both anxiety and the tendency to commit suicide are especially strong **during perspiration**. They think of stabbing themselves as a means **of** finishing their lives.

The **melancholy and despondency** may be coupled with a kind of anguish. They feel dejected and moody and have a strong, irresistible tendency to **weep**. Weeping may be brought about by admonitions or by trifles, and they are inclined to complain and grieve about offences long past. The patients moan and whine, weep and whimper. They feel forsaken and **pity themselves** and do not want to be consoled. Consolation even tends to aggravate their state.

Many times, though not always, following an experience of grief, the Calcarea patient may enter a kind of hysterical state where weeping alternates with spells of wild laughter. Then they can enter into a peculiar state of such excitement that they want to scream and to shriek in order to get it out of their systems. Violent screaming spells may occur; they feel that if they do not scream they will go crazy; it is as if they have to compensate for the hysteria. They feel tremendous restlessness; they walk up and down in the room and feel as if they should do something.

Kent **provides a vivid** picture of this kind of excitement after grief:

The mother loses her child, or husband; or a young girl loses her intended. She is broken-hearted, and greatly excited. It is a hysterical state. And yet I have seen the same in men. I remember one. It came upon him from business cares. He had that same feeling; he would walk up and down the house, he said he felt as if he must fly or jump out of a window, or do something. That is analogous to the mental state found in hysteria, or a great state of nervous excitement.

Mental and Emotional Symptoms

Anxiety:

The anxiety is, as was said, often worse in the evening. Some modalities of the anxiety states from Hahnemann's proving are:

Anxious thoughts in the evening, coming and going, with delusions and fear of dark, tries to look into lighted areas; all disappearing after passage of flatus. Anxiety and oppression of chest after stool. Anxious waking at night, after midnight, often from anxious dreams. Great anxiety with palpitation of the heart. In his anxiety states, he may make a nuisance of himself, tormenting those around him day and night.

The provings also report, as a polarity to the aggravation of anxiety and fears in the evening, an amelioration of the mental state in the evening: *'Vexed and peevish in daytime, in the evening bright and inclined to conversation.'* *'First*

part of day anxious, last part of day cheerful and satisfied with himself. The abundance of thoughts and liveliness of mind in the evening, however, may make it difficult to fall asleep; the patient cannot sleep before midnight.

Lazy sitting around makes him peevish and sleepy, and he becomes averse to everything. He feels better when occupied; mental occupation ameliorates a headache; he feels better when his attention is engaged. On the other hand, many symptoms, including nervousness, are aggravated by mental exertion and are better from lying down and closing the eyes. **Exertion of the mind may bring on hyperaemia of head, chorea, or trembling spells.**

Fright:

Calcarea has a special sensitivity to **fright**. These patients startle easily, including from noise or shrill sounds. *The day before the menses, disposed to fright; a trifle may give her a great fright.*

Excitement and Irritability:

Emotional influences can also affect the menstrual cycle. Menses can disappear after a fright. **Excitement brings on dysmenorrhoea; the least excitement endangers the return of catamenia,** or causes metrorrhagia.

Anger and Indifference:

Thoughts of offences or vexations long past can provoke **anger**, or can bring on grief and complaint. Calcarea may develop an irritable mood and peevishness with anger, **sometimes without any apparent cause;** anger and

vexation about trivia may bring on ailments like vertigo and sleeplessness. The anger can become really violent.

They behave with excessive mischief, with obstinacy; they are **intolerably bad tempered**, especially in the morning when they are sleepy and have a headache.

Calcarea can become peevish, morose, very cross and **indifferent to most important matters**, doing everything reluctantly and, as it were, under compulsion. They feel a **weakness of will**, and yet have a feeling of power. Calcarea is averse to everything and feels great annoyance.

They are taciturn and indisposed to talk. They feel aversion, loathing and disgust towards most other people. On the other hand, Calcarea can have the symptom: *'Solitude is annoying, with coldness of face, hands, and feet.'* (Hahnemann)

Obstinacy in children:

Obstinacy is found in children who are inclined to grow obese; they are fretful and stubborn. Calcarea children are sensitive; they become depressed and think constantly about death and dying or about religious matters. They become anxious **upon closing their eyes** at night because of night terrors; may be frightened of everything they see.

Appearance

In Calcarea the muscles become very flabby. As an obvious consequence **obesity and flabbiness** are the dominant characteristics of this remedy. We can, however, find a variety of appearances, especially in adults, where not all

of them are overweight. In fact, some Calcarea individuals are quite skinny. In these instances, the skin of these lean Calcarea individuals has a peculiar texture, which is rather thick and coarse. Their faces may be very **wrinkled** with fine but deep lines, which criss-cross the face dividing it into small squares. This wrinkling, together with the anxiety presented by Calcarea, may give these patients' faces a somewhat care-worn expression.

The Calcarea Child

We will follow the image of *Calcarea carbonica* as it **is** develops from infancy through adolescence. The typical picture of the Calcarea baby, is that of a white, overweight, flabby child with a prominent belly, the flabbiness being the principal feature. Their bones lack sufficient calcium and are soft. The cranial fontanelles **feel soft and many times are open** (similar to *Calcarea phosphorica*).

Calcarea babies may also be under-fed, as Calcarea can affect the absorption and assimilation of nutrients. If the child is undernourished, it tends to have a **large head**, big belly and emaciated body. These children are pale-skinned, but flush easily. A further complementary symptom is the development of hard, swollen cervical lymph nodes.

A third option is possible. If there is an excess of calcium, rather than a deficiency, the baby or child may have indurations and exostoses, hardening in the wrong places, and calcium deposits in single parts of the body.

Retarded dentition is characteristic of Calcarea. Children become weak and languid **during dentition**, and have a sickly complexion.

Later, at the age of twelve to seventeen months, the disturbance in the calcium balance becomes evident through bones that are soft, that break easily and aren't firm, nor stable enough, to allow the infant to stand at the proper time. Therefore, there is a **weakness when walking** or standing, and Calcarea children are **late to walk**.

A striking characteristic of Calcarea babies is **moaning and groaning**, or whining as if something were wrong, often without any definite problem being apparent. For example, it can happen after vaccination, that the child begins to develop these first signs of disturbance. For Calcarea to be indicated, though, additional accompanying symptoms must also be evident.

Don't expect Calcarea babies to be cold. They are usually warm at this age, and have a tendency to become overheated. They become restless and kick off the covers during the night like *Sulphur* or *Pulsatilla*. It is later, after the age of about seven, that these children begin to manifest the usual chill of Calcarea.

In babies, **perspiration of the scalp** appears, often enough to soak the pillow; this tendency to perspire is irrespective of the ambient temperature. Calcarea children **perspire profusely and easily in the cervical and occipital regions, especially when in bed and in the first part of their sleep**. Their feet may be cold and clammy. The perspiration generally smells sour, as does the stool. Calcarea babies may vomit milk, actually vomit, as opposed to simply spit up the milk. They may lose their appetite and refuse to feed well.

Children's organisms have an amazing ability to select what they need by developing desires and aversions.

Almost all Calcarea children have a definite **desire for soft-boiled eggs**, which Hering says may come on '*in sickness or convalescence, even before they are able to swallow*' (!). It is important to emphasize soft-boiled eggs here because, should the child desire hard-boiled eggs, the remedy, most likely, is not Calcarea carbonica. It seems that the calcium or nutrients that the organism needs to extract from eggs is destroyed through over-boiling.

It is due to paying attention to these kind of small details that the experienced homeopath has a higher percentage of success than the inexperienced one who always gives Calcarea when he hears the symptom 'desire for eggs'. As few as one out of every ten children is Calcarea if they desire hard-boiled eggs; the remainder of the children are remedies such as *Pulsatilla*, *Causticum* or others.

These children also have a strong desire for sweets and especially for sugar. The desire for chocolate is not as strong as the desire for sugar in a concentrated form.

Calcarea children, approximately seven to ten years of age, still display the whining, moaning, and whimpering of the earlier years. The anxiety states consistent with later phases of the Calcarea pathology are not yet apparent. The typical Calcarea obstinacy will most likely be seen and physical pathology will predominate. There may be a tendency to contract frequent upper respiratory infections. Children who get frequent colds need this remedy almost as often as they need *Tuberculinum*.

On the whole, children with a Calcarea constitution tend to be weak and tire easily. When playing with a group of children, they will be the first to quit playing and to sit down to rest. They quickly become breathless, flushed, and

sweaty after only a little exertion. Calcarea carbonica's circulation is not optimal; this is why, as the pathology progresses a little further, these children may suffer from very strong palpitations if they are forcefully wakened during the night. Calcarea's being flabby, however, does not always imply that they are weak. In fact, they can be quite strong and can possess an agility which is surprising.

Calcarea children at this age can also possess a number of fears. In particular, they dislike the dark and have a fear of the dark. They experience many nightmares, may awaken screaming and be unable to return to sleep. A comment that is frequently heard is that one cannot give Calcarea unless the patient is fearful. This is a misconception. Fears tend to appear later in the course of development of the Calcarea pathology, but they are by no means necessary, at this age, in order to prescribe Calcarea.

Calcarea children, from approximately seven to fourteen years of age, frequently display an intriguing mental characteristic: they develop a peculiar religious turn of mind. **They inquire about God, angels, and the afterlife.** They have a desire to learn all that they can about such matters. They may become very religious, bordering at times on fanaticism. As they age they pass beyond this stage of religious preoccupation; but it is possible to see this kind of 'philosophical' questioning again in adulthood, as was described in the section on 'Little Ideas'. Kent comments upon this condition in his *Lectures*:

It is a strange thing to see a bright little girl **of 8 or 9** years taking on sadness, melancholy, and commencing to talk about the future world, and the angels, and that she wants to die and go there, and she is sad, and wants

to read the Bible all day. That is a strange thing; and yet Calcarea has cured that. Arsenicum, has cured that state, and also Lachesis. They are a little inclined to be precocious, and they have attended the Sunday-school and they have taken too seriously the things they have learned.

Calcarea children usually have to be quite ill before they lose their ability to concentrate and their capacity for mental work. They are generally quite brilliant and do well in school; their performance is typically above average. They tend to be quite determined in their studies, work hard and are well organized. Their ambition and competitiveness causes them to push themselves too hard, to overexert themselves to the point that their mental stamina is lost and their capacity for concentration is undermined. At this point they may become restless and want to leave school. Overwork is well known to be one of the precipitating causes of Calcarea carbonica states of pathology.

After puberty, at the ages of 14, 15, or 16, Calcarea children begin to develop a fear of high places and vertigo from heights. They may not even be able to tolerate watching someone else on a height without feeling excited and fearful. This fear is so strong that they can have dreams and nightmares about high places. Prior to this age it is unusual to encounter this symptom, so frequent in adults. Fear of heights is a strong keynote in both Calcarea and *Sulphur*.

Pulsatilla children can often be confused with Calcarea children. *Puis*, may enter a similar state of inquiry towards religion and the after life. Their constitutions possess similarities; the physiques can be the same, and *Puis*, can have a desire for soft-boiled eggs (It should be added **to** the

Repertory for this desire.) *Puis*, children, however, are much softer emotionally and more prone to cry easily. In contrast, Calcarea children are more assertive, at times to the extent that they are obstinate. Their personalities are very strong, their desires are definite, and their determination to obtain their wants is pronounced.

APPENDIX II

A REVOLUTIONARY PROPOSAL FOR NATIONAL HEALTH POLICIES

This proposal is merely a suggestion, and would require detailed special studies for each member state of the European Union or any other country, but it could form the initial basis for discussion on the thorny and problematic topic of health care and pensions today.

This proposal is aimed at:

- Putting an end to the present reckless waste of funds prevalent in health care management.
- Ending the unacceptable level of allowances to medical services with their attendant squandering of funds.
- Improving patient allocations, as well as the state of health of the general population
- Increasing pension allowances, without however raising the cost of health contributions.

Recommendations for Health Policies.

I therefore propose at this stage:

1. That all systems of therapeutics be provided with equal rights in terms of application and practice.

2. That patients have access to information concerning health care and free choice. The state should permit all systems of therapeutics to be practised freely, and these should be provided with equal opportunities for research. The limits and possibilities of alternative forms of treatment should be determined with objectivity through adequate tests, thus bringing an end to such popular beliefs that these forms of treatment work only for minor psychosomatic ills, or indeed that they are the ultimate panacea.
3. To create alternative treatment units in all hospitals in order to ensure that all patients should have access to them.

In order for these aims to be achieved, however, it will be necessary to develop a radically different policy with regard to the national health services in different countries.

We all know that, in many European countries, the government health services are spending astronomical sums of money. These sums are literally wasted in bureaucratic, chaotic and quite ineffective policies of health care (as in Greece for example).

Indifference, fraud and lack of control measures have brought the state treasury and national health services to the brink of the abyss. Meanwhile, the medical establishments have grown in strength, mainly thanks to the secrecy that surrounds their weaknesses, with the result that none but the doctor, who 'knows', is considered worthy to practise, while all the others are fools. The patient regards his doctor with awe, in the belief that his life is in his hands.

This relationship - that of the seemingly omniscient doctor, who speaks but little though he knows much - and the ignorant patient, who must not either speak or think, has been cultivated to an extreme degree by the medical establishment. Wearing white coats and assuming an air of great wisdom, they have often mercilessly exploited the government, mainly by sending patients for examinations and tests - on the whole quite uselessly - to certain diagnostic laboratories, for reasons best known to themselves. Also the prescription of the most expensive drugs, and other similar tricks, are the usual practice especially in some of the European countries.

For all these reasons **I recommend that 85% of the total sum which is available for health treatment and pensions should be put into special personal accounts for each policy holder both by employers and employees.**

In such a way the policy-holder, by spending his own money out of his own account, would be able to consult the doctor of his choice, and pay him according to a private agreement arrived at between the two.

These sums would only be available to the policy-holder in the form of a **special red cheque-book** which would only be valid for his own health care needs, whether for doctors, hospitals or alternative therapies.

No cheque should be valid for anything other than organisations or people involved in health-care. For that matter, the special colour of these cheques would indicate that nobody may use them for payment for anything other than doctors and health services, and nobody else should have the right to be in receipt of such a cheque (the cheques would also be non-transferable). This system will also automatically bring

an end to the impressive amount of tax evasion carried out by doctors at present, since all doctors would only receive payment in the form of these special cheques.

The accounts of all policy holders could have the highest rate of interest, and 50% of the amount accumulated as the policy-holder reaches age 55 or 65 - according to the nature of his or her job - could be made freely available, as a 'lump sum' to the policy-holder, to use as he or she sees fit, while the remaining 50% would determine the level of his or her pension with such coefficients as to ensure that the balance of the whole amount would be credited to the policy-holder on reaching 75 years of age. Beyond this age, the bank or company which will be managing the accounts of the persons, should continue to provide the policy holder with his or her pension, increasing the last pension payment in line with inflation. If on the other hand the policy-holder should die before reaching the age of 75, the remaining sum would be credited to the bank or company.

We may well ask why the state could manage our money better than we ourselves.

A specific percentage of money would be added to the price of goods produced by farmers and stock-breeders, and which would be directly transferred into these special accounts.

Out of the remaining 15%, 5% should be placed in the hands of a central organisation (e.g. the national health service of the country) whose sole aim would be to keep the workings of the system in check. Naturally, the great majority of national health service employees would no longer be needed, and would be available for more creative employment. The national health surgeries and their equipment could be made over to private doctors, or to

'doctors' co-operatives' to provide cheap medical care of the kind already on offer under the present system. As a matter of fact a great part of the services needed by patients today could easily be covered by such doctors.

The quality of medical care presently available from the national health service of each country should thus be cheaply available on the free market, and patients would have no difficulty paying for it out of these special accounts. At the same time they would be able to afford far better medical services, when a real need for them arose, and without superfluous expenditure. In the present situation, the greatest waste of funds involves drugs and tests that are not really needed. Some education for people that it is not necessary, in most cases, to take drugs continuously would be needed.

The important differences between this new system and that which is already in place are the following:

1. The State would no longer need to finance the deficit, which is predicted to reach astronomical proportions once most of the citizens of Europe fall sick with a chronic disorder due to over-consumption of drugs and their side-effects, and once the survivors begin to demand pension rights from a very early age because of this.
2. It will no longer be necessary to resort to extreme taxation of the population in order to cover the huge and ever increasing amount needed for health expenditure, which is soon to reach dizzying proportions.

Finally, the remaining 10% should be transferred into a special account for people who are handicapped, chronically ill or unable to undertake any form of work whatsoever. Such

persons would use this account only if their own personal account were *to* run out, should they have had one in the first place.

In this way policy-holders on the one hand would be able to save money and restrict wasteful spending on drugs, tests, etc., in order to have better pension prospects in the end, while on the other hand they should be able to look after their health properly, or at least as they think best. I predict that this will be either:

- With mild forms of medical treatment, such as homeopathy, acupuncture, osteopathy, chiropractic or naturopathy, and in general with traditional medicine.
- With their own choice of doctor, who seems best to them, and who produces the best results.

I predict that, on the basis of the economy shown by the average citizen when managing his own money under this system, patients will take far fewer drugs in order to use the sum for retirement. And, as a result of taking less drugs, they will remain in a better state of health.

With this system, of course, policy holders would be entitled to invest the sum equivalent to their pension rights whenever they wished, so long as twenty years of insured working life had been completed.

It should also be possible for the policy holder to receive the interest from the amount invested, while being employed in another job for fewer hours, and with lower wages and a smaller contribution.

In cases of sudden death before the pension age, 50% of the collected contributions would automatically pass to similar

special accounts held by the heirs, while the remaining 50% would be transferred to the bank or company to cover the pension rights of those living beyond the age of 75. In cases where there should be no direct heirs, the money would be transferred to the special account for handicapped people. All legacies for whom no heirs could be found, and whose use was not determined by the legator, could also be transferred to this account.

The following results may be expected from this system:

1. A general improvement of medical services, due to the competition which would be generated not only between doctors but also between medical systems in general, as well as in the quality of drugs and services provided by national health hospitals.
2. A tremendous decrease in spending on health care, as the policy holder would think twice before 'throwing his money away' on irrelevant and superfluous tests and drugs, as is the case today. I estimate that total health costs could decrease by a third from what they are today. Doctors would 'do anything' to serve patients, in order to establish a clientele, and pharmaceutical companies would turn to 'more profitable investments' in order to find another gold-mine elsewhere.
3. Relief for the state and national health services, which, cured of their 'growing cancerous health policies', would reflect on those citizens who pay taxes because they insist on working hard right into their old age.
4. With the passing of generations, as may easily be conceived, the balance contained in these personal accounts would continue to grow, thanks to the rules applied to

inheritance, and some day there should be an excess of resources for all policy holders. In other words, since the original amounts deposited into these accounts would not be greater than that which is expended today, and since these amounts would not be diminished by useless paperwork and red tape, there would be more than enough to cover health needs and a respectable pension.

5. It is quite possible, if all this is put into practice, that in the generations immediately following ours, a significant decrease in retirement age could be put into force, without burdening the state or contributors.

Government servants can make the arithmetical calculations for their own countries. I have done them for Greece, and it works.

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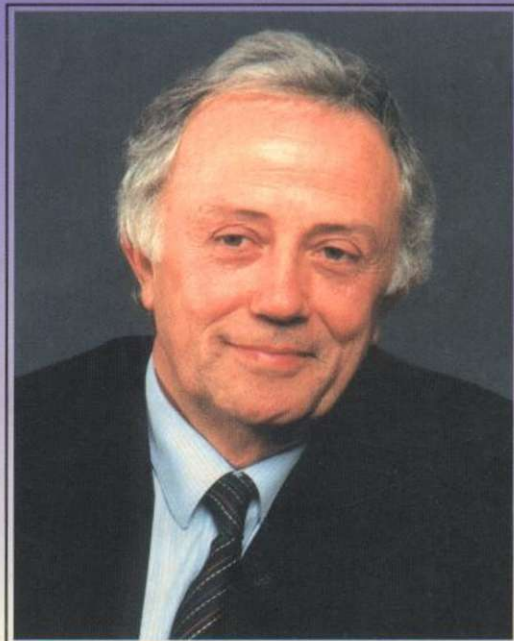
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