

Cases: Nine cases of COVID-19 Treated with Homeopathy; Aethusa cynapium in Insomnia; Sanicula in Autism; Natrum muriaticum in Vitiligo. Research: Prophylaxis Trial using the Coronavirus Nosode; Hypericum for Post-Mastectomy Pain; Ricin Poisonings; Arthropod-Borne Infectious Diseases. Interviews: Joyce Edge on the CCHM; Pierre Fontaine on Autism; Luc Montagnier (2012 Reprint).

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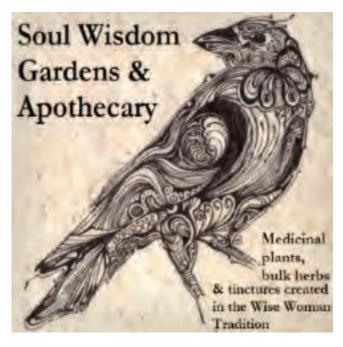
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THE AMERICAN HOMEOPATH

THE JOURNAL OF THE NORTH AMERICAN SOCIETY OF HOMEOPATHS



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Cover

Theme: Public Health

Artist: Chaitali Umesh Hambire

The artwork shows a team of homeopaths preparing homeopathic medicines for the betterment of humankind. Planet Earth is shown on the right-hand side corner of the image and various life threatening viruses and microbes appear on the left hand side corner of the painting.

Medium: Watercolour and acrylic paint on hot-pressed watercolour paper.



 α

Dr. Chaitali Umesh Hambire is a certified specialist in paediatric and preventive dentistry with 16 years of teaching experience. She has published research papers in national and international journals. Her artwork appears on the cover of journals like *The American Homeopath*, 27, *Seizure: European Journal of Epilepsy, The Journal of Patient Experience, The Journal of the Psychiatrists Association of Nepal*, among others. Email: chaitalikmirajkar@gmail.com

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NORTH AMERICAN



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Editorial

worldwide pandemic. MERS. Bird Flu. Ebola. Dengue. Hepatitis. Cholera. Various addictions. Mental health illnesses. Neurological diseases. Nutrition and obesity. Environmental health. Sanitation. Hygiene. Domestic violence. [www.who.int] These are just the tip of the iceberg when it comes to discussing the many issues revolving around public health. It seems the more knowledgeable we become about the world around us, the more we realize that we all face the same issues, and yet we are far from the solutions. The ever-present question is, will we ever work together on finding the solutions we need to help grow a healthier world community?

As the word implies, public health is not a personal or private dilemma or even that affecting just a few of us, but revolves around everyone, near and far, around the world, as one entity. It affects men, women, children, animals, plants, young, old, yet to be born, healthy, unhealthy, rich, poor, other and anything in between. There is no discrimination on who it affects next or defines how badly or well they will fare. It doesn't qualify you on race, religion, sex, or age. It's cruel to some, leading to death and to others, a walk in the park.

We struggle with issues of public health in every community all over the world and yet deal with it as if we were individuals on an island, standing alone, trying to help our communities, alone. We let politics, religion, regulations, lobbying, and greed determine how we help each other out in finding solutions, when, we should all be working together to a common goal—helping to find global solutions to fix our public health issues.

Then when we finally do decide to work as a world community, we will most likely, as we do now, start arguing over what is the best approach. What mode of cure do we look for? Allopathic, homeopathic, Chinese medicines, acupuncture, gems, ayurveda, chakras, other energy-based therapies, and a whole slew of alternative therapies that are used throughout the world. Why do we think that only allopathic will work best when homeopathic concepts could be the hidden treasure? What prevents us from using chakra-based therapy or acupuncture to treat ailments? Who says we can't use gems or Chinese medicines to lift us out of our mental issues? Why can't we do this in a way where we use everything we have



in our toolbelt, to cure the world? When will we come together as a society to help our families, friends, communities, and the world on issues that we all share to some degree? Far more questions than answers.

As homeopaths, we must work together with our partners in health, without animosity and overlooking our differences, and work

together on solving the barrage of issues facing us. In this edition of *The American Homeopath*, I and Narda Alcantara Valverde, have worked with various authors to try to bring some cases and articles to the forefront, and this too, being just the tip of the iceberg. In the past few years, we have lost many who were contributors in this fight for health and then there are so many more unheard voices out there who need to join the larger community and sound the alarm, join the conversation, and push the public health agenda onto everyone's plate. This isn't about just you and me. It is about our future and how well we will fare if we don't work together to better all of our health.

I give thanks to the NASH Bsoard for giving me this opportunity from going from a copy editor to working as a co-editor with Narda. I give thanks to Deborah Hayes, who has held the torch for over 10 years, for her mentorship in working on this amazing journal. We received many contributions and only the limitation of space prevented us from publishing all the articles we received. But despite that, I hope that all authors continue to write and send us their work so that we can work to get it out to the public at large.

Hasina J. Hai-Hasan, AH Co-editor, D(Hom).

References

[1] World Health Organization (2022). Emergencies. Disease Outbreak News (DONs). www.who.int

Editorial

he concept of public health stems from the Enlightenment of the 18th century. Like public education, it experienced its inception in the avantgarde ideals of the French Revolution of 1789. In present-day democratic countries, public health is a system that includes not only a network of hospitals, hospices, and clinics for the attention to the ill and the destitute, but also a set of regulations about sanitation, immunization, and health education. And all that for free or at affordable fees for the citizenry. However, not all nation-states have "healthy" democratic regimes; some are not there yet (if we believe in the historical evolution of social systems), and others seem to be in the process of forgetting what democracy is about. Rights and freedoms and civil liberties are indeed endangered species in our times; so is the concept of public health. This is one of the reasons why we chose this topic as the theme for this issue of The American Homeopath.

The other reason why I think the topic is relevant is that this pandemic has exposed major cracks in the healthcare systems of the world—weaknesses that are related to structural problems: poverty; inequality; racism; and unemployment—as well as highlighted the lack of choices in medical attention. It is a bad sign when a government feels cornered between public panic and private interests and, instead of looking for scientific options, becomes a client of the big corporations, setting rules and regulations that operate by the threat of force.

Homeopaths belong more than ever at the discussion table of public health. We know that our medicines can cure—amongst other things, the symptoms of a "crowned" virus that, like all viral entities, elude the power of big weap-



onry. But engaging in diatribes against conventional medicine and ridiculing scientific progress will hardly get us there. So let's start by rigorously documenting our cases, providing evidence of cure by trial and not merely anecdotally, doing careful differential analysis, and looking into the scientific literature for updated information from both homeopathic and mainstream

research. And, let's start sharing our "best-kept secret" not only among ourselves, but with the world. The American Homeopath is here for that.

I am fortunate to share the editorship of the journal with Hasina Hai. My gratitude goes to the NASH Board for this opportunity and, in particular, to Tanya Kell for her trust in me. Many thanks to Deborah Hayes, who was at the helm of The American Homeopath for ten amazing years. Without her graciousness, kind guidance, and experienced advice this issue of the journal could not have been possible. We hope to do both her, and you, proud.

Narda Alcantara Valverde, AH Co-editor. D(Hom) CCHM, Ph.D. (SocSci) U of California, Irvine.

President's Message

By Tanya Kell, RSHom(NA)

t is now two years into a global pandemic; our lives and practices transformed, "normal" forever gone. The novel corona virus has shown us our faults, divisions and shortcomings to a greater degree than ever before. As homeopaths we always strive to find what is meaningful in any state of disease. I can't claim to have any answers but I am proud to say my colleagues are thinking, talking and healing every day. The opportunities for homeopathy to shine are abundant.

This has been a year of meetings upon meetings. Collaboration and communication is better than I ever imagined would be accomplished. The growing pains continue as the influx of new homeopathy users and students strain our ability to give care to all who demand it, and to fully and responsibly educate the next generation of healers. The revival in homeopathy in the 1980s that swept me into the profession has matured and we are now creating a legacy for future generations. I looked around recently and realized, to my chagrin, I am now supposed to be an adult. What does that mean for me, our Board, strategic planning and our professional body?

First, it means that emerging from our silos and sharing experiences, challenges, data and ideas has been a giant leap for homeopathy and its ability to serve the public. Let's do even more in the coming years! I have had the privilege of involvement with leaders such as Jamie Oskin of HANP, Alex Bekker of AIH, William Shevin of the Homeopathic Pharmacopia, Sue Roe of HNA, Denise Straiges of HOHM Partners Foundation, and Paola Brown of AFHC. There are many more and if you know a person or project that needs to be highlighted call us up or submit an article to the journal.

Second, now that we see the faults, deficiencies and outright problems clearly, we can envision, dream, and plan solutions. Premier on my lists of items to tackle in unison is public education. There is a tremendous amount of partial, misleading and downright false teachings on homeopathy flooding the



social media sphere and it only takes one unscrupulous purveyor to give us all a bad name. Homeopathy has tremendous results, using easily comprehensible principles. Protocols, mixes and pathological prescribing according to allopathic methods may appeal to the unknowing public but are unsustainable and not the foundations on which a legacy can be built. Suppres-

sion of these introductory products is not my goal. Rather it is to connect these new inductees with qualified experts in the field who can provide the excellent, individualized care Hahnemann envisioned. More thoughtful and dedicated classical homeopaths need to be doing the tedious work of explaining homeopathic principles to a public that has little frame of reference to understand us. If there is little access to good information we are at fault when a seeker is led astray.

Third, the United States is looked to as a leader in the world, our influence is strong whether we intend it or not. Becoming clear and organized in our mission for homeopathy to be an accepted, primary method of healthcare is what NASH is pouring all of our hearts, time and resources into. We are the only organization doing this on behalf of all homeopaths. To all of you who have made NASH what it is today I am grateful. If you would like to help us grow, drop us a line.

Tanya Kell, RSHom(NA) is the President of the North American Society of Homeopaths.



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Autism: A Three-Legged Stool Approach

Interview with the "Autism Whisperer," Pierre Fontaine, CCH, RSHom(NA)

By Alicja Pasek-Smith, PhD, CHom

utism is called Autism Spectrum Disorder (ASD) because it ranges from mild to severe, but in all cases, it is characterized by restricted interests, repetitive behaviors, impairments in social interaction and in communication (CDC, 2021). People with mild autism (also called high functioning), can function pretty well in life with lesser or bigger accommodations in schools and workplaces, and with alteration of their lifestyle (i.e. diet, routine). On the other end of the spectrum, are people who require a lot of support and even then, sometimes can only

barely function. In extreme cases they need 24/7 care, are incapable of attending to their basic needs like feeding, going to toilet or dressing themselves, and may have many diseases, often very painful, debilitating and/or life-threatening. One of the

main features of severe autism is significant difficulty in communication. This includes not only speech, but also typing, gesturing or pointing. This situation makes it very challenging to effectively help these people. In between these two extremes of severe and high functioning, lays the whole "spectrum of autism."

All people affected by ASD suffer from social isolation and may struggle to live independently, although to different degrees. Some may be considered gifted or geniuses in a certain area, although this is very rare, and even then, they may have significant trouble with basic life skills (Barnett 2013; Prince-Hughes 2004). Because of this, like every disabling condition, autism affects not only the lives of those who are affected by it, but also their families, communities, and the society as a whole.

In this interview I am presenting what homeopathy has to offer for autism, as seen by Pierre Fontaine, who has special-

ized in treating autism in his practice for 27 years, and who is known to many of his clients as the "Autism Whisperer."

APS: It is not common in homeopathy to be recognized by a nickname. How did you come to be called the "Autism Whisperer"?

PF: [Laugh]. Autism cases have been from the very beginning the center of my practice which I started in 1994. At that time, nothing existed for autism. Parents were very much

> left on their own to search the internet for solutions. The medical scene was dominated

Autism affects not only the lives of those who by "DAN" (Defeat Autism are affected by it, but also their families, Now), which morphed into "biomed." It may not seem communities, and the society as whole. important, but the "biomed" was supposed to be a movement away from medications, using instead natural supplements, herbs, mega doses of vi-

tamins and minerals, and so on. But then doctors, given the severity of what they were seeing, went back to antibiotics, antifungals and other meds. Instinctively, parents were looking for solutions other than allopathy and some were coming to my practice, but along with my patients, I was suffering from a lack of VIABLE solutions. I spent years languishing and asking very fundamental questions. Then, about fifteen years ago, I had a eureka moment that lead to a new approach to case-taking which I named "surrogacy." It was a big leap. Suddenly, a child without speech could "speak"... through a "surrogate." A couple of weeks later a blogging mom came, and as the result of surrogacy her child got rapidly better. The rest is history. A very large number of parents were following her blog and were introduced to this different approach. I emphasized depth of case taking, "reaching into and through the child." I was "a new kid on the block" and many parents started bringing their kids to me. One day I received a phone call and the mom said, "I need to speak to "The Autism Whisperer." It turned out that it was how these parents referred to me in their group. I was very deeply touched when I learned about it. I felt very grateful and a very deep sense of validation of time spent dedicated to autism.

APS: Before we go deeper into the surrogacy method, let's start with your understanding of autism. How do you see it now, after almost three decades of treating it with homeopathy?

PF: The best word that fits autism is "chaos." Keeping things in order is extremely important to control the chaos, the pain, and the general sense of not being present. Autism is chaos in

body and mind. Indeed, this is why I see autism as a Stage 12 Cancer Miasm disorder. Though autism is Stage 12, not all cases need a Stage 12 remedy all the time, but for sure at least one Stage 12 remedy will make a big impact at some point in the case. So much of autism symptomology shows Stage 12 characteristics: the famous lining up of

The best word that fits autism is "chaos." Keeping things in order is extremely important to control the chaos, the pain, and the general sense of not being present. Autism is chaos in body and mind.

toys and other so-called ritualistic behaviors, or tantruming when the routine is disrupted. It is all a control mechanism of Stage 12. Another factor indicating autism is a Stage 12 Cancer Miasm disorder is the fact that it affects many and all organs and systems. The whole organism is in disorder. It affects the immune system with kids getting sick every week, the muscular-skeletal system with low muscle tone, the nervous system with distorted senses and no speech, the digestive system with diarrhea or constipation, just to give a few examples. All other diseases affect just one or a couple of systems and organs and they follow certain biological order, even cancer takes time to metastasize. In autism, the whole body and mind are in chaos all the time. This is what makes it particularly difficult to treat, because it is hard to see a pattern in the symptoms, it is difficult to make sense out of the entire case in a chaotic state.

One difficulty of treating autism is having to face the immense pain that these children experience. Some of the cases I have treated were really, really bad. I mean, all day banging head so hard that it shakes the floor. You don't see such behavior even in the most severe cases of migraine! Extreme abdominal pain and burned skin from repetitive diarrhea. Pain of severe constipation or vomiting a dozen times a day, sometimes lasting for years and not relieved by any allopathic medication. Incessant jumping and repetitive behaviors to numb the pain. Or sleeplessness allowing for only one hour, or less, of sleep in a 24 hours period forcing the child to stay up spending their time roaming around the house, watching YouTube videos or in other ways distracting themselves from pain. Even children

who look "completely happy being alone in their own bubble" do so because they need to be alone to control their pain and they learn to keep others away by producing an outer image of being content. Just looking at people is painful! In addition, there is emotional pain that is overlooked by most people. Most of these children know "there is something wrong with me." They often hear their parents and doctors talking about their problems and shortcomings in front of them when attending endless visits to the doctors and therapists.

Stage 12 children do not want to have anything wrong with them, they want to be "perfect," to keep everything under control. Most of the kids with autism are fighting to do that,

> to overcome their limitations and be able to function like everybody else. We accept "perfection" as devoid of imperfection. That is not perfection, that is over control. Perfection by definition accepts shortcomings, hence the difference between stages 10 and 12. So 20 years ago I said, "Autism is a very painful condition, physically and

emotionally." You see, autism is such a profound disconnect that nobody had ever thought about it.

APS: When treating autism, and especially difficult cases, how do you define success? What kind of results do you aim

PF: First of all, I assess every case by using what I call a "three-legged-stool of autism." I came to see that the three main problems in autism can be brought down to the difficulty with eye contact, spontaneous speech and spontaneous interaction. When starting each case, I grade these three skills on a scale of zero to ten, and then look for increasing the child's abilities in all three areas. For example, a child starting with zero eye contact, zero spontaneous interaction and zero speech, will show improvement when he or she becomes more present in the physical world, wanting to be with the family and then begin to speak. The speech may develop from "I want," then commenting about what he sees and feels, and so on. It is a long process and I divide it into two phases. At the end of phase one, the child is essentially functioning. He or she can speak, interacts with people, and functions in school on their own without an aid. For most people that is a recovered case, and to a large degree I can agree, but why not aim for *more*? Phase two brings depth to the child's life, so the life can be richly experienced by the ability to express emotions, having meaningful relationships, feeling comfortable in their own body and life. Of course, there is an overlap of phase two with phase one, but my point is that we should continue the cure beyond the basic minimum, to reach the state of health as described by Hahnemann in the *Organon*, Aphorism #9.

APS: The surrogacy method became a major breakthrough in the way you approach cases of severe autism. When we have a clear picture of what "severe autism" is from the homeopathic perspective, please tell us how the surrogacy method can help?

PF: We feel it is the lack of speech that makes it difficult but that is not the case, the chaos is the quality that increases the difficulty. This is the reason why all cases of autism are very challenging. Even if the child can talk, it is still difficult to find the pattern in the disease that is so chaotic. But both these obstacles can be, to a large extent, overcome.

The surrogacy stems from the need to bring voice to the children who cannot speak. This is done by conducting the interview with the person representing the child as if he or she were the child. In essence, anybody with love for the child could surrogate. This instantly resolves the problem of adopted children and various other situations. The parent is usually the best candidate as a surrogate, especially the mother whom I call "the first witness," because of the unique bond she can develop during pregnancy. Most mothers in pregnancy feel a state which is of the child they

carry in their womb. This is why I ask about the mother's experiences from that time. But then, I also ask the surrogate to put aside her own thoughts and feelings and to step into the present state of the child. The surrogate process is designed to bring out the experience from the child's perspective. It is no longer a parent's outside observation, the child literally speaks through the surrogate. It is no longer "I guess" or "I think." When the surrogate has availed him or herself to the process, there cannot be any mistake that the child is actually speaking of his own experience of autism. I've had surrogate become physically sick just like the child.

This is not an easy process. First, because experiencing the pain of one's own child is emotionally difficult. It is very challenging, but the silver lining is that when done well, parents invariably are grateful for knowing how it actually feels for their child. Second, our conditioning keeps people from attempting surrogacy and flat out refuse to go that way. We are made to believe that we are separate and different, to the point of being unable to understand and even more so, to experi-

ence somebody else's inner experience. Third, some people are very afraid of making a mistake and just can't let go of the voice that says: "this does not make sense." But in reality, most people can easily surrogate, and loving and dedicated parents are best at it.

The implications of surrogacy for severe autism cases are clear. It gives the same opportunity for healing as in the cases when a person can speak for him or herself. It allows us to get to the core of autism cases, just like in neurotypical cases, and by doing it, enables us to find truly the most indicated remedy from the whole materia medica, as opposed to being limited to a handful of remedies that were commonly used for autism before I started using surrogacy.

Autism is a marathon, not a sprint, though I never cease to be amazed at how quickly an autism case can turn around by good choices of remedies. But in challenging cases, perseverance is the key. That has to be communicated to the parents so they understand it can take time, sometimes a long time.

After using surrogacy, which is like casting a big net, I came to realize the second part of success. I've been recognizing tiny but significant clues in cases that encompass the entire case. Using single rubrics to solve the case. For example, a case of a child who was making a tiny motion with a finger. While other remedies moved him forward, it was only once it was pointed out to me that he "hates his father" that that case leaped forward in a big way. I gave Boron. Another case of a girl who loved very loud music, very spicy food, everything she liked was extreme or very

intense. The mom made a point about strong old cheese, the smellier the better: *Generalities, Food and drinks, cheese, desires, old, strong (Complete Repertory* 2020). This girl was also very temperamental. There is an exuberance which the remedy *Asterias rubens* reflected in the rubric.

So, the surrogacy opens up the whole materia medica for autism cases, but then, the single rubric approach substantially limits the choices and can easily point to the right remedy. It's like opposite approaches seemingly contradictory, but actually it works pretty well. By the way, I am working on my next book, entitled *The Language of Autism*, which will include this approach of single rubrics. This is my third book on homeopathy and the second one on autism.

APS: Speaking of your books, in *One Heart, One Mind* you describe how devastating autism can be for the whole family, emotionally, financially, and otherwise. Can you talk about the strategies you found helpful to support the parents, and at

the same time enhance the child's recovery by addressing the family dynamic?

PF: This is an important question. Too often, as homeopaths, we focus only on choosing the remedy and then managing the case, not addressing anything else beyond the child's condition. Since the very beginning I have told parents "I do this as much for you as for your child," because taking care and living with a child on the spectrum is very difficult. For example, this week a couple told me that they could not remember the last time they had gone shopping together, one of them always needed to stay with their daughter. I'll skip excruciating decisions other parents have shared with me. Parental stress is enormous, the divorce rate is sky high, and all of it is made much worse, because of what is called "the window of oppor-

tunity" that says that the child can recover only before the age of eight when "the window of opportunity" closes. This creates enormous pressure for parents of young kids and then guilt for those of older children, if they did not recover. To ease the parental load, I make sure to let them know "the window of opportunity" is, to a large extent,

Too often, as homeopaths, we focus only on choosing the remedy and then managing the case, not addressing anything else beyond the child's condition.

false. I also try to impress upon parents that their children always have reasons for their behaviors and reactions no matter how weird or challenging they might be, like, for example, aggression when the child is being pushed too far for too long. Just remembering this simple fact can ease a lot of stressful situations. These kids are in poor health to begin with and often cannot deal with what for everybody else seems "normal," and for a child without speech, the only way of communicating this fact is behavior, or... developing physical symptoms or illnesses. Frequent acute ailments are very common in autism. That brings me to another way of supporting the parents, by making myself available to them free of charge at any time if an acute condition develops. This helps to quickly stop the illness in its tracks, and also gives the parents peace of mind knowing that there's somebody ready to pick up the phone and help them in such a situation.

APS: It looks like specializing in autism lead you to develop a whole new way of practicing homeopathy. Is it different now, than when you started your homeopathic career 27 years ago?

PF: Autism totally changed everything, but not the fundamentals of homeopathy. With autism, everything had to be figured out. Take a case of arthritis or lupus or Crohn's, other minor interests of mine. There is biological order to them, and we know what to expect in terms of possible complications or direction of cure. They are predictable and for us homeopaths

it is reassuring, because these diseases won't take us far, if at all, outside of our comfort zone. Autism is complete chaos. There is no order. So, at any step or point in the case there can be a disaster. For example, when I was in the School of Homeopathy, in Devon, UK, we were told that a cold is cathartic to the body, no need to do anything—which is true. But when a child on the spectrum gets a simple common cold or cough, he might regress and/or be affected for months. This can be devastating. For this reason, I am available for my clients at all times. I no longer stick only to giving a single dose of the remedy and having a follow up in a month, but request to be contacted as only a problem appears. I cannot imagine now practicing any other way. There is much more involvement with autism, one has to be always there, vigilant and nitpick at the case, to prevent the case from declining.

APS: Any more words of wisdom that might be helpful for dealing with autism cases?

PF: Well, yes, there is so much to say about autism. It is truly a whole world onto itself. One needs to commit to these children. The way I practice is very demanding, but the results are very

rewarding. I would never trade this for the world. I am still learning and will keep looking for new ways to help.

Second, you need to do whatever it takes to solve the case. Every case is different. Not everybody is available for surrogacy. Not in every case there will be this one rubric I can use to find the remedy. I like to use plant theory and periodic table. Whatever works for the particular case is the way to go, but I don't yield to blanketing with nosodes and vaccine remedies, *unless* they are truly indicated for the case, of course.

Third, it must be remembered that healing autism is a marathon, not a sprint, though I never cease to be amazed at how quickly an autism case can turn around by good choices of remedies. But in challenging cases, perseverance is the key. That has to be communicated to the parents so they understand it can take time, sometimes a long time. Cases can inch forward or linger for months, and then suddenly a right remedy opens up the case. Thanks to the surrogacy this is possible, but actually, it is perseverance that solves it to the end. Through perseverance more and more information comes and makes increasing sense. The chaos slowly becomes less chaotic. The perception of the core of the case becomes sharper, making it easier to find the remedy.

Fourth, after all the years of treating autism, I realize that most cases need remedies from the early stages of evolution, when it comes to the plant and animal kingdoms, and from

the first three rows of the periodic table. Occasionally, other remedies will be helpful, like nosodes or imponderables. But this conclusion is based on my experience and finding reliable ways to select the correct remedy, not on theorizing about autism. And this would be my final remark: we need to know why we choose the remedy, and do it based on the case, on the specific symptoms present, on the reliable facts from the case, not based on any theory or "one size fits all" approach. I have no doubt that such generalized approaches start with the best of intentions, and there's at least a grain of truth in them, but treatment must be always tailored to every individual case. We need to apply the same basic principle of individualized homeopathic treatment to the cases of autism, like we do in any other disease. We have means to do this, and this should be our goal.

APS: Thank you very much for your time.

References

Centers for Disease Control and Prevention. ASD. Signs and Symptoms of Autism Spectrum Disorders. Page last reviewed, March 29, 2021. www.cdc.gov/ncbddd/autism/signs.html

Kristine Barnett (2013). The Spark: A Mother's Story of Nurturing Genius. Random House, hardcover, 250 pp.

Dawn Prince-Hughes (2004). Songs of the Gorilla Nation: My Journey Through Autism. Crown, 240 pp.

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Spike Protein*

By Amy Rozen, CCH, RSHom(NA), RN, C.HP

Piercing of the heart A prick of the finger-tip, inducing a deep sleep. Sleeping princess, piercing poison Potent shape-shifter

All hail the crimson-red-spiked-hair Triple Goddess!

Vial of venom
Bottled intention
Full gain of function long in the making,
impregnated pawn gestating
A plague.

By hand of man or will of fate, through a crack in the game, Spike finds its escape.

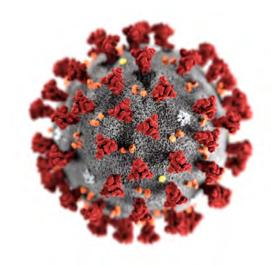
Frontline worker A prophesy told Magic bullet, inside us explodes, replicates, mushrooms, Spike spreads its code.

Spaceship Voyager A woven warrior Guided missile A Trojan Horse.

A wandering weapon sent to destroy
Becomes the harbinger of
New World Consciousness.
What's good is bad, what's bad is good,
Aikido artist: harness, redirect the attack, unify the field.

A baby latches, clings to her mother's flowing, wild hair, in the water. Remembering ourselves, back to The Ways. Hair let to grow long, untamed, is intuitive antennae, cut, as a tool to enslave.

Spike attaches Like a leech, a tick, a parasite. I give it what it needs. I am open to what it brings. I receive and give thanks.



Like a burr stuck to a dog's fur, so loyal, Spike holds on No letting go No turning back Soldiering on, so that we may be whole.

Ace in the hole, receptor cells, empty vessels of viral information
Moment of contact
Message from the future
A dinner delivered, without taste, without smell, served with elixir, Halahala, prayer to Shiva,
drink and transmute blue.

Laser beam of light
Penetrates the cauldron
The darkness
Inside the womb,
inside the apple, the seed
of seduction, within lies the poison we fear,
we need.
Holy of Holies,
Blackest of black,
a sperm spinning as it swims up the canal.

A horseman of the Apocalypse
Man on Mars
Mars in Aries
War for war's sake
Armored, engineered, the politics of fear,
manipulated, confused, our bodies, our minds, harvested
and used.
Our troops selected, injected, neglected
Our power collected.
Paul Revere: "They're here!"
The serpent that whispers in your ear
Or the pigeon dove, spreading a message
Of Peace, of Love.

Direction without substance Male without female An orgasm waiting to happen Grinding and scraping The daily grind, of isolation Unfettered masculine.

Numbers rise, faces hide,

The horseshoe crab milked for his blue blood By the millions So that we may live Clawing at life He is returned to the ocean.

in unison, we writhe,
we pick sides,
friends become foe, tensions rise
To a fever pitch, we cry,
Fever spikes
On a graph,
rates of infection, votes of election,
our lives lived on a screen.
Mass murder of the mink,
fulfilling a plan, from high places,
players plot in sync.

High above, we seek
We look to the stars, we reach
Our arms to the heavens, we plead
To whom is the mystery, we fall
To our death, to our knees, we breathe
Not any longer, but we see
Not falling for it, we stand
No longer offering up our children, our elderly, we return
To the Earth, we return
Like the crab, to our home, to the land.

Shifting of the poles
Magnetism of male to female
Righteous anger, rebellion
Changing of the guards
Soldiers uprising, police marching with the people
Protesting inoculation through indoctrination
Regaining our autonomy
Releasing the chains
Ten of Swords
Becoming one's own master
Realizing our Oneness with the Divine
No fear.
Fearless as, the Goddess - Shakti -

Filling Her with His light, She fills Him with Her light, an infinite play of light birthing light through cosmic darkness.

My face feels hot and flushed.
I allow for the heat rising from my belly
Allow for the kindling, the growing flames,
burning trees, houses, ideologies.
Heart burns
I am the fire.
A bonfire, a forest fire, engulfing all, consuming all, trans-

A bonnire, a forest fire, enguining all, consuming all, trans forming all. The world is ablaze Purifying sea of flames.

like snowfall, quiet, gentle, peaceful.
Covering the ground
The color grey-white
Like the hair of the Crone, the Corona, the crowned Queen
Nourishing the soil for generations.

Rising above the clouds,
The storm, the fray
Weightless, I am, the witness,
there, yet here ~ I am ~
Hands, holding and healing,
cradling the globe
Our hands are made for these times.

Smoldering ash falling from the sky,

A tiny, green bud emerges from the ash Down through asphalt and metamorphic rock With synchronicity on its side Navigating by knowing In fresh fertile mud, it takes root.

All is still, Love is all that is left, Love is everywhere. In the positive and negative space, inside the mirror All is Love.

All is Love.

February 15, 2021

* Poem inspired by a group trituration proving of the Spike Protein.

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SARS-CoV-2 Cases Healed with Homeopathy

Clinical Summary

By Paul Richard Saunders, PhD, ND, RHOM, DHANP, CCH

Abstract

COVID-19 is a novel virus that arose in Wuhan, China, and spread affecting humans across the globe since late 2019. It arrived in North America, infecting millions and causing a death rate of two to four percent especially in the elderly and those with immune conditions. Conventional medicine has struggled to find a single protocol that will cure all patients and prevent long COVID. Homeopathy offers an effective,

safe, and rapidly acting treatment for SARS-CoV-2 or COVID-19. The cases presented here were all PCR positive, all responded positively to homeopathic medicines, none regressed to long COVID, and all returned to normal in an average of two weeks. The possible genus epidemicus for this patient population is reviewed in a cohort of over thirty consecutive PCR-positive patients many of which received *Bryonia*. However, nine additional homeopathic medicines were required with a change from the initial prescription only twice.

300 %

oronaviruses are members of the subfamily *Coronavirinae* in the family *Coronaviridae*, order *Nidovirales*. The subfamily consists of four genera; alpha-coronavirus, beta-coronavirus, gamma-coronavirus, and delta-coronavirus. Alpha and beta infect only mammals while gamma and delta infect birds but some can also infect mammals. In humans these viruses cause gastroenteritis and respiratory illness with the most pathogenic being SARS-CoV from bats to civets to humans, SARS-CoV-2 from bats to humans, and MERS-CoV from bats to camelids to humans. Four other corona viruses cause milder respiratory infections that can be more severe in infants, children, elderly and the immune compromised. These are HCoV-NK63 from bats to humans, HCoV-OC43 from bats to camelids and cattle to

humans, and HCovHKU1 from bats and perhaps rodents to humans (Cui, Fang & Shi, 2019). Bats harbour corona viruses without ill effects presumably because of their higher metabolic rate during flight, and shed them via the kidneys in urine and the bowels in feces (guano). The intermediate host can become infected and spread the virus to humans (Cui, et al. 2019).

There is some evidence to suggest that homeopathic remedies induce an antibody response.

SARS-CoV-2 was declared a world pandemic by the World Health Organization in March 2020, but a review of blood donation samples from the American Red Cross in California, Connecticut, Iowa, Massachusetts, Michigan, Oregon, Rhode Island, Washington and Wisconsin from 7389 samples found anti-SARS-CoV-2 reactive antibodies in 106 samples with reactivity in all nine states between December 13, 2019 and January 7, 2020. COVID-19 was definitely present in the United States before the first official case of January 19, 2020 (Basavaraju, Patton, Grim, et al. 2021). Patients were hospitalized in Wuhan, China, in December 2019, some may have been

hospitalized in November 2019 but were not tested, and the USA beginning in January 2020 (Basavaraju et al. 2021)

SARS-CoV-2 or COVID-19 has an incubation period of two to fourteen days, usually two to four days, is transmissible on or after day five, peaks day ten and can be transmitted up to 42 days later. The mutated delta variant has a thousand times time more affinity for the respiratory tract, its D950 mutation helps it to efficiently fuse with human cells, dump its genetic material into those cells, and produce symptoms in two to four days with the ability to be transmitted in four days (Szabo 2021). Common symptoms are cough, sore throat, fatigue, fever and chills, loss of taste and/or smell, shortness of breath, vomiting, diarrhea, and fever (Mei, Li J, Du, Yuan, Li M & Li J. 2020). More severe symptoms are capillary bleeding in the extremities and organs, confusion, pneumonia,

myocarditis, and brain, kidney, and heart inflammation that have the potential to be fatal (Mei et al. 2020).

Symptoms are the essential basis for prescribing homeopathic medicines. This case series will include only PCR-positive cases. All patients were existing or new patients, all were treated according to Ontario Ministry of Health pandemic and confidentiality guidelines, that is over a phone landline, not in person, and all were followed up according to their symptom severity and homeopathic medicine response. Not all cases will be presented, but those presented will demonstrate the power of homeopathic medicines and lead to some conclusions about the genus epidemicus within this patient population.

COVID -19 Clinical Cases A Burnt-rubber Odor

May 5, 2020, a long-standing patient contacted me in panic because her aunt, a 64-year-old female, with COVID-19 positive, had just been released from hospital with an oxygen of 70 percent, because they needed her bed, but she was still too weak to get out of her own bed at home and function. I agreed to 'see' her as a new patient. She speaks Greek and only a bit of English, so her niece translated for me. The entire family with whom she lives, daughter, son-in-law, granddaughter, and grandson were all COVID-19 positive, but because of her age, severe shortness of breath, vomiting and diarrhea that caused a sudden loss of 10 kg she was hospitalized for eight days, given IV fluids, oxygen, but not ventilated, and then sent home. Her case: "I smell like burnt toxic stuff, like burnt rubber, a chemical smell, it is coming out of me, and it is getting worse! I want oranges, lemons, water, fresh fruit, salad. My throat is sore on the right extending to the ear. No, I have no cough. I have blackish red circles around my eyes. I used to be a vital person, love life, now I cannot get out of bed, can barely go to the bathroom, and get back to bed. I have no energy." She was too exhausted to say anything more.

Rubrics1:

Perspiration, odor burnt
Perspiration offensive
Generalities, Food Lemon desire
Generalities, Food Orange desire
Generalities, Salad desire
Mind, Cheerful

I chose *Pulsatilla* because despite her serious condition she was cheerful. Her niece described her as a person who did much for the family, liked to cook, bake, and liked to hug everyone in the family. I prescribed a 30c plussing method QID. My plussing method is two pellets in a glass jar with lid, add clean water, succuss multiple times (at least 10), take a sip

(one teaspoon full) and repeat succussion and sipping 15-20 minutes apart for four doses each day. New water is added at the start of the next day while the glass is cleaned and dried at the end of a week and new water and new pellets are used to restart the process. Her niece and I couriered her the medicine which she began on May 7.

Follow-up was on May 8, afternoon. "What did you give me?" I asked why, what happened? "The dark patches around my eyes and arms began going away last night after I took the medicine. Today I got up, baked bread and cookies, went for a two km walk, and soon I will go to buy some much needed groceries for the house." Whoa, I said, you were very sick. What is your oxygen level? "The meter shows 96 percent!" I cautioned her that she could still be shedding viruses and should do housework at a reduced level so as to not relapse. I also advised her to continue *Pulsatilla* 30c plussing for two more days. Her last dose was May 10, 2020, the odor took a week to go away, but she felt her old self. In follow-up phone visits on June 23, and October 22, she reported she still felt normal, and her family was also doing well. She said "You gave my life back to me!"

Infected and Pregnant

A 34-year-old female patient in her second trimester, second pregnancy (a surprise) called to say she was COVID-19 positive, pregnant, and high risk because there was only one of the two veins to the fetus. Her husband, 2-year-old daughter, mother-in-law, and father-in-law were also COVID-19 positive; all lived in the same house. Her symptoms were mild fatigue and a sore throat, so she had begun to take Echinacea-Andrographis-Glycyrrhiza 30 gtt QID, vitamin C 1500 mg QD, and vitamin D 2000 IU QD. I asked her to describe her symptoms. "I wake about 2 am every morning and think about our unborn son, will he be okay, what will the virus do to him and how will he be with only one vein, he is so small for this stage of my pregnancy. (He was in the 5th percent for growth.)" What else? "I want to be comforted and reassured by my husband. I was afraid to leave the house due to CO-VID-19, we got everything on-line and my husband did the grocery shopping because I was pregnant, and now he cannot go out either because he is also COVID positive." Do you have a thirst? "I like to sip warm water throughout the day, I cannot drink it fast."

Rubrics

GENERAL WATER WARM AMEL
SLEEPLESSNESS THOUGHTS, ACTIVITY OF
WAKING 2 A.M.
MIND, ANXIETY, MIDNIGHT AFTER

The clear homeopathic medicine choice was *Arsenicum* 200 c, plussing TID daily (Vermeulen 2011). Because it was a highrisk pregnancy, she received an ultrasound every two weeks

¹ All rubrics are from Schroyens, 2004.

at the hospital so that the fetus growth could be monitored. Babies with one vein often have kidney and other developmental issues. Baby was born by c-section at 37 weeks weighing 2400 grams (5 lb 4 ounces) and 51 cm (20 inches). His testicles were undescended, something I detected on physical examination when eight days old, that was missed in the hospital. Presently he is growing well and thriving. His mother was fully recovered from COVID-19 by three weeks and the entire family also completely recovered, but each member required a different homeopathic medicine.

Fatigue and Cigars

A 45-year-old female who worked in accounting called and asked if she could be treated because she was COVID-19 positive and had extreme fatigue. I agreed to see her via telephone. How can I help you? "I work 10 to 12 hours per day from home and often part of the weekend. I am exhausted. My sleep is poor and wake up thinking of work, but I am tired, it is tax season and I have to get the accounts done for my boss. I have lost my smell and taste. I get thirsty often and drink water, usually cold. My appetite is poor. I need help."

Rubrics

Nose smell wanting Mind busy Sleep unrefreshing, morning Stomach thirst, large quantities

I prescribed *Bryonia* 30c, plussing method QID. I also encouraged her to tell her boss she had COVID-19, needed time off to recover and recuperate, and even volunteered to give her a note, but she refused the letter. When I had a follow-up five days later she was feeling much better, but still working long hours. She called after four days, but her progression had stagnated. I prescribed *Bryonia* 200c TID, but at five days she had little improved. I asked more questions and I observed over the phone she was too cheerful for *Bryonia* and also learned that at the end of the day she smoked at least one cigar to wind down, but her cigar was not smelling or tasting right, she wanted that symptom fixed.

Rubric

GENERAL TOBACCO

After some thought I prescribed *Pulsatilla* 30c plussing method QID and encouraged her to give up her daily cigar for one week, informing her that it likely exacerbated her COVID-19 symptoms. Her recovery from start to finish took a full four weeks, but now she is doing well. She has avoided the topic of whether she gave up that daily cigar for one week.

Fatigue and Isolation

A 31-year-old male playwright, film maker, and waiter called with severe fatigue, fever and chills that had improved, dry cough, moderated loss of taste and smell and no appetite. At

the beginning of his COVID-19 that he contracted from his female housemate who worked in a different restaurant, he went for a run to try to sweat out what he hoped was a cold. Unfortunately, he got worse and then could not work and had to self-isolate.

Rubrics

Nose smell wanting Cough dry General Weakness exertion from Fever chill with

I prescribed *Bryonia* 200c plussing method, QID. He felt better for three days, then called to say he had had severe chills the previous evening, his fever had returned (he did not have a thermometer but felt very hot), his voice sounded hoarse, and he was feeling isolated from friends and family.

Rubrics

CHILL EVENING
LARYNX AND TRACHEA VOICE HOARSENESS
MIND FORSAKEN ISOLATION, SENSATION OF

I encouraged him to go to the hospital for chest x-ray, ECG and CBC, but he refused so I prescribed *Camphora* 200c, plussing method QID. He recovered fully within one week. Then he called his family doctor, told her the story, and she ordered a chest x-ray, ECG, echocardiogram, CBC, ferritin, creatinine/eGFR, and troponin. All results were normal and in subsequent visits he has reported no return of symptoms.

Allergies and Asthma

A 52-year-old female who was teaching resource and special needs on-line called to report she had COVID-19. Her 17-year-old son went without permission to visit his friends to work out and brought home COVID-19 to her, her sister, and others in his circle of friends. His case was mild but hers was not because she had a history of asthma. Her medical history was significant for asthma since childhood. She played basketball in high school and received a scholarship to play NCAA USA university basketball. She coached basketball in Canadian high school but at 43 years of age suffered a significant stroke leading to Wallenberg syndrome. Over a subsequent three-year period, she was forced to relearn how to speak, walk and use her eyes without getting vertigo.

How can I help? "I am weak when I get up for school, I am short of breath and need my puffer, my sinuses are full because of the tree pollen (Spring 2021 was an unusually heavy year for conifer pollen), I was in bed for a few days but am up now but still tired on waking, I am restless after a few hours of sleep (goes to bed 10 to 10.30 p.m.). I have lost my taste and smell, I have no thirst but drink because I know I should. Teaching even just one student online exhausts me. I have dizziness again and often there is nausea. I get angry at my

son over little things, but he is a teenager and ignores me. He wants to go back to his friends and workout again!"

Rubrics

Nose smell wanting General inflammation sinuses General weakness morning Vertigo nausea with Mind anger easily

She was having some return of her Wallenberg stroke symptoms that had taken several years and lots of hard work on her part to resolve. I prescribed *Gelsemium* 30c plussing method QID and checked back in three days. On the second day after starting *Gelsemium* 30c she had a bout of severe vertigo and nausea and then her recovery progressed nicely. Her taste and smell returned in one week. She is back to online teaching and doing well, and yes, her son went back to working out with his friends despite her reprimand and the provincial lock down mandates.

Loquacity and Sore Throat

A 68-year-old female called to say she had COVID-19. In the early months of the pandemic she had called every few weeks to tell me about the latest COVID-19 and vaccine conspiracy theories. "I retreated from life and my friends in person, but I had to get groceries to eat. I am on the phone all with my friends since we cannot meet in person. We check in on each other morning, afternoon, and most evenings. I am exhausted. I have a cough, sore throat that makes it hard to swallow water, saliva and mucous. My external hemorrhoids are back because I am constipated, I had a soaking fever two nights ago, I have trouble getting to sleep, and my arms and legs are discoloured, as if I bruised them. Help Me!" I noted that she was very loquacious.

Rubrics

Mind, Loquacity
Throat, Swallowing Liquids
Mind, Theorizing
Rectum, Hemorrhoids

I prescribed *Lachesis* 200c plussing method TID. When I checked back after three days she was slowly improving, but she insisted that she only needed two pellets once per day because the 'water thing' made no sense to her and none of her friends had heard of it either so she was not going to do that. Her full recovery took about three weeks, but fortunately she had a moderate case.

Infected and Breastfeeding

A 34-year-old female was breastfeeding her first child, a three-month-old son. How can I help? "Everyone wanted to see my new son, so we visited his dad's parents, lots of people were

there, and it was fun to get out and see others after over a year of this long lockdown (which was not over at that time). I am so thirsty, my bowels are hard to pass, and I am exhausted afterwards, the hemorrhoids are tender and bleed after most bowel movements. My son is colicky and that is upsetting. He nurses almost constantly. My chest is tight, and I am a bit hoarse from all the talking and coughing. I like cold water and I often chew some of the ice for comfort." She was generally cheerful despite her story and symptoms.

Rubrics

STOMACH THIRST LARGE QUANTITIES
RECTUM HEMORRHOIDS EXTERNAL
RECTUM CONSTIPATION STOOL DIFFICULT
GENERAL WEAKNESS STOOL AFTER
GEN FOOD ICE DESIRE
MIND CHEERFUL

I prescribed *Phosphorus* 200c plussing method, QID. When I checked two days later she felt much stronger, had taken more naps with her son who was now much less colicky and she was consuming three or more liters of cold water per day. Her husband, his two sons by a prior marriage, and the extended family that attended the baby reception were all recovering nicely from COVID-19 and that helped her feel relieved. I had her take *Phosphorus* 200c plussing method TID for two more days and then asked her to follow-up in a week; she had fully recovered before that week ended.

Dry throat from ventilator

A 36-year-old male who had spent a month in the hospital on ventilation was now home from hospital and still feeling exhausted. This case was taken partially by phone and partially over a video connection. During the first interview he insisted that his wife sit next to him, even though he could talk and she had chores to do; they disagreed several times. How can I help you? "My throat is dry from the ventilator and oxygen, but not much coughing, I am physically tired going about in the house, up and down the stairs." What do you want to eat? "I like sweets, but my wife says no because I am sick." How is your sleep? "I wake in the early morning, about 2 a.m. and cannot get back to sleep, I am tired in the morning and often nap after breakfast." It was hard to get many details from him, but it was clear that his COVID-19 illness had left him weakened. His oxygen was in the upper 80 percent, but if he exerted it dropped to the low 80 percent.

Rubrics

Mind, Company desire for Mind, Quarrelsome Generalities, Weakness, muscular Sleep, Waking, midnight, after 2 a.m. Sleep, Unrefreshing Generalities, Food, Sweets, desire

I prescribed *Kali-c* 30c, plussing method QID. I would have preferred a 6c or 12c to start given his physical and mental state, but that potency was not quickly available. His recovery was slow, but over ten days his oxygen improved to the mid 90 percent and dropped to the low 90/upper 80 percent with exertion and later stayed in the high 90 percent. He took almost five weeks to recover. The goal was to have him get better and not relapse into long COVID-19.

Throat Pain and Indignation

On April 18, 2020, the daughter, an RN, of a long-standing patient called to say her mother was doing poorly. It was drain-

ing for her as was her sister with cerebral palsy (CP) who also lived at home; wondered if I could help. Her mother is a 64-year-old woman who immigrated to Canada from Germany in her twenties and has lived in Canada since. Her medical history is significant for estrogen-positive DCIS that was treated only with a lumpectomy. How can I help? "I missed my mother's birthday celebration last month, she turned 90 and it is a big deal in our village, the mayor

I used the plussing method because I wanted the patient to have several doses per day but with a slight change in the potency. Initial potencies were based on the patient vitality, seriousness of their illness, and what was quickly available given the severe access, travel, and postage restrictions of COVID-19 in Ontario, Canada.

would have come to visit. My aunt, her sister, also passed just before the birthday so I cannot visit her grave and offer my prayers. I am the PSW (personal support worker) for an elderly woman in long-term care in lock down in Etobicoke who refuses to eat if I am not there to feed her, she will die all alone! My 31-year-old daughter with CP cannot work at McDonald's due to the lockdowns and my other daughter is the new RN at a local hospital with no PPE or masks on her ward, and there are several COVID-19 cases in isolation on the floor right above her. This is insanity! Also, I feel lousy. I have a temperature of 100.58°F, my throat is sore on the right side, I have some nodes in the right cervical chain, and I do not want to sit in the ER and be sent home because they are not testing people, just saying isolate for 14 days. This lack of respect for people, their social needs, isolation is not for everyone, it is inhuman!"

Rubrics

External throat, Swelling, Cervical Glands Throat, Swallowing difficult Generalities, Cold, Becoming cold Mind, Indignation

I prescribed *Hepar* 30c, plussing method TID, three doses tonight and four doses tomorrow then follow-up. In follow-

up the next day she reported that the swallowing pain went away that night, the lymph nodes were getting smaller, she was not cold when she awoke the next morning. In fact, she got up early and at 07:30 a.m. went grocery shopping before the long lines formed and the shortages got worse. She has not needed *Hepar* since and her symptoms have not returned.

Genus Epidemicus

The genus epidemicus is the homeopathic medicine most indicated in an epidemic, it actively cures the greatest number of patients. In the 1801 scarlet fever outbreak, Hahnemann used *Belladonna*, and described case taking in the *Organon*

(O'Reilly 1996:73). Bönninghausen treated a smallpox epidemic with Thuja (Bönninghausen 1838), and during the 1918-1920 influenza H1N1 patients responded primarily to Bryonia, Gelsemium, and Eupatorium perfoliatum (Dewey 1921, Godard 2009). Within the 31 PCR-positive COVID-19 cases I treated since the spring of 2020 the genus epidemicus has been Bryonia. On the other hand, Gelsemium was prescribed three times, Pulsatilla

three times, *Phosphorus* twice, and once each *Arsenicum*, *Belladonna*, *Camphora*, *Cocculus indicus*, *Lachesis*, and *Sulphur*. The initial prescription was changed twice, once from *Bryonia* to *Camphora*, and once from *Bryonia* to *Pulsatilla*. Numerous homeopathic medicines have been suggested by various authors, but in the cases I treated, these were the medicines that were prescribed and were effective. The *Bryonia* patients have generally had thirst and dry mucosa, dry cough, loss or weakened taste and smell, weakness or fatigue, often irritable and speaking about their work, or inability to work due to the pandemic restrictions and the illness, and have sleep that is not refreshing. Some have had fever, but usually that is gone by the time the PCR test results were confirmed.

The length of time from initial case taking to full recovery has ranged from 24 hours to five weeks; the average is two weeks. My own rating of the severity of these cases, using WHO criteria, published symptoms, and published cases was three severe, twelve moderate and the balance relatively mild (Mei et al 2020). In all cases I used the plussing method because I wanted the patient to have several doses per day but with a slight change in the potency. Initial potencies were based on the patient vitality, seriousness of their illness, and what was quickly available given the severe access, travel, and postage restrictions of COVID-19 in Ontario, Canada.

During acute case taking the prescriber needs to remain calm, try to understand the origin of the pathology in their patient, how it manifests in them, changes their life and symptoms, and seek to find the most unique, rare, and peculiar symptoms of their illness or altered state. Too many rubrics can be confusing so the three rubrics or three-legged stool as Hering, Guernsey, Lippe, Nash and HC Allen advised is best, with at least one mind rubric if possible (Desai 2005). Materia Medica differential diagnosis, and comparison are critical to finding the correct homeopathic medicine.

Follow-up in acute cases is critical, especially given the seriousness of COVID-19 acutely and the seriousness and high risk of long COVID. The usual follow-up was 24 to 72 hours and, as the patient improved, every five to seven days a quick check up was done to determine if the progression toward heath was still on course. Thankfully all returned to normal health and no patient progressed to long COVID.

References

Basavaraju SV, Patton ME, Grim K, et al. 2021. Serologic testing of US blood donations to identify severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)-reactive antibodies: December 2019- January 2020. *Clin Infect Dis.* 2021:72(12)e1004-9.doi10.1093/cid/ciaa1785.

Boenninghausen CMF, von. 1838. *The lesser writings*. Compiled TL Brantford. Translated LH Tafel. 1908. Reprinted B Jain Pub. 2012. Pp3-4.

Cui J, Li Fang, Shi ZL. 2019. Origin and evolution of pathogenic coronaviruses. *Nature Rev Microbiol.* 17. Doi:10.1038/s41579-018-0118-9.

Desai BD. 2005. How to find the simillimum with Boger-Boenninghausen's Repertory. Reprinted B Jain Pub. P.27.

Dewey WA. 1921. Homeopathy influenza a chorus of fifty in harmony. *American Institue of Homeopathy Journal*.

Goddard J. 2009. Homeopathy in epidemics and pandemics. In Scientific Research in Homeopathy Conference. Pp.1-27.

Mei Q, Li J, Du R, Yuan X, Li M, Li J. 2020. Assessment of patients who tested positive for COVID-19 after recovery. *Lancet Infect Dis.* 2020. Doi.10.1016/S1473-3099(20)30433-3.

O'Reilly WB. 1996. *Organon of the Medical Art*. Samuel Hahnemann 1842 translated. Birdcage books, Redmond, WA. 407p.

Schroyens F. 2004. Synthesis repertorium homeopathicum snytheticum 9.1. Homeopathic Book Publishers, London, UK. Pp2008 + Appendices.

Szabo L. 2021. Unraveling the mysterious mutations that make delta the most transmissible COVID virus yet. *Medscape Family Medicine*. July 28, 2021. Accessed July 29, 2021.

Vermeulen F. 2011. *Concordant Reference: Complete Classic Materia Medica*. B Jain Archibel SPRI, Belgium. 2074p.

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Homeopathic SARS-CoV-2 (COVID-19)

Prophylaxis Trial using the Coronavirus Nosode

By Monica Frohmann

Abstract

Preliminary results on a trial using coronavirus nosode as prophylaxis are presented on a sample of 116 non-vaccinated persons participating in the treatment consistently since March 30, 2020. As of August 2021, when the article was submitted, there were no positive cases, despite exposure both in close family contacts and in the workplace to confirmed positive cases. The trial continues monitoring the patients involved.

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omeoprophylaxis is the use of one or a small group of remedies, given to healthy people, in the case of epidemic disease. The prophylactic remedy, referred to as the Genus Epidemicus (GE), is chosen based on the corollary of symptoms presented by a group of people with the named disease and has had a curative action on those patients. Individually

some of the symptoms of the

Of the 116 patients to date, 32 lived in a household where others did not take the nosode, were symptomatic and tested positive on PCR test.

disease are striking or characteristic, yet these same unusual symptoms present in many of the people who have the disease. Thus one or a small group of remedies is able to treat many of the people who present with these symptoms and may also be used prophylactically for people who will be or have been exposed to the disease. It is however important to note, that no matter what the disease, not everyone has the same level of susceptibility, therefore there is a portion of the population that will not fall ill during any given epidemic, regardless of whether or not they use homeoprophylaxis.

While nosodes may be prescribed in a similar way to any other remedy, they may also be used as another form of homeoprophylaxis. A nosode is prepared from diseased tissue of an individual with a diagnosed disease. For example, the homeopathic nosode *Tuberculinum* is prepared from the pure cultivation of tubercle bacilli, but because homeopathic nosodes, like any other remedy, are prepared through a process of dilution and succussion, there are no or only minimal molecules that remain in the final preparation, rendering them non-toxic, non-addictive and completely safe.

When using a nosode for homeopathic prophylaxis, it is not necessary to differentiate the symptoms of the disease in order to prescribe it, like when using the GE. This method differs from the use of the Genus Epidemicus, in that the remedy is not prescribed to a person with the active disease, but instead

used only as prophylaxis. (It is not advisable to use a nosode in the epidemic disease once the person has fallen ill; rather, it would be preferable to take the individual case of the disease or in some cases, refer to the GE of the particular epidemic).

Homeoprophylaxis has been used since Samuel Hahnemann, the founder of Homeopathy, first used the homeopathic remedy *Belladonna* to prevent scarlet fever in 1799 (Dudgeon, 2001). During the Spanish Flu epidemic of 1918, homeopaths used homeoprophylaxis and had a mortality rate of just over one percent among their patients, whereas allopathic doctors lost approximately 30 percent of their patients to the Spanish Flu (Perko, 2005). Homeoprophylaxis has been used in other early epidemics such as smallpox, cholera, diphtheria and polio. More recently, it has been used in Brazil to prevent Meningitis and is actively used in Cuba in the prevention of Leptospirosis (Bracho, Varela, Fernandez et al. 2010).

There is some evidence to suggest that homeopathic remedies induce an antibody response. The oldest study is from 1932, where Dr. Chavanon measured the antibody response to the homeopathic nosode Diphtherinum, used to prevent Diphtheria. His results were reproduced by Drs. Boyd and Patterson using the Schick test (Patterson & Boyd, 1941). It was this knowledge, that led me to investigate the use of the coronavirus nosode as homeoprophylaxis in the SARS-CoV-2 (coronavirus disease). I was able to obtain a graft of the nosode prepared from the sputum of an individual who was diagnosed through the use of PCR testing and symptomatic with SARS-CoV-2. The original nosode was made from nasopharyngeal swabs, alveolar lavage fluid and sputum from a Chinese patient. The remedy was made in a laboratory in China, in the traditional way (dilution and succussion), and I administered a graft of it, with consent, to 116 people ranging in age from three to 90 years of age. The trial has been taking place consistently since March 30, 2020 and I will continue to monitor the patients involved, as well as new ones that request homeoprophylaxis.

Protocol

The protocol I used, is as follows: *Corona 2019* graft of nosode in 200c potency. One dose of two pellets, once every two weeks, or until symptoms arise¹. This is to be continued for two months. Patients who suspect or confirm exposure to positively tested and symptomatic persons, are to take the remedy once a day for three days and then resume the bi-weekly protocol. After two months, the nosode was to be taken as needed, if concerned about exposure.

At the time of writing (August 20, 2021), out of 116 patients, there have been no confirmed positive cases and no symptomatic cases in these patients (Table 1 shows the breakdown of the sample by age). There has been one false positive case (patient No. 7, age 31, female). This patient was tested with an antigen quick test and received a positive result but was asymptomatic. The following day she was given a PCR test based on the cycle threshold (CT) value of the qRT-PCR of 30 cycles and was negative and continued to be asymptomatic. No quarantine followed.

Analysis

Of the 116 patients to date, 32 lived in a household where others did not take the nosode, were symptomatic and tested positive on PCR test. The patients taking the nosode did not contract the virus despite continued exposure.

Of the 116 patients to date 21 lived in a household where others did not take the nosode, were asymptomatic, but tested positive on PCR test and were required to quarantine. The patients taking the nosode did not contract the virus despite continued exposure.

Of the 116 patients to date, 42 were exposed in the workplace to employees that were symptomatic and subsequently tested PCR positive. The patients taking the nosode did not contract the virus despite continued exposure.

Of the 116 patients to date, there have been no positive cases, despite exposure both in close family contact and in the workplace to confirmed positive cases.

Of the 116 patients, nine have been voluntarily tested for antibodies. They have never been symptomatic, have never had a positive antigen or PCR test, yet have antibodies for SARS-CoV-2 (COVID-19). This may indicate that the nosode produces antibodies, however further laboratory study would be required and the concept of herd immunity cannot be ruled out.

Table 1. Breakdown by age

Age	Participants
3- 6	1
7-15	6
16-20	7
21-30	12
31-40	16
41-50	13
51-60	29
61-70	16
71-80	11
81-90	5
Total	116

Given the confirmed number of patients who were exposed to confirmed cases of the virus, in this small sample there seems to be a strong signal indicating usefulness in prevention of SARS-CoV-2 using the graft of th58

nosode for homeoprophylaxis. If and when any of the patients being monitored become vaccinated, they will be dropped from the study as at that point the validity of the findings will no longer be useful.

I am hopeful that homeopathy will be a large contributor to the prevention and treatment of coronavirus and will be recognized around the world.

¹ Patients with specific areas of susceptibility had a tendency to produce symptoms after taking the nosode. For example, a patient with a history of sore throats, produced a short-lived (two hours) sore throat after taking the nosode. This was an indicator to stop the remedy. Another patient, with a history of bronchitis, produced a cough for half a day without any of the usual accompanying symptoms. This again, was an indicator to stop the remedy.

References

Gustavo Bracho, E. Varela, R. Fernandez, et al. 2010. "Large-scale application of highly-diluted bacteria for Leptospirosis epidemic control." Homeopathy, (2010); 99: 156-166.

R.E. Dudgeon 2001. "Cure and Prevention of Scarlet-Fever," The Lesser Writings of Samuel Hahnemann, (New Delhi: B. Jain Publishers Pvt. Ltd., 2001): 369-385.

J. Patterson & W.E. Boyd 1941. "Potency Action: A Preliminary Study of the Alteration of the Schick Test by a Homeopathic Potency." British Homeopathic Journal 1941; 31: 301-309.

Sandra J. Perko 2005. The Homeopathic Treatment of Influenza, Surviving Influenza Epidemics and Pandemics, Past, Present and Future With Homeopathy, Special Bird Flu Edition (San Antonio: Benchmark Homeopathic Publications, 2005): 103-111.

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Arthropod-Borne Infectious Diseases

Conventional and Homeopathic Treatments

By Cornelia Richardson-Boedler, NMD, HMD, MA, LMFT

Abstract

This article informs homeopathic practitioners of the relevant symptoms, regions of occurrence as well as the modes of transmission of pathogens from arthropod-borne diseases, which are transmitted by mosquitoes, fleas, human body lice, and hard and soft ticks. An overview is provided in the hope to function as a reference guide to the proliferation of pathogenic microorganisms and their vectors. A description of symptoms of selected arthropod-borne infectious diseases is presented with allopathic and homeopathic options for treatment.

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rthropod-borne infectious diseases continue to plague mankind. Domestically or during travel abroad, people are often unaware of having been exposed to biting arthropods. Therefore, the recognition and treatment of the contracted disease may be delayed. There is no allopathic therapy for the viral diseases (Weaver, Charlier, Vasilakis & Lecuit , 2018). Bacterial infections can be treated with antibiotics, and malaria can be treated with anti-malaria medications. Established vaccines are available for some of the diseases discussed in this article: tick-borne encephalitis (Kaaijk & Luytjes, 2018; Yoshii, Song, Park, Yang & Schmitt, 2017), yellow fever, and, only mentioned briefly in this article, Japanese encephalitis (Kaaijk & Luytjes, 2018). By reviewing the present and historical literature and/or materia medica regarding classical homeopathic prescribing (fitting remedy to symptoms) in such diseases and by citing pertaining examples, important remedies are presented.

Mosquito-borne diseases

Mosquitoes transmit pathogens by biting, such as protozoans, viruses, or the larvae of filarial worms causing filariasis. Only female mosquitoes suck mammalian or avian blood, for the ripening of their eggs. Breeding occurs in water. *Anoph*- *eles* mosquitoes, vectors of malaria, prefer standing freshwater. Malaria, a tropical and subtropical disease, affects the Americas, though generally not the subtropical regions of the United States of America (USA); Africa, mainly sub-Saharan Africa; and reaches through the Middle East to Oceania (Goddard, 2013).

Malarial intermittent fever arises due to the periodical rupture of infected erythrocytes. Protozoal life forms first develop in the liver (Goddard, 2013). Caused by several species of protozoans, genus *Plasmodium*, the disease is potentially severe in *P. falciparum* infection, such as due to parasitical invasion of capillaries in the brain and kidneys, causing cerebral edema and kidney failure, respectively. General symptoms include bone pain, paravertebral lumbar pain, headache, pain above eyes, splenomegaly, and anemia (Van Erp & Brands, 1996). The malarial paroxysms contain the well-known classical sequence of chills, high fever, then sweats.

Viral diseases, exhibiting initial influenza-like symptoms, include the following (with important vectors): West Nile virus disease, which spread from the Eastern to the Western Hemisphere in 1999 (*Culex* species); Japanese encephalitis, causing severe epidemics in Asia, with half of the patients having neuropsychiatric sequelae (*Culex tritaeniorhynchus*, a species breeding in rice fields); dengue (breakbone fever), a tropical and subtropical (worldwide) disease, in the Americas reach-

In recent times, individuals affected by arthropod-borne diseases were treated successfully with the indicated homeopathic medicine, the simillimum, e.g. in dengue, from 2015 to 2017 in India.

ing from South America to the Texas-Mexico border, to Key West, Florida, and into the State of Florida (*Aedes aegypti, Aedes albopictus*); yellow fever, stemming from tropical regions of South America and Africa, infecting primates and extending to urban centers via infected humans (*Ae. aegypti*, urban transmission cycles; *Ae. albopictus*); chikungunya, meaning "contorted" (from arthralgia), mostly subtropical (*Ae. aegypti, Ae. albopictus*) (Goddard, 2013). The first four diseases are due to flaviviruses (Kaaijk & Luytjes, 2018).

West Nile virus disease, in the USA, is the domestically acquired arthropod-borne viral neuroinvasive disease that causes the most fatalities. It affects mainly the elderly, producing aseptic encephalitis and meningitis; both are accompanied in some patients by acute flaccid paralysis; or just the latter occurs (McDonald et al., 2019), which can be described as poliomyelitis-like symptoms (Lindsey, Staples, Lehman & Fischer, 2010). Neurological dysfunctions could be a sequela of this viral infection (Kaaijk & Luytjes, 2018).

Dengue is triggered by four virus serotypes. The fever begins

suddenly. Other symptoms include frontal headaches, retro-orbital pain, facial flush, body aches, joint aches, nausea, vomiting, and, possibly, some bleeding. Between the second and sixth day of illness, a rash may appear on the trunk, limbs, and face, ranging in appearance from scarlatiniform to maculopapular; some cases show an erythema with spots of normal skin.

The body temperature may fall after a few febrile days, to resume briefly, and then declines. At the final defervescence, some patients (mainly children) develop dengue hemorrhagic fever, with rising hematocrit, plasma leak, bleeding phenomena, and potential escalation to dengue shock syndrome (Gubler, 1998).

Yellow fever causes fever, headache, body aches, nausea. Severe cases exhibit hematemesis, with blackish vomit resembling coffee grounds, (a keynote symptom); hemorrhages, jaundice, and may lead to deadly collapse (Goddard, 2013). Kidney failure may also occur. The initial influenza-like phase, after which most patients recover, is followed in the severe cases by a period of remission of no more than 48 hours. Severe symptoms develop subsequently (Lopes et al., 2019).

Chikungunya is caused by an *alphavirus* and typically attacks the joints symmetrically. Encephalitis and organ dysfunction may affect the elderly. This disease has recently appeared in the Americas (Weaver et al., 2018).

Flea-borne diseases

Cinchona officinalis remains one of

the leading homeopathic medicines

in the treatment of malaria. Likewise,

quinine and its derivatives are

principal allopathic medicines.

Fleas suck the blood of humans, birds, and other animals for nourishment, depositing eggs near the host, as in bedding. They are intermediate hosts for helminths. Their deposited feces, which contact open or excoriated skin, transmit bacteria such as *Rickettsia typhi* (endemic typhus). Yet, the agent of plague, *Yersinia pestis*, endemic in Africa, Asia, and the Americas, may also be regurgitated during feeding, especially in the flea genus *Xenopsylla*. *X. cheopis*, the oriental rat flea, is the primary vector of *Y. pestis* (Goddard, 2013). As noted in 1994 in India, plague broke out after "rat falls," when rats perished in large numbers and their infected fleas sought nearby humans as hosts. Dead host animals should not be handled (Dennis, 1994).

Plague, highly fatal, initially causes fever, chills, headache, myalgia, and nausea. Three forms can occur: bubonic, septicemic (no localized signs of infection), or pneumonic. The latter produces bloody sputum and is easily transmitted by respiratory droplets (Dennis, 1994). Septicemia, pneumonia, and meningitis can occur as secondary effects of bubonic

plague (Perry & Fetherston, 1997). *Rickettsial pathogens* typically infect endothelial cells, causing vasculitis and vascular dysfunction leading to increased vascular permeability (plasma leak) and hemorrhage (Raoult & Roux, 1999). The rash seen in patients is centrifugal (spreading from the trunk to the limbs) in the rickettsial diseases of endemic typhus (Civ-

en & Ngo, 2008) and louse-borne epidemic typhus (Raoult & Roux, 1999).

Endemic typhus (or *murine typhus*), in the USA, occurs mainly in central and south-central Texas and southern California (Los Angeles and Orange counties). *R. typhi*, the pathogen, may cause a fatal illness, especially in the elderly (Goddard, 2013). Worldwide, *R. typhi* is typically transmitted by *X. cheopis.*. A similar illness has been seen, as in the USA, Mexico, Brazil, and France, which is triggered by *Rickettsia felis* (Civen & Ngo, 2008). This pathogen is found in cat fleas, *Ctenocephalides felis*, worldwide (Goddard, 2013). Cat fleas that transmit both *R. typhi* and *R. felis* have been detected on opossums and domestic cats in southern suburban regions of Texas and California, where rats and *X. cheopis* infected with *R. typhi* are rarely found (Civen & Ngo, 2008).

Endemic typhus occurs in various regions worldwide, often in ports. Countries and regions affected include China, Australia (Goddard, 2013), Southeast Asia, Africa, and the Mediterranean (Civen & Ngo, 2008). The disease is not readily

suspected in the USA. Clinically nonspecific, it mimics other infectious diseases. Symptoms include fever of three to seven days, headache, arthralgia; a rash is seen in almost 50 percent of cases and tends to appear after one week of illness, (can be either macular or maculopapular), lasting up to four days. Central nervous system complications (with fever, headache, stiff neck) can occur ten days to three weeks after onset of the initial febrile illness. Splenic rupture and culture-negative endocarditis are other serious symptoms (Civen & Ngo, 2008).

Louse-borne diseases

The blood-sucking human body louse, *Pediculus humanus corporis*, is a parasite of humans only. It deposits its eggs, which develop in warm temperatures, in the folds of the host's clothing, preferably close to the host's skin (Raoult & Roux, 1999). The pathogenic bacteria are transmitted via the louse's feces,

which are rubbed into open or excoriated skin or aerosolized and affecting mucous membranes (Houhamdi & Raoult, 2005). The louse-borne spirochetal bacterium *Borrelia recurrentis* forces through intact human mucosa and skin (Raoult & Roux, 1999), caus-

Hering used Carbo vegetabilis for yellow fever, as the base medicine, preventively and curatively, in high or repeated low potencies.

ing relapsing fever mostly in northeastern Africa, such as in Ethiopia (Badiaga & Brouqui, 2012). Louse-borne relapsing fever is differentiated from tick-borne relapsing fever; both are caused by spirochetes. The latter disease produces more relapses (see under Tick-borne diseases).

The three diseases transmitted by the human body louse are trench fever (*Bartonella quintana*), louse-borne relapsing fever (*B. recurrentis*), and epidemic typhus (*Rickettsia prowazekii*). They proliferate in unhygienic conditions, such as in countries with civil unrest, and all three cause relapses and bacteremia (Raoult & Roux, 1999). Homeless persons in industrialized nations can also contract trench fever and have shown a significantly high seroprevalence of louse-borne relapsing fever and epidemic typhus (Badiaga & Brouqui, 2012).

Trench fever causes strong, persistent pain in the legs, a potentially severe headache (frontal and retro-orbital), splenomegaly (Raoult & Roux, 1999), and dizziness; the shins are particularly painful (Badiaga & Brouqui, 2012). The fever is periodic, and relapses occur, usually every five days, and become milder with each attack (Raoult & Roux, 1999). Endocarditis, typically indolent and culture-negative, or chronic bacteremia has been seen among homeless persons chronically infected with the pathogen, *B. quintana* (Raoult & Roux, 1999; Badiaga & Brouqui, 2012).

Louse-borne relapsing fever triggers a febrile attack lasting, on average, five to six days, with headache, body aches (joints, muscles), and increased pulse rate. The attack terminates in

a crisis-like rapid defervescence with thirst, sweat, and potentially leading to hypotension and shock. Antibiotics trigger a similar crisis in the patients, which is named Jarisch-Herxheimer reaction and is associated with the destruction/disappearance of blood-borne spirochetes. During the course of the illness, often just one relapse, less severe than the first attack, occurs from three to 27 days (average of nine days) after defervescence. Women may miscarry. Complications include neurological, hepatic, renal, and hemorrhagic manifestations, including hemorrhage from splenic rupture. Jaundice may occur and differentiates louse-borne relapsing fever from trench fever and epidemic typhus (Raoult & Roux, 1999).

Epidemic typhus produces initial influenza-like symptoms with fever, severe headache, arthralgia, and severe myalgia causing, as seen in Burundi, a crouching attitude ("sutama");

stupor occurs. Complications include cortical dysfunction (seizures, coma), interstitial pneumonitis, and myocarditis (Raoult & Roux, 1999). The *rickettsiae* become dormant in infected humans, even after complete recovery, and years later may arouse as

recrudescent typhus, also called Brill-Zinsser disease (Raoult & Roux, 1999; McQuiston et al., 2010). In the USA, the southern flying squirrel (*Glaucomys volans*) harbors the pathogen, *R. prowazekii*, and acts as infectious reservoir host (McQuiston et al., 2010).

Tick-borne diseases

Both nymphal and adult ticks are parasites of humans. Hard ticks (*Ixodidae*), waiting on vegetation, attach to animals and humans and feed from their blood for several days. Soft ticks, genus *Ornithodoros* (*Argasidae*), found in animal burrows, caves, huts or wilderness cabins, feed for about 30 minutes only. Hard ticks, transmitting pathogens by biting, tend to carry bacteria, viruses, and protozoans, and *Ornithodoros* ticks carry relapsing fever spirochetes. Locally, acute or chronic lesions may develop from both *ixodid* and *argasid* bites (Goddard, 2013).

In tick-borne relapsing fever, *Ornithodoros* ticks transmit *borreliae* other than *B. recurrentis* (Raoult & Roux, 1999), via saliva or coxal fluid. The illness affects the Americas (North and South), Africa, the Middle East, and is found across central Asia. During the course of the illness, one to ten or more relapses may occur (Goddard, 2013). A crisis at defervescence and the Jarisch-Herxheimer reaction may arise (Roscoe & Epperly, 2005), as in the louse-borne illness.

Tick-borne encephalitis of Europe and Asia is caused by a flavivirus and is transmitted by *ixodid* bites and also by ingestion of raw dairy products from infected livestock. Geographical-

ly, there are three viral subtypes that cause the disease, namely, the European, Siberian, and Far Eastern subtypes (Kaaijk & Luytjes, 2018). However, in the Republic of Korea, the European subtype circulates, rather than the Far Eastern subtype (Yoshii et al., 2017). This disease is typically biphasic (Kaaijk & Luytjes, 2018), except in China (Yoshii et al., 2017). In the first phase, it produces an influenza-like state (fever, headache, nausea, and myalgia), followed by about seven asymptomatic days. In the second phase, mild to severe meningitis occurs in 50 percent of patients; severe meningoencephalitis in 40 percent, and meningoencephalomyelitis in 10 percent. The risk for severe disease and neuropathological sequelae is higher in the elderly. Sequelae include dysphasia, ataxia, spinal nerve paralysis, neuropsychiatric complaints (Kaaijk & Luytjes, 2018) and may lead to long-term inability to work (Yoshii et al., 2017).

Powassan encephalitis occurs in North America (within the USA, typically in the Northeast and Midwest), caused by the Powassan virus (a flavivirus) and its subtype, the deer tick virus. The Powassan virus is present also in Russia, where cases are noted. This disease is not biphasic. Symptoms that cooccur with encephalitis include prolonged fever, vomiting, respiratory distress, seizures, and paralyses. Sequelae include hemiplegia, muscle atrophy, and recurring headaches (Hermance & Thangamani, 2017).

Ixodid vectors for these flaviviruses are, mainly, Ixodes ricinus which transmits the European viral subtype, and Ixodes persulcatus which transmits the Siberian and Far Eastern viral subtypes (Kaaijk & Luytjes, 2018). Certain species of Dermacentor and Haemaphysalis are vectors ranging from regions of Europe to the Far East (Goddard, 2013). Important vectors in North America are Ixodes cookie for the Powassan virus and Ixodes scapularis for the deer tick virus (Hermance & Thangamani, 2017). Deer ticks, I. scapularis, transmit the deer tick virus within 15 minutes of attachment in mice. This differs from some bacterial (Borrelia burgdorferi, Rickettsia rickettsii, ehrlichial Anaplasma phagocytophylum) and protozoal (Babesia microti) transmissions by attached hard ticks that are known to occur after a "grace period" of about 12-48 hours, which delays the infection in humans and allows for a timely removal of the tick (Ebel & Kramer, 2004).

Homeopathic Treatments

Hahnemann (1755-1843) founded the homeopathic principle of curing symptoms by using a substance that is capable of causing similar symptoms in the healthy, based on his proving with the antimalarial *Cinchona* bark (Hahnemann, 1825). He ingested a certain amount of the bark twice a day, for several days, and experienced symptoms characteristic of intermittent fever following each dose for two or three hours, such as coldness, a rapid pulse, then pulsations in the head, red cheeks, thirst, including also stiff joints and a general peri-

Arthropod-borne infectious diseases can cause life-threatening illnesses and may trigger debilitating sequelae. Homeopathic remedies [...] prescribed according to the presenting symptoms, are recommended to avoid a severe or fatal outcome.

osteal numbness (annotations from his translation of Cullen's materia medica) (Leeser, 1988), (Cullen's work is known as the Treatise of the Materia Medica). In intermittent fever, if presenting with such symptoms, Hahnemann gave a diluted and succussed dose of *Cinchona* bark 12c at the end of a paroxysm, to be repeated in this way if needed (Hahnemann, 1825).

In recent times, individuals affected by arthropod-borne diseases were treated successfully with the indicated homeopathic medicine, the simillimum, e.g. in dengue, from 2015 to 2017 in India. Prescriptions for dengue included *Lycopodium clavatum* 200c (body ache, temperature rise in afternoon, wishes to drink warm water) and *Pyrogenium* 200c (high fever, temperature-pulse discrepancy) (Mahesh, Mallappa & Vithoulkas, 2018).

In the influenza-like phase of arthropod-borne illnesses, when symptoms such as retro-orbital pain (dengue, trench fever), aches in bones, joints, muscles, and gastrointestinal irritation occur, Eupatorium perfoliatum can be considered. The remedy indicates hepatic involvement (jaundice) and has the symptom of "walks about crouched up" (Hering, 1887), which appears in the "sutama" of epidemic typhus and in the contortions of chikungunya. Eupatorium perfoliatum has addressed chronic chikungunya (Frye et al., 2019) and epidemic dengue (Marino, 2008). It has treated malaria, when the concomitants of severe gastrointestinal irritation and thirst starting before a paroxysm were present. It has also been useful during the first stage of yellow fever, with aching in bones as if broken, vomiting, and thirst. Although severe body aches also call for Bryonia alba, Eupatorium perfoliatum has decreased sweat and, with the aches, restlessness, while Bryonia alba has abundant sweat and body aches with need to lie quietly (Hering, 1887). Eucalyptus globulus treats influenzal symptoms, such as, aching, tearing pains in limbs; dull congestive frontal headache; splenomegaly; sweats and vertigo. Together with Arsenicum album, is most indicated in obstinate fevers like malaria, relapsing fever (Hering 1887), and trench fever.

Malaria

Malarial paroxysms were treated in Ghana in 1993 with homeopathic medicines in the 200c potency, including the following: Arsenicum album was given for a marked periodicity of paroxysms, though the stages within paroxysms were not clearly defined, with frequent thirst for sips. Natrum muriaticum treated morning paroxysms of fever and frequent thirst for large quantities of liquids. Pulsatilla nigricans was given for irregular stages (within paroxysms) and lack of thirst (Van Erp & Brands, 1996). Carbo vegetabilis proved beneficial when malaria patients exhibited a continuous heavy feeling in the liver, sun-induced nausea, vomiting at end of chill, and deep boring pains in limbs before a paroxysm (Hering, 1881).

Cinchona officinalis remains one of the leading homeopathic medicines in the treatment of malaria. Likewise, quinine and its derivatives are principal allopathic medicines. Cinchona bark (Rubiaceae) may also be used as a gastric tonic. It is of interest that gastric tonics of other plant families also have antimalarial properties: In homeopathy, Artemisia (contra), also known as Cina, treats intermittent fever with vomiting and ravenous hunger (Hahnemann, 1830).

Menyanthes trifoliata indicates submerged intermittent fever and cold sensations in fever (Gentianaceae, presently placed in the family Menyanthaceae). Canchalagua (Erythraea chilensis) indicates intermittent fever that is persistent or occurs in spring (Leeser, 1988) and indicates the severe form, in hot countries, causing pain in head and fingers (Gentianaceae) (Clarke, 1900). In allopathy, artemisinin products are important antimalarials (Goddard, 2013).

Dengue

A Brazilian study selected *Eupatorium perfoliatum* as the remedy best fitted to the epidemic symptoms of dengue generally encountered in the population: breakbone pains, thirst before chill, pulsating headache and soreness of eyes, and nausea on motion. This remedy also indicated acute hepatitis, which occurred in patients, and it became highlighted as the genus epidemicus, which could be used therapeutically and

Initially presenting with influenza-like symptoms, these diseases may not be recognized in due time by homeopaths and allopaths alike. Awareness of vectors and their modes of transmission aids in this timely recognition and in the prevention of exposure to arthropods.

prophylactically. In 2001, in the state of São Paulo, one dose of *Eupatorium perfoliatum* 30c was given prophylactically to 40.2% of persons in a specific region, significantly decreasing the number of dengue cases compared to neighbouring regions (Marino, 2008).

Crotalus horridus 30c was selected to target dengue hemorrhagic fever/dengue shock syndrome. It was given in dengue therapy and prophylaxis as part of a successful combination remedy containing also Eupatorium perfoliatum 30c and Phosphorus 30c (Marino 2008; de Souza Nunes 2008), though its specific action is not discernable due to the lack of classical homeopathy (single remedy approach). As dengue is known to cause immunoglobulin E activation, Apis mellifica, treating anaphylaxis, can be considered as single medicine for dengue shock syndrome, which has features of anaphylaxis (Richardson-Boedler 2021).

Yellow fever

Hering used Carbo vegetabilis for yellow fever, as the base medicine, preventively and curatively, in high or repeated low potencies. For example, a patient presenting with bleeding gums on the first day of the illness was cured after taking Carbo vegetabilis 3c every six to eight hours for a few days. The medicine was found valuable during the alarming stage of fatigue and exhaustion, but other medicines could be prescribed for grave symptoms (Hering, 1872). Carbo vegetabilis treated the hemorrhages, with pale face, severe headache and trembling. In the collapse of yellow fever, the remedy indicated coldness (of sweat, face, limbs), stagnating blood in capillaries, cyanosis, torpor, and developing paralysis of heart. The breath, tongue, and knees may be cold (keynote symptoms of the remedy). Carbo vegetabilis has proved effective in similar states of collapse in other infectious diseases, such as typhus, Asiatic cholera, and typhoid (Hering, 1881); it may also be considered for dengue shock syndrome (Richardson-Boedler, 2021), the crisis occurring at the defervescence in louse-and tick-borne relapsing fever, and the Jarisch-Herxheimer reaction arising from the destruction of spirochetes by antibiotics (see under louse-borne diseases).

Chikungunya

The chronic joint pain and severe fatigue of chikungunya were treated in 2015 in Haiti. One dose, 12c, was given daily for one week; a follow-up medicine, if indicated, was given in like manner. A frequently selected initial prescription was *Rhus toxicodendron*, for restlessness, pains worse initial motion, or *Calcarea carbonica*, for chronic states asking for a more constitutional remedy. Frequently given follow-up medicines were *Lycopodium clavatum* and *Calcarea carbonica* (Frye et al., 2019).

Viral and bacterial neuroinvasive disease

For the viral encephalitides and other neuroinvasive diseases, including bacterial diseases, homeopathic remedies include

Veratrum viride, treating acute encephalitis and poliomyelitis with active congestion, arterial excitement, high fever, varying pulse rate, and pain in muscles of nape of neck with difficulty holding up the head. Patients are better lying quietly. Baptisia tinctoria addresses meningitis and encephalitis with adynamic course. Symptoms include fever with delirium of being broken in pieces or of having two selves; stupor: falls asleep on trying to answer¹; dusky congestion to face; stiff, painful nape of neck; restlessness; the bed feels hard (Leeser, 1988). The remedy has treated typhus, malaria, sepsis, epidemic influenza, chronic intestinal toxemia, and the typhoid syndrome. Severe myalgia and putridity are present (Boericke, 1927).

For the arthropod-borne encephalitides and meningoencephalomyelitis causing paralysis, also as sequela, the snake remedy Bungarus fasciatus is suggested, based on toxicological information: The venom used experimentally was highlighted in 1905 as triggering acute polioencephalitis and myelitis with paralysis and atrophy; this implied a homeopathic action in these conditions ("Summary of pharmacodynamics and therapeutics," 1905). Such toxic indications for a remedy are unattainable in Hahnemannian provings but enhance the homeopathic materia materia. This approach to prescribing from pathological/toxicological evidence was espoused by certain homeopaths of the 19th century. The toxic information indicated a "probable homeopathic specific therapeutic application" and was to be followed by clinical confirmation (Drysdale, Dudgeon, Hayward & Hughes, 1884). In 1927, Boericke's therapeutic index listed this snake remedy as the main remedy for poliomyelitis, surpassing Lathyrus and Kali phosphoriucm (Boericke, 1927), and Leeser, decades later, noted that this remedy had been recommended in acute poliomyelitis (Leeser, 1987). The venom was proven in India in 2002 and 2003, yielding symptoms that allowed homeopathic prescribing for drowsiness, photophobia, head pain with involvement of the nape of the neck, heavy feeling in legs, and paralyzed feeling in hands and legs on waking from a nap (Master, 2008).

Plague

In cases of plague, *Tarentula cubensis* treats buboes (pain, burning, purplish discoloration) and septicemia and should/could be considered as a preventive and curative remedy (Boericke, 1927).

Vascular dysfunction

Vascular dysfunction, marked by inflammation, permeability of blood vessels, and hemorrhage, can be induced by, e.g., rickettsial bacteria. Such symptoms, as well as any hemorrhagic manifestations due to arthropod-borne agents, can be addressed by *Crotalus horridus*, bearing Hering's indications in mind: dark, fluid, noncoagulable blood; passive hemorridus,

rhages, such as from mucous membranes, and indicated as penetrating vessel walls; blood oozes from bodily orifices, pores, with black vomit and jaundice (as in yellow fever). Generally, the remedy has treated fevers with hemorrhages, including yellow fever and relapsing fever. It is often indicated when fluid hemorrhages occur in combination with yellow skin (Hering, 1884).

Acute pulmonary and cardiac inflammation

In acute pulmonary and cardiac inflammation, *Veratrum viride* may benefit when congestion is present (Leeser, 1988). This remedy may treat the rapidly fatal pneumonia of plague. During the Spanish influenza (the 1918-1919 pandemic), *Antimonium tartaricum*, *Phosphorus*, and *Veratrum viride* treated cases of fulminant, highly fatal pneumonia (Jahn, 2015). The endocarditis induced by *B.quintana* (the pathogen of trench fever) is chronic and indolent, and remedies other than *Veratrum viride* may be asked for. *Cactus grandiflorus* is more akin to chronic carditis; it indicates a dull, heavy cardiac pain and an edematous tendency (Hering, 1881).



Arthropod-borne infectious diseases can cause life-threatening illnesses and may trigger debilitating sequelae. Homeopathic remedies, such as *Carbo vegetabilis*, *Crotalus horridus*, and *Bungarus fasciatus*, prescribed according to the presenting symptoms, are recommended to avoid a severe or fatal outcome. Initially presenting with influenza-like symptoms, these diseases may not be recognized in due time by homeopaths and allopaths alike. Awareness of vectors and their modes of transmission aids in this timely recognition and in the prevention of exposure to arthropods. Early treatment of influenza-like symptoms with, e.g., *Eupatorium perfoliatum* and *Eucalyptus globulus* can divert the full evolution of the disease.

References

- 1. Badiaga S, Brouqui P. (2012). Human louse-transmitted infectious diseases. *Clin Microbiol Infect* 18:332-7.
- 2. Boericke W. (1927). *Pocket manual of homoeopathic materia medica. 9th ed.* Santa Rosa (CA): Boericke & Tafel.
- 3. Civen R, Ngo V. (2008). Murine typhus: an unrecognized suburban vectorborne disease. *Clin Infect Dis* 46:913-8.
- 4. Clarke JH. (1900). A dictionary of practical materia medica. Vol 1. London: Homoeopathic Publishing Co.
- 5. de Souza Nunes LA. (2008). Contribution of homeopathy to the control of an outbreak of dengue in Macaé, Rio de Janeiro. *Int J High Dilution Res* 7:186-92.
- 6. Dennis DT. (1994). Plague in India. BMJ 309:893-4.
- Drysdale JJ, Dudgeon RE, Hayward JW, Hughes R. (1884). Introduction. In: *Materia medica: physiological and applied. Vol. 1*. Hughes R, editor. London: Trübner. p. vii-xxiv.

¹ Typhus means "smoke" or "stupor" in Greek.

- 8. Ebel GD, Kramer LD. (2004). Short report: duration of tick attachment required for transmission of Powassan virus by deer ticks. *Am J Trop Med Hyg* 71:268–71.
- 9. Frye J, O'Keefe J, Fox L, Manoogian H, Legerme M, Prosper J. (2019). Individualized homeopathy reduces symptoms of chronic chikungunya in Haiti: a pilot data-collection project. *AJHM 112(2)*:30-2.
- Goddard J. (2013). Physician's guide to arthropods of medical importance. 6th ed. Boca Raton (FL): CRC Press.
- 11. Gubler DJ. (1998). Dengue and dengue hemorrhagic fever. *Clin Microbiol Rev* 11:480-96.
- 12. Hahnemann S. (1825). *Reine Arzneimittellehre. Vol 3.* 2nd ed.Dresden (Germany): Arnoldische Buchhandlung, p. 99, 116.
- 13. Hahnemann S. (1830). *Reine Arzneimittellehre. Vol* 1.3rd ed.Dresden (Germany): Arnoldische Buchhandlung. p. 120.
- 14. Hering C. (1872). Yellow-fever. In: *The homoeopathic domestic physician*. New York: Boericke & Tafel. p. 354-60.
- 15. Hering C. (1881). *The guiding symptoms of our materia medica. Vol. 3.* Philadelphia: Estate of Constantine Hering.
- 16. Hering C. (1884). *The guiding symptoms of our materia medica. Vol. 4.* Philadelphia: JM Stoddart..
- 17. Hering C. (1887). *The guiding symptoms of our materia medica. Vol. 5.* Philadelphia:
- 18. Estate of Constantine Hering.
- 19. Hermance ME, Thangamani S. (2017). Powassan virus: an emerging arbovirus of public health concern in North America. *Vector Borne Zoonotic Dis* 17:453-62.
- 20. Houhamdi L, Raoult D. (2005). Excretion of living *Borrelia recurrentis* in feces of infected human body lice. *J Infect Dis 191*:1898-1906.
- 21. Jahn S. (2015). Homeopathy in the 1918 influenza pandemic. *AJHM 108*:160-70.
- 22. Kaaijk P, Luytjes W. (2018). Are we prepared for emerging flaviviruses in Europe? Challenges for vaccination. *Hum Vaccin Immunother* 14:337-44.
- 23. Leeser O. (1987). Tierstoffe. 3rd ed. Heidelberg (Germany): Karl F Haug Verlag. Stübler M, Krug E, editors. Leesers Lehrbuch der Homöopathie; Vol 5. p. 216.
- Leeser O. (1988). Pflanzliche Arzneistoffe II. 2nd ed. Heidelberg (Germany): Karl F Haug Verlag. Stübler M, Krug E, editors. Leesers Lehrbuch der Homöopathie; Vol 4.
- 25. Lindsey NP, Staples JE, Lehman JA, Fischer M. (2010). Surveillance for human West Nile virus disease United States, 1999–2008. *MMWR Surveill Summ* 59(2):1-17.
- Lopes RL, Pinto JR, Silva Junior GBD, Santos AKT, Souza MTO, Daher EF. (2019). Kidney involvement in yellow fever: a review. *Rev Inst Med Trop Sao Paulo* [serial online] 61:e35.

- McDonald E, Martin SW, Landry K, Gould CV, Lehman J, Fischer M, et al. (2019). West Nile virus and other domestic nationally notifiable arboviral diseases—United States, 2018. MMWR Morb Mortal Wkly Rep 68:673-8.
- 28. McQuiston JH, Knights EB, DeMartino PJ, Paparello SF, Nicholson WL, Singleton J, et al. (2010). Brill-Zinsser disease in a patient following infection with sylvatic epidemic typhus associated with flying squirrels. *Clin Infect Dis* 51:712-5.
- 29. Mahesh S, Mallappa M, Vithoulkas G. (2018). Could homeopathy become an alternative therapy in dengue fever? An example of 10 case studies. *J Med Life 11*:75-82
- 30. Marino R. (2008). Homeopathy and collective health: the case of dengue epidemics. *Int J High Dilution Res* 7:179-85.
- 31. Master FJ. (2008). *Snakes to simillimum: demystifying venom*. Assesse (Belgium): B. Jain Archibel. p. 235-78.
- 32. Perry RD, Fetherston JD. (1997). *Yersinia pestis*—etiologic agent of plague. *Clin Microbiol Rev 10*:35-66.
- 33. Raoult D, Roux V. (1999). The body louse as a vector of reemerging human diseases. *Clin Infect Dis* 29:888-911.
- 34. Richardson-Boedler C. (2021). Dengue shock syndrome: its similarity with anaphylaxis and with the homeopathic medicine *Apis mellifica* (European Honeybee). *Homeopathy*; DOI https://doi.org/ 10.1055/s-0041-1734027.
- 35. Roscoe C, Epperly T. (2005). Tick-borne relapsing fever. *Am Fam Physician 72*:2039-44.
- 36. Summary of pharmacodynamics and therapeutics: serpent venom. Action of *Bungarus fasciatus* on the nervous system [editorial]. (1905). *Jour Brit Hom Soc ns* 13:79-80.
- 37. van Erp VMA, Brands M. (1996). Homoeopathic treatment of malaria in Ghana: open study and clinical trial. *Br Homoeopath J* 85:66-70.
- 38. Weaver SC, Charlier C, Vasilakis N, Lecuit M. (2018). Zika, chikungunya, and other emerging vector-borne viral diseases. *Annu Rev Med* 69:395-408.
- 39. Yoshii K, Song JY, Park SB, Yang J, Schmitt HJ. (2017). Tick-borne encephalitis in Japan, Republic of Korea and China. *Emerg Microbes Infect* [serial online] 6(9):e82.

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Can Hypericum Assist with Post-Mastectomy Nerve Pain?

A Discussion on Homeopathy for Pain

By Lauren Speeth, CCH, IHC, RSHom(NA), DMin

Introduction

The World Health Organization named breast cancer the most common cancer globally in 2021 (WHO, 2021). Mastectomies, which are on the rise, can result in persistent nerve pain affecting quality of life. Opioids and gabapentinoids, which are often prescribed in such cases, pose the threat of addiction, toxicity and death by overdose. A gentle, nonaddictive alternative to these medicines would benefit many women and men, especially if they are members of minority groups with a higher risk for such pain (Tait 2020). While the mechanism of action of homeopathic remedies is not fully understood, it is generally accepted that these remedies have a gentle effect while not interfering with other treatments. The homeopathic remedy Hypericum perforatum has over 200 years of case histories and materia medica provings for nerve pain. The flowering herb from which it is derived, also known as St John's Wort, has an even longer history of medicinal use for pain. Yet the potential for *Hypericum* in treating post-mastectomy nerve pain has not, until now, been investigated in a scientific study. I have developed a first pilot study investigating the effect of *Hypericum* on the experience of breast nerve pain in women undergoing surgical mastectomy with immediate breast reconstruction, and would be more than happy to share it if contacted. This paper reviews existing results on the use of *Hypericum* for nerve pain. A protocol is being set in place for a randomized, double-blind, placebo-controlled pilot study to be performed in the near future.

* 00 %

reast cancer, the second most common cancer in women, is a disease of abnormal cell growth located in the breast. Nearly 13 percent of all American women will receive a breast cancer diagnosis in their lifetime. There are over 250 thousand new diagnoses annually in the United States, where over 3.5 million women live with the disease. In 2020 alone, 276,480 women were diagnosed,

comprising 15.3 percent of new U.S. cancer cases (American College of Surgeons' National Cancer Database 2019).

According to Albornoz (2015) and Kummerow (2015), breast cancer patients facing treatment choices are increasingly opting for mastectomy and for immediate reconstruction as well. Mandelbaum et al. confirm this trend in a 2020 study that shows that the rate of immediate breast reconstruction (IBR) following mastectomy increased from 28.2 percent in 2005 to 58.2 percent in 2014. In 2018, over 100,000 reconstructions were performed, with two thirds, or 75,000, performed immediately after mastectomy (American Society of Plastic Surgeons 2018; Steffan et al. 2017).

The material used for reconstruction can be saline, silicone, or the body's own tissue, known as autologous reconstruction. For autologous reconstruction, the Deep Inferior Epigastric Perforators (DIEP) procedure is increasingly popular (Cho et al. 2017), so much so that it has been referred to as the "well established method of choice" (Munder et al. 2020). Nearly 10,000 DIEP procedures were performed in the United States in 2018 alone (American Society of Plastic Surgeons 2018). Where this DIEP procedure is performed, any refinement surgery is offered no earlier than three months after reconstruction (Schmauss et al. 2016).

Although patient quality of life after reconstruction has been shown to be similar to those who do not undergo mastectomies (Hunsinger et al. 2016), patients may experience a loss of sensation (Beugels et al. 2019; Tomita et al. 2011) and nerve pain (Couceiro et al. 2013; Misra et al. 2006). Because the breast is a nerve-rich area (Sarhadi et al. 1996; Schmauss et al. 2016), post-mastectomy pain is a common experience (Tait et al. 2018) that can persist (Wang et al. 2000) and requires treatment.

Post-mastectomy pain syndrome, the diagnostic term for this persistent pain, may affect up to 44.4 percent of patients and

appears especially prevalent in women under age 50 or with a history of headache (Couceiro et al. 2014). Current treatment options for pain following mastectomy or reconstruction include opioids, which present a serious risk of addiction, toxicity and death by overdose (Phillips & Krausz 2018), and gabapentinoids, which target neuropathic pain and are associated with dependence, addiction and withdrawal (Mersfelder & Nichols 2016; Evoy et al. 2019).

Position of the problem

Homeopaths have found Hypericum perforatum useful for

the treatment of nerve pain (Boericke 1926; Clarke 2005; Morrison 1993; Murphy 2001; Phatak 1999). However, *Hypericum* has been the subject of relatively little scientific study as compared with *Arnica montana*, another remedy for pain and bruising, though *Hypericum* is arguably

Current treatment options for pain following mastectomy or reconstruction include opioids, which present a serious risk of addiction, toxicity and death by overdose.

superior for nerve damage (Bendre & Dharmadhikari 1980). It is an agreed remedy of choice where nerve pain is sharp and shooting (Morrison 1993), the sort of pain found after mastectomy and reconstruction to the nerve-rich area of the breast (Couceiro et al. 2014).

The research problem of this study can be stated as: "Does the homeopathic remedy *Hypericum perforatum* have any effect on the nerve pain of women who have undergone surgical mastectomy with Immediate Breast Reconstruction (IBR)?" The null and alternative hypotheses can be phrased as follows:

H0 There is no significantly measurable difference between post-IBR nerve pain of women treated with homeopathic *Hypericum* and patients receiving placebo.

H1 Post-IBR nerve pain of women treated with homeopathic *Hypericum* is significantly different (P>.05) from that of patients receiving placebo.

Theoretical discussion

Homeopathy is a form of complementary or alternative medicine supported by a body of homeopathic literature and 200 years of successful practice. Homeopathic remedies are prepared through a series of dilutions and succussions. Though the mechanism of action is not fully understood, the resulting remedies do work, are gentle (Hahnemann 1982), non-addictive and well tolerated (Griffith 2010) by most people.

Hypericum perforatum is derived from St. John's Wort (SJW), an herb that has been used for thousands of years for depression and pain (Istikoglou 2010; Vorbach et al. 2000). Scientific studies on SJW have demonstrated its ability to lower pain and facilitate wound healing (Samadhi et al. 2010; Altan

et al. 2018). Researchers have noted it for opioid-related antinociception (Galeotti et al. 2010), reduced hypersensitivity in mice (Galeotti & Ghelardini 2013), and potentiation of morphine analgesia in humans (Galeotti et al. 2014). The herb in ointment has also been shown as helpful in a tripleblind, randomized controlled study on post-episiotomy pain reduction (Vakili et al. 2018). Herbal remedies can at times interfere with medical treatment, and SJW can pose safety issues (Rätz et al. 2001), so its use is often discouraged by medical oncologists and surgeons. However, *Hypericum* does not pose this problem. A Dutch study (Baede-van Dijk et al.

2000) has noted that "Registered homeopathic preparations with a dilution of 1 in 10,000 or weaker may be regarded as safe."

There is a body of literature on the efficacy of the medicinal herb St. John's Wort for pain. There is also evidence of

Hypericum's efficacy for nerve pain, including post-mastectomy nerve pain (Murphy 2001), in the Homeopathic Materia Medica and in 200 years of successful homeopathic practice. As said above, there is a paucity of studies on the use of Hypericum for post-mastectomy pain, and very few scientific studies on the use of either Hypericum alone or in combination (e.g., with Arnica) for other conditions. Those few studies that do exist do not offer conclusive evidence regarding the usefulness of Hypericum for pain.

The use of *Hypericum* for nerve damage and nerve pain is consistently supported in the homeopathic medical literature (Boericke 1926; Clarke 2005; Morrison 1993; Murphy 2001; Phatak 1999). For example, Phatak (p. 357) noted that *Hypericum* is "an excellent remedy for injury to parts rich in sentient nerves." *Hypericum* is also indicated for breast affections (Clarke 2005), and in nerve pain after mastectomy (Murphy 2001). Morrison (p.187) noted a hallmark of "sharp, shooting pain."

A PubMed database search using the terms "(homeopath*) and (hypericum) and (trial)" yielded 10 results, five offering free, full text: one bibliography, one study protocol, one systematic review, and two studies involving polypharmacy at near-material doses. A search of The Cochrane Library for "(hypericum) not (depression)," yielded seven studies. Google Scholar was also consulted. In total, 10 relevant results were obtained: one systematic review (Raak et al. 2012), one study protocol (Raak et al. 2018), six clinical trials, and a case report. By comparison, a PubMed search on "(opioid or gabapentin) and nerve pain" yielded 8,163 results. Table 1 presents a summary of results by search engine; Table 2 shows details of eight trials performed with Hypericum and other homeopathic remedies. See Table 1.

Table 1. Search Results

Database	Search Terms	Results
PubMed	homeopath* and <i>hypericum</i> and trial	10
RSM	homeopath* hypericum	31
Cochrane Library	homeopathic <i>hypericum</i> pain	7
Google Scholar Advanced Search	hypericum perforatum homeopath* pain randomized trial -depression -topical -review	24

Table 2. Clinical Trials with Hypericum and other homeopathic remedies

Author / Date / Publication	Title	Method/ Type	Condition	Remedy/ Potency	Control Group	Results	Aspect Studied
Assiri et al. 2017. Complementary Therapies in Medicine	Hypericum perforatum (St. John's Wort) as a Possible Therapeutic Alternative for the Management of Trigeminal Neuralgia (TN) - A case report.	Case Study	Trige-minal neur-algia	Hyper five pellets 6c TID three days, then 200CK three pellets BID three days, then back to five pellets 6c TID	N/A	Hyper resolved "excruciating sharp shooting electrical pain lasting for 5–10 s triggered by oral activity"	Pain
Mohammadi et al. 2012. Homeopathy	Homeopathic Treatment for Peripheral Nerve Regeneration: An Experimental Study in a Rat Sciatic Nerve Transection Model	Experimental -Rat Sciatic Nerve Trans- section Model	Regeneration of Rat Sciatic Nerve	Hyper 30c oral BID x 7	Yes	"Hypericum improves functional recovery of peripheral nerve regeneration in rats."	Nerve regeneration
Nath et al. 2019. Indian Journal of Research in Homoeopathy	The Role of Homoeopathic Treatment in Women Suffering from Post-Caesarean Backache: An Open Observational Clinical Trial	Observational One-armed Open Clinical Trial of Individualized Homoeopathy	Post-Caesarean Backache	Hyper plus 12 other remedies	No	Statistically significant improvement after homeopathic treatment (<i>Hyper</i> not separated out)	General efficacy of ho- meo-pathic treat-ment
Raak et al. 2012. Homeopathy	A Systematic Review and Meta- Analysis on the Use of <i>Hypericum</i> <i>Perforatum</i> (St. John's Wort) for Pain Conditions in Dental Practice	Systematic Review	Dental pain	Hyper (various – this is a systemic review)	N/A	"Hypericum is the most frequently mentioned homeopathic remedy for pain"	Litera-ture Review
Raak et al. 2018. Trials	Hypericum Perforatum to Improve Post-Operative Pain Outcome after Monosegmental Spinal Microdiscectomy (HYPOS): A Study Protocol for a Randomised, Double- Blind, Placebo-Controlled Trial.	Experimental Protocol for Randomized, Double Blind, Placebo Controlled Study	Lumbar Spine Microdisc- ectomy	Hyper C200	N/A	N/A – Study Protocol	Pain
Raak et al. 2020 Homeopathy	Hypericum Perfonatum to Improve Post-Operative Pain Outcome After Lumbar Mono-segmental Spinal Microdiscectomy (HYPOS) — Preliminary Results of a Randomized Controlled Trial.	Moncentric, Randomized, Double-blind, Placebo- Controlled Trial using a quantitative measure analyzing a subjective measure (pain)	Lumbar Spine Microdisc- ectomy	Hyper C200	Yes – placebo control	No observed effect from preliminary results	Pain
Reddy & Basavaraj 2020. International Journal of Complementary and Alternative Medicine	Efficacy of Homoeopathic Medicines in Chronic Low Back Pain: A Clinical Study	Observational One-armed Open Clinical Trial: Individualized Homoeopathy	Low Back Pain	Hyper and other remedies	No	Reduction in back pain after homeopathic treatment (effects of <i>Hyper</i> not specifically noted)	Efficacy of homeo-pathic treat-ment
Sangaonkar et al. 2020. Journal of Dental Research and Review	Effectiveness of Carpal Tunnel Syndrome Management by the Combination of Physiotherapy and Homeopathic Remedies as Compared to Physiotherapy Treatment Alone: A Clinical Study	Observational Two armed, open, clinical trial	Carpal Tunnel Syn-drome	Hyper (4 pills once daily, before breakfast) potency not named	Yes	No observed effect	Carpal tunnel symptoms

Two studies on animals demonstrated a beneficial effect of *Hypericum* on nerve regeneration. (See Table 2). In the first, Mohammadi et al. (2012) dissected the sciatic nerves of White Wistar rats, adding a sham operation as a negative control. Rats whose sciatic nerves were transected had both ends placed into a silicone tube. Of these, half were given *Hypericum* 30c twice daily orally for one full week. Results were analyzed at four, eight, and twelve weeks post-procedure. The group with the verum demonstrated significantly (P < .05) improved regeneration. In the second animal study, Atlan et al. (2018) measured the effect of topical *Hypericum* on the healing of the surgical wounds of diabetic rats on the 3rd, 7th and 10th day post-procedure, noting a significant (P < .05) benefit on the 7th and 10th days.

In humans, there was a single case report (Assiri et al. 2017) suggesting *Hypericum's* action on trigeminal neuralgic pain. In the case report, a woman's sharp, shooting oral pain was fully resolved with a regimen of five pellets of *Hypericum* 6c three times a day for three days, followed by three pellets of *Hypericum* 200KC twice a day for three days, then returning to the original dose.

There were three studies on *Hypericum* for back pain. The first two used individualized, classical homeopathy. The first trial

by Nath et al. (2019) focused on post-caesarian back pain using 12 remedies. In a sample size of 50, only one subject was prescribed *Hypericum*. Homeopathic treatment was found to have general benefit, but nothing can be extrapolated from the singular case

where *Hypericum* was prescribed. The second trial, by Reddy & Basavaraj (2000), focused on low back pain in subjects ages 25 to 65. In this six-month study which included 10 remedies, *Hypericum* was prescribed 17 percent of the time, and it was found to be beneficial. Both regression towards the mean and the placebo effect could also have influenced the results of these two studies. A third study of Hypericum at 200c potency on post-surgical back pain (Raak et al. 2020) had so far shown no significant results and was awaiting final results as of the time of this writing. It is possible that the method of administering three globules of *Hypericum* orally 200c BID for five days and measuring at three to five postoperative days did not allow the Hypericum sufficient time to act. In addition, measuring during these first few days of recovery, there may have been so much pain, and by extension so many pain killers, that the effect of *Hypericum* could have been masked.

There was also a single, unblinded study (Sangaonkar et al. 2020) on *Hypericum* combined with physical therapy for carpal tunnel syndrome. The potency was not noted, and the study, being completely unblinded and without a control

group, can be faulted as susceptible to both potential practitioner and participant bias. Because of these flaws, the fact that this researcher discerned no benefit cannot be said to detract from *Hypericum's* potential usefulness.

Most of the remaining studies found on *Hypericum* came from the field of dentistry. A systemic review by Raak et al. (2012) focusing on *Hypericum* in dental practice noted it as "the most frequently mentioned homeopathic remedy for pain" in dentistry. The review examined four studies that blended *Hypericum* with *Arnica*, finding that two (Albertini et al. 1984, Bendre & Dharmadhikari 1980) showed pain reduction, and two (Lokken et al. 1995; Rafai et al. 2004) did not.

Though no studies were found on *Hypericum* after mastectomy, a study by Al-Akoum et al. (2009) studied its usefulness for hot flashes in perimenopausal breast cancer survivors. Though this study made no mention of any effect from *Hypericum* on breast pain, it concluded tentatively that *Hypericum* may improve quality of life.

None of the *Hypericum* studies used a high potency pre-surgical dose followed by a low potency, post-surgical application, though such a potency combination is offered for homeopathic *Arnica* in the blister packed product SinEcchtm

Hypericum perforatum has over 200

years of case histories and materia

medica provings for nerve pain.

history of medicinal use for pain.

by Alpine Pharmaceuticals for post-surgical bruising. The product has been shown to have measurable results in at least three scientific studies. In the first, Drs. Totonchi and Guyuron (2007) found it compared favorably against both placebo and also steroid

treatment after rhinoplasty. Another randomized, prospective, double blind, placebo controlled trial had been conducted by Michael Kulick (2002). Presenting his findings at the Research and Innovative Technology Scientific Session of the American Society for Aesthetic Plastic Surgery, he noted SinEcchtm provided a highly statistically significant improvement in both ecchymosis and edema over placebo after liposuction. In a third study, conducted at UCSF, SinEcchtm was shown to be of similar use after facelifts (Seeley et al. 2006). All three studies used the standardized SinEcchtm blisterpack, which comprised capsules for one day of *Arnica* 1M followed by 12c capsules to be taken over subsequent days.

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The paucity of robust research data on nerve pain for *Hypericum* as compared against studies on opioids and gabapentinoids, as well as *Hypericum's* strong place in the homeopathic literature and practice as a remedy of choice for nerve pain including post-mastectomy pain, call for further scientific study. Demonstrating *Hypericum's* safety and efficacy for mas-

tectomy/IBR pain could benefit many people. In addition to the patients whose lives could be improved if *Hypericum* were more widely used, the homeopathic community could benefit as well. Homeopathic clinical trials in surgical settings, which have primarily focused on *Arnica*, have often come under criticism for a variety of methodological flaws (e.g., Ernst & Pittler 1998). A methodologically sound study on *Hypericum*, could help bolster the possibility of greater acceptance for the art and science of homeopathy itself.

My hope is that with this paper, and with the protocol I will freely share, interested researchers may be prompted to pursue this promising area within homeopathy.

References

- A-Akoum, M., Maunsell, E., Verreault, R., Provencher, L., Otis, H. & Dodin. S., 2009. Effects of *Hypericum Perforatum* (St. John's Wort) on Hot Flashes and Quality of Life in Perimenopausal Women: a Randomized Pilot Trial. *Menopause* 16 (2), 307-14.
- American College of Surgeons, 2017. National Cancer Data Base Public Benchmark Reports. *National Cancer Database*. https://www.facs.org/quality-programs/cancer/ncdb. [Accessed 4 June 2021].
- American Society of Plastic Surgeons, 2018. 2018 Plastic Surgery Statistics Report. https://www.plasticsurgery.org/documents/News/Statistics/2018/plastic-surgery-statistics-full-report-2018.pdf. [Accessed 4 June 2021].
- Assiri, K., Alyami, Y., Uyanik, J.M., Romero-Reyes, M., 2017. Hypericum Perforatum (St. John's Wort) as a Possible Therapeutic Alternative for the Management of Trigeminal Neuralgia (TN)—A case report. Complementary Therapies in Medicine 30, 36-39.
- Albertini, H., Goldberg, W., Sanguy, B. & Toulza, C.L., 1985. Homeopathic Treatment of Dental Neuralgia by Arnica and Hypericum. Journal of the American Institute of Homeopathy 3, 126e129.
- Albornoz, C.R., Matros, E., Lee, C.N., Hudis, C.A., Pusic, A.L., Elkin, E., Bach, P.B., Cordeiro, P.G. & Morrow, M., 2015. Bilateral Mastectomy versus Breast-Conserving Surgery for Early-Stage Breast Cancer: The Role of Breast Reconstruction. Plastic and Reconstructive Surgery 135 (6), 1518-26.
- Altan, A., Aras, M.H., Damlar, İ., Gökçe, H., Özcan, O. & Alpaslan, C., 2018. The Effect of *Hypericum Per-foratum* on Wound Healing of Oral Mucosa in Diabetic Rats. European Oral Research 52 (3), 143-149.
- 8. Baede-van Dijk, P.A., van Galen, E. & Lekkerkerker, J.F., 2000. Combinaties van *Hypericum Perforatum* (Sint-Janskruid) Met Andere Geneesmiddelen Risicovol [Drug interactions of *Hypericum Perforatum* (St. John's Wort) are Potentially Hazardous]. *Nederlands Tijdschrift Voor Geneeskunde* 144 (17), 811-2. Dutch.

- 9. Bendre, W. & Dharmadhikari, S.D., 1980. *Arnica Montana* and *Hypericum* in Dental Practice. *Hahnemann Gleanings* 47, 70-72.
- Beugels, J., Cornelissen, A.J.M., van Kuijk, S.M.J., Lataster, A., Heuts, E.M., Piatkowski, A., Spiegel, A.J., van der Hulst, R.R.W.J. & Tuinder, S.M.H., 2019. Sensory Recovery of the Breast following Innervated and Noninnervated DIEP Flap Breast Reconstruction. Plastic and Reconstructive Surgery 144 (2), 178e-188e.
- 11. Boericke, W., 1926. *Materia Medica with Repertory*. 9th ed. New Delhi: Homeopathic Publications.
- 12. Borm. G.F., Fransen, J. & Lemmens, W.A., 2007 A Simple Sample Size Formula for Analysis of Covariance in Randomized Clinical Trials. *Journal of Clinical Epidemiology* 60 (12), 1234–1238. Clarke, 2005. *A Dictionary of Practical Materia Medica [3 Volume Set]*. New Delhi: B. Jain Books.
- 13. Cho, M.J., Teotia, S.S. & Haddock, N.T., 2017. Predictors, Classification, and Management of Umbilical Complications in DIEP Flap Breast Reconstruction. *Plastic and Reconstructive Surgery*. 140 (1), 11-18.
- 14. Cochrane Library, 2021. *Cochrane Central Register of Controlled Trials (CENTRAL)* [online], Hoboken: John Wiley & Sons. Available from https://www.cochranelibrary.com/central [Accessed 4 June 2021].
- Couceiro, T.C., Valença, M.M., Raposo, M.C., Orange, F.A. & Amorim, M.M. 2013. Prevalence of Post-Mastectomy Pain Syndrome and Associated Risk Factors: A Cross-Sectional Cohort Study. *Pain Management in Nursing* 15 (4), 731-7.
- Duggal, C.S., Grudziak, J., Metcalfe, D.B., Carlson, G.W. & Losken, A., 2013. The Effects of Breast Size in Unilateral Postmastectomy Breast Reconstruction. *Annals of Plastic Surgery* 70 (5), 506-12.
- 17. Ernst, E. & Pittler, M.H., 1998. Efficacy of Homeopathic Arnica: A Systematic Review of Placebo-Controlled Clinical Trials. *Archives of Surgery* 133(11), 1187-90.
- 18. Evoy, K.E., Covvey, J.R., Peckham, A.M., Ochs, L. & Hultgren, K.E., 2019. Reports of Gabapentin and Pregabalin Abuse, Misuse, Dependence, or Overdose: An Analysis of the Food and Drug Administration Adverse Events Reporting System (FAERS). *Research in Social and Administrative Pharmacy* 15 (8), 953-958.
- Galeotti, N., Farzad, M., Bianchi, E., Ghelardini, C., 2014. PKC-mediated Potentiation of Morphine Analgesia by St. John's Wort in Rodents and Humans. *Jour*nal of Pharmacological Science 124 (4), 409-17.
- Galeotti, N. & Ghelardini, C., 2013. St. John's Wort Relieves Pain in An Animal Model of Migraine. *European Journal of Pain* 17 (3), 369-81.
- 21. Galeotti, N., Vivoli, E., Bilia, A.R., Bergonzi, M.C., Bartolini, A., Ghelardini, C., 2010. A Prolonged Protein Kinase C-Mediated, Opioid-Related Antinocicep-

- tive Effect of St. John's Wort in Mice. *Pain* 11 (2), 149-59.
- Ghosh, S., Panja, S., Ghosh, T, Sharma, P., Sarkar, P., Koley, M., Saha, S., 2014. Dental Practice Scenario in a Government Homeopathic Hospital in West Bengal, India. *Journal of Evidence-Based Complementary & Alternative Medicine* 19 (3), 200-204
- 23. Grady, C., 2005. Payment of Clinical Research Subjects. *Journal of Clinical Investigation* 115 (7), 1681-1687
- 24. Griffith, C., 2010. *The Companion to Homoeopathy, The Practitioner's Guide*. London: Watkins.
- Hunsinger V, Hivelin M, Derder M, Klein D, Velten M, Lantieri L., 2016. Long-Term Follow-Up of Quality of Life following DIEP Flap Breast Reconstruction. Plastic and Reconstructive Surgery 137 (5), 1361-71.
- Istikoglou, C.I., Mavreas, V., Geroulanos, G., 2010. History and Therapeutic Properties of Hypericum Perforatum from Antiquity until Today. Psychiatriki 21 (4).
- 27. Kulick, M., 2002. Arnica Montana, Role in Reducing Bruising and Swelling: Fact or Fiction? American Society for Aesthetic Plastic Surgery, Las Vegas, Nevada, April 2002.
- Kummerow, K.L., Du, L., Penson, D.F., Shyr, Y. & Hooks, M.A., 2015. Nationwide Trends in Mastectomy for Early-Stage Breast Cancer. *JAMA Surgery* 150 (1), 9-16.
- 29. Künzli, J., Naude, A. & Pendleton, P., eds., O'Reilly, W., ed., 1982. Organon of Medicine by Dr. Samuel Hahnemann; The First Integral English Translation of the Definitive Sixth Edition of the Original Work on Homeopathic Medicine. Blaine: Cooper Publishing.
- Lokken, P. Straumsheim, P.A., Tveiten, D., Skjelbred, P. & Borchgrevink, C.F., 1995. Effect of Homoeopathy on Pain and Other Events after Acute Trauma: Placebo Controlled Trial with Bilateral Oral Surgery. *BMJ* 310 (6992), 1439-1442.
- 31. Lotan, A.M., Gronovich, Y., Lysy, I. et al., Binenboym, R., Eizenman, N., Stuchiner, B., Goldstein, O., Babai, P. & Oberbaum, M., 2020. Arnica montana and Bellis perennis for Seroma Reduction Following Mastectomy and Immediate Breast Reconstruction: Randomized, Double-Blind, Placebo- Controlled Trial. *European Journal of Plastic Surgery* 43, 285–294.
- 32. Mandelbaum, A.D., Thompson, C.K., Attai, D.J., Baker, J.L., Slack, G., DiNome, M.L., Benharash, P., Lee, M.K., 2020. National Trends in Immediate Breast Reconstruction: An Analysis of Implant-Based Versus Autologous Reconstruction After Mastectomy. Annals of Surgical Oncology 27 (12), 4777-4785.
- 33. Mersfelder, T.L. & Nichols, W.H., 2016. Gabapentin: Abuse, Dependence, and Withdrawal. *Annals of Pharmacotherapy* 50 (3), 229-33.
- 34. Miller, A.M., Steiner, C.A., Barrett, M.L., Fingar, K.R. & Elixhauser, A., 2017. Statistical Brief #228: Breast

- Reconstruction Surgery for Mastectomy in Hospital Inpatient and Ambulatory Settings, 2009–2014. *United States Agency for Healthcare Research and Quality Healthcare Cost and Utilization Project*, 1-20.
- 35. Misra, A., Chester, D. & Park, A., 2006. A Comparison of Postoperative Pain Between DIEP and Extended Latissimus Dorsi Flaps in Breast Reconstruction. *Plastic and Reconstructive Surgery* 117 (4),1108-12.
- Mohammadi, R., Amini, K., Charehsaz, S., 2012. Homeopathic Treatment for Peripheral Nerve Regeneration: An Experimental Study in a Rat Sciatic Nerve Transection Model. *Homeopathy* 101 (3), 141-6.
- 37. Morrison, R., 1993. *Desktop Guide to Keynotes and Confirmatory Symptoms*. Grass Valley: Hahnemann Clinic Publishing.
- 38. Munder, B., Andree, C., Witzel, C., Fertsch, S., Stambera, P., Schulz, T., Fleischer, O., Hagouan, M., Grüter, L., Aufmesser, B., Staemmler, K., Kornetka, J., Aldeeri, M., Seidenstücker, K., Abu-Ghazaleh, A. & Wolter, A., 2020. The DIEP Flap as Well-established Method of Choice for Autologous Breast Reconstruction with a Low Complication Rate Retrospective Single-Centre 10-Year Experience. *Geburtshilfe Frauenheilkunde* 80 (6), 628-638.
- 39. Murphy, R., 2001, *Homeopathic Remedy Guide*. Kandern: Narayana Verlag.
- 40. Murthy, V.H., Krumholz, H.M. & Gross, C.P., 2004. Participation in Cancer Clinical Trials: Race-, Sex-, and Age-Based Disparities. *JAMA* 291 (22), 2720-6.
- 41. Nath, A., De, M., Singh, S., Kundu, N., Michael, J., Sadhukhan, S., Kumar, D., Koley, M., Saha, S., 2019. The Role of Homoeopathic Treatment in Women Suffering from Post-Caesarean Backache: An Open Observational Clinical Trial. *Indian Journal of Research in Homoeopathy* 13, 81-90.
- 42. National Library of Medicine, 2020. *PubMed* [online]. Bethesda: National Center for Biotechnology Information at the National Library of Medicine at the National Institute of Health. Available from https://pubmed.ncbi.nlm.nih.gov/ [Accessed 4 June 2021].
- 43. Phatak, S.R., 1999. Materia Medica of Homeopathic Medicines, Second Edition. New Delhi: Jain Publishers.
- 44. Phillips, A.G. & Krausz, M.R., 2018. Utilizing Resources of Neuropsychopharmacology to Address the Opioid Overdose Crisis. *Neuropsychopharmacology Reports* 38 (3), 100-104.
- 45. Raak, C., Büssing, A., Gassmann, G., Boehm, K. & Ostermann, T., 2012. A Systematic Review and Meta-Analysis on the Use of *Hypericum Perforatum* (St. John's Wort) for Pain Conditions in Dental Practice. *Home-opathy* 101 (4), 204-10.
- 46. Raak, C., Ostermann, T., Berger, B., Martin, D., Krüger, P., Geissen, R. & Scharbrodt, W., 2020. *Hypericum Perforatum* to Improve Post-Operative Pain Out-

- come After Lumbar Mono-segmental Spinal Microdiscectomy (HYPOS) Preliminary Results of a Randomized Controlled Trial. *Homeopathy* 109 (01), A1-A28.
- 47. Raak, C., Scharbrodt, W., Berger, B., Büssing, A., Geißen, R. & Ostermann, T., 2018. Hypericum Perforatum to Improve Post-Operative Pain Outcome after Monosegmental Spinal Microdiscectomy (HYPOS): A Study Protocol for a Randomised, Double-Blind, Placebo-Controlled Trial. Trials 19, 253.
- 48. Rafai, N., Ludtke, R., Riediger, D., 2004. Recovery after Third Molar Surgery—Are Homoeopathic Arnica and *Hypericum Perforatum* Effective? Focus on Alternative and Complementary Therapies 9 (S1), 41-42.
- 49. Reddy, S., and Basavaraj, S., 2020. Efficacy of Homoeopathic Medicines in Chronic Low Back Pain: A Clinical Study. *International Journal of Complementary and Alternative Medicine* 1 (1), 17-20.
- Samadhi, S., Khadivzadeh, T., Emami, A., Moosavi, N., Tafaghodi, M., Behnam, H., 2010. The Effect of Hypericum Perforatum on the Wound Healing and Scar of Cesarean. The Journal of Alternative and Complementary Medicine 16 (1), 113-117.
- 51. Sangaonkar, M., Palekar, T., Choudhari, G., Vidyapeeth, P., Patil, D., 2020. Effectiveness of Carpal Tunnel Syndrome Management by the Combination of Physiotherapy and Homeopathic Remedies as Compared to Physiotherapy Treatment Alone: A Clinical Study. *Journal of Dental Research and Review*, 7 (1), S88-S90.
- 52. Sarhadi, N.S., Shaw Dunn, J., Lee, F.D. & Soutar, D.S., 1996. An Anatomical Study of the Nerve Supply of the Breast, Including the Nipple and Areola. *British Journal of Plastic Surgery* (49) 3, 156-164.
- Schmauss, D., Machens, H.G., and Harder, Y., 2016.
 Breast Reconstruction after Mastectomy. Frontiers in Surgery 2, 71.
- Seeley, B.M., Denton, A.B., Ahn, M.S., Maas, C.S., 2006. Effect of Homeopathic Arnica Montana on Bruising in Face-Lifts: Results of a Randomized, Double-Blind, Placebo-Controlled Clinical Trial. Archives of Facial Plastic Surgery 8 (1), 54-9.
- Seidenstuecker, K., Munder, B., Mahajan, A.L., Richrath, P., Behrendt, P. & Andree, C., 2011. Morbidity of Microsurgical Breast Reconstruction in Patients with Comorbid Conditions. Plast Reconstr Surg. Mar;127 (3), 1086-92.
- 56. Smith, K.B. & Smith, M.S., 2016. Obesity Statistics. *Primary Care* 43 (1), 121-35.
- 57. Steele, S.R., Arshad, S., Bush, R., Dasani, S., Cologne, K., Bleier, J.I.S., Raphaeli, T. & Kelz, R.R., 2015. Social Media is a Necessary Component of Surgery Practice. *Surgery* 158 (3), 857-862.
- Stepanikova, I. & Oates, G.R., 2017. Perceived Discrimination and Privilege in Health Care: The Role of Socioeconomic Status and Race. *American Journal of Preventative Medicine*. 52 (1S1), S86-S94.

- Sung, Y.T. & Wu, J.S., 2018. The Visual Analogue Scale for Rating, Ranking and Paired-Comparison (VAS-RRP): A New Technique for Psychological Measurement. *Behavior Research Methods* 50 (4), 1694-1715.
- Tait, R.C., Zoberi, K., Ferguson, M., Levenhagen, K., Luebbert, R.A., Rowland, K., Salsich, G.B. & Herndon, C., 2018. Persistent Post-Mastectomy Pain: Risk Factors and Current Approaches to Treatment. *Journal* of Pain 19 (12), 1367-1383.
- 61. Thong, I.S.K., Jensen, M.P., Mir," J. & Tan, G., 2018. The Validity of Pain Intensity Measures: What do the NRS, VAS, VRS, and FPS-R Measure? *Scandinavian Journal of Pain* 18 (1), 99-107.
- 62. Tomita, K., Yano, K. & Hosokawa, K., 2011. Recovery of Sensation in Immediate Breast Reconstruction with Latissimus Dorsi Myocutaneous Flaps after Breast-Conservative Surgery and Skin-Sparing Mastectomy. *Annals of Plastic Surgery* 66 (4), 334-8.
- 63. Totonchi, A. & Guyuron, B., 2007. A Randomized, Controlled Comparison between Arnica and Steroids in the Management of Postrhinoplasty Ecchymosis and Edema. *Plastic and Reconstructive Surgery* 120 (1), 271-274.
- 64. Vakili, F., Mirmohammadaliei, M., Montazeri, A., Farokhi, M. & Minaee, M.B., 2018. Impact of *Hypericum Perforatum* Ointment on Perineal Pain Intensity Following Episiotomy: A Randomized Placebo-Controlled Trial. Journal of Caring Sciences 7 (4), 205-211.
- 65. Vorbach, E.U., Arnoldt, K.H. & Wolpert, E., 2000. St John's Wort: a Potential Therapy for Elderly Depressed Patients? *Drugs & Aging*. 16 (3), 189-97.
- Wang, K., Yee, C., Tam, S., Drost, L., Chan, S., Zaki, P., Rico, V., Ariello, K., Dasios, M., Lam, H., DeAngelis, C. & Chow, E. 2018. Prevalence of Pain in Patients with Breast Cancer Post-Treatment: A systematic review. *Breast* 42, 113-127.
- 67. Weissler, E.H., Lamelas, A., Massenburg, B.B., Taub, P.J., 2017. Preoperative Breast Size Affects Reconstruction Status Following Mastectomy. *Breast Journal* 23 (6), 706-712.
- 68. World Health Organization, 2021. Breast Cancer Now Most Common Form of Cancer: WHO Taking Action. *Departmental News.* World Health Organization. https://www.who.int/news/item/03-02-2021-breast-cancer-now-most-common-form-of-cancer-who-taking-action [Accessed 4 June 2021].

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Deadly Seeds Within: Ricin Poisoning and Homeopathy

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Abstract

This paper introduces the standard medical diagnosis and treatment of ricin poisoning (RP), specifically using eight cases reported in the medical literature. The SARS CoV-2 2019/COVID 19 pandemic has raised every nation's awareness of potential biological and chemical agents of terrorism. A well-known but less commonly encountered agent of biochemical use is ricin, which comes from the castor bean. In this paper we provide a brief historical review of ricin use and then focus on the symptomatology of ricin poisoning. We then discuss the potential role of using individualized homeopathic care in cases of ricin poisoning.

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wo days after being stabbed with what appeared to be a simple ink pen, a spy develops a high fever, twitching, contracting muscles, profuse rice water stools and becomes obtunded and somnolent, before total cardiovascular collapse and death. A prominent politician opens a letter to find a white powdery substance, and immediately, federal agents begin an investigation of an assassination attempt by bio-terrorists. These stories may lead people to think about ricin, the plant alkaloid poison derived from the castor bean plant, which grows like a weed on most every continent in the world. Although there are occasional high profile cases involving ricin injection or inhalation, much more frequent are ingestion poisonings which occur accidentally or intentionally. This paper will introduce the castor bean plant and ricin, present the exposure routes and symptoms of classic ricin poisoning (RP), discuss deaths

and bio-terrorism related to RP, share current methods to diagnose and treat RP, and finally, end with a presentation of the top 10 homeopathic remedies that could be beneficial in treating classic RP.

The hypothesis is that those potentially poisoned by ricin can be treated with homeopathic medicines, which could antidote the potentially lethal poison. If this knowledge becomes available to the health community, various government agencies, and the general public, then acutely poisoned and at risk-individuals may not have to suffer or die prematurely. It is practically important to make consumers aware of homeopathic use in accidental ricin poisoning.

The castor bean plant, or the "castor oil plant," by which it is sometimes referred, is an ornamental annual or perennial, depending on climate, which is widespread on every continent except Antarctica (Halpern 2003). *Ricinus communis* is the scientific name for the castor bean plant and is a member of the Euphorbiaceae or spurge family, which is used commercially for castor oil production from the seeds of the plant (Doan 2004; Thornton, Darracq, Lo & Cantrell 2014). Inside the bean (fruit), there are approximately three seeds that are oblong and light brown, mottled with brown spots. Castor beans yield bland oil weak in acrid properties when it is cold drawn, and a more powerful oil when heated and boiled by decoction (Clarke n.d.). Ricin toxin is contained in the

Neurological symptoms may accompany all routes of contact in various degrees: fever, disorientation, drowsiness, confusion, light-headedness, somnolence, constricted pupils, dilated pupils, blurry vision, muscle cramps, hypertonic muscles.

substance, which is left over, the 'meal' or 'cake', after the oil has been extracted from the seeds. If properly prepared, the oil itself should contain no ricin (Clarke n.d.). Although there is no officially established medical use for castor oil in humans (Pamplona-Roger,1994), it is commonly given orally for its laxative effects (Doan 2004; Clarke n.d.), as a topical anti-inflammatory, as a topical carrier for Lugol Solution and various botanicals, and as eye drops for dry eyes (author experience). The oil has anti fungal properties and its extract undecylenic acid is anti fungal and used in topical antifungal preparations (author experience). Over the years, the castor bean plant has been advocated for various other medicinal purposes:

laxative effects, stimulation or initiation of childbirth labor contractions, promotion of lactation, treatment of afterbirth pains, and cases of puerperal or childbed fever (Clarke n.d.). In fact, homeopaths like Constantine Hering noted that when castor oil was used, puerperal fever became less frequent in confined mothers (Clarke n.d.). Non-medicinal uses for castor oil include lubrication oil in jet engines, in high-speed cars, and in industrial ma-

chinery, and it is also present in various paints and varnishes as an added ingredient (Mercola n.d.). The oil was also used in World War I for its anti-freeze properties, since it could withstand cold temperatures without freezing (Mercola n.d.).

Ricin is a powerful cell-toxic protein that is either cold or heat extracted from the seeds of the castor bean plant, as described above (Dong et al. 2014). It is akin to other food-related toxins like the glycoalkaloids in potato tubers and leaves, or the poisonous fungus compound aflatoxin (Rasooly, He & Friedman 2012; Friedman & Rasooly 2013). Ricin consists of 2twochains: Ricin Toxin A and Ricin Toxin B. Toxin B causes the cell wall to be breached, and Toxin A causes the organelles that produce proteins to stop protein production (Dong et al., 2014; Diakite et al., 2015). One ricin molecule reaching the cytosol (cytoplasm) can kill the cell when it stops protein synthesis (Rasooly, He & Friedman 2012). Depending on the extent of the poisoning, and the subsequent crippling of the cell's protein production, a varying number of cells and organs will be affected (Dong et al. 2014). The toxin ricin is released if the castor bean is crushed as in mastication, chewing or maceration (Audi et al. 2005). Ricin remains in the bean pulp ('meal' or 'cake') after the oil is separated from the seeds or beans. When the castor oil is removed from the bean by heat extraction, the ricin toxin is inactivated. The purified ricin looks like a white powder that in water is easi ly inactivated by temperatures lower than 26.7°C (80.6 ° F), according to Audi et al. 2005.

Although ricin is the toxin most commonly associated with castor beans, other toxins also exist within the castor bean, including ricinine and ricin protein agglutinin (Audi et al. 2005). Ricinine cannot be inactivated by heat; it causes hyperactivity, seizures, and death by respiratory arrest (Worbs et al. 2011). It functions in the plant as a strong natural insecticide (Worbs et al. 2011). Ricin protein agglutinin causes red blood cells to clump together in the blood stream and subsequently hemolyze (Audi et al. 2005). Although much of the litera-

The effectiveness of the law "likes cures

like" may be elucidated in future cases of

RP by using more carefully defined mental

and emotional symptoms that point-out

the differences in one case of ricin poisoning

from another within health communities

and the multi-national body government.

ture discusses the toxicity of the castor bean in the context of the ricin toxin, it is likely that ricinine and ricin protein agglutinin, and perhaps other toxins, also play roles in the toxicity of castor bean seeds. Being a potent poison it has become easy to produce and its use targeted in bioterroristic acts (Diakite et al. 2015).

The possible routes of exposure to ricin (and other related castor bean toxins) include ingestion, inhalation,

injection, ophthalmic, and cutaneous (Bradberry et al. 2003). The route of exposure affects symptoms (Halpern 2003), and the route by which ricin enters the body affects the associated morbidity and mortality (Dong et al. 2014).

- Ingestion: This is the most common route of exposure, occurring most commonly when someone ingests castor bean seeds. In order for the toxin to be released from the seed, sufficient mastication is required (Audi et al. 2005). Ingestions may occur accidentally, as in when an unknowing child eats a castor bean, or when a food/ water source is contaminated, or intentionally via suicidal or homicidal action. Subjective symptoms include oropharyngeal irritation, abdominal pain, weakness, nausea and flu-like achiness, and muscle cramps; objective symptoms include fever, vomiting and diarrhea (bleeding and bloody discharges arise later), low blood pressure, fast heart rate (secondary to dehydration), fast breathing, sweating, blue fingers and toes (cyanosis). kidney, liver and spleen functions become disrupted secondary to shock and hypovolemia (Bradberry et al. 2003; Schep, Temple, Butt & Beasley 2009).
- Inhalation: For inhalational exposure to occur, the ricin toxin must first be isolated and prepared into a powdered or mist form that allows for aerosolization. As

such, this type of exposure is typically associated with intentional acts. Subjective complaints include dyspnea/ asthma/chest tightness/pain, anxiety when progressing, and arthralgia, while objective symptoms encompass pulmonary edema, conjunctivitis, rhinitis, sneezing, wheezing, and itchy red swollen skin, and cyanosis (Audi et al. 2005; Bradberry et al. 2003).

- Injection: Like inhalational exposure, exposure via injection tends to be an intentional act. Local objective symptoms at the site of injection include swelling, bleeding, and dead skin, while systemic subjective symptoms include weakness, nausea, dizziness, headache, a sensation of chest compression, and abdominal pain. Objective systemic manifestations include fever, hyperthermia, multi-organ failure, and coma (Audi et al. 2005; Schep et al. 2009; Knight 1979).
- Cutaneous: Cutaneous exposure involves physical contact with a ricin-containing substance. Since this may actually occur via the handling of castor beans or castor bean-derived products, such exposure is typically accidental in nature, although intentional cutaneous exposures may also occur. Objective symptoms include scratching, swelling, and redness, while subjective signs include burning and itching (Audi et al. 2005; Bradberry et al. 2013).
- Ophthalmic: Ophthalmic exposure involves contact of a ricin-containing substance on the eye, in situations similar to those described with cutaneous exposures. Objective signs include redness, heat, swelling, and injected sclerae, while subjective symptoms include itching, burning, eye and periorbital pains, and poor vision (Bradberry et al. 2013).

Neurological symptoms may accompany all routes of contact in various degrees: fever, disorientation, drowsiness, confusion, light-headedness, somnolence, constricted pupils, dilated pupils, blurry vision, muscle cramps, hypertonic muscles (Clarke n.d.). Another important point is that there is sometimes a delay in the onset of grave symptom development in ricin poisoning, thus theoretically allowing time to render a diagnosis. Health providers versed in the particularly diagnostic symptoms of ricin poisoning will be better poised to halt the progressive destruction of the poisoning (Halpern

2003). Onset of symptoms can vary based on the route of exposure, as shown on Table 1.

Table 1. Exposure Route and Onset of Symptoms (Halpern 2003).

Exposure route	Onset	Death
Inhalation	3 to 18-24 hours	24-48 hours
Ingestion	2-3 hours	36-48 hours
Injection	1 to 12 hours	Variable time

To reiterate, the toxin ricin is released if the bean is crushed as in mastication, chewing or maceration. Most exposures in humans are by accidental ingestion. Animal intoxications have occurred due to incorrectly processed feed containing *Ricinus communis* material in flax seed flour given to cows and horses. Recall that when the ricin "bean cake or meal" is heated, the ricin is deactivated; however in Germany, the heating of crushed fertilizer material was not always thoroughly performed or controlled, resulting in domestic and agricultural animal poisonings and death (Worbs et al. 2011).

In addition to the route of exposure, numerous other variables help to explain the variety of patient responses to castor bean/ricin exposure: the size of the seed, the moisture in the seed, weight of the seed, the region of seed growth, the season and period of growth, the degree of mastication, the stomach contents, age of person, and co-morbidities (Worbs et al. 2011). Dose is also important. The ingestion of one seed is said to result in violent effects, whereas the ingestion of three seeds can eventually cause fatal effects, and the ingestion of 20 seeds produces severe gastroenteritis and death after convulsion and collapse (Clarke n.d.).

It is beyond the scope of this paper to review all cases of ricin poisoning that have been reported in the medical literature. Table 2 provides a synopsis of information provided in a cross-section of case reports published in the literature, including demographic information, a short history, clinical manifestations, and outcome (Knight 1979; Metz Bocher & Metz 2001; Kucukugurluoglu et al. 2005; AL-Tamimi & Hegazi 2008; Coopman, de Leeuw, Cordonnier & Jacobs 2009; Lim, Kim & Cho 2009; Assiri 2012; Grimshaw, Wennike & Dayer 2013).

Ricinus proving lacks mental and emotional effects on the prover. Other more well-known remedies may be able to treat the symptoms of ricin poisoning.

Table 2—Selected Cases of Ricin Poisonings/Exposures from Medical Literature Case Reports—Ricin-Related Deaths and Ricin as a Biological Weapon

Age	Age History Route		Symptoms	Sx onset	Treatment	Outcome	Reference		
49 M	Stabbed in the posterior thigh by and umbrella with injection device	Trans- cutaneous intra-muscular injection	High fever (hours); local inflammation (next day); hypotension (next day); hypothermia (next day); elevated WBC count	Within a few hours	Support	Death 3 days after injection	Knight		
38 M	Landscape gardener for 15 years, developed urticaria & conjunctivitis after exposure to castor- bean-containing organic fertilizers	Cutaneous	Urticaria; Conjunctivitis	10-20 minutes	Anti-histamine	Recovered	Metz		
11 M	Ate 4 seeds from a castor oil plant from a neighbor's garden and started to vomit approx. 40 minutes later	Ingestion	Dehydrated; Vomiting; Diffuse abdominal pain & tenderness; Developed explosive watery diarrhea	40 minutes	Gastric lavage; Activated charcoal; IV fluids; support	Recovered	Kucuku- gurluoglu		
51 M	Taken to ED by family after ingesting one green fruit of castor bean to treat his cough	Ingestion	Confused; Disoriented; Somnolence; Afebrile; Vomiting; Tachycardia with T-wave inversion à eventual bradycardia; Dry mouth; Mydriasis; Pupils with sluggish reaction to light	3 hrs	Activated charcoal; support	Recovered	AL-Tamimi		
49 M	Taken to the ED 24 hours after suicide attempt — injecting himself intravenously and subcutaneously with approx 10 mL of "self-made" acetone extract of castor beans	Intra-vascular and sub- cutaneous injection	Nausea; Vomiting; Diarrhea; Dyspnea; Vertigo; Muscle pain; Hypovolemia; Severe dehydration; Hypotension; Metabolic acidosis; Liver failure; Hemolysis	Within 1 day	IV fluids; support	Died 9 hours after admission (injected substance was determined to be of castor bean origin; blood & other samples contained ricinine via LCMS; ricin not tested)	Coopman		
56 F	Ingested five pieces of wild castor bean to treat constipation	Ingestion	Severe nausea; projectile vomiting; hypothermia; epi-gastric tenderness after vomiting	Within hours	Activated charcoal; anti-emetics; support	Recovered (ricin level in blood = 0.06 ug)	Lim		
42 M	Presented to ED with a 12-hr history symptoms, after having ingested a herbal medicine preparation 2 days previously for protracted constipation	Ingestion	Epigastric pain; Nausea; Repeated vomiting; Chest tightness; Mild non-productive cough; Eventually: Hematemesis; Respiratory failure; Bleeding tendency; Elevated liver enzymes; Renal failure	Within days	Support	Died 3 days after hospital admission (herbal medicine evaluated by LCMS: mainly contained ricin powder)	Assiri		
32 M	Ingested and chewed 40 castor oil plant seed obtained via the internet in order to commit suicide	Ingestion	Vomiting; Nausea; Profuse brown watery diarrhea with eventual appearance of blood in stool; Cramping abdominal pain; Acute renal failure; Metabolic acidosis; Hypovolemia	5 hrs	IV fluids; anti- emetics	Recovered	Grimshaw		

Seventy-five percent of ricin poisoning cases are from ingestion (both accidental and intentional self-harm), and deaths from the poisonings occur in only about two percent of reported exposures (Schep, Temple, Butt, & Beasley 2009). Ordinary castor oil has reportedly caused some fatalities, but greater numbers result from ingestion of the seed (Clarke n.d.). Twelve of the 14 cases of death reported by Schep et al. (2009) happened before 1930, when the medical supportive care was not as influential as it is today (Schep, Temple, Butt & Beasley, 2009).

Some suggest that ricin is easily made into a biological weapon, a liquid mist, or powder cloud, by mashing the castor beans into a grain or meal consistency and salting out the ricin. It's [poison] code name is "Compound W" (Halpern 2003). Worldwide, the harvesting of castor beans, more than one million tons annually, means ricin is more easily made than either anthrax or botulinum, two other potential biological weapons (Doan 2004).

Mass death caused by ricin currently represents more of a theoretical worry than a scientific or historical reality. Although ricin has been proven to be lethal on a smaller scale, its employment as a virulent weapon of mass destruction has not yet been demonstrated (Griffiths 2011), despite the fact that attempts have been made along these lines. The "successful" implementation of ricin as a biological weapon has occurred within the realm of assassinations. Five of seven people have died as a result of intentional ricin injection, with two of the deaths resulting from homicidal injection, with the others (and the other two survivors) representing self-injection (Schep, Temple, Butt, & Beasley 2009; Crompton & Gall 1980; Targosz & Winnik 2002; Watson et al. 2004; De Paepe et al. 2005).

The following synopsis is gleaned from several sources (Worbs et al 2011; 14 Schep, Temple, Butt & Beasley 2009; Knight 1979; PBS 2014; CNN 2003). The ricin injection death of Georgi Markov in 1978 proved to be one of intrigue. While waiting for a London bus Georgi felt a sting in the back of his thigh and turned around to find a man picking up his umbrella, and speeding away in a taxi. Approximately, 33-35 hours later he died of cardio-pulmonary collapse.

The intrigue is that about two weeks previously Vladimir Koskov also felt a sting in his back while waiting for a Paris metro train. He experienced the same timeline of sickness as Georgi did, but Vladimir recovered. After Georgi's autopsy it was deduced the previously embedded and drilled jeweler's watch bearing, may have held a very small amount of purely lethal ricin.

During Georgi's autopsy a pin-head-sized metal sphere was removed from the back of his thigh: 90 percent platinum and 10 percent iridium (a small watch bearing), with 0.35 mm diameter hole drilled through, and could hold 0.28 cu mm of a morbific agent; it was deduced that ricin powder was the potentate. A subsequent exploration of Kostov's dorsal sting-spot revealed the exact same metal sphere, only with wax around it. Both men, Vladimir and Georgi, were Bulgarian nationals, who were known for being anti-communists. One recovered from a mysterious illness, and the other died prematurely; now it is highly suspicious that it was ricin powder that poisoned both men.

An attempt to create havoc with ricin powder happened in the fall of 2003, when 36 United States (US) Postal Service Workers in Greenville, SC, were potentially exposed to pure ricin powder in a container in an envelope with a note. That note also threatened to poison the Greenville water supply if demands in the letter were ignored (CNN 2003). In the end, after a 15-day examination and investigation, all the workers were well, and no ricin powder was detected in their postal facility despite the written threat. The US Federal Bureau of Investigation never identified those behind the terrorist attack. The potential routes of exposure in this incident, namely

cutaneous or inhalational, could have caused systemic effects within an hour.

Ricin inhalation is believed to be more virulent than ingestion, but less virulent than injection (Bigalke & Rummel 2005). Another danger in this case was that the powder on the busy postal counter top surfaces could be disturbed and reinhaled quite readily (CNN 2003). Other similar mail-related attacks using ricin (in 2003, letters sent with ricin powder to Congress; in 2013 one letter sent to New York City Mayor Bloomberg) have also occurred (Thornton, Darracq, Lo & Cantrell 2014; Worbs et al. 2011).

The key point is that, although ricin exposure by cutaneous contact or by inhalation was potential in each of these incidents, no one was poisoned. However, the cases highlight the continued risk and necessity of ongoing caution (Schep, Temple, Butt & Beasley 2019; Griffiths 2011; CNN 2003; Kanchan, Atreya & Shekhawat 2016).

Contaminating a community's water supply with ricin represents yet another potential bio terrorism threat; however, employing the toxin in this manner would require much more ricin than is theoretically feasible for a "successful" mass poisoning (Schep, Temple, Butt, & Beasley 2009). Smearing doorknobs and powdering clothes with ricin dust may cause allergic response to skin and mucus membranes but not the desired effect of mass mortality, as there is not a significant degree of absorption by this route.

Ricin powder, in mist form and inhaled by a massive amount of people is the most worrisome scenario but it is beyond the scope of what the average terrorist would likely be able to produce and deliver (Schep, Temple, Butt, & Beasley 2009). Even though people could be poisoned by ricin through a cold food or beverage additive and could quickly pass into hypovolemic shock when vital fluids are lost, mass casualties could happen easier by aerosolization with a complex dispersal device or by injection (Bradberry et al. 2003).

The United States reportedly focused on ricin weapons and produced them until 1980s. As a result of the known incidents of ricin use as a biological weapon, and the potential risk that exists in utilizing the toxin as a weapon of mass destruction, ricin is a prohibited weapon now. Its purification and possession are strictly regulated by the Organization for the Prohibition of Chemical Weapons (OPCW) (Worbs et al. 2011).

Conventional Diagnosis

The clinical diagnosis of ricin poisoning is made by correlating the circumstantial and etiological history, with the associated symptomatology and clinical presentation. As presented above, the clinical symptoms can be quite unclear and vari-

able, making the diagnosis tricky at best when little or no history is known (Lopez Nuñez, Pizon, & Tamama 2017).

From a laboratory perspective, reliable confirmatory testing for ricin is not readily available at most medical facilities; although testing of blood and/or feces is theoretically possible (Halpern 2003; Chen et al. 2014.). Urinary testing for ricinine is available via the Centers for Disease Control (CDC) and certain reference laboratories, but because of the lengthy turnaround-time for such results (many days to weeks), this testing is not useful for clinical purposes (CDC 2019). Various testing methods, including enzyme-linked immunosorbant assays (ELISA), are available and reliable for identifying the ricin toxin within evidentiary samples, such as powders or other substances (Chen et al. 2014).

Conventional Treatment

To date there is no human antidote to ricin (Diakite et al. 2015). Treatment of RP is largely considered "supportive," wherein various therapies are provided which support the body's natural healing response. These include "washing" the appropriate body's epithelial surfaces/mucus membranes (eyes, nose, and mouth; gastric and distal colon lavage); providing appropriate fluid and electrolyte support (e.g. vomiting, diarrhea, and bleeding) for sustaining blood pressure to vital organs; respiratory support (after inhalation or aerosolized ricin, or following organ dysfunction from other routes of exposure), including oxygen flush, mechanical respiration, with Positive End Expiration Pressure (PEEP) to keep alveoli open; and corticosteroid administration to reduce inflammation (Chen et al. 2014; Pincus et al. 2011). In addition to supportive therapies, more specific potential treatment options exist, including plasma exchange (Wang et al. 2015), administration of anti-toxin (Dong et al. 2015), vaccination (Pincus et al. 2011, Yermakova & Mantis 2011; Pittman et al. 2015; Vance & Mantis 2016), and use of various binding agents (Rasooly, He & Friedman 2012).

Scientists in China did the first and only reported study of instilling Fresh Frozen Plasma (FFP) to seven children suffering from Castor bean (ricin) ingestion in a procedure called Plasma Exchange (PE). The slowed heart rate normalized and no organs were harmed. The medical reasoning was that the bloodstream and tissues had a better chance of staying healthy with PE than with gastric lavage and colonic hydration alone (Wang et al. 2015). Also, there is experimental evidence in mice that anti-ricin toxin monoclonal antibodies may protect against the effects of the ricin toxin if antibodies are administered intravenously in a timely fashion (Dong et al. 2015). This form of "passive immune therapy" is analogous to antivenom being administered after a snake bite, but this has not yet been applied directly to humans.

In addition to passive immunity, where pre-formed (monoclonal) antibodies are injected into patients suffering from RP, anti-ricin vaccines have also been developed, where portions of ricin toxins evoke an immune response in order to produce antibodies that bind-to and inactivate the ricin toxin (Pincus et al. 2011; Yermakova & Mantis 2011; Pittman et al. 2015; Vance & Mantis 2016). These vaccinations are still in the developmental stages and would theoretically be available to those persons at-risk for intentional ricin exposure. Milk, specifically powdered milk, has been tested, and seems to have a high binding power to ricin molecules and thus may reduce ricin toxicity (Rasooly, He & Friedman 2012).

Homeopathic Treatment Options

One fascinating fact is that there is a proving on *Ricinus communis*, the castor bean plant. The remedy is *Ricinus* (abbrev. *Ric*). Clarke's Materia Medica description of *Ricinus* resonated with the overt ricin poisoning that is in the conventional medical review literature. What a miraculous feat of benevolence if Emergency Rooms, Poison Control Centers, and Public Health Clinics could get an understanding of "like cures like" medicine. Of course, it would be even better if clinicians could clinically differentiate between remedies to help save those accidentally or intentionally poisoned by ricin. The following description of *Ricinus* is from Clarke's Materia Medica of the proving *Ricinus communis*, the castor bean (Clarke n.d.):

Mental somnolence, emotional (absent), head vertigo, occiput pain, congestive symptoms, ears buzzing, face pale, mouth twitching, dry, stomach anorexia with great thirst, burning in the upper abdomen (pyrosis), nausea, profuse vomiting, pit of stomach sensitive, abdomen rumbling, rectus abdominus muscles contracting, cramps, (colic), stool incessant diarrhea, rice water type, with purging (gastroenteritis), painless, green, slimy, bloody (dysentery). Extremities painful cramps, fever, general emaciation.

Ricinus lacks mental and emotional effects on the prover. Until this information gap is filled-in with clinical experience and provings, other more well-known remedies may be able to better treat the symptoms of ricin poisoning.

Rubrics

The next part of the discussion provides a repertorization of the reported symptoms associated with RP in the medical literature, as described previously. The rubrics chosen are based upon the cases reviewed, the cumulative symptoms of RP by ingestion, inhalation and injection. These theoretical rubrics represent a type-of cumulative acute RP and a "top 10" list of common remedies to treat these acute cases was produced from a computer-generated repertorization program (Vithoulkas, Compass 2019). Please refer to the rubrics in the accompanying Repertory Chart (Figure 1) and below.

Figure 1. Repertorization Chart (Vithoulkas, Compass v. 3.2)

- IA. FEVER, HEAT IN GENERAL + 1B. FEVER, CONTINUED FEVER, TYPHUS, TYPHOID + 1C. FEVER, CONTINUED FEVER, TYPHUS, TYPHOID, ABDOMINAL + 1D. FEVER, CONTINUED FEVER, TYPHUS, TYPHOID HEMORRHAGIC.
- Cough, dry
- 3. ABDOMINAL SWELLING, MESENTERIC GLANDS
- 4. Generalities. Wounds
- 5. Abdominal Inflammation (peritonitis, enteritis, etc.) Gastroenteritis
- 6. Generalities. Hemorrhage
- 7. MIND, STUPEFACTION
- 8a. Mind, Fear, Suffocation of + 8b. Throat, Suffocative Feeling
- 9. Stools, RICE WATER LIKE

Top Ten Favorable Homeopathic Remedies

The nine rubrics listed above represent the common symptoms of ricin poisonings from various routes in the reviewed literature. The remedies listed below represent the top 10 remedies most similar to the symptomatology of these nine rubrics (Clarke n.d.; Vithoulkas 2019). Any one of the ten remedies could have been utilized to treat the literature cases of RP, from the medical literature review, when the remedy picture matched the acute ricin poisoning expression in the patient. True classical homeopathic prescribing requires strict individualization of the patient as an organism who expresses his own unique disease. The remedy descriptions are highlighting a portrait of disease that could be matched to an individual's portrait expressing acute RP. This list of remedies makes it theoretically possible for selection and administration of one remedy in future cases of ricin poisoning.

1) Phosphorus

MIND "free-floating" anxiety for no identifiable cause. Anxiety for health, though easily reassured; fears what could happen. Fears being alone, dark, death, and thunderstorms. DESIRES COMPANY. HEMORRHAGES: Bright red. Epistaxis. Greyish-white fecal matter, watery and offensive, passed continually. Stomach was freezing. Abdomen sore, distended, very sore to touch. Sensation as if weight was on sternum. Hoarseness. Loss of voice; with or without pain in throat. RESPIRATORY AFFECTIONS of all kinds. Burning pains internally (Arsenicum) and along the spine in spots i.e. between the shoulder blades; > by cold (Ars. better by warmth) Left sided, cannot sleep on left side. Chilly. Extremities cold. Feet icy cold. Knees cold especially at night. Agg. becoming cold, at twilight, L side lying (Lachesis). Change of weather, and warm food aggravate. When cold water gets warm it is thrown up. <Garlic, <Salt. Amel. by short sleep, rubbing, eating, cold drinks. DESIRES COLD DRINKS, ICE CREAM, SALT, CHOCOLATE, sweets, fish Averse: warm food and drinks, fish, oysters.

2) Arsenicum album

MIND Insecure, needs support. Nervous, constantly moving, restless, prone to take flight. Remedy for feats of prolonged endurance. Anxious moaning and full of the fear of death. Jerks, starts on falling asleep. Irritable, angry, fury, despair, hopelessness, unutterable misery. Burnings, ulcerative pains of alimentary tract > by warmth; cold and cold drinks < stomach issues. Licking such dry lips. Exhaustion not felt while lying still but as soon as moves, prostration is felt. Stomach, Abdomen, Stools: Frequent excessive nausea with inclination to vomit. While vomiting excessive pains in the stomach; Epigastrium painful to touch. Abdomen is inflated with attacks of colic. Internal sensation of cold and cold sweat; great weakness from diarrhea, after stool. Diarrhea before or during vomiting. Chest: difficult respiration, impossible to lie, for fear of suffocation. spasmodic attacks of suffocation and paroxysms of cough. CHILLY lack of vital heat; wants

	REPERTORIZATION		Phos	Ars	Lach	Bry	RhusT	Sulph	PhA c	Apis	Verat	Bap t
	Symptoms	Degree	52/10	41/10	40/9	40/7	38/8	35/9	35/8	34/11	33/9	31/6
1a	FEVER – HEAT in general	2	3	3	3	4	3	3	2	3	3	4
1b	FEVER – CONTINUED fever, typhus, typhoid	2	3	3	3	3	3	1	2	1	1	3
1c	FEVER – CONTINUED fever, typhus, typhoid - abdominal	2	3	2		3	3	2	2	1	1	2
1d	FEVER – CONTINUED fever, typhus, typhoid - hemorrhagic	2	3		2							
2	COUGH - DRY	3	3	3	3	3	2	3	3	1	1	
3	ABDOMEN – SWELLING – mesenteric glands	2		2				1				
4	GENERALITIES - WOUNDS	3	2		2		1	1	1	2		
5	ABDOMEN – INFLAMMATION (Peritonitis, Enteritis, etc.) - gastroenteritis	3		1		1	1			1	3	2
6	GENERALITIES - HEMORRHAGE	1	3	2	3	2	2	3	2	2		
7	MIND - STUPEFACTION	2	3	2	1	3	3	2	3	3	3	3
8a	MIND – FEAR – suffocation, of	1	2	1	1			2		1	1	1
8b	THROAT – SUFFOCATIVE sensation	1			3					2	1	
9	STOOL – WATERY – rice water, like	1	2	2					3	1	3	

Figure 1. Repertorization Chart (Vithoulkas, Compass v. 3.2)

warmth; Heat of head (wants head cooled) with coldness of body. Burning pains, burning excoriating stools, and corrosive mucus. Averse: the smell of food; deathly nausea. Desires: frequent sips from great thirst. scratches skin until it bleeds. SRP (strange, rare and peculiar characteristic symptom): Characteristic burning pains. Corrosive mucus and corrosive stools, yet stools can be involuntary and unperceived.

3) Lachesis mutus

Passionate emotions. Expression of emotions makes better. Delirium from Jealousy. Derangement of time sense; confounds night with day and always making mistakes with time of day. Excessive sensitiveness of the surface with intolerance of touch or constriction. Tremor of the body and hands. Tremor of the tongue, with rapidly alternating states. Tongue catches in the lower lip and teeth when the patient attempts to put it out. > onset of the discharge. < sleep; as soon as falls asleep the breathings stops. Sleeps into an asthma attack, fainting fits and vertigo on closing eyes. Impossible to lie on L side (Phos-

phorus). Aching in Stomach extending to chest. Vomiting bilious green and vomiting pure blood or bloody mucus. Vomiting with diarrhea and obscuration of sight. Disturbances of sight and hearing are numerous. Slight pressure aggravates but Hard pressure ameliorates. Urine is always dark, frequent and foaming; little black dots of 'soot' float in. More frequent to urinate after lying down, and during the night. After stool congestion of blood to head. Loose evacuations after fruits and

acids. Alt. constipation and diarrhea. Heat alternating with shivering cold. < hot drinks. > after eating. Dark red eruptions, purple swellings, black and blue marks. Ball or lump sensation in various parts.

4) Bryonia alba

Averse conversation. Delirium during the night. Ravings about the events of the day. Delusion about being somewhere and wants to go home. Aggravation from motion (Rhustoxicodendrum is agg. by keeping still.). Worst slight movement. Dryness and thirsts. IRRITABILITY with desire to be left alone. Lays on the painful part. KEEPS PART at REST. Headache or neuralgia, > hard pressure. During chill head hot, cheeks deep red, decided thirst for large quantities and long intervals. Serous membranes inflamed (frequent desire to take a long breath in), as are the muscles also inflamed. Hemorrhages, black eye; nosebleeds (3-4am) remedy. Food lies in the epigastrium (stone sensation). Legs swollen. Joints red swollen and stiff. Pains better by warmth. Desires warm

5) Rhus toxicodendron

What a miraculous feat of benevolence if

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and Public Health Clinics could get the

understanding of "like cures like" medicine.

Of course, it would be even better if clinicians

could clinically differentiate between

remedies to help save those accidentally

or intentionally poisoned by ricin.

Clouded sensorium, stupefaction muttering delirium, dry tongue TRIANGULAR RED TIPPED TONGUE. Vertigo with tendency to fall on rising. Head bewildered as from intoxication. A NERVOUS INTERNAL UNEASINESS that makes the person wish to move when there is no particular pain. The more he moves the > he is. Agg. by keeping still. (Bryonia is agg. by moving.). The greatest rigidity and pain is on first movement. Worse < rest. Worse DURING rest. SPECIFICITY OF SEAT: over-lifting, over-use, inordinate exertions of the muscles, contusions. Bruised and sprain-like pains, "stiffness." Dreams of great exertion, rowing, swimming, working hard at his daily occupation. Stupefaction with tingling in head and pain on motion of limbs. Vomiting after eating. Distention after a meal. Internal shaking in the abdomen. > after stool. Stools bloody with mucus, frothy,

> gelatinous, perfectly white. Putting a hand out of bed brings on a cough. Tendency to choke when swallowing. Cracking in joints, in jaw, and neck.

6) Sulphur

Philosophical, Intellectual, Theorizing. Critical, greasy, untidy; appears dirty though is clean, fear of contamination, lazy and indifferent about his appearance. Irregular distribution of circulation—congestion. BURN-**ING SENSATIONS**

PAINS. Flushes of heat or coldness (sweat). Redness of orifices with soreness and hypersensitivity. Excretions and discharges are painful. Faint all gone sensation at 11am. <farinacious food and < milk. Defective assimilation. Swollen glands. <heat. <warmth of bed. Acts strongly on the left side; inflammations that are periodic; chills that result from periodic fevers clear with Sulphur. Sharp stitiching pains in left posterior chest (lung) and back. Sulphur for nose to lung tissue inflammation (nose stopped indoors and free outdoors). Has the alternation of asthma and skin affectations. Averse to be washed. Hot head and cold feet. Painless diarrhea after midnight; diarrhea that drives out of bed in the morning. Fear to have stool for the pain of it. Scratching = burning. Desires sweets and fats, spicy, alcohol. Soles can be hot. Critical. Agg. standing, becoming warm, evening, night, left side. Averse: eggs, sour, fish, olives, chicken and cheese.

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7) Phosphoricum acidum

DROWSY, DEPRESSED, APATHETIC which progresses to the physical level i.e. grief that freezes the individual; life or death unimportant; NOTHING EXCITES -i.e. stares at walls. Prostrated from grief and stupefied—has to reflect before answering, forgets words while speaking. Is easily aroused and then fully conscious while in his stupor. What is long known can only be recalled with difficulty. Rested by short sleep. Illusions of the senses and of the sensorium (sparks seen, bells heard, odors "take away breath," sees things moving that are outside his peripheral vision). Right pupil became widely dilate so the iris almost disappeared; Left pupil remained normal. Falling of hair; want of juicy things; involuntary biting of tongue in sleep. Persistent painless watery diarrhea with food particles-that does not debilitate. Large amounts of garlic smelling flatus. Great quantity of urine that may turn milky and offensive at once. Weak feeling in the chest from talking, coughing, sitting too long; > by walking legs are weak to control, like the thoughts; SRP that the feet are rising to the ceiling; In general there is a pressure sensation of a crushing weight; a squeezing; running throughout. Passive bleeding and dark hemorrhages. < warm room; > warmth of bed. < drafts; < becoming cold in parts.

8) Apis mellifica

Burning, stinging, lancinating PAINS with excessive SWELLING. Great sensitiveness of the surface to touch (Lachesis); every hair is painful to contact. Great debility as if he had worked hard; compelled to lay down; tired and bruised feeling; restlessness, trembling, jerking and twitching. Apis is right sided to left and from above down (Rhus-toxicodendrum is left to right). Stiffness of lower jaw extended to tongue and throat-speech unintelligible-stiffness is constriction—aversion to tight things (Lachesis), which excites a spasmodic cough; chest can be as if contracted (*Lachesis*) — inspiration can be difficult—with difficulty lying down: a place becomes sore down in the lungs. Throat can be swollen with stinging pains or be painless. (Baptisia has painless throat affections that may swell less.) Muscles twitch > hot bath (legs and hands). Burning pains > cold (Arsenicum burning pains > heat). Feet swell after walking and are incredibly sore and burning. Tension, swelling and stiffness of limbs. Prostration toward faintness; Paralytic weakness. < touch or pressure; though head is > pressure. < warmth of bed. > cold water. Many symptoms < lying and > sitting.

9) Veratrum album

MIND overactivity on all levels, hyperactivity (restlessness) desire to tear things, delirium and raging, with open eyes. Loquacity. Fury tears his clothes, she bites her shoes to pieces and swallows the fragments. Cursing. Stamping. Wants to run away. Makes great noise. Swallows his own excrement and has the power to cure one-third of the lunatics in insane asylums (Hahnemann). Copious discharges: Salivation,

Sweat, Stomach, Abdomen, Urination and Stools. Discharges exhaust the vitality and are apt to be green, gushing (violent) and mixed with flakes. Cutting colic, cramps starting in hands and feet and spreading all over. Rapid sinking of vital forces—complete prostration and collapse. Faints easily from emotions, the least exertion, from retching and from stool. Fever: CHILLY as if cold is in the bones. Cold perspiration in its fever, but there is heat and redness of the face and hands. Great thirst for cold drinks with ice. SRP: Tickling all over the inside of chest and throat that promotes a cough. Agg. fruit; Agg. from becoming warm (wraps, applications, room); Amel. continued motion; walking; after perspiration; Desires cold drinks, sour (unripe fruit), salt, salt and lemon, herring, sardines, ice cold drinks.

10) Baptisia tinctoria

Stupor, falls asleep while being spoken to; confused as if drunk-feeling of wandering in mind. Head feels large; neck feels tired and can't hold head in positions very easily. Besotted countenance, bleary eyes (weight on eyes, eyes sore), sore throat, aches all over the body with profound prostration. Body feels split and each side converses with the other (illusion of being double or body being scattered into ungatherable pieces). Illusion of a "burnt feathers" in nose. Nose pressure from a frontal headache. Flat bitter taste; tongue swollen, feels scalded, is cracked brown; coated white-yellow; constricted, dry esophagus where only water can pass. Nausea, retching, vomiting; dreadful sinking in stomach. Pain in abdominal muscles, liver, gall bladder, spleen, iliac (R), and in groins, with swollen inguinal glands. Fetid exhausting diarrhea and dysentery, esp. in fall and warm weather. Fetid breath. Lumbar and sacral backache as if on hard board. Weakness in limbs. Overall prickling and numbness in parts. < on waking; < on walking; < in open air; < cold wind; < in fall and hot weather.

Conclusion

This paper has introduced the castor bean plant, its toxic alkaloids, and examples of how it can cause harm. The diagnosis and treatment of ricin poisoning continues to be challenging. In the future, more individualizing symptoms need to be elicited from patients. The rubrics used in this report are based on conventional medical literature write-ups, which are general diagnostic symptoms, and not specific enough to differenti-

To date there is no human antidote to ricin. Treatment of ricin poisoning is largely considered "supportive," wherein various therapies are provided which support the body's natural healing response.

ate any subjective or characterizing symptoms. As such this conventional medical review lacks remedy-differentiating symptoms. A composite of these generalities has lead to a top ten list of what could be considered appropriate remedies to give in future cases of RP, not only to prevent premature death but to alleviate tolerable human suffering. The effectiveness of the law "likes cures like" may be elucidated in future cases of RP by using more carefully defined mental and emotional symptoms that point-out the differences in one case of ricin poisoning from another within health communities and the multi-national body government. Using the top 10 remedies put forth in this paper will apply the "like cures like" law to become a more practical tool used to individualize treatment of those suffering the effects of accidental or intentional RP. The reformer of medicine, Christian Frederich Samuel Hahnemann, in his 26th and 27th aphorisms of his 6th edition Organon, explains that in the treatment of any illness (symptom-defined) the healing power of the medicine rests upon its ability to produce similar overpowering illness (symptoms) that will be permanent, rapid and radical to annihilate both physical and moral maladies (Hahnemann in Boericke n.d.)

3 co 25

- 1. AL-Tamimi FA & Hegazi AEM. 2008. A case of castor bean poisoning. *Sultan Qaboos Univ Med J, 8*(1):83-7.
- 2. Assiri AS. 2012. Ricin poisoning causing death after ingestion of herbal medicine. *Ann Saudi Med*, *32*(*3*):315-7.
- 3. Audi J, Belson M, Patel M, Schier J & Osterloh J. 2005. Ricin poisoning – a comprehensive review. *JAMA*, 294(18):2342-51.
- 4. Bigalke H & Rummel A. 2005. Medical aspects of toxin weapons. *Toxicology*, 214(3):210-20.
- 5. Bradberry SM, Dickers KJ, Rice P, Griffiths GD & Vale JA. 2003. *Ricin CRev, 22(1):*65-70.
- 6. CDC: emergency.cdc.gov/agent/ricin/facts.asp accessed 4-22-19.
- 7. Chen HY, Tran H, Foo LY, Sew TW & Loke WK. 2014. Development and validation of an ELISA kit for the detection of ricin toxins from biological specimens and environmental samples. *Anal Bioanal Chem.*, 406(21):5157–69.
- 8. Clarke, JH (nd). *Clarke digital Materia Medica*: www. homeoint.org/clarke/r/ric.htm accessed 4-22-19
- 9. CNN: www.cnn.com/2003/WORLD/europe/01/07/terror.poison.bulgarian/ accessed 4-25-19.
- Coopman V, De Leeuw M, Cordonnier J & Jacobs W. 2009. Suicidal death after injection of a castor bean extract (*Ricinus communis* L). Forensic Sci Int., 189(1-3):e13-e20.
- 11. Crompton R & Gall D. 1980. Georgi Markov–Death in a pellet. *Med Leg J.*, 48:51-62.

- 12. De Paepe P, Gijsenbergh F, Martens F, Piette M & Buylaert W. 2005. Two fatal intoxications following ricin injection. *Br J Clin Pharmacol*, *59*: 125-6.
- 13. Diakite MLY, Rollin J, Jary D, Berthier J, Mourton-Gilles C, Sauvaire D, Philippe C, Delapierre G & Gidrol X. 2015. Point-of-care diagnostics for ricin exposure. *Lab Chip*, *5*;15(10):2308-17.
- Doan, LG. 2004. Ricin: mechanism of toxicity, clinical manifestations, and vaccine development. A review. J Toxicol Clin Toxicol, 42(2):201-8.
- 15. Dong N, Li Z, Li Q, Wu J, Jia P, Wang Y, Gao Z, Han G, Wu Y, Zhou J, Shan J, Li H & Wei W. 2014. Absorption, distribution and pathological injury in mice due to ricin poisoning via the alimentary pathway. J Toxicol Pathol, 27(1):73-80.
- 16. Dong N, Luo L, Wu J, Jia P, Li Q, Wang Y, Gao Z, Peng H, Lv M, Huang C, Feng J, Li H, Shan J, Han G. & Shen B. 2015. Monoclonal antibody, mAb 4C13, and effective detoxicant antibody against ricin poisoning. *Vaccine*, 33(32)3836-42.
- 17. Friedman M & Rasooly R. 2013. Review of the inhibition of biological activities of food-related selected toxins by natural compounds. *Toxins*, *5*(*4*):743-75.
- 18. Griffiths GD. 2011. Understanding ricin from a defensive viewpoint. *Toxins*, *3*(*11*):1373-92.
- 19. Grimshaw B, Wennike N & Dayer M. 2013. Ricin poisoning: a case of internet-assisted parasuicide. *Br J Hosp Med*, 74(9):532-3.
- 20. Hahnemann (as translated by Boericke): www.homeo-int.org/books/hahorgan/organ020.htm#P26 accessed 4-30-19
- 21. Halpern J. 2003. Ricin. Quick Clinical Notes. *J Emerg Nurs*, 2003;1(2):63-4.
- 22. Kanchan T, Atreya A, Shekhawat RS. 2016. Carthartic turned bioweapon: *Ricinus communis*, the castor bean. *Wilderness Environ Med.*, 27(3):444–5.
- 23. Knight B. 1979. Ricin a potent homicidal poison. *Br Med J, 1*(6159):350-1.
- 24. Kucukugurluoglu Y, Karasalihoglu S, Vatansever U, Biner B, Acunas B & Pala O. 2005. Castor oil plant seed poisoning. *Case Rep Clin Pract Rev, 6*:55-7.
- 25. Lim H, Kim HJ & Cho YS. 2099. A case of ricin poisoning following ingestion of Korean castor bean. *Emerg Med J*, 26(4):301-2.
- 26. Lopez Nunez OF, Pizon AF & Tamama K. 2017. Ricin poisoning after oral ingestion of castor beans: a case report and review of the literature and laboratory testing. *J Emerg Med*, *53*(*5*):e67-e71.
- 27. Mercola (nd). www.drmercola.com/cancer/what-you-should-know-before-using-castor-oil accessed 4-25-19.
- 28. Metz G, Bocher K & Metz J. 2001. IgE-mediated allergy to castor bean dust in a landscape gardener. *Contact Dermatitis*, 44:367.

- 29. Pamplona-Roger GD (Editor) 1998. *Encyclopedia of* 40. *Medicinal Plants*. Madrid, Spain: Sanfeliz, S.L.
- 30. PBS: www.pbs.org/wnet/secrets/umbrella-assassin-clues-evidence/1552/June 3, 2014. accessed 4-25-19.
- 31. Pincus SH, Smallshaw JE, Song K, Berry J & Vitetta ES. 2011. Passive and active vaccination strategies to prevent ricin poisoning. *Toxins*, *3*(*9*):1163-84.
- 32. Pittman PR, Reisler RB, Lindsey CY, Guerena F, Rivard R, Clizbe DP, Chambers M, Norris S & Smith LA. 2015. Safety and immunogenicity of ricin vaccine, RVEcTM, in a phase 1 clinical trial. *Vaccine*, 33(51):7299-306.
- 33. Rasooly R, He X & Friedman M. 2012. Milk inhibits the biological activity of ricin. *J Biol Chem*, 287:27924-9.
- 34. Schep L J, Temple WA, Butt GA & Beasley MD. 2009. Ricin as a weapon of mass terror separating fact from fiction. *Environ Int*, 35(8):1267–71.
- 35. Targosz D & Winnik LBS. 2002. Suicidal poisoning with castor bean (*Ricinus communis*) extract injected subcutaneously-case report. *J Toxicol Clin Toxicol*, 40: 398.
- 36. Thornton SL, Darracq M, Lo J, & Cantrell FL. 2014. Castor bean seed ingestions: a state-wide poison control system's experience. *Clin Toxicol*, *52*(*4*):265-8.
- 37. Vance DJ & Mantis NJ. 2016. Progress and challenges associated with the development of ricin toxin subunit vaccines. *Expert Rev Vaccines*, *15*(*9*):1213-22.
- 38. Vithoulkas: Online repertory and materia medica program v3.2 http://www.vithoulkascompass.com/ accessed 4/25/19.
- 39. Wang CF, Nie XJ, Chen GM, Yu ZH, Li Z, Sun ZW, Weng ZF, Yang YY, Chen SL, Zheng SR, Luo YY, Lu YT, Cao HQ & Zhan HX. 2015. Early plasma exchange for treating ricin toxicity in children after castor bean ingestion. *J Clin Apher*, 30(3):141-6.

- Watson WA, Litovitz TL, Klein-Schwartz W, Rodgers GC Jr, Youniss J, Reid N,Rouse WG, Rembert RS, Borys D. 2004. Annual Report of the American Association of Poison Control Centers Toxic Exposure Surveillance System. Am J Emerg Med, 22: 335-404.
- 41. Worbs S, Kohler, Pauly D, Avondet M-A, Schaer M, Dorner MB & Dorner BG. 2011. *Ricinus communis* intoxications in human and veterinary medicine a summary of real cases. *Toxins*, 3(10):1332-72.
- 42. Yermakova A & Mantis NJ. 2011. Protective immunity to ricin toxin conferred by antibodies against the toxin's binding subunit (RTB). *Vaccine*, *29*(45):7925-35.

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A Story of Suppression

By Jan Dederick

what seems a miracle today can be a buried mine tomorrow don't push the river don't fight with mother nature listen to her song then sing along.

poison oak's tormenting legacy may cry for Calamine's pink relief. when tossing and turning and clawing all night, agony beyond belief.

poison oak when driven underground by Calamine's mercury balm migrates like Cajuns under the gun to knuckles and knees, without a qualm.

you'll do anything to ease that ache that creaky stiff it's gonnabreak! Let's shoot a little cortisone in! It's really a miracle! no fake!

the poison oak suppressed from skin becomes what we call *arthritis*. nodes and nodules that hate the damp, no wonder she doesn't write us. and after injected miracle says no to inflammation, the poison oak says, as you wish, I'll take you to damnation.

valves mitral, aortic, incompetent, leaky replace the joints so stiff and creaky. joints complaints quiescent but angina's plagues have come to stay.

what seems a miracle today can be a buried mine tomorrow don't push the river don't fight with mother nature listen to her song then sing along.

Rhus tox in potency can set things right, so long as you don't mind the sight of re-eruption from days long past; but this time real healing, easy, fast.

Jan Dederick, a chiropractor who fell in love with homeopathy 40 years ago, finds the poetry of the body and of the unfolding of Life's Vital force the best show in town. She lives in the San Francisco Bay Area with her poet husband and two Muscovy ducks.

Aethusa cynapium for a Chronic Case

By Sujata Owens, CCH, RSHom(NA), DHMS (India), B Sc (India)

chronic case treated successfully with Aethusa cynapium is presented here, using the understanding of the remedy from contemporary homeopathic teachers. What I write and illustrate here comes from my understanding of this remedy through various seminars and materia medica books along with information available on the web. I have referenced "Sankaran's Schema" and "Insights into plants" by Dr. Rajan Sankaran, George Vithoulkas's presentation on Aethusa. I have also referenced notes from seminars where Kim Elia has presented this remedy using a map provided by Dr. Paul Herscu, ND. One of the more recent ones of such presentations by Kim Elia, was at the JAHC 2021. I learn so much better from a case from practice as it helps me understand the remedy as seen in our practice and helps me integrate the information that comes alive through the dynamic events in person's life. Thus, I am presenting a case from my practice. My hope is that seeing a case from my practice and its successful application that has led to restoration of health in my client will help homeopaths in recognizing and solving chronic cases of Aethusa in your practice. Let us begin.

The Remedy

Aethusa cynapium belongs in the family of the Umbelliferae, which gets its name from the peculiar pattern of its flowers—umbrella-shaped flowers. Table 1 shows the botanical classification of Aethusa cynapium. Many of these plants are poisonous and many are aromatic herbs used for seasoning and flavouring. Out of the three thousand species in *Umbel*liferae family only about 38 have been proved and used in homeopathy. In essence, the botanical family Umbelliferae, or Apiaceae, to which Aethusa cynapium belongs, is the "stab and smash" family. I learnt an idiom, "Never smash a carrot and never disturb a watermelon." Reflecting on that, suddenly (pun intended) the idiom makes sense. Plants belonging to the Umbelliferae family are sensitive to being smashed. Similarly, clients who need a remedy from this family are sensitive to being smashed, stabbed, to accidents, riots, and blows. The other significant point to remember is the "without aura/no warning/so sudden I did not see it coming," for example. If I hear a client telling me that her migraines come with no

warning. Then when describing something else, she adds that she felt as if her friend suddenly stabbed her and she did not see it coming. When I see this, I keep the remedies from this family in my differential diagnosis. I have written about the *Conium* case of breast cancer and osteoarthritis in *The American Homeopath*, Volume 22 (2016). In this article I am discussing *Aethusa cynapium*.

Table 1. Aethusa cynapium. Botanical classification.

Kingdom	Eukaryota
Division	Spermatophyta
Subdivision	Angiosperm
Class	Dycotyledon
Subclass	Rosidae
Family	Umbelliferae/Apiaceae

We know *Aethusa* as one of the most important remedies for projectile vomiting from breast feeding. Now, as I reflect on this part of the remedy in any chronic case, I can see the need for the connection aspect of *Aethusa* coming through this symptom. What is breast-feeding? It is about the baby's connection with her mother and vice versa, isn't it? Later on in life, I have also seen adults who need this remedy truly desire milk and cream but become aggravated by them. Some may have aversion to them which reflects another end of the same spectrum. *Aethusa cynapium* is a beautiful remedy in deep, chronic cases too.

In essence, the botanical family Umbelliferae, or Apiaceae, to which Aethusa cynapium belongs, is the "stab and smash" family.

According to Sankaran's schema, the sensations of the *Umbel-liferae* family include the following themes:

- o Sudden and unexpected violence or attack
- o Accident
- o Blows
- o Riots
- o Stabbing
- o Topped by numbness
- o Stupefaction
- o Dullness
- o Sleep
- o Preparing for a blow
- o Wounds
- o Abuse
- o Stabbing pains
- o Lancinating pains
- o Convulsion without aura

These sensation themes are recognizable in the following case.

The Case

I saw D. on September 8, 2018. She was 69-years-old. When I asked her how I could help her, she said:

"My main issue is insomnia. I fall asleep easily but wake up too early and then cannot fall back asleep. I can wake up a lot of times in the middle of night, also. Another important thing is that I have had skin cancer. I recently underwent melanoma surgery and they had to take out four lymph nodes. I also have had basal cell carcinoma in the past.

"Another thing is I hurt my knee in May. I was lifting logs. Since then, I had had terrible pain in my left knee. I have taken Aleve, and *Ruta*. That helped a lot but the pain has come back. After two weeks, my ankle swelled up and I have lots of fluid buildup in my lower legs. I have a tendency to hold fluids in my lower legs. It is worse when travelling, and when the weather is hot. I stopped Aleve because it is full of sodium. They did an MRI of the knee and found a meniscus tear. If I do lot of physical work, the knee gets quite painful.

"About my sleep issues, it is very hard to go back to sleep. Many nights, I wake up at 12:30 or 1 a.m. Most of the times I can go back to sleep but if I wake up later, like 3 or 4 or 5 a.m., it is hard to fall back asleep. I cannot take naps. I feel I have so much I need to do. I come from a family that was poor. My mother worked in a mill. I can't just sit down and watch TV. I have this compulsion of working. I have this internal governor that keeps me in check. I feel I am not doing what I am supposed to be doing. Typical working-class mentality. We are supposed to do the work and produce wealth for the wealthy.

"I like to sleep on one side, but I can't sleep on the left because of my knee. It seems to me my thinking parts are active at night. I want to help people. I feel I could help a lot of people. We have to set up college funds, health care for people who work on our farm. We are fixing up buildings in the farm."

When asked about her family and past history she said,

"My mother lived to be 90. She had water on her brain. My father died of liver cancer. One brother died of congestive heart failure. Another brother of lung cancer. My grandfather had diabetes. I was told I had rheumatic fever as a child. I have had measles, mumps, German measles, chickenpox, all the childhood illnesses. I was born in Massachusetts. We were one of the immigrant families there. Eastern Europeans were considered to be dirty Slovaks. I was the youngest of nine children. My father was at sea a lot. In our household there was lot of emphasis in going to school. Lots of chaos in the family. Very poor, struggling. Lots of crisis. We had enough food always. Lots of shame in my family. Only two of my siblings are alive now.

"I wanted to work in the CIA, in the foreign service. I decided to take care of my sick dad instead. Also, it was the time of Nixon's administration, I was disgusted with the war in Vietnam. I dropped out of college and went to live in the woods. I took a teaching job. I married a man from Minnesota. I did not believe in the schooling one gets in public schools. When my first baby was ready to go to school, I clutched my baby and decided I had to start a new school. Along with others who were interested I started the Prairie Creek Community School. Now it is a public chartered school. Now my grandson goes to that school. He got in without any pull from me."

She describes herself, her personality, family and other interests by saying:

"I am deeply sad about the situation in the USA. My husband's addictions to alcohol and cigarettes make me sad too. I have three grown children of my own. We adopted an indigenous daughter. Now we have six grandchildren. I am close to my family. One of my brothers has PTSD. One sister has dementia. I get anxious over financial issues. In the night when I wake up, I am sure there is some anxiety. But I cannot pinpoint what it is about. I used to think that I was going to die. When I was in utero, my mom did not know she was pregnant. She started bleeding so, they were going to do a hysterectomy on her. The doctor opened her up. She was under anaesthesia. I could have died when they opened her up. I think that is the fear that I go into. If I go to sleep, I might die. I am also afraid that something bad might happen to my children.

It is a very old, vague fear that if everyone is not careful, something will happen. I am afraid of getting dementia. I love learning and feel that the worst thing that could happen to me is if I could not learn anymore.

"I dream about spiritual connections. When I was diagnosed with melanoma, I was really scared. My first thought was, people die from this. I cannot leave my grandchildren. There is one dream that I remember. In the dream, someone or something said to me, 'We have a job on other side for you', I told them, 'I cannot take it I have to be here for my grand kids.'

"Since then, I have not had any dreams of that kind. For a while, I was having flooding dreams. In the dream I am looking for a safe place. I am rescuing somebody in water. I have to pull them out. I have to warn people who might not know. When little, I did a lot of lucid dreaming. At that time, I was going to the Catholic church. I would feel sad to hear that Jesus died because of our sins. It was hard because I used to think I am good. I try to do good."

(She starts crying.)

"It still makes me sad Jesus has to suffer because I am bad. I felt I have to be responsible for everything. I am passionate about the evolution of human beings. I have a strong connection to spiritual life. I believe that as humans we are evolving towards more and more connection. I really want that. I pursue emotional healing. I do mind-body work. I feel sentimental when I remember different things about my children and realize that they are grown and gone. I feel sadness about that. I do not like humid weather. I feel blue this time of year.

"I had trauma from a dentist when young. We had no dental care when young. Mother did not teach us to brush our teeth. I get too much plaque. She took me to a dentist from her country. I walked in town by myself when I was seven years old. Why she did not take me is beyond me. I told the dentist I had a bad toothache. He pulled my tooth out. He held my jaw and he yanked it out. What I remember mostly is his hand in my mouth. It was brutal, brutality for a child. He is using all his strength to yank this tooth out. After that, I walked home with my mouth packed. I remember feeling pretty miserable. My mom put me to bed. She did not know that you are not supposed to lie down after tooth extraction. I remember being up all night. There was blood all over the pillow. In the morning when my sister came to visit and she saw what was going on, she was horrified. She said to my mom, 'She is going to die, if you do not take care of her.' My sister was 16, or 17. She made me sit up. She pulled the wad of packing which was still there. She pulled all those blood clots with it. She said you need to sit up, put

your feet on the desk. And then the bleeding stopped. So, I have had this fear of dentist since then. The dentist I see now understands my trauma. He is very gentle. He gives back massages. He always waits and helps me calm down.

"Another thing that is important is my brother's death. He was 17. He was the star of our household. He was to go to college on a scholarship as he was picked to be on a college basketball team. He died in a car crash at 17. That was very sad. I was nine. I adored him. My mother never cried. We had a 'do not cry' rule. Everyone thought isn't she great? Isn't she strong? I was nine years old. She decided he was not dead. She found a newspaper which had a photo of a 17-year-old. She decided it was him and he was taken away in prison. She had dementia when I was teenager. My sisters became my second mothers. She was gone after my brother's death. She would talk to my grandmother in Polish. I could not understand that. I was pretty young when I realized that she was not with us in the present."

At this point I felt I had understood the case and that I could end the session. In order to bring her more to the present, I asked a few more questions. These were her answers:

"I never liked milk. I like cheese but never milk. I get diarrhea and IBS symptoms with milk. I like all vegetables, and fruits. I need protein otherwise I get spacy, and ungrounded. I do not like sweets, but I can eat dark chocolate. I cannot handle spicy foods. I have to tell you I have lots of fissures in my tongue. Oh, I also get arthritis pain at the base of thumb. I underwent surgery to get my toes straightened. They were curled up from wearing too tight shoes when little and walking a lot. I love animals. We have had dogs, horses, and cats. Right now, we have only cats."

Rubrics

(Radar Opus 2.0; Schroyen's Synthesis repertory).

- i. Generals, Food and Drinks milk aversion (78)
- 2. MIND-FEAR DEATH, OF-SLEEP-DURING (2)
- 3. Sleep Sleeplessness waking aggravates, after (82)
- 4. MIND-INDUSTRIOUS (115)
- 5. Mind-Fear-death, of-sleep-falling asleep-after (3)
- 6. Extremities Swelling Lower Limbs Dropsical (62)
- 7. Dreams-Lucid (3)
- 8. MIND-FEAR-HAPPEN, SOMETHING WILL (81)
- 9. MIND-ANIMALS-LOVE FOR ANIMALS (22)
- 10. MIND-LOVE-FAMILY; FOR (31)

The first important thing to note in this case was the idea of connection. I understood that D. feels happy if she can connect. She is one of those people who have a need to connect, to share, and to express. Adopting an indigenous daughter, starting a new school that is child-centered, her unhappiness and disconnect in marriage due to her husband's addiction issues are all reflecting her need to connect. Her husband is not fulfilling her need for connection. I saw that her feelings of rejection and disappointment in marriage had led to her falling sick, and we saw that in the form of melanoma and basal cell carcinoma. There is no other major grief in her life that can contribute to two cancers. Even though she did not blame

her husband, she expressed that this is a problem. Aethusa has on one level love for connection but they are unable to connect due to some obstacle.

The second important thing for her is family, which is also about connection. She gives

up a CIA job offer and decides to take care of her sick father instead. She talks freely and openly about struggles in her family of origin and her family now.

The third thing that I noticed was her need to do good, right and just. She wants to do things for the families who work on their farm. She wants to set up college funds and health care. She says, "As humans, how we are evolving towards more and more connection, I really want that."

Also, I noticed her anxiety. She is worried and the worry shows up in her thoughts of "Is my family, okay?" She is anxious about finances, future, education, family members. She is hard working, duty conscious. Her attachment to her family is strong. She talked at length about her siblings, her parents. She is a genuine person. Not fake. What she said about wanting to help people is all genuine. That is a hallmark of *Aethusa*. They are serious, genuine folks.

The sleeplessness is peculiar too. She starts falling asleep and wakes up suddenly. She is exhausted yet she cannot sleep. We see the unconscious mind erupting to the surface in her frequent waking. This form of sleeplessness is what is described in our materia medica as sleeplessness with the peculiar fear that she may not wake up if she goes to sleep. I could see this played out in her "in utero" memory of mom undergoing hysterectomy without knowing she was pregnant. This set the stage for her needing *Aethusa* from the Umbelliferae family.

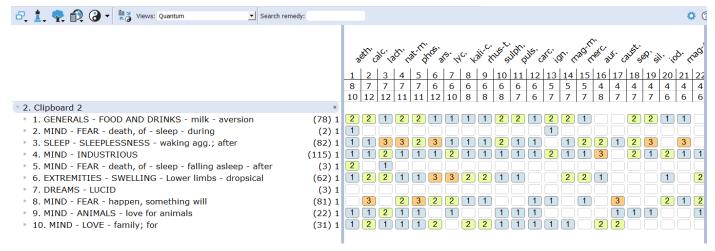
In the Repertory, *Aethusa* is the only remedy listed under the rubric "Fear death of, sleep during" (second rubric in the

> repertorization). It also has "Mind, fear, death of, sleep, falling asleep, after" (the fifth rubric); so that she fears to close her eyes "lest she should never wake." Both rubrics are highly characteristic of this remedy. (See Figure 1)

In many cases the Aethusa patient does not want to sleep. She is afraid to go to sleep, fearing that somehow, he will die during her sleep. A corollary to this fear is a fear of surgery; the patient fears that she will not awaken from the anaesthesia—an expression of the combination of the fear of suffocation and the fear to go to sleep. When she finally does drop off to sleep, the sleep is restless and often interrupted by frequent startling. *Aethusa* has strong fear of dark and death.

The patient calls "brutal" the experience with a dentist when she was 7-years-old. But she is also afraid of dementia because she cannot recall names and words. Aethusa benumbs the mind and makes it feel empty and incapable of perceiving, retaining and processing information.

When I asked her about her food preferences, she admitted never liking milk and having milk aversion and intolerance. She is concerned about dropsical swelling. Tendency to



In the Repertory, Aethusa is the only

remedy listed under the rubric "Fear death

of, sleep during." It also has "mind, fear,

death of, sleep, falling asleep, after."

Figure 1. Repertorization Chart (Radar Opus 2.0)

dropsy and edema is a strong symptom in *Aethusa*. She loves animals and we know that about *Aethusa*. Love for animals is strong in *Aethusa*. And *Aethusa* also covers tendon injuries. This helped confirm prescribing *Aethusa*.

Differential diagnosis

In the repertorization chart (Figure 1), *Aethusa* comes as the first remedy. This is because *Aethusa* is the only remedy well represented in the repertory for its peculiar sleeplessness symptom. *Calcarea ostrearum* (carbonicum), *Natrum muriaticum* and *Phosphorus*, three important polycrests, appear as second, fourth and fifth remedies, however, they don't present the two symptoms that describe the peculiar quality of sleeplessness.

Lachesis comes up as the third remedy and was considered in differential diagnosis. The reason for Aethusa over Lachesis is the need to connect and make the world a better place. For prescribing Lachesis to D. I would have liked to see some issues around fear of rejection, abandonment, feelings of not being loved, jealousy, as well as plenty of loquacity. The other possible remedies that came to my mind for differential diagnosis were a few salts of Phosphorus like Lithium-phos or Baryta-phos, in relation to communication and connection. But they never came close to Aethusa in relation to this case. Another remedy I thought of in regards to grief, strong family attachment, and insomnia issues was Causticum, but I ruled it out because it does not show the characteristic rubrics of the case.

Posology

Aethusa cynapium 30c was prescribed, not only for the results of the differential analysis but also because I applied the sensation themes to the case. The main issue of "sensitivity and reactivity" is rooted in the plant kingdom, where we see the sudden, unexpected, violent blows, accidents starting with the incidence in the womb, the trauma with the dentist when D. was 7-years-old, and then her unexpected brother's death. This, I felt and understood was the essence of this case.

I started prescribing dry doses of *Aethusa cynapium* 30c, one dose once a day under the tongue, for three days and asked for a follow up in three weeks. The patient preferred dry doses. I deliberately avoided a high potency to start the treatment. The potency 30c was strong enough to address this case which had a history of melanoma and basal cell carcinoma. The reason to repeat the dose three times was to give enough stimulus to the vital force in a chronic case with long standing insomnia issues. However, I told the patient to stop taking the remedy in case any dramatic improvement arose or if she started sleeping well.

First follow up

September 25, 2018

"I have habitual early waking at 2 and 4 a.m. Most times it's very hard to go back to sleep, and I am often awake for a couple of hours in the night. If you recall, I had had neurofeedback all summer and it had finally started to shift things where I was getting better sleep. I would still sometimes wake up but I would be very sleepy and could easily fall back to sleep. But in the last week something has shifted and now for the last six days, I'm waking around 2 a.m. and I am not able to fall back asleep unless I take melatonin or a quarter of a dose "Sleep-Eze" which is a very mild form of Benadryl.

"Another thing I had told you was that I have a slight tear in the meniscus of my left knee. I had had a sprain of the medial ligament from working outside in May and it never healed. I finally had an MRI which showed a tear, but even more important, it showed that the cartilage in my knee is disappearing. The regular medical doctor was recommending surgery to remove the tear, though he recognizes it does not really solve the bigger issue. So, I went to see a chiropractor who is known for helping people restore cartilage in the knees. This knee doctor wants me to take all of these supplements to rebuild the cartilage. He also does chiropractic adjustments, a laser treatment to the knee, ultrasound treatment, and a BEMER treatment which is pulsating electromagnetic waves to the knee. He also has an herb patch that I'm supposed to wear every day on the knee which is also to encourage oxygen, blood flow, and cartilage rebuilding. It has a long list of ingredients. This will go on for 12 weeks. I want to do this because it seems like a much better option than having surgery to remove the tear in the meniscus, which won't really solve the problem of the disappearing cartilage. So, trying this seems like a better option than surgery. The medical doctor agrees it is worth a try."

At this point I was certain that nothing had changed in her chronic picture. She is addressing the meniscus tear with other therapies. But, *Aethusa* also covers tendon injuries. Her sleep remains disturbed so she still needs the remedy. At this point, I suggested switching to liquid doses.

Prescription: *Aethusa cynapium* LM1. Take one teaspoon twice a day for three days, then nothing for three weeks. I gave *Aethusa* LM1 in a half-ounce dropper vial. She was asked to succuss (hit the bottle on the counter top), then put five drops of the solution in half a cup of water, stir it ten times and take one teaspoon morning and evening for three days. She was to make a new solution each day and follow the procedure. I intended to foster improvement with repeated doses, keeping in mind the sleep symptoms in the forefront to gauge amelioration.

Second follow up

October 2018

"I got pretty good sleep for the first week or so but then it went back to the old pattern of waking up and not being able to fall back asleep. I am able to fall back asleep in the early part of the nights—like if I wake up at 12:30 a.m. or 1:30 or 2:30 a.m. I can fall back asleep. But if I wake up at 3:30 or 4 or after, that I cannot fall back to sleep unless I take a quarter of a dose of something like "Sleep-Eze" which is like Benadryl. I have had some swelling in my knee which has a torn meniscus that I am trying to rebuild the cartilage. It had been pretty good for a while but last week it really swelled up out of the blue with fluid. If you recall I had four lymph nodes taken for testing, everything was negative last summer. And I don't know if that's now the reason for the swelling in the leg, a year later or not. One other issue that I have found out about is that I have high C-reactive Protein, which indicates an inflammatory response in my body apparently happening frequently, perhaps chronically."

She still needed the remedy more frequently than just first three days in three weeks. I was glad to see some improvement in the sleep in the first week though, meaning things were moving in the right direction. There were no other worsening symptoms. I like to follow minimum dose guidelines and she has had history of melanoma so I want to be sure to not overstimulate. In this situation with this response, I felt comfortable giving her more doses.

Prescription: *Aethusa cynapium* LM3 in watery doses. Take one teaspoon full once a day for four days; then every third day.

Third Follow Up

February 2019

"I have had many nights of seven and, twice! even, eight hours of sleep—no Sleep-Eze! But there are still times when I am awake at 2, 3 or 4 a.m. So better, though not where I'd like it to be."

There is good improvement, and good resonance with potency and way of dosing. But there is a need to continue.

Prescription: *Aethusa cynapium* LM3. Take one teaspoonful every third day. D. continued to come back for follow ups every two to three months. When she would plateau and would have a return of sleep disturbances, I kept on moving her up in LM potency. I have given LM3, LM5 and LM7. In the follow up of March 2020, I decided to go back to the centesimal scale and in dry doses again. She was travelling to Europe for a few months and said that dry doses were more convenient. In my 35 years of practising homeopathy, I have learned to try

different and flexible ways of dosing to adjust to the needs of the clients and their particular cases.

Prescription: *Aethusa* 30c, one dry dose once every other month as needed, in case the sleep symptoms returned. A year later, at the follow up in March 2021, I recommended for her to take a single dose of *Aethusa* 200c if the sleep symptoms recurred. I assured D. that it was perfectly fine not to take the remedy if she was feeling fine. As of October 2021, she continues to sleep well. She only needed to take single dose of *Aethusa* 200c in July of 2021.

\$ CO 8

Based on my experience of 35 years of practice, I often apply the dosing technique I used with D. If the action of the matching remedy seems to stall—indicated by improvement followed by return of symptoms—I move to a higher potency. And if symptoms still remain then I go to a different scale. In D's case, I started with a centesimal potency, then went to the LM scale, and then came back to centesimal. This strategy seems to address the symptoms quite satisfactorily. As there is very little written about the chronic picture of *Aethusa* in our materia medica, I am hoping that this case will help homeopaths in recognizing and solving chronic cases that need *Aethusa* as their chronic remedy.

References

- 1. Rajan Sankaran, *An Insight into Plants, 3* Vol. Mumbai, India: Homoeopathic Medical Publishers, 2007.
- 2. Hussain Kaisrani, Blog on Materia Viva George Vithoulkas. Aethusa Cynapium (c) Copyright 2006-2021.
- 3. Frederik Schroyens. *Synthesis repertorium homeopathi*cum snytheticum 9.1. Homeopathic Book Publishers, London. 2004.
- 4. Radar Opus 2.0. Homeopathic Software. © 2018 Archibel, Zeus Soft Co.
- 5. Personal communication in seminar presentations: George Vithoulkas, Paul Herscu, Kim Elia and Rajan Sankaran.

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Angry Little Girl

A Picture of Sanicula

By Samir Chaukkar, MD (Hom)

S is 3-years-old. She lives in Gurugram, Uttar Pradesh, India. She came for a consultation with her mother on January 3, 2021, with the following complaints:

- o Breastfeeding addiction
- o Poor communication
- o Repetitive behaviors such as spinning
- o Limited speech
- o Bites mother and other family members
- o Toe walking
- o Bad eye contact
- o No attention towards people
- o Not responding when her name is called
- o Irregular sleeping pattern
- No functional toy playing
- o No recognition of who is who
- Does not allow to put hairbands or any other accessories on her head

From the mother, verbatim:

"She spoke a few words and was responding when she was two and before two. And suddenly she stopped. She does not react to her name, she has not started talking, even 'Mummy', 'Papa'. She spins when music is played. She runs in the room and moves her head right and left. Talks to herself in front of the mirror. She likes to play alone; she does not like kids. She has eczema in her legs, most of the time she is scratching. She does not make much eye contact. She is not hyperactive, she does not do hand flapping, etc.

"What might have triggered this might be she was watching TV the most. She also has certain food allergy we don't know what, due to that she has eczema. One more thing: she puts everything in her mouth. She also bites me. And she repeats certain words again and again. Keeps on saying something. When she is angry she puts her hands behind her head repeatedly. Bites and licks everything these days. Hits her head when she is angry; she cries and runs away. Fear of heights and fire. Fear of cows. She was frightened of firecrackers when she was small. She also cries when there are too many people in one room.

"She does not go to other people when I am there, and cries. She does not understand emotions—I mean, when I am crying or anything, she does not react. Main thing is speech. She does not play with other kids. Attached more to me. She is addicted to breastfeeding; even after food she wants to breastfeed. She is our only daughter. She gets angry and cries badly. Even in the night she wakes up frequently and takes food. Yes, I am tired because of her. She is not very violent, only cries loudly. She likes to talk to herself and play alone loudly, and lots of tears. She wants to be carried all the time and fed. Also she needs to be on my lap all the time and rocked. Then she is quiet, otherwise constantly crying. She takes any box in her hand, keeps holding it for long time. Not interested in toys. More interested in boxes, wires, remotes, phones. Also she likes to open drawers and close them again and again. And always looking for something to eat. One thing I forgot to write, she does not sleep on time; she sleeps on odd timings such as evenings, and then she falls asleep very late, around midnight, and wakes up late the next day. When I sleep next to her, even if I caress her or put my hand on her, she pushes me away. She comes to me only when she wants breastmilk.

"And she does not repeat or give attention to what we say. Also as she has eczema and certain food allergy; doctor has asked to give a gluten free and casein free diet. She is crying a lot and puts her hands on her face. Also does not sleep for long and sleeps very late in night and wakes up early. Biting me and putting in her mouth all the toys, phone, remote. Although I am giving iron medicine to her. She is not calm and has mood swings. She is always running here and there, playing and saying something all the time. Fear of fire and big dark animals. Does not throw much. She is not scared of puppies, dogs. She pulls my hair, not hers.

"Bites me, does not spit, she spins when she is happy, toe walking. Always blabbering something which we can't understand. She shares, but when someone takes something from her she gets angry. Likes to eat crunchy things like chips, wafers, biscuits. Drinks milk the most. Very frustrated, starts crying and shouting and bites me. Throws herself on me, she also has gas problems. She cries in the night."

Comment: MS feels very hot and does not cover herself; even during the winter she throws off all covers and prefers to sleep naked.

Rubrics

IRRITABILITY-CHILDREN, IN RESTLESSNESS, NERVOUSNESS-CHILDREN, IN CARRIED - DESIRES TO BE Rocking-desires Touched-aversion to being-children, in TOUCHED - AVERSION TO BEING - CANNOT BEAR ANYONE TO LIE CLOSE TO OR TOUCH HIM [Clarke-Sanicula only Anger-Children; in Anger, Vexation, Irritability, Fretfulness, Bad Temper, Touched when [Phatak] Mood, Disposition: Fretful; Child: Cannot Bear TO BE TOUCHED, LOOKED AT OR SPOKEN TO Mood; Repulsive: everything offered to him, for COVERING: AGG. OR INTOLERANCE OF; KICK COVERS OR CLOTHES OFF; WEATHER, IN COLDEST [Allen; Phatac – Sanic & Sulphur] Nursing: Desire for, Constant [Clarke-Sanic &

Remedy Differential

Calc-phos]

Chamomilla children are very demanding, just like Cina. They will cry, yell, and throw temper tantrums, but when they are carried in a position they find comfortable they feel better and stop crying. However, Cina cannot be quieted in any way. It has rubrics like 'quieted cannot be by anything', 'only

by being carried rapidly'; 'frown disposed and snappish', with 'rocking fast ameliorates'. The *Cina* child gets tired of crying and then goes to sleep; sleeps only after he gets tired of crying. The *Cina* child does not know what he wants: 'Capriciousness'. Although MS's picture matches to a certain extent *Chamomilla* and *Cina*, there are two striking symptoms that tip the balance towards *Sanicula*: intolerance to covers even in the coldest weather—where the child kicks off clothes, and the desire for constant nursing, both mentioned in Clarke's *Materia Medica*.

Posology

The remedy prescribed was *Sanicula* 30c, doses of three crushed pills while sleeping, for three days, because the characteristic and striking symptoms called for it. A medium potency was chosen because MS presents moderate to high sensitivity, as well as moderate to high susceptibility on the functional level of the ailment.

Follow-up after one month

From the mother, verbatim:

"Thanks for your treatment. There is definitely improvement seen in terms of behavior. She has stopped breast-feeding completely; this is the biggest achievement. She has started babbling Mama, Papa, Baba, bye. Her sleeping has improved; previously she used to wake up every two to three hours. Now she sleeps the whole night and wakes up only once. Her eye contact has improved and she responds to us when we call her name. She smiles at us, expresses her emotions; her attention towards us has improved. She doesn't spin when she is happy. She has started smiling, blabbers, showing interest in video

Remedy	Sanic	Cham	Cina	Ant-t	Асоп	Staph	Ant-c	Sil
Totality	20	26	23	16	14	14	13	12
Symptoms Covered	12	8	8	6	5	5	5	5
Kingdom		>	8		>	>		
[Complete] [Mind]IRRITABILITY:Children, in: (92)	3	4	4	3	1	4	3	3
[Complete] [Mind]RESTLESSNESS, NERVOUSNESS:Children, in: (133)	3	3	3	1	4	3		2
[Complete] [Mind]CARRIED:Desires to be: (68)	3	4	3	4	3	3	3	3
[Complete] [Mind]ROCKING:Desires: (20)	1	4	3		3			
[Complete] [Mind]TOUCHED:Aversion to being:Children, in: (11)	1	1	3	3			3	
[Complete] [Mind]TOUCHED:Aversion to being:Cannot bear anyone to lie close to or touch him: (1)	1							
[Complete] [Mind]ANGER:Children, in: (42)	1	4	1	3	3	1		1
[Phatak] [Phatak A-Z]ANGER, VEXATION, IRRITABILITY, FRETFULNESS, BAD TEMPER: Touched when: (3)	1						1	
[Boericke] [Mind]MOOD, DISPOSITION:Fretful:Child:Cannot bear to be touched, looked at, or spoken to: (9)	2	3	3	2			3	3
[Complete] [Mind]MOOD:Repulsive:Everything:Offered to him, for: (13)	-1	3	3			3		
[Complete] [Generalities]COVERING:Agg. or intolerance of:Kicks covers or clothes off:Weather, in coldest: (3)	2							
[Complete] [Mind]NURSING:Desire for, constant: (2)	1							

Figure 1. Repertorization Chart (Schroyens 2022)

calls with family members. Now I can put a headband on her head."

Posology

Sanicula 200c three doses of three pills dry on tongue every morning. A higher potency was prescribed to accentuate the healing process, since MS was showing signs of improvement with the initial potency.

Follow up after three months

The mother reported the following changes:

- o Breastfeeding completely stopped
- o Started eating solid food with family
- o Irritability and restlessness better
- o Eye contact better
- o Responding to commands
- o Attention improved
- o Moods better
- o Sleeps throughout the night
- o Likes to be caressed now

Remedy prescribed: Sac-lac (placebo) — four pellets three times a day for three months

References

John Henry Clarke. A Dictionary of Practical Materia Medica, Medi-T © 2000, online. www.homeoint.org

S.R. Phatak 2003. Materia Medica of Homeopathic Medicines, Jain Publishers, hard copy.

Frederik Schroyens 2011, Synthesis Repertory. Jain Publishers.

George Vithoulkas, *Radar Opus* © 2022, Zomeo software.

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A Case of Vitiligo Healed with Homeopathy

By Girish Gupta, MD (Hom), PhD

characterized by the presence of depigmentation skin macules due to lack of pigment-producing cells i.e. melanocytes, resulting either in generalized or patchy depigmentation. In general, vitiligo is believed to be incurable.

Main complaints

A 52-year-old male reported for treatment of rapidly progressing, severely itchy, depigmented spots on the nape of his neck for the last five or six years (Figure 1). This patient had applied various steroid ointments with poor results. He was very anxious about his disease and kept on thinking whether vitiligo is curable by any system of medicine. The patient had endured stress for quite some time because of difficult financial conditions in his family: unemployment of sons and inability to marry daughters. His skin disease started after a few months of his silent grief, which he could not share with anyone in the family. He did not like consolation. He would get upset and angered very easily. He was always in a hurry and would get easily irritated by the least contradiction. The patient likes salty and warm food and is thirsty for large quantities of water.



Figure 1. Initial consultation (May, 2008).

Rubrics

AILMENTS FROM CARES AND WORRIES
ANXIETY ABOUT HEALTH
ANGER EASILY
HURRY TENDENCY
AGGRAVATION FROM CONSOLATION
CONTRADICTION, INTOLERANT OF
IRRITABILITY FROM TRIFLES
THIRST FOR LARGE QUANTITY OF WATER
DESIRE FOR SALTY FOOD
DESIRE FOR WARM FOOD

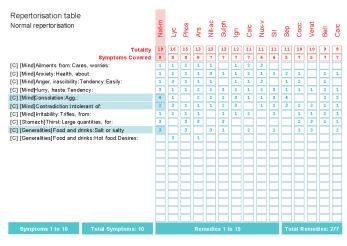


Figure 2. Repertorization (Hompath Classic, Version 8.0)

Differential Analysis

On repertorisation, *Natrum muriaticum*, *Phosphorus*, *Lycopodium* and *Arsenicum album* were the top four out a total of 277 remedies. *Natrum muriaticum* was selected on the basis of marked aggravation from consolation, liking for salty food which appeared in level four and three respectively.

Posology

Natrum muriaticum 1M. May 7, 2008, a single dose was given followed by placebo for eight weeks.

Follow-up

 July 17, 2008: Pigmentation started. Placebo for eight weeks.

- September 22, 2008: Slow improvement. Nat-mur. 1M, single dose was repeated followed by placebo for eight weeks on different visits.
- December 10, 2008: Pigmentation seen. Placebo was given for six weeks.
- January 25, 2009: Depigmented spots reduced. Placebo was given for ten weeks on different visits (Figure 3).
- April 10, 2009: Spots further reduced. Placebo was repeated for couple of weeks on different visits.
- August 10, 2009: Depigmented spots almost disappeared. Treatment was stopped and patient was advised to report in case of recurrence (Figure 4).



Figure 3: Depigmented spots reduced (January 2009).



Figure 4: At the end of the treatment (August, 2009).

The total duration of treatment was one year and three months.

References

Complete Repertory: Hompath Classic, Version 8.0, Mind technologies Pvt. Ltd., Mumbai

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The Homeopathy School International (HSI)

30th Anniversary

By Barbara Seideneck, CHom, CPHom, CCH, RSHom(NA)

mazing how every year, once again, an explosion of golden colors streams from the Aspen trees in the Colorado Rockies, marking the beginning of fall. An enchanting time for anyone coming to visit Colorado and also a very special time at the Homeopathy School International. The light, the mood of the season, great memories and successes give good reasons to celebrate the 30th Anniversary of the school. In October of 2021 it has been 30 years of exceptional experiences since the first day when 23 very enthusiastic homeopathy students gathered in Denver for their first class.

The certificate program at the school, one of the first modern training opportunities in Classical Homeopathy in the US, started in a partnership with the Massage Therapy Institute of Colorado, and was approved by the State of Colorado in 1990. The program expanded quickly from a one year to a three-year program to meet the hour requirements set by the Council for Homeopathic Certification (CHC). Further development of the program led to establishing the school as an independent non-profit institution. By September 1995, the school earned its non-profit status 501(c)(3), and in 1996 the school moved their classrooms from Denver to Boulder, Colorado, at the foot of the gorgeous Rocky Mountains.

The study of homeopathy has touched and changed many of our student's and our faculty's lives. We are so grateful for the support from our students and alumni which comes with their participation in provings and with the many beautiful emails and comments we receive. As of today, students and graduates of HSI serve on the school's Advisory Board, participate in online sessions, and sometimes just plain ask for advice for their case work and/or their practice. From the beginning, the school was supported by many generous homeopaths and experts in education. We sincerely extend our thanks and appreciation to David Warkentin, the developer of MacRepertory, and Julian Winston, homeopathic historian. Both were instrumental in the school's original develop-



First Homeopathy Class Meeting in Denver, Colorado

ment. Unfortunately, they left this world early but they left a lot to homeopathy.

At HSI we would like to give many thanks to the visiting instructors from around the world, and our instructors teaching throughout the decades, including: Carol Boyce, Miranda

Castro, Kim Elia, Mahesh Gandhi, Alastair Gray, Ian Luepker, Farokh Master, Misha Norland, Richard Pitt, Judyth Reichenberg-Ullman, Amy Rothenberg, Anne Schadde, Jody Shevins, Robert Ullman, David Warkentin, Juergen Weiland and Julian Winston. Our "thank you" is also sent to the teachers who did not get on this list. A very special note of appreciation is going out to Anne Schadde in Germany who has visited the school numerous times and has been there for the school all the way.

After teaching in a class room setting for over twenty years, the school's Distance Education Program was established in 2002. With the growing demand for the availability of homeopathic education outside of Boulder, Colorado, the time had come for this form of education. In hindsight, establishing a school in the 1990s does not seem to be a coincidence. During this time, a come-back for homeopathy became apparent; one could say there was a substantial resurgence of homeopathy. The need for a natural system of healing became very clear and what could be better than homeopathy, offering reliable natural medicines rooted in tradition. During the 1990s many conferences were offered in different countries in Europe, often with large numbers of participants in attendance and often organized by organizations like Homeopathic Links in the Netherlands and the Homeoepathie Forum in Germany. In the USA, the National Center's Annual Conference, their Summer School and also the conferences at the International Foundation for Homeopathy became very popular and the North American Society of Homeopaths was founded.

Nationally and internationally recognized for excellence in homeopathic education, the Homeopathy School International now offers study options to students worldwide. As of April 2017, HSI was the first Distance Education Program to be accredited by the Accreditation Commission for Homeopathic Education in North America (ACHENA), and is a founding member of the Council of Homeopathy Schools and Colleges (CHSC), an organization dedicated to the development and improvement of educational programs in Classical Homeopathy.

Barbara Seideneck, CHom, CPHom, CCH, RSHom(NA) is the President of the Council of Homeopathy Schools and Colleges (CHSC), has served on the CHC Case-Exam Committee, the ACHENA Board, founded the Homeopathy School International (HSI) in 1992, has taught homeopathy since 1994 with emphasis on clinical work and supervision. She received her certification from the CHC in 1997. Barbara has conducted provings of Amethyst, the Columbines, Ayahuasca and Emerald, and works in Loveland, Colorado. https://www.homeopathyschool.org/hsi-proving-research/



HSI Students at the Joint American Homeopathy Conference in Denver



A Class Weekend with Anne Schadde in Boulder, Colorado



David Warkentin, enthusiastic HSI lecturer and supporter



Anne Schadde demonstrating the expansion of the Rose of Jericho



The Last Journey Home: An Explanation in Rubrics

Homeopathy at the End of Life

By Jason-Aeric Huenecke, CCH, RSHom(NA)

he homeopathic practitioner's highest and only calling is to make the sick healthy, to cure. But how do we apply this at the end of life? Death can be the cure for the long-suffering and the final release of the personal vital force into the unbounded sway of the cosmic life force. The three main stages of dying are marked by changes in responsiveness and functioning, although the timing of each stage and the symptoms each person experiences will be unique to their own process.

Hearing the bad news

How does this begin? A client will receive a terminal diagnosis or they will know that something is seriously wrong. It is completely reasonable to feel shock, anger, sadness, followed by helplessness after receiving a diagnosis. Even if it later turns out to be a misdiagnosis, someone diagnosed with terminal cancer can take on all the emotional paralysis of a cancer patient. For some people, the feeling they're unable to cope with their situation does not go away, and they feel too low or immobilized to complete their final life goals or to begin putting their affairs in order. Many times in my practice my clients, or their children who are clients of mine, have come to me saying that their doctor has encouraged them to "go home and put their affairs in order..," telling them that there is nothing more that the allopathic paradigm can offer. The doctor — or more often a nurse or social worker — will often ask the client about their perceptions of their circumstance and diagnosis; how they understand their health and what they are experi-

Working with someone who is preparing for their death requires that you face your own mortality and skillfully concentrate your efforts on listening carefully and with compassion.

encing. There will be a wide variety of emotional responses that arise.

- o What needs to be healed?
- o What would you like to do or accomplish if you were healed?
- o What would you do or say if you had no fear?

And,

o Do you have any regrets or amends that you'd like to make before you die?

These courageous conversations can be long, tiresome, and arduous. Engaging in them is often difficult, awkward, and uncomfortable; they require vulnerability. This is why I advise my colleagues, mentees, and students to do their own inner work and see a homeopath. Working with someone who is preparing for their death requires that you face your own mortality and skillfully concentrate your efforts on listening carefully and with compassion. Challenges will arise in these circumstances, for example when meeting someone who is your own age, from a similar cultural background, who is facing their imminent death.

No one knows how they will feel when they begin to put their affairs in order. This can include emotional decisions about forgiveness and family reconciliations; giving precious heirlooms to a particular heir; and choosing not to divide one's estate equally, when heirs have different financial circumstances. The paperwork can be tiresome and especially excruciating when done during intense fear of death and regrets about life. These acts can bring up strong feelings for some of our clients, while others will do this without any effort. In retrospect, sev-

eral of my clients intuitively knew that they were at their end of life. Sometimes the process goes swiftly.

The unique situation of cancer as an example

Clients who were recently diagnosed with cancer and "given" only a short time to live may be unusually difficult to handle: in terms of their emotions; legal or licensure restrictions about whether you can address the cancer itself; and the level of support needed, given how unusually terrifying this diagnosis is. In particular, you will need to:

- o Meet the client where he or she is at
- Stay present to grief, panic, shock, denial, bargaining, depression after diagnosis
- Explain how homeopathy can mitigate the effects of chemotherapy and radiation
- o Explain how homeopathy can be used in conjunction with surgery and recovery
- o Offer homeopathic palliation
- o Have courageous conversations that can open the client up to acceptance and finding meaning

Many of my clients have completed allopathic medicine trials, or extensive chemotherapy and radiation treatments. To be honest, I am relieved when someone is disqualified for allopathic medicine trials because in my experience those trials often shorten the client's lifespan. These clients have tried everything and then come for homeopathy in a last-ditch effort to preserve their lives.

Rubrics for the dying process

Sometimes death is the ultimate cure, and it is part of our journey as homeopaths to learn that. It is not easy to switch our focus from preserving life to totally following the vital force to its ultimate expression. In the remainder of this article, rubrics will be provided for the typical symptoms at each of the three stages of dying. Some of these rubrics are unique to this process (those that mention death and dying, as you will see) and will be especially helpful to find supportive remedies for your client. Others are more general, like Mind, company,

Sometimes death is the ultimate cure, and it is part of our journey as homeopaths to learn that. It is not easy to switch our focus from preserving life to totally following the vital force to its ultimate expression.

aversion to, and Skin, warmth: these symptoms can happen in many different conditions. The latter is included here because it is a "strange, rare, and peculiar" in the dying process. So these more general rubrics are useful only as elimination rubrics, to narrow down the choice once you have found several top remedies from the death-specific rubrics. Based on my many years of experience in hospice work, I have included only the remedies which I have found useful in hospice and have eliminated most remedies in these large general rubrics like Mind, company, aversion to, and Skin, warmth.

The early stage

Initially, the client's body starts to shut down, conserving energy, if you will, and therefore does not need as much nourishment as it did in the past. This can be disturbing to the client's family and friends. It is good to remember that this does not cause the client any pain or suffering. This is a natural process in which the body shuts down the appetite, hunger, desire for food or drink. As a homeopathic practitioner it is good to know that around one to three months before a person begins to die they will:

Begin to sleep or doze more

```
Sleep — Dozing
Sleep — Need Of Sleep — great
Sleep — Sleepiness — overpowering
```

Experience a diminishment of appetite and thirst

```
Stomach — Appetite — diminished
Stomach — Thirstless
```

The client may begin confusing the present with the past

```
MIND — MEMORY — CONFUSED

MIND — MEMORY — ACTIVE, PAST EVENTS

FOR — HAUNTED BY AND LONGING FOR, REMEMBER-
ING PAST EVENTS
```

Seeing, conversing, or having visitations with their dead loved ones or beloved pets from the past

```
MIND—Delusions—animals
MIND—Delusions—dead—animals, sees
MIND—Delusions—dead—persons, sees
```

The client may begin to talk about "going home" or "going away"

```
Mind — Delirium — Home, wants to go
Mind — Delusions — Home — Away from Home; he
is — Must get there
Mind — Home — Desires to go
```

Stop talking or responding

MIND—SPEECH—INARTICULATE

MIND—QUIET; WANTS TO BE

MIND—TACITURN

Withdrawing from people and worldly activities

MIND—COMPANY—AVERSION TO

MIND—COMPANY—DESIRE FOR—FAMILY, OF HER

Mind—Indifference

MIND—INTROSPECTION

 Children who are dying may become quite talkative and ask deep questions

MIND—LOQUACITY—CHILDREN; IN

Mind—Loquacity—children; in—precociously

LOQUACIOUS

MIND—PRECOCITY OF CHILDREN

The middle stage

A week or two before the client's death the client may:

Become bedridden

MIND—BED—REMAIN IN BED; THE DESIRE TO

Stop eating and drinking

MIND—EATING—REFUSES TO EAT

STOMACH—THIRSTLESS

• Fewer or smaller bowel movements

RECTUM — INACTIVITY OF RECTUM

• Less urging to urinate

BLADDER — URINATION — SELDOM

Increased pain

MIND—SENSITIVE

MIND—SENSITIVE—PAIN, TO

 Mind — $\operatorname{Sensitive}$ — Pain , to— beside oneself from

PAIN; BEING

GENERALS—PAIN—APPEAR SUDDENLY

Sleep patterns change

SLEEP—SLEEPINESS—DAYTIME

Confusion of mind, dazed and confused

Our process as homeopathic practitioners is to stay with whatever is happening. Reassure the client that they are safe and loved, that you and their loved ones are present. Some clients need to be told that it is okay to go.

MIND—CONFUSION OF MIND

MIND—DAZED

MIND—DREAM; As IF IN A

MIND—STUPEFACTION

Changes in blood pressure, heart rate, and breathing

Chest—Heart Failure

RESPIRATION — INTERMITTENT, UNEQUAL

RESPIRATION — IRREGULAR

Throat—Congestion

The client may develop a death-pallor

FACE — HIPPOCRATIC [SUNKEN EYES AND CHEEKS, PINCHED NOSE, HARD SKIN, LEADEN COLOR]

 ${\it Face-Discoloration-bluish-Eyes-Around;}$

CIRCLES

FACE—DISCOLORATION—GRAYISH

FACE—SUNKEN

FACE — WAXY

Mouth—Discoloration—blue

Skin—Discoloration—Bluish

SKIN—DISCOLORATION—PALE

Skin—Discoloration—yellow

• Body temperature fluctuations

Skin—Coldness

Skin—Moisture

SKIN—HEAT—SENSATION OF

Skin—Warmth

SKIN—WAXY

Generals—Pulse—discordant with temperature

Breathing may become shallow, irregular, fast, or abnormally slow before death. Cheyne-Stokes is a pattern of breathing that is rhythmical, going from deep breaths to shallow breaths (or even temporary cessation of breath) that can be alarming. Especially if you or the client's family thinks the person has stopped breathing altogether. Breathing troubles can be distressing for family members, but often it isn't painful for the client. Ironically, a client may also become clear-headed in their final hours, especially when someone is being treated homeopathically at the end of their life. Sometimes the well-chosen remedy, judiciously selected, can stimulate what

is called 'rallying'. This is when the client goes into what is known as 'terminal lucidity'. The client's family members often mistake this as a turnaround and hope that the client will make it. However, rallying is a well-known pre-death indicator. A rally can last for a few moments or even several days. These experiences leave a profound impact on the client's family and friends who are present at the end of their life.

Remember that when a person is dying they are in non-ordinary reality. They often have vivid and terrifying or reassuring inner experiences. Your client may hear voices that you cannot hear, see things that you cannot see, or feel things that you are unable to touch or feel. They may experience delusions of persecution and delusions of grandeur or be visited by God, angels, or loved ones long dead. Some become relaxed yet remain tuned in, in a complete state of serenity, tuned in to what is going on around them or even at a great distance with a tremendous display of clairvoyance. Doctors will call these experiences hallucinations and attribute them to oxygen deprivation in the brain. However, nurses and hospice workers find that it is more supportive for the dying person to acknowledge how real these experiences are for them. These professionals—who work more closely with the client than doctors do — often report that the dying person can have access to information from these invisible visitors which they could not possibly have had in any other way. Therefore nurses and hospice workers are more open-minded about how real these 'apparitions' are.

As homeopaths, we are accustomed to treating 'delusions' differently than a mental health professional would: the latter would consider them hallucinations, as non-real, whereas to a homeopath, we prioritize them as representing the client's inner world, their inner experience of reality. If a client feels unwanted and unloved, for example, we are not interested in whether literally, everyone who knows the client has abandoned him or her; we will use a rubric like Delusion, friendless to prioritize this important aspect of how the client experiences life. Therefore, as homeopaths, we are more prepared than allopathic physicians to acknowledge and respect the dying client's report that long-dead relatives are visiting.

Sometimes dying persons confuse reality and may think that others are trying to harm them. They may also think that they are performing a task in the hospital or the house. Some may see this as the veil lifted between two worlds. The client may become restless, and pick at their bed-sheets or clothing (a typical *Hyoscyamus niger* symptom). A client who wants to be dressed up in her finest clothes, with jewelry, and make up may need *Elaps corallinus* or *Platina*. Some clients want to talk or philosophize (*Conium maculatum* or *Sulphur*), or hold court (*Apis mellifica*), or make prophecies (*Phosphorus* or *Promethium muriaticum*) or amends (*Ignatia amara* and *Natrum muriaticum*), while others become restless (*Arsenicum album*)

and act as if they need to start preparing for a trip (*Calcarea phosphorica* and *Tuberculinum*).

If your client seems to see and talk to someone who isn't there, and they appear calmer, or happier, you need not convince them that no one is there. Challenging a dying client may upset them or make them quarrelsome. Likewise, if the dying client is upset by the animal in the room, under the chair, or on their bed, you can tell them to "shoo it out," or tell the dog, "go on, get out of here!"

The end stage

According to Dr. Kübler Ross (1969)¹, "There is a time in a patient's life when the pain ceases to be, when the mind slips off into a dreamless state when the need for food becomes minimal and the awareness of the environment all but disappears into darkness. This is the time when the relatives walk up and down the hospital hallways, tormented by the waiting, not knowing if they should leave to attend the living or stay to be around for the moment of death. This is the time when it is too late for words, and yet the time when the relatives cry the loudest for help—with or without words.... It is the hardest time for the next of kin as he either wishes to take off, to get it over with; or he desperately clings to something that he is in the process of losing forever."

The client will become increasingly less responsive to their surroundings in place and those around them, to the point where they will eventually become unable to speak or move at all. This is very unsettling for the client's family and friends. This is typically seen during the last days of life. Then, it all goes silent. The client begins to slip away when death is imminent and:

Refuses food and drink

```
Mind—Eating—refuses to eat
Mind—Indifference—drinking, to
Mind—Indifference—eating—to eating
```

- Elimination stops, no more urination or bowel movements
- The liver, kidneys, heart, or other major organs begin to fail
- The brain shuts down
- The mind wanders in delirium and facial expressions often change to a grimace or scowl

```
Mind — Delirium — grimaces, with Mind — Scowl, tendency, to — pain, with
```

Elisabeth Kübler-Ross, On Death and Dying, 1969.

FACE — RISUS SARDONICUS [THIS IS THE MOST DEATH-SPECIFIC RUBRIC: IT REFERS TO A 'GRIN' PRODUCED BY CONTRACTION OF THE CHEEK MUSCLES THAT OC-CURS BEFORE DEATH IN SOME INSTANCES]

 Eyes tearing profusely, stare off into space and glaze or cloud over

```
Eye — Lachrymation, general — profuse Eye — Staring — unconsciousness
```

Eye—Staring—vacantly

• The pulse and heartbeat become imperceptible, irregular, slow or faint

GENERALS—FAINTNESS—PULSE

- p imperceptible; with
- ¬ Irregular
- a slow
- Body temperature drops

```
Skin—Coldness—icy
Generals—Temperature—change of
```

• Skin becomes mottled, especially on hands, knees, and feet (usually within the last day)

```
SKIN—DISCOLORATION—MOTTLED
```

Gasping for breath and then cessation of breathing

```
Respiration — Gasping
Respiration — Irregular
```

Some people may still be able to hear and feel while in an unresponsive state at the end of their life. During this time the client may drift in and out moving between the world of the living and the world of the dead. In the last few hours, it is important to encourage an atmosphere of calm, quiet, and peace, however, that doesn't mean that people should refrain from authentically expressing their feelings. It is important to know that the client may become quite restless and act out in a delirious or confused manner and have supernormal experiences which western allopathic medicine considers as hallucinations; however, for the dying person, they are absolutely real. Hallucinations are considered by allopathy as a part of a false reality and a delusion is the lived experience of the person. For instance, hallucinations can involve seeing someone who isn't there or hearing people talking when there is no one around. So upsetting they may weep, shriek, cry out, strikeout, or try to climb out of bed. Some who have been weak and in bed for weeks or days may have a sudden renewed strength.

Our process as homeopathic practitioners is to stay with whatever is happening. Reassure the client that they are safe and loved, that you and their loved ones are present. Some clients need to be told that it is okay to go. The client's detachment from their surroundings and relationships is the normal neurobiological and psychospiritual response to the process of dying.

The very end

- During the last days of life and the final stage of dying, the patient will show:
 - Disorientation and restlessness will grow; and time will be exaggerated (for all concerned). The restlessness noted in this stage is attributed to changes in metabolism.

```
MIND—ORIENTATION; SENSE OF—DECREASED
MIND—TIME—SLOWLY, APPEARS LONGER; PASSES TOO
```

• There will be significant changes in the client's breathing, elimination function, continence, and total relaxation of the client's system. When a person is just a few hours from death, you will notice changes in their breathing: The rate changes from a normal rate and rhythm to a new pattern of several rapid breaths followed by a period of no breathing (apnea).

```
Respiration — Intermittent, Unequal Respiration — Irregular Respiration — Arrested [Apnea]
```

• The circulatory system slows down blood to internal organs which causes the lungs to lose their power to clear out fluids as well as the relaxation of the throat muscles. The death rattle is a kind of gurgling sound that you may hear when the client is dying. This happens because they are no longer able to swallow or cough, so saliva builds up in the back of the throat and upper airways. The fluid causes the rattling sound when air passes through.

GENERALS — CHEYNE-STOKES RESPIRATION [SHORT PERIODS OF IRREGULAR BREATHING INCLUDING BOTH HEAVIER, MORE RAPID BREATHING AND NOT BREATHING AT ALL]

The end-of-life experience is one of the most profound experiences that we can participate in our clients' lives. Many times my clients have told me that I am the one they've entrusted with their sacred inner content, delusions, disappointments, dreams, fears, hopes, and resentments. If you are the one your client trusts, they will ask you many things about the dying

and death process and experience, they will likely have profound and unanswerable questions about what it's like to die, and about saying goodbye. Remember, we do not have maps for most of these experiences: we always follow the vital force even into death, the ultimate cure. I have learned that there are certain *nyams* (Tibetan for signposts) that occur within my own mind when death is near, a kind of soothing bliss, mental clarity, and visual acuity—everything appearing in living technicolor.

Finally, it is not uncommon after a lengthy illness, for the person's loved ones to wish them to die. As the time of death comes closer, many people (the client and their loved ones) have an innate sense it is time to let go. This is normal and differs from depression or thoughts of suicide. There is a sense that they are moving from the finite game of life to the infinite game. People often resist this letting go. Think of the many ways you yourself grasp onto and remain attached in life. Family members and friends who love the dying person may experience a shift and know that it is time to let go as well. The loved ones of the dying person have gone through many stages too, adjusting to their loved one's elder-hood, slowing down, aging, sickness, often managing the end of life long chronic illness, then learning to accept that the end of life is near, and then coming to accept the possibility of their loved one dying or dig in and deny that death is near and refuse to accept the inevitability.

In these instances, you may think of Aconitum napellus, Ignatia amara, or Opium for the client's family members. While this is unfolding the dying may become upset or visibly distressed or agitated at causing grief for those who love them, and, therefore, receiving permission from their family and friends that it is okay to die can relieve this distress. There is a natural time for this to happen. This is when the whole family system moves into acceptance of the inevitability of the situation. As I mentioned above these experiences and conversations can be trying, scary, and anxiety-producing for homeopathic practitioners who haven't cultivated their skills in being present to their clients at this final stage of their living process. However it can be remarkably transformative and deeply satisfying to move through this remarkable phase of living and dying for yourself, your client, and their family and friends.

Jason-Aeric Huenecke, CCH, RSHom(NA) began his training as a Classical Homeopathic Practitioner at age 18, and attended the Northwestern Academy of Homeopathy at 28. He also studied hospice care in 1988-1990, and volunteered in hospice care in the 1990s; trained as a death doula in 2020. Co-founder with Desirée Brazelton, of the Prometheus Homeopathic Institute.



Miasm Sonnets

By Jan Dederick

Psora

Psora rises up before the sun does, clouds the day before dawn has broken, bearing gifts of worry, fear, and cringing in face of change. Life's words die unspoken, choked-on, bone in the cervix of the soul, dilation delayed by Psora's dark doubt; stillborn brainchildren litter the life, Psora's cord round their necks, life-flame snuffed out.

Nameless the fear he scatters before him, formless the worry that hangs like smog. He used to scratch all day and night; Sulphur cleared skin, but life since is a bog.

The itching in the soul must needs come out. The rash of fear will lift then, have no doubt.



Sycosis

Sycosis says, 'I haven't got enough. Gimme gimme gimme, I need some more! I need bigger, better, faster, for sure! I love loud rock'n roll, sex, drugs'n stuff.

I'm up all night creating, having fun, my privates sometimes dribble, I confess, candles from my nose, disgusting mess. I don't do mornings; call at twelve or one.

I can be hard-hearted, cruel to animals: dropped my cat from second story window just to see if where it landed far below was in fact, as advertised, on its phalanges.

If ever you find I'm driving you crazy, take me to the seaside, instant easing.



Syphilis

Syphilis gets turned on by dark of night, no pleasure's to be had between his sheets. Testicles undescended set the tone, palates cleft, spaced and peggy little teeth.

Perspiration drenches his pajamas, saliva gushes between lips, past tongue. Deep bone pains wreak howls of complaint, ulcers burn like blacksmith's livid tongs.

Syphilis hangs a bare and glaring light bulb, shines it in Life's face, interrogates, finds her lacking, unworthy of his trust.
Visions of exit strategies bait him.

The ulcer in the soul eats it away. For a chancre-free member, high price to pay.



Tuberculinum

Tuberculinum loves a windy day, to liven up her journey far away. Not too hot, please, but certainly not too cold! her lungs so sensitive to dust and mold.

Her grandpa coughed up blood on his death bed, now she grinds and wakes with terrors instead. Her lovely lashes lend a dreamy air, a wispiness attends her, a fey flair.

Her energy's a yoyo, up and down, her favorite vacation, a mountain town. Bacon makes her salivate, milk disagrees, dogs may frighten her, cats may make her sneeze.

She looks at every fence's other side, restlessness keeps her slim, dissatisfied.



Carcinosinum

Carcinosin needs some help with boundaries. Dominating father, oppressed mother: pleasing them, this sensitive's desire. Where does she begin, where ends the other?

Sensitive to a fault, well-behaved one: who could tell the storm interred inside? She'd rather feel the razor cut her arm than feel the darkness, rage she has to hide.

She fears she'll get cancer, and well she might, her relatives aplenty gone of it. Everything looks ducky on the surface, but puberty's tsunami rises, hits

hard ashore, rebellion on the menu, mono, tattoos, cutting, gone sweet ingenue.





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The Canadian College of Homeopathic Medicine: An Epic Story; a Journey of Love

Interview with Joyce Edge, Vice President of the Canadian College of Homeopathic Medicine

By Narda Alcantara Valverde¹

n the North American homeopathic milieu it is well known that Raymond Edge founded the Toronto School of Homeopathic Medicine, now known as the Canadian College of Homeopathic Medicine (CCHM). In this interview, held between October 2021 and January 2022, Joyce Edge—wife, collaborator, and Ray's life partner—recounts her story, and how a series of fortuitous events took her on an amazing adventure that resonates with so many graduates and practitioners of the Art of Homeopathy, in and outside of Canada.

AH: Thank you for accepting this interview. The very first thing I would like to ask is: What inspired Ray to become a homeopath? There are many examples of homeopaths whose start in the practice was triggered by a sudden serendipitous event. What was Raymond Edge's moment of truth?

JE: It was 1984, England. Ray was a musician, trying to make a living as an artist. After a typical evening with friends, he was suffering from a hangover. So, a buddy gives him a homeopathic remedy called Nux vomica, and voilà, no more hangover. Ray says "What is this stuff?" At that time Ray starts reflecting on this, he's thinking to himself, "Here I am, 36 years old and I'm not making a great living out of my music, maybe it's time to find a new career," And off he goes to Misha Norland's School of Homeopathy in Uffculme, Devon. Meanwhile he's living in Wales, so he commutes for one fourday weekend per month for the next four years. After graduation he establishes his practice in Wales, works in a dispensary for underprivileged children, and volunteers as a DJ at a local radio station. His love for music never waned.

AH: We know that Raymond graduated and started his practice in Wales. How did he decide to come to Canada?

JE: In 1994, he was penniless and homesick for Canada, so he returned to the city of his birth, Toronto. Did I mention that Ray and John Struthers and another wonderful friend, Adrian, had all worked together at The Old Spaghetti Factory, a restaurant, in the late 70s and early 80s? Well, by now John has completed his law degree and is practising here in Toronto, and as the good buddy that he is, he sent Ray the dinero for his flight back to TO, picked him up on his motorcycle, and whisked him downtown to see The Toronto Maple Leafs. So Ray was back immersed in Canadian culture before he knew it.

AH: What was Raymond's initial motivation for creating a college of homeopathy in Canada?

JE: Another college of homeopathy in Toronto offered him a teaching position. Ray very quickly realized the deficiencies in that college, and thought to himself, "I can do a better job of this." So he placed an ad in Vitality Magazine, thinking that if he got five or six students, he could start a study group. Meanwhile, he is living in a spare bedroom at John's house. There was such pent-up demand at the time for homeopathic learning that he ends up with close to 50 students enrolling for first year. When some of the pupils at the other school learn that he is starting a new school, many of them decide to transfer. He literally launched the school with close to one hundred students from a standing start. And, thus, the Toronto School of Homeopathic Medicine was born in 1995, and his good buddy Adrian is the accountant. John and Ray used to joke, saying that Adrian had been their busboy at "The Spag" (The Old Spaghetti Factory), and that he continued to clean up their messes forever going forward.

I wish to thank my colleague and friend, Brigitte Boucher, for helping me with the transcription and proofreading of this interview.

AH: Where was the School located, and how did Ray assemble a teaching team? It must have been difficult to find appropriate faculty.

JE: During the first year, students were taking classes at both The Toronto Healing Arts Centre and at Victoria College on the University of Toronto campus. Sometime before, Ray had attended a lecture on homeopathy taught by Dr. Paul Saunders. He asked Paul if he would teach for the new school, and Paul accepted. Dr. Joan Weir was practising from The Toronto Healing Arts Centre at that time, and Ray also prevailed upon her to teach. Joan taught at Ray's School for about 22 years until she retired. Also, Drs. Joseph Kellerstein and John Millar joined us, I believe by the 1996-1997 school year. Paul had asked Joe if he would like to join a discussion on homeopathy for potential students that was going to occur at the Brunswick Theatre. After that, Ray invited Joe to join the faculty. John had been teaching together with Ray at

the other college and accepted a position with the School as well. I understand our earliest teachers also included Dr. Marty Begin and Basil Ziv, I believe from 1996-1997. Paul, Joe, and John still teach at the CCHM.

In 1997 The Toronto School of Homeopathic Medicine moved the clinic and admin-

istration to Yorkville Avenue in downtown Toronto. Ray held clinic there but continued lecturing at Victoria College, where we were still holding classes when the 2020 pandemic broke out.

AH: Let's focus on you. When did you get in touch with the College and in which capacity?

JE: I was led to homeopathy by a girlfriend that I met on a beach in Venezuela at Christmas of 1973. She was still in high school and she was practising English on the tourists. Years later she moved to Toronto to go to the chiropractic College, she got in touch, and my family became her adopted family while she was here. Ilda married a Canadian but she went back to Venezuela, where I visited her probably three times in the 13 years she was there. Ultimately she moved with her family back to Canada because of the prevailing economic and political climate there. She studied one more year of chiropractics in Toronto but she failed the chiropractor exam twice, what with four teenagers at home and trying to adapt to life in Canada. Besides, they had made the exam ever more stringent. Then she thought, "Well, I'm clearly not meant to practice chiropractics here and I've always been interested in homeopathy." So Ilda decided to become a homeopath and she enrolled at the TSHM. She went there for three years

without ever mentioning Ray's name to me. Then, I began to have all kinds of hormonal issues, so I said, "I want to see a homeopath," and she set me up with one of the faculty. I became a homeopathic patient in 1996. I met Ray three years later.

After being with Ray for six years, I was working a little bit part-time at the School with some management aspects and interfacing with prospective students. Eventually, I came to like working for the School and I ended up taking the challenge and doing the program myself while I continued to work full-time in commercial estate. I enrolled at the School in 2005 without really knowing what I was ultimately going to do with a diploma in homeopathy, and graduated in June of 2008.

In the fall of 2008, the day after Labour Day, I thought: "I'm just going to the school today instead of going to my real es-

Ray was a musician, trying to make a living

as an artist. After a typical evening with

friends, he was suffering from a hangover. So,

a buddy gives him a homeopathic remedy

called Nux vomica, and voilà, no more

hangover. Ray says "What is this stuff?"

tate office, because classes are starting this Saturday, and I'm just going to go and play. I am going to have fun and spend the day helping out with whatever." In those days we were still giving the students everything in three-ring binders. There was a lot of photocopying and hole punching and all that sort of thing. So that's how I started working

at the School, and I never left. I kept my realtor license for the next two years but I didn't work at it at all. I focused on the School. It was so much fun and, in those days, we weren't bothered with regulation. It was just the sheer joy of running a school that was doing well and teaching people how to help people. The energy was so light and so wonderful that I just never left.

AH: So you did not find homeopathy through Ray. This was your own 'independent' discovery, so to speak. Would you mind talking about your 'discovery' of Raymond Edge, the man?

JE: It was 1999, at the very beginning of online dating. I didn't even have a computer in those days. I bought one for that purpose and I didn't know how to use it. But as a commercial realtor I had an assistant who put me on there, and so I sent my profile. Ray was the first person to reply and we arranged a phone call. In his profile he had put that he owned a small private school and I asked him to tell me about his school. Or course, these are the first words you use to engage in a conversation, and then he tells me the name of the school. And I go, "Oh! One of my best friends just graduated from your school!" And I could hear Ray's inner voice just thinking to himself, "Oh, really? You know, most people in Toronto

have never even heard of homeopathy and you're telling me that one of your very best friends has just graduated from my little school? I don't think so." And then I tell him my friend's name, and that she had invited me to the graduation ceremony. But I could not attend, because my father had just passed away and I did not feel up to the circumstances of meeting new people and so on.

Ray and I became engaged October 23, 2000, one year exactly after our first date, and we got married the evening of December 16, 2000. The date was picked by geomancer Paul Ng as it formed a golden triangle from the times of our respective days of birth, representing an unbreakable union, and that is what it turned out to be. We enjoyed a tremendous

"I'm just going to the school today instead

of going to my real estate office, because

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ring binders. There was a lot of photocopying

and hole punching and all that sort of thing.

romance. Our union inspired many of the songs for Ray's award-winning CD in 2005. When I finally quit real estate we were pretty much together 24/7 running the School, but also for other reasons....

Ray's health challenges actually started three months before I was going to graduate in 2008, and just when I was thinking, "There's light at the end of the tunnel." Ray was diagnosed with Parkinson's disease and it was just so devastating. Then again, I think

of the good fortune of being with him, because Ray was a visionary and a good teacher; he saw what needed to be done, but the administration of a college, the dealings with regulations and bodies of health authorities, the negotiations, the lobbying that was needed to survive as a college and obtain recognition from the provincial government, those were not Ray's gifts. So I think that God put the two of us together the time that it happened.

AH: You were my first contact with the College of Homeopathy, and I remember your endless energy, your drive to make things work. I was already acquainted with homeopathy and I did not doubt the healing powers of homeopathy. I just could not believe that I could become a practitioner myself. You convinced me, on the phone, to get my diploma in four years. And I did. So your role at CCHM has always been instrumental to making things happen. Tell us about the transition from the School to the College, and to accreditation and regulation.

JE: Ray fought for the accreditation of our curriculum from the very beginning. It was always one of his major concerns. And our College obtained the ACHENA accreditation in 1999, so that we were the first homeopathy school to be ac-

credited by this body, and to this day, we are North America's longest continuous running homeopathic college.

Regulation is mainly about mitigating the risk of harm to the public—and, of course, there is very little risk of harm with homeopathy. However, there were other schools in Ontario that included homeopathy courses in their curriculum and were pushing toward regulation. So, in October of 2009, the Ontario Ministry of Health named a transitional council to move The Homeopathy Act that was passed in 2005 towards proclamation. At that time there were a handful of schools teaching homeopathy in the province, but they had differing views, and I felt that we needed a coordinating body where we could all meet together. In April of 2010 I had organized a

weekend with a homeopathic master lecturer. I had booked a room at the University of Toronto for two hundred people. We had one hundred students in class at the time and I planned for all to attend. The remaining one hundred seats I would sell to other homeopaths. I invited other schools, associations, professional homeopaths. I would offer them tables to sell their products—medicines and books—during the event. So, Ι started making telephone calls, tell-

ing them, "I am a newbie in homeopathy, and there's always things we're going to disagree on about homeopathy. However, there is one thing we can all agree on, and that is that there should be equitable representation on the transitional council for regulation. Would you come to a meeting to discuss that?" And they all agreed. That set about the formation of the coalition. The Act was finally proclaimed five years later, on April 1, 2015, bringing into existence the College of Homeopaths of Ontario. Homeopathy became a regulated profession in Ontario from that date forward.

AH: You were, then, instrumental in making the homeopathic schools and associations work together. But, I imagine that, like all bureaucratic processes, the impact of regulation had both beneficial and undesired effects on the practice and teaching of homeopathy. Tell us about that.

JE: The years between 2010 and 2015, when The Act was finally proclaimed, were very difficult. It was like going from the frying pan into the fire. Once we had finished one set of applications, we would have to flip into another set of applications. We lost students during that period because there was confusion about the nomenclature and the standards of the profession. For instance, only allopaths could call them-

selves "doctor," but some schools still marketed themselves by offering a diploma of "homeopathic doctor," even when The Act established fines of \$25,000 for the first offence and up to \$50,000 for a second offence. Some of the smaller schools were finally forced out of business during the regulation process.

What I did then was that I got support from schools of homeopathy in England and the US, because at that time we used to have quite a few correspondence students taking distance courses. I got the owners of those schools involved so that they could lobby with me by sending letters to the Health Minister, for instance. The fees became another problem because, after we were regulated, the Ministry of Health was proposing fees that were exorbitant for the practitioners, and so I lobbied to make them recognize that, for the College of Homeopaths of Ontario to survive, they would have to subsidize the fees for at least the first few years. Ultimately, we were successful in this respect.

But several things were happening concurrently. The College was accredited by ACHENA in 1999, but I was also lobbying the Council for Homeopathic Certification (CHC) for recognition of our distance programs. On September 28, 2016, the College of Homeopaths of Ontario approved our curriculum, and we received the equivalency from CHC in May 2019, so that students from the US were able to write the certification exam. So, in answer to your question, this was a period in which more people in the profession were interested in the governance of homeopathy than in the advancement of homeopathic knowledge, and it was just ludicrous the number of fingers in the pie from so many different places. Meanwhile, the enrolment had been decreasing every year, even after The Act had been proclaimed. People were driven away by too much bureaucracy.

AH: It is indeed impressive to see the effort and time you put into obtaining the recognition and accreditation of not only the College, but of the profession itself in Ontario. And then, after this epic adventure, we arrive at the 2020 pandemic. How did that affect the Canadian College of Homeopathic Medicine?

JE: The arrival of the pandemic was a real turning point for our College because, by the time the lockdown was imposed, we were ready to teach our program online—and that included all of our science courses. We had planned to go online in September, 2020 because more and more students were asking for distance education. All of our lecturers were working on writing the courses to replace the ones that were being taught in class. But, actually, we went online in March 2020, forced by the lockdown. At the same time, the profile of the students enrolling in our distance courses was changing. Now we had people from the health sciences: nurses; osteopaths; chiropractors; a few doctors; pharmacists; and nutritionists.

These students got exempted from taking the hardcore medical subjects, and concentrated in homeopathic philosophy and materia medica. We offered them the chance to graduate in two years, which made our distance program quite attractive. By September, 2020, our faculty was proficient and the enrolment was unbelievable. I think that Covid brought an interest in natural medicine, and the fact that we were fully online helped attract many students from the United States and other countries.

AH: Thank you very much for sharing your story and your experiences with Raymond Edge and with the College he founded and that you both ran for all these years. Would you like to add anything else?

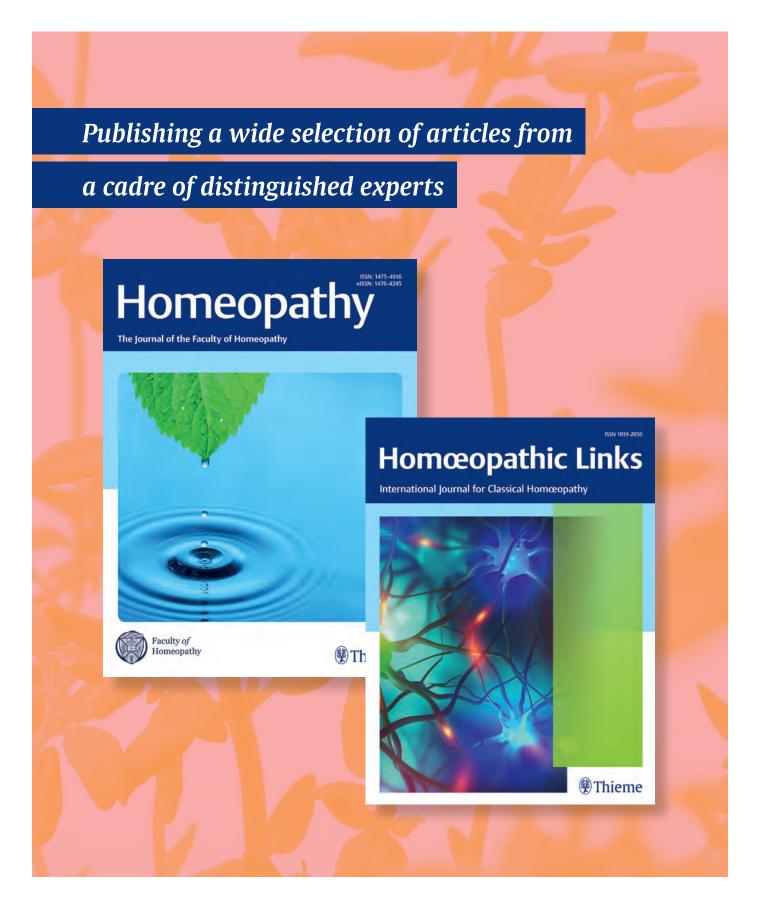
JE: It has been a wild ride these past number of years working to secure not only the future of homeopathy, but also our wonderful CCHM. I am forever grateful for the opportunities for personal growth presented to me during these times. There is an inspirational passage many of our students and grads will recognize, as I have shared it with so many of them over the years. It's from Gregg Braden's "Secrets of the Lost Mode of Prayer":

The key to healing whatever tests life brings to us is that we can hurt only when we're ready to hurt. That is, only when we already have all the emotional tools to heal our pain can we draw to us the experiences to demonstrate our mastery. This is the subtle yet powerful secret to coping with suffering.

This passage gave me strength through so many of the challenges the last decade had presented, and continues to do so. I am staying on at CCHM in a consultancy capacity, enjoying our rightful return to the thriving environment everyone here has contributed towards. Our staff and faculty are the best of the best!

Joyce Edge, D(Hom), completed the 3-year class diploma program and the post grad program at the Canadian College of Homeopathic Medicine, where she spent many years answering questions from prospective students all over the world. As vice president of the CCHM she oversaw the day to day operations of CCHM including liaising with faculty and administration, assisting in curriculum development and in the organization of promotional activities. Joyce remains as the vice president in a consultancy capacity with the College, where she brings a wealth of expertise and warmth to anyone considering homeopathic studies.

Narda Alcantara Valverde, Co-editor of The American Homeopath; Diploma in Homeopathy and Health Sciences (CCHM); PhD in Social Science (UC Irvine); Social Research Professor (Seneca College, Newnham Campus, Toronto).



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Message from a Concerned Homeopath from North Carolina

t is time to embrace Hahnemann's view of the medical establishment and to become as vocal about it as he was. The entity, which includes doctors and scientists—as well as regulatory agencies, the media and corporations—relentlessly disparages homeopathy. Many homeopaths are either afraid to speak out or they aspire to find the perfect compromise that will allow co-existence with standard medicine. Admittedly, it's difficult to fight back against the billion-dollar propagandic war that is being waged against our gentle healing method, but there are ways in which we can make an impact. First and foremost, stick to Hahnemann's principles as outlined in the Organon. Secondly, speak out against practices that we know can be harmful. Homeopaths need to put on their battle gear and enter the fray—as Hahnemann did so many years ago.

His belief in "like cures like" was unshakable and he devoted his professional life—once he had discovered his truth—to speaking, practicing, and writing about it. He did not allow current events to distract him from the truth, but instead worked even harder to discover how homeopathy could improve any medical situation he encountered. Many homeopaths today are doing the same regarding COVID-19. Others are attempting to ride the fence that divides homeopathy from the medical establishment and—just as in Hahnemann's day—they have lost their way.

Hahnemann was superb at stating exactly what he thought about any situation—and his honesty remains refreshing to this day. From aphorism 104a he states, "...no allopathic physician ever wanted to know all the precise circumstances of a case, and much less did he ever write any of them down. When he saw the patient again several days later ... what he had heard had gone in one ear and out the other." Today's intrusive yet impersonal technological medical system allows for numbered, man-made diagnoses to be recorded, but the whole picture isn't deemed important enough to note. Our mainstream doctors only want to know the diagnoses so that they can prescribe the fixed pharmaceutical protocols for each of them.

From aphorism 203, Hahnemann states, "...external treatment, up to now so widespread, has become the most common source of the innumerable chronic ailments with and

without names under which mankind so universally groans." Our current medical establishment thinks that the visible signs of disease need to be removed first and foremost: burn off a wart, cut out a tumor, dry up a runny nose, bring down any fever, and the list goes on and on. Homeopaths who follow Hahnemann's guidelines look at disease holistically and never make it a goal to remove the very thing that the body has produced to help balance itself. They know that the correct remedy, assigned with all aspects of an individual in mind, will remove the disease according to a fundamental law.

An entire book could be written on Hahnemann's detailed condemnations of standard medical practices of his day, but for purposes of this shorter piece, only one more will be mentioned. In aphorism 55, Hahnemann writes "...one would long since have abandoned these allopathic doctors completely but for the fact that they managed somewhat to maintain their credibility by providing palliative relief to patients from time to time...." It falls on humanity, not just homeopaths, to start changing the mindset that immediate relief from discomfort or unsightliness is the best course of action. The phrase "easy come, easy go" applies to health as well as other aspects of life. Perhaps a wart can be burned off in a matter of minutes, but the body will respond by trying to balance itself in another (often more problematic) way. Perhaps a fever can be brought down quickly with an over-the-counter medication, but the body will struggle to find another way to fight off the infection, perhaps turning what would have only been an acute disease into something chronic.

A shift in thinking is required in our worldwide culture. We need to stop putting the focus on the material body and instead begin to recognize that the mind and spirit of a person are just as important. Homeopaths recognize that the entire essence must be considered, and they make remedy recommendations based on the blending of these three dimensions in each individual. Homeopathy is a beautiful and proven healing method and we homeopaths need to shout about it from the rooftops! And instead of ignoring or placating the medical establishment, homeopaths need to actively speak about their truth—Hahnemann's truth. Many already are, but we need to join forces. We need to think of additional ways to combat the high-tech and pervasive propaganda machine before homeopathy as we know it is pulled out of reach.



Supporting Homeopathy Through Education, Research and Publications

The American Homeopath

The NASH Foundation is proud of its longstanding tradition of publishing *The American Homeopath*, the journal of the North American Society of Homeopaths. Created in 1994, this annual journal is a scholarly collection of articles, interviews, case studies, materia medica studies and more.

New Mentorship Program Coming!

The homeopathic community is growing! To support budding homeopaths as they transition from the learning environment into an established practice, we are launching a one-to-one mentorship program.

The NASH Foundation is designing a program to create a community that supports one another in growing professionally. NASH mentorship will support the new homeopath and create an avenue for seasoned homeopaths to share their knowledge and build a stronger and more vital community.

The NASH Mentorship pilot program will begin fall 2022 and with plans to fully launch in 2023.

Promotion of the Professional Homeopath

The Foundation has raised funds to support the professional homeopath by supporting health freedom efforts in all states working with the Health Freedom Coalition. We have supported the creation of public relations and media materials for our members, and joined forces with other associations to create a media-savvy task force to represent the professional homeopath.

Scholarships for Homeopathic Students

The NASH Foundation is pleased to offer two scholarships each year to aspiring homeopathic students who demonstrate passion, service and commitment to the profession of homeopathy.

The Elizabeth Bonfig Scholarship Fund

In loving memory of Liz Bonfig, the "heart" of NASH, the NASH Foundation has created the Elizabeth Bonfig Scholarship Fund. This annual scholarship will be awarded to homeopathic students who demonstrate passion, service and commitment to the profession of homeopathy.

We are pleased to announce the 2021 recipient:

Karrie Licatesi — Resonance School of Homeopathy

The Mrs. Prakash Vati Gupta and Dr. Dhanpat Rai Gupta Scholarship

This annual scholarship is a granddaughter's tribute to her grandparents, devoted homeopaths who served thousands in their free clinic in India. It will be awarded to homeopathic students who demonstrate passion, service and commitment to the profession of homeopathy.

We are pleased to announce the 2021 recipient:

Kristen McGregor — Academy of Homeopathy Education

Congratulations!

The NASH Foundation is a 501(c)(3) charitable organization. All donations are tax deductible. To donate: homeopathy.org/nash-foundation/donate-to-nash scholarship-fund or send a check to NASH Foundation, PO Box 115 Troy, ME 04987.

Friendship and a Case of Sugary Tiny Pellets

Essay

By Eva Bednar

he masked dental assistant looks down at me, brow furrowed with professional concern. She unbuckles the blood pressure cuff: "Your blood pressure is a little high," she comments as I settle in for the cleaning. "Maybe you should talk to your doctor."

Maybe I should, I think to myself, but maybe I should see my Friend Who is Also A Homeopath. Yes, the gadgets have been recording slightly elevated blood pressure whenever I am at

the dentist. And while I am at it, why don't I talk to her about my gum disease which has been exacerbated during COVID. Never have I ever had so many tooth and gum problems as during the pandemic. And what if my high blood pressure is also related to the strange life the people of this planet have been leading in the past few years? But that's not a conversation I could have with *this* kind of Doctor.

I wonder how people come to connect with homeopaths: do they seek them out online or is it by coincidence which is what happened to me. The first homeopath I met was a friend of friends in the UK; one moment we were having tea, the next it was talk of homeopathy. I was fascinated. That tiny little pellets could affect big cures; that the "hair of the dog" folk medicine really worked and not just as a cure for hangover; that there was an entirely different world of healing living in the shadow of official doctor waiting rooms where people are prescribed pills to be popped every day; that there was another healing option and knowledge: ka-boom! A door was busted open to another room in my mind.

But that was long ago and far away. I moved, and eventually settled in Canada and never remembered a thing about homeopathy until I became friends with a neighbor who turned out to be a homeopathic practitioner. One day we were discussing philosophy and the next moment I was complaining of yet another sprain in my ankle. And that is how I found out about homeopathic *Arnica*, and that is how I got better. And that is how over the years, my friend has become my go to person for ailments of all sorts.

My friend has a hefty volume of knowledge she consults before snapping open a suitcase about the size of that very tome. The suitcase is home to an array of pellets in tiny and adorable

vials. And these are medicines. I can recognize some of the names because they are botanical or related to metals, in Latin usually, without any of the fancy cryptic-mystic spelling of western pharmaceuticals branded with Xs and Zs.

Doctors bring healing for sure, but these are tough times. My other friends talk about making appointments, experiencing delays and frustrations because well, COVID. I hear about drugs they

take that help but also conflict with other drugs. I hear about brusque doctors especially now as we are all somewhat harried. My history for years now is of a relationship with elements and substances such as sulfur, carbon, poison ivy, silver and gold. So as far as my blood pressure goes, can I imagine the cuff numbers as reaction to the pandemic state of affairs? Chronic genetic condition? Chronic mental distress of unknown origin making itself known? Certainly the news is an opportunity to learn about my situation and perhaps about an appropriate new remedy with my Friend Who is Also a Homeopath, and in a *personally* meaningful way.

Since my friendship with a homeopath has reminded me of that distant time when I first learned about homeopathy, the practice has an emotional credibility for me that exceeds that of doctorship. I have not been to the other doctor with any complaint during times of the pandemic. It's not been



my first avenue of recourse for some time. Doctors certainly know what they are doing within the parameters of the disciplines of western medicine: treating patients with chemistry, surgery, and solid if arguably rote health advice. Heck, I am vaccinated myself and I have had an agreeable time in surgeries that have relieved my suffering. But homeopathy pays more systemic and comprehensive attention to the person and mindset behind the symptom in a way that is both disconcerting and affirming.

It's a disconcerting approach because when it comes to chronic afflictions, my Friend Who is Also a Homeopath poses questions about my emotional states and listens to my story when we talk about any physical symptoms, aches and pains. Yes, patients say we do want a medical practitioner to hear us out beyond the list of physical symptoms but when it happens, this kind of pointed and seemingly "irrelevant" attention was, like, whoa! What's happening here? The homeopathic approach is disconcerting because people may not want to reveal their psychic selves as they are not used to that kind of disclosure in the context of a science-driven medical intervention. I know I practice effusive disclosure; even so my friend's pointed interview and invitation to tell the story of my emotional woes before describing my chronic pains was a bit unsettling.

I have come to realize over the years that the homeopathic intervention by my Friend Who is Also a Homeopath seems to be of similar texture as the friendship and yet not. Friendship is a therapeutic relationship of the heart and mind, but a diagnostic conversation with my friend as homeopath can go places a friendship may not "stumble on" as it runs its organic daily course, if you will. Because we have a trust as friends, I feel I can trust the homeopathic intervention and that clears and primes my mind for effective remedy action. Even so, the interview that results in disclosure can lead to disconcerting,

unexpected, and troubling emotional revelations just as in classic therapy sessions.

Yet the homeopathic intervention is also affirming because as patient-not-just-friend I am affirmed in the unique uniqueness of my body and my condition instead of being slotted into a representative case of a certain disease. This affirming characteristic of homeopathic treatment was particularly effective for me in situations of mental and emotional unease. In my case some of these emotional states are chronic—based in childhood trauma and all that — and some acute but veering towards chronic at this point. In response to the variable COVID public health measures and our virtual "new normal," I have self-numbed. Sure, I could see a doctor and be served any of the meds that many of my friends take to animate their minds, and to good effect. But see, I have a Friend Who is Also a Homeopath who shares in our common understanding of this "together apart" mentality of confinement of the trying Pandemic years. And she has that suitcase of tiny sugary pellets...

To be honest, I have not asked for any remedy for COVID anxiety disorder or trauma yet because I think I have enough Aurum in my system from past interventions to stave off any profound decline. And that, I know, could be my pride: I can do it! I will tough this out. Surrrre. I hope. Meanwhile, my gums and blood pressure are flashing their numbers at me. Perhaps the time has come to, yes, indeed, make the call to my Friend Who is Also a Homeopath and have a talk.

Eva Bednar chose homeopathy as a healing path since 2011. She has a doctorate in language, literacy, and rhetoric from the University of Illinois in Chicago, and teaches Workplace Writing at Humber College in Toronto. Her favorite colour is blue and she believes in the power of poetry and public art.

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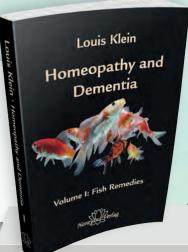
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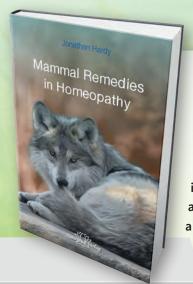
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Healing Trauma and Attachment Wounds

Homeopathic Practice and Psychotherapeutic Models*

A Literature Review by Laura Coramai, RSHom(NA)

"When we are no longer able to change a situation, we are challenged to change ourselves."

Victor Emil Frankl (1907-1997)

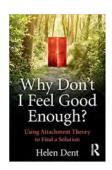
sychotherapeutic clinical models informed by both Attachment Theory and the current Trauma Therapy would greatly enhance what homeopaths often already are doing in our practices. Learning about some of these models and the accompanying knowledge could create an opportunity for integration of homeopathy into clinical settings, thus enabling access to our paradigm. Inaccessible clients within our very own communities, often marginalized by multiple factors, could be reached and get the opportunity to benefit from the unique deep healing we provide to our clients as homeopaths. Generally, homeopaths use the knowledge base of effective therapeutic models, but incorporating these psychotherapies we could not only further align ourselves with the broader holistic paradigm from which we evolved¹, but we also would continue to enlighten ourselves and our patients in ways that would deepen our healing work.

In this literature review I hope to outline some therapeutic models that are used to address the outcomes of trauma both as defined previously within the field of psychology over the last 30 years, along with more updated versions related to "attachment styles" and the broader definitions of trauma that some relevant fields have begun to incorporate. I will share information from some clinical handbooks, as well as theoretical works from disciplines and practices such as psychiatry, ethnobotany, plant spirit medicine, spiritual counselling, and social work. I will also highlight homeopathic works that are specific to this subject. My hope is to assist newcomers to the profession, or those already committed to personal growth, to develop deeper self-awareness about their own traumatic and attachment issues.

To begin I'll share a book that quietly made its appearance in 2010 on the homeopathic scene, but deserves honourable mention in light of the subject of this article. It certainly is as timely as when it first appeared and will remain so for many

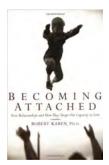
years in our field. Relevant articles by different authors make up Homeopathy and Mental Health Care: Integrative Practice, Principles and Research, edited by Christopher K. Johannes and Harry van der Zee (Homeolinks). This work began my own re-conceptualization as a mental health worker from the conventional "mental health practitioner" to a "healer of the spirit." Reading all the articles helped me appreciate that I was working along similar lines as the authors and it helped me cement the importance of getting to the core problem of a client from outside of what I was solely taught with homeopathy. Thus, going beyond the placement of a patient in a context of their pathology or their economic, social or political context, the authors of this book validated my practice by a fuller understanding of a client as a person overwhelmed by what was held in their bodies because of traumatic impacts in their lifetimes.

Incidentally, in my practice I also found that well-being is nearly always influenced by traumas (or integration of them), and attachment styles from experiences as an infant/child. This realization helped shift me out of prescribing remedies based, ironically, on psychological profiles. I refer here to materia medica that suggests "symptom picture" or "totality of symptoms" with some way —themes, for instance—to hold it all together.2 By learning about trauma from books and practices from outside of our profession, the anthology of Harry van der Zee and Christopher Johannes hit home: it is possible to address serious mental pathology with homeopathy. This happens even if there is not an actual diagnosis of disease. Although there are only two articles on trauma proper, it is

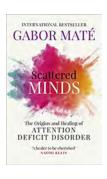












For instance, a narrative or story that gives an explanation of aetiology or a situational background common to patients in a state of a remedy.

See this as an example of this phenomenon (and also the trend of other works along these line): Healing the Homeopathic Way: Uniting Shaminism, Alchemy and Modern Science by Jorg Wichmann, Fagus

my understanding that the common denominator in all our work is that trauma underlies overstrain of a person's system. And even with that trauma an individual can be brought into wholeness or back to balance with homeopathy, especially if treatment has the goal of bringing the patient from a place of "fragmentation" to "being whole again." This is so to have the various traumas experienced by the individual become processed and integrated; be they subconscious, unconscious or even consciously known to the client.

In Chapter 7 of Edward Shalts' Homeopathic Treatment for Post-Traumatic Stress Disorder, the author goes over the basics of trauma. From his explanation, my takeaway is that applying knowledge of PTSD to our work is relevant to any case because, very commonly, pathologies we see in practice are induced by trauma. With this premise and a working knowledge of models of psychotherapy I aim always to have a patient's treatment include a mutual definition of what their experience is about in relation to trauma and attachment wounding. This work evolves organically—unfolding over time—throughout follow-up appointments. As a result, in my current practice I inform patients of new developments in other therapeutic fields, based on what naturally arises out of a session together and only if warranted and if, for instance, it is beneficial at that time for an individual in recovery of trauma and early attachment wounding.

Two books outside of the homeopathic literature but related to attachment theory include one of my early readings: Becoming Attached: First Relationships and How They Shape our Capacity to Love, by Robert Karen, (Oxford University Press), and another focusing on adult behaviour based on the attachment style one experienced from their primary caregiver(s): Why Don't I Feel Good Enough? Using Attachment Theory to Find a Solution, by Helen Dent, (Routledge). These two books are very informative and present cases running throughout, each client being an example of a style of attachment, such as "ambivalent insecure attachment," for instance, or "secure attachment."

Other books that are being read increasingly by lay people, parents, or teachers, like *Hold On to Your Kids: Why Parents Need to Matter More than Peers* (2013) by Gabor Mate and Gordon Neufeld, and *Scattered Minds: The Origins and Healing of Attention Deficit Disorder* (2000) also by Gabor, about attachment theory, help the public to understand what attachment theory is in ways that helps change the narrative around raising children in our society for the better. Equipped with books like this, we homeopaths can assist our patients not only educationally but also increase the likelihood of accurate case analysis, and the prescription of the right remedy.

An outstanding book for many professionals in psychiatry and psychotherapy, which can certainly help homeopaths in our work, is *Healing the Fragmented Selves of Trauma Survi*

vors: Overcoming Internal Self-Alienation by Janina Fisher (Routledge). Anything in this book and all of it together make for what I consider essential reading for our profession. The chapters "The Neurobiological Legacy of Trauma: How We Become Fragments" and "Understanding Parts, Understanding Traumatic Responses" are as essential as the last two chapters, "Restoring What was Lost: Deepening the Connection to our Younger Selves" and "Safety and Welcome: The Experience of Earned Secure Attachment." It is a ground-breaking book because it changes the discourse so as to support clients to transition from a position of often staying victimized to one of having agency. In this way they will be able to take responsibility with self-compassion in recognizing the different parts of themselves, coming to learn and change unhealthy behaviours that result from fragmented/disassociated parts of the self acting to protect the most vulnerable of them³. As an aside, I believe that fragmentation often accounts for what we see as "contradictions in the case," when a patient presents or reports "contradictory symptoms."

Knowledge is power and, for those of us who are not informed about trauma and attachment theory, we sell our work short and, therefore, our patients, because without the clinically-relevant work and information available to us, we will miss fully understanding what ails a patient. Therefore, homeopathically we will not be able to tell where a person is stuck (at what age they experienced trauma(s), or what stopped their healthy development emotionally, cognitively or physically) or when a person is responding to a "morbific influence" and, hence, what is unique to their response. In other words, if a normal response of "splitting" happens in an adult and it is because they had experienced abuse in childhood, then we can better serve them to understand why this "splitting" happens.

In Fisher's words: "For trauma treatment to be effective, no matter what methods we employ; survivors [patients] have to be able to integrate past and present. Concretely, this step requires education: about what traumatic memory is and is not, about triggers and triggering stimuli, about learning to accurately label triggered states ("this is a feeling memory"—"a body memory"), and cultivating the ability to trust that triggered states "tell the story" of the past without the necessity to either recall or avoid recalling specific incidents." (p. 39). I believe Fisher's words apply to homeopathy in that our remedies work because the substances we use support integration of the traumas of a patient's life.

Works reviewed

1) Helen Dent, Why Don't I Feel Good Enough: Using Attachment Theory to Find a Solution, Routledge, London and New York, 2019

³ Parts of a person, when fragmented/disassociated, are often younger parts - what often are referred to as their "inner child" in some models.

- 2) Janina Fisher, Healing the Fragmented Selves of Trauma Survivors: Overcoming Internal Self-Alienation, Routledge, New York and London, 2017
- 3) Christopher K. Johannes, & Harry van der Zee, Editors, Homeopathy and Mental Health Care: Integrative Practice, Principles and Research, Homeolinks Publishers, The Netherlands, 2010
- 4) Robert Karen, Becoming Attached: First Relationships and How They Shape our Capacity to Love, Oxford University Press, New York and Oxford, 1998
- 5) Gabor Mate, Scattered Minds: The Origins of Attention Deficit Disorder, Plume/Penguin Publishers, New York, 2000

6) Gabor Mate & Gordon Neufeld, Hold On to Your Kids: Why Parents Need to Matter More than Peers, Ballantine Books/Random House, New York, 2006

*This is a condensed version of an article posted on Narayana's Overflowing Vessel, a blog for Homeopaths written by the author. Also in the future an extended version will be published in Hpathy's online journal Homeopathy for Everyone.

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A Narrative That Ties Everything Together With a Perfect Bow

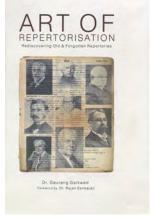
Dr. Gaurang Gaikwad's re-discovery of old and forgotten repertories

Book Review by Robin Pollock, HOM, RSHom(NA), DCHM(Hons), **FCHM**

f knowledge of a person's true similimum gives the savvy homoeopath insight into the deepest and most troublesome issues within the individual, then we can analogize (as Boenninghausen would readily agree) that knowledge of how a person writes a book gives us deeper insight into the individual as well—specifically, who he is at core, and how he approaches tasks in general.

Let's consider the task of teaching. Watching Gaurang Gaikwad give a lecture immediately tells you a few things about the man he is. One, he is crazy, over-the-moon, passionately in love with homoeopathy. To the point that he owns multiple print copies of repertories and materia medicae that he strews about his house, lest he wants (rather, *needs*) to look something up and, distressingly, it not be immediately at hand. Two, in his universe, learning supersedes everything. Just listen to him apologizing to his students—and lightheartedly ordering them to apologize in kind to their parents—that they will be late for supper, because going overtime so as to learn even one more concept clearly usurps satisfying necessary bodily functions. And three, he understands inherently that teaching is not just about putting information up on a slide with little thought to concept cohesiveness or scant consideration of a student's potential confusion. He repeats, and repeats, and creates a narrative that ties everything together with a perfect bow, unsatisfied until the point is delivered with absolutely no possibility of miscomprehension.

So it is unsurprising that Dr. Gaikwad's book, Art of Repertorisation, immediately betrays the man's core on first scanning its generous pages without reading even a single word. It—like the author's teaching style—is jampacked with so much useful and practical information, so many



cases, analyses, and repertorization charts, that I can't help marveling at the generosity of the man, but also wondering what is driving his compulsion—what potential wrong he is righting—to be so all-inclusive. For example, why give one case on fever when you can give eight? In ratatat succession?

I will leave the latter to his own physician, his gurus, and/or to his psychotherapist. And there may not even be any 'there' there; as homoeopaths, we tend to see everything as a symptom. For now, I will simply reap the rewards of a possible pathology that I (selfishly) hope never gets healed.

Now, to be balanced, on to my own pathology. I'm not just a (newish) homoeopath; I'm also a psychologist and, oddly enough, a Scrabble Master. I mention this because Dr. Gaikwad's over-achieving tendencies embarrassingly mesh with mine—as witnessed by my own webinars that routinely creep over two hours when they have been advertised as only one. My 4-page papers in homoeopathy school reached a high of 37 pages by final year (I took the limit as a "suggestion"). And I, too, like having complete book knowledge, refusing to play in tournaments unless I have entirely memorized the constantly-updated Scrabble dictionary. I like (or is it *need*?) to give more, to prepare more, to know more.

My being a tournament Scrabble player tells you that I like to solve puzzles. Each rack of seven tiles is a fresh problem that needs to be considered in the context of the totality of the current state of the playing board, much as a patient's current symptoms need to be contextualized within the totality of their lives. And also as in homoeopathy, even if I have seen the same set of seven tiles (symptoms) before—even in hundreds of games (patients)—the terrain (i.e., the configuration of tiles on the board/the overall state of the patient) is different each time, and I have to individualize the play (medicine) to that particular collection of words (the totality of symptoms). And the fact that I can sit and play game after game, hour after hour, literally from dawn to midnight, lets you know I have a bit of a mental activity addictive quality. "Again!" I immediately request at the end of each game—win or, especially, lose — much like a giggling 3-year-old beseeching her grandfather for yet another lap ride.

So to start reading through Art of Repertorisation is, for me, like giving a feline catnip, or a drug addict cocaine. The pages are crammed with case after case, analysis after analysis, and, to my perspective, puzzle after puzzle. It takes every fibre of strength and ounce of patience in my body for me not to skip to the case section ahead of the meticulous introductory pages of each chapter. I want to just dive in and SOLVE. But, I also want to learn. And so, when Dr. Gaikwad gives not one, but eight successive fever cases, I do them all, repertory software dutifully open, newly-emptied clipboard beckoning. And I do them in order. Why? Because the first one, which I invariably get wrong, tells me that I'm not thinking the way that I should. So I look at the rubrics, compare them with my own, read the explanatory comments, and see where my logic (and creativity) are lacking. And then I do the next case, reminding myself of things I've just learned, like, "Use the CONCOMI-TANTS section!!" or "< covered can also be repertorized as > uncovered!!" (Yes, I yell at myself, but only in my head. Just in case anyone is lurking outside the door.) And with each passing case, the appropriate rubrics and the similimum are not just selected and found more easily, but with far greater depths of certainty and discernment.

The purpose of *Art of Repertorisation* is to teach us the true value of repertory and to explore the older repertories that many undoubtedly shun or ignore—despite their ready availability on many repertorization software programs—likely because we simply don't know when and how to use them. Or perhaps, like the latest dishwashing tab, we're convinced that newer is better. But, oh, how we shortchange ourselves in the

process! There are nuggets of gold in them thar hills, and this book provides the tools to dig them out. The prospecting begins with Kent, whose influence in subsequent repertories is felt to this day, and works its way through Phatak, Boger, Boenninghausen, Boericke, Knerr, Roberts, Clarke, and Boger's Synoptic Key. Dr. Gaikwad has clearly done what he advises us all to do: read the prefaces to these books so as to learn both their philosophy and structure, and makes things both palatable and logical for us in the process. True to form, however, he cannot resist the urge to go beyond, and crams each chapter with rubrics of note, case examples (in addition to the 100+ pages of cases and analyses at the end of the book), and even the relevant materia medica of indicated remedies for each rubric. Frequently he veers off path—for example, providing additional remedy information that is not related to the rubric per se, some keynotes or generals to round things out. But it's impossible to fault him; the man just can't seem to help himself—while simultaneously succeeding at helping us a great deal.

This is teaching, my friends. This is deliberate, intentional teaching from a guru-in-the-making who knows and understands a lot and, for some reason, is hell-bent on making sure that we know and understand a lot, too. I don't know why he feels the need to master this material so completely—as I do my dictionary—or why he feels compelled to spend large chunks of what could be his free time teaching and writing. I don't even know why—like the title character in Schindler's List, who laments not sacrificing yet another filling in order to save even one more soul—he feels compelled to be overly generous and inclusive in everything that he tackles. Perhaps he just wants to return the favour of all the wonderful mentorship he has received, and with which so few of us were similarly blessed. I just know that I am grateful that he is and that he does, and now we have this magnificent—and necessary—volume to satisfy our own homoeopathy addictions, and to fill in the inevitable gaps of our repertory knowledge.

Devour the book. Supper can wait.

Gaurang Gaikwad (2021). Art of Repertorisation. Rediscovering Old & Forgotten Repertories. 2ed, Mumbai, India: Gulmohar CHS, Sion (E), Mumbai – 400 022, 554 pp.

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The Poetry in Provings

Book Review by Laura Sholtz, PhD, RSHom(NA), CCH, FBIH

he School, being in its 40th year in 2021, offers this text to the profession as a celebration of its ongoing work in the field of provings" (:xv). I was excited to read and review this book, as earlier I had watched an engrossing video by Mani, Misha, and Luke Norland presenting three of the remedies included in this textbook: Serotonin, Lightning, and AIDS. The School of Homeopathy is able to continue conducting dozens of high-standard provings, twenty-seven remedies in this book alone, as the students enrolled offer a ready source of available provers. Without them these remedies would not have been as thoroughly perceived or understood. In one of the very first (unnumbered) pages their help is acknowledged. "Thank you to all the provers, who gave their time and energy so that these mysteries could be discovered."

After Misha's almost poetic preface is a section titled Proving Overviews. Here can be found a thumbnail sketch of each remedy, listing who the coordinators were, who did the analysis for each, and where and how they obtained each remedy. Each short sketch also starts with a phrase indicating the general theme, reminding me of Didier Grandgeorge's book, Spirit of Homeopathic Medicines. What is written for Kauri (Agat-a) Agathis australis, for instance, is "The lord of the ancient forest" (:xvii). For Oak gall (Andri-q), Andricus quercuscalicis, "Ugly outcast, homesick, like a parasite working hard to be attractive" (:xviii). For Antimatter (Posi), Positronium, "When the stars threw down their spears, And watered heaven with their tears, Did he smile his work to see? Did he who made the Lamb make thee?" (:xxiv). Not only is this Celebration of Provings of important information, but how it is presented appeals to the artist, the poet. This is not a dry textbook but one that pulls the reader in to feel the remedy, to learn it viscerally.

Each proving begins with a beautiful photograph of the remedy, followed by a relevant phrase, and in some cases with quotations from the provers. In *Choloepus hoffmanni* (*Chol-h*), the Sloth, after seeing a captivating and endearing close-up of a sleepy sloth's face, we read the theme of "Being invisible/living within a perfect bubble" (:89). A paragraph describing the sloth, its environment, habits, physical make-up, and defenses gives us a good understanding of what a sloth is, what it does, how it behaves. Following that is a very short section on mythology, then the Derivation of the word, and then literature, including Roethke's poem, "The Sloth.' How delightful to find poetry included within a remedy proving!



All these extras are what make this book so enjoyable, actually fun to

read. Proving themes are listed, plus one of the School of Homeopathy's well known mappa mundi charts, showing the miasm (sycotic), sphere of action, sensations, and images. The mappa mundi charts are a very visual way to 'see' each remedy, a cheat sheet of sorts to quickly understand the realm of each remedy.

Another proving was *Carbo fullerenum* (*Carb-f*), Buchminsterfullerene. This theme is "Blood red attack and violation of boundaries" (:77). Surprising to me, as I have always associated Buckminster Fuller with architecture and geodesic domes, not with blood or violence, was, "The most memorable feature from the proving is fascination and fear of the colour red, and haemorrhage. It is likely that this remedy will find its place where individuals have experienced violence, and witnessed relentless destruction, where their very identity, as well as their body, is being threatened" (:77). There is no poetry in this section, but that fits in with the proving as well, the focus being so intense and violent. The miasm here is syphilitic. Unlike the Sloth's themes of heavenly peace and unification, in this remedy is found torturing, murder, ground zero (:83).

Let's look at one more, this time in the plant family, *Ilex aquifolium* (*Ilex-a*), Holly. This theme's phrase is "Brave, no pain, forceful and focused, blood and bone" (:173). Also used as a Bach flower remedy, from the provers' work was elicited, "There are powerful opposites in this remedy of merging and withdrawing from the Divine. Patients needing Holly may feel hopeless and exhausted, confused, and powerless, with an overwhelming sense of struggling against dark forces.... It is like a cold winter without end" (:173). There are two pages of mythology included here, and one of history. It is also in the syphilitic miasm, with isolated feelings and detachment alternating with feeling brave and loving.

One can lose oneself in this book, it is so full of solid information plus being so very beautiful. I appreciate the inclusion of the proving overviews, the provers' quotations, the photographs, the mappa mundi charts, the mythology in some of the remedies, the poetry. The time and thoughtfulness that went into creating *A Celebration of Provings* cannot be overstated. This is an exceptional book, an outstanding addition to homeopathy and homeopathic literature.

The School of Homeopathy (2021). A Celebration of Provings, Hardcover, 412 pages, \$40.42. ISBN: 978-0-9544766-6-3. www.schoolofhealth.com

A Homeopathic Perspective of Human Chemistry

Book Review by Laura Sholtz, PhD, RSHom(NA), CCH, FBIH

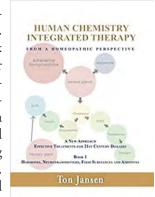
he book *Human Chemistry, Integrated Therapy From a Homeopathic Perspective* goes beyond classical homeopathic texts in that it is a continuation of Ton Jansen's uniquely thoughtful evolution in finding what ultimately needs to be cured, focusing on "... the way our body interacts with the outside world—the outer factors—and also the inside processes" (:30). Calling this "...Human Chemistry, Integrated Therapy we use not only homeopathic remedies, but also give advice about orthomolecular supplements, healthy diet and daily exercise" (:11). On the lower front cover of his newest book, more informational phrases perhaps than subtitles, is written: "A New Approach—Effective Treatments for 21st Century Diseases, Book 1, Hormones, Neurotransmitters, Food Substances and Additives."

In chapter 1 Jansen describes how he developed Human Chemistry, Integrated Therapy, focusing on "...the need to clear the obstacles to cure" (:13), including here helpful charts on levels of health, both physical and mental, and levels of common, modern day toxins, such as: "Hormones, vaccinations, chemical volatiles & radiation, other medications, minerals, narcotics, bacteria, and viruses..." (:18). He describes what potencies he uses, how many doses, and gives a timetable for using his distinctive method. Jansen outlines specific course timetables depending on each situation, and each case, often recommending combining courses. His system requires in-depth reading, careful study; it is not immediately easy to understand or comprehend. This is obviously not classical homeopathy, but "...this new approach...allows for quicker and more permanent cures of more ailments, and with fewer aggravations" (:14).

The first four chapters can basically be considered a textbook, describing in detail what *Human Chemistry, Integrated Therapy* is, spelling out the process of treatment. The next chapters are a materia medica of fifty-nine remedies, many new or lesser used or little known, a treasure trove of information. There are chapters on hormones, neurotransmitters, and food substances and additives, each chapter beginning with a short, but in-depth, case or two.

There is much to learn in this book. But somehow, I keep being drawn back to the reasoning behind this method as it makes so much sense. "Human Chemistry, Integrated Therapy aims to rebalance the body at a cellular level in order to 'reset the machine'—all those systems that are so intricately interwoven" (:30). Following this thinking, Jansen cautions homeopaths to "... combine the homeopathic treatment with

the advice to take specific orthomolecular supplements" (:31). The definition of "ortho," a prefix from Greek, means to correct, or to straighten, as in "orthodontics," the correction of irregularities of teeth. 'Molecular' is a more commonly known and used word, its basic meaning referring to a very small part of something. Thus, "orthomolecular" would refer to supplementing and "...



supporting the patients' system through using vitamins and minerals... and trace elements, amino acids (proteins) and nutritional oils... to correct imbalances or deficiencies based on individual biochemistry... no quicker way to help the body (and the mind) back to healthy levels than this combination of homeopathy and orthomolecular supplementation" ... creating "...an optimal nutritional environment in the body..." (:31) is paramount to healing. This is Jansen's premise, and one that I have personally followed for decades. With homeopathy, careful and nutritious feeding of the body, helpful supplementation, and mental support (meditation is one way to work towards a healthy mental state) remedies hold much longer and work much better. Add in daily physical exercise, getting plenty of fresh air and sunshine, and connecting with other people, one has the prescription for a chance at ideal health, for living a vibrant life.

Human Chemistry, Integrated Therapy builds on Jansen's earlier book, Fighting Fire with Fire. Another book will follow this one, further illuminating his process of healing the patients who come to him, who, with their multitude of modern ailments, help him to hone his method. What I did not realize earlier was that Jansen is dyslexic. Unlike most of us, he 'sees' "...remedy images...naturally..." (:297), a unique gift that, if we take the time to study and learn his method, and perhaps include it in our repertoire of healing methods, can potentially benefit not only the practice of homeopathy, but everyone who comes to us as well.

Ton Jansen (2021), Human Chemistry. Integrated Therapy from a Homeopathic Perspective. Den Hoorn, Netherlands: Ton Jansen. Hardcover, 304 pp, \$49.96 ISBN: 978 94 6101 3644.

The Hippocratic Dictum in Homeopathy

Book Review by Laura Sholtz, PhD, RSHom(NA), CCH, FBIH

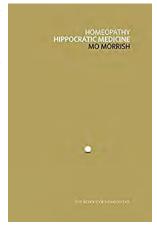
This small book, published during the pandemic, includes, at the very beginning, a statement from the author, something I have rarely seen before. It not only explains the title of this book, but Mo Morrish's philosophy. It is worthwhile to reproduce it here. "My experience is this: Through thirty years of homeopathic practice I have helped several thousand people restore themselves to health, or to significantly improve their health, without causing any harm. I consider this to be a reasonable, ethical, honest and helpful way to earn a modest living, chiming, as it does, with the Hippocratic dictum of: 'Either help, or at least do no harm'"(:11).

Focusing not only on Mo Morrish's thirty years of homeopathic practice, but also on issues which are so frequently accompanying the world-wide response to COVID-19, this little book asks whether readers are approaching their reading "With an open mind, or one closed and already decided"(:15). More and more it seems as if the world has jettisoned and suppressed any acceptance of so-called alternative modalities or treatments, whether it be for COVID itself, or for mental health issues that affect so many people during this time, only pushing harsh allopathic treatments and shots. Mo's "...aim is to present homeopathy as a valid and important modality within a unified field of medicine" (:15). Nothing more, nothing less. Chapters on Health and Sickness follow. "We can regard health as the optimum expression of the individual, mentally, emotionally, physically, socially and spiritually... The quality of health is ease and freedom; freedom from constriction, resistance, and pain... a feeling of contentment or comfort" (:16-7). Thus, sickness is the opposite. How we, as homeopaths, view and understand sickness can aide us in restoring health, in "...teaching the patient how to avoid those things which cause illness...mainstream medicine...is not the only way to help relieve suffering. Millions of people continue to derive great health benefit from homoeopathy, herbalism, acupuncture, chiropractic, osteopathy, psychotherapy, therapeutic massage, and many other treatment modalities" (:21). But not to include these therapies, to dismiss them outright or even forbid naming them and their use, is not helpful nor healing nor fair to the patients who suffer, who ask for and need help.

Mo includes a very short chapter titled "Harm." While not wanting to assign blame to medical professionals, "...there is sound evidence...that iatrogenesis is the third leading cause of death in both the USA and the UK..." (:22). This is not

information that is generally shared with the public, leading to near total acceptance of allopathic medicine as the best and only healing modality available. This little book is a reminder and, for those new and open to homeopathy, a guide to "...the power it has to improve the health of humanity..." (Back cover).

There are several chapters focusing on explaining what homeopathy is, how it works, what it can



do to help people heal, and why it should be included along with other basic medical practices. In the interest of not writing a longer review than Homeopathy: Hippocratic Medicine actually is, suffice it to say that, in addition to being a guide to this amazing art and science, it also conveys why homeopathy should be included in everyone's healing and health care treatments. "...many people would appreciate a broader vision of healthcare, a health service which is truly Hippocratic embracing both mainstream and homeopathic medicine" (:82).

This is a lovely little book, worthwhile reading for someone new to homeopathy as well as for experienced practitioners. Buy it, read it, and pass it along if you like. All lives will be enriched.

Mo Morrish (2020). Homeopathy: Hippocratic *Medicine*. Publisher: The School of Homeopathy, UK. Hardcover, 88 pages, \$8.07. ISBN: 978-0-9544766-5-6.

Laura Sholtz, PhD, RSHom(NA), CCH, FBIH, immediately resonated with homeopathy after first learning about it over 33 years ago. She has served on the NASH Board of Directors since 2003, has been the Registrar for NASH since 2004, and the Book Review Editor since 2010. Laura has expanded her primary northern New England practice to include international teaching and clients, taught several classes in Homeopathy at the University of Maine in the 90s, and is a former teacher for the British Institute of Homeopathy. Laura can be contacted via email at: choosehealth@tds.net.

Immunity's Ghazal

By Jan Dederick

alligatored moat 'round the castle signals boundary. archers on battlements atop tall walls defend boundary.

my sovereign queen, my sacred blood, holiest of holies; to protect her from harm, multilayered boundaries.

heavy oaken drawbridge, windlassed up and tightly closed. who wants this bridge down, make obeisance at the boundary.

breathing in can bring particulates, or fine perfume. doormen at Corpus Club demand IDs, guard boundary.

friend or foe? be ye me? if not me, vamoose. i'll sneeze thee gone, snot thee gone, swollen tonsils boundary.

tender grapes under my jaw, detention centers for brazen interlopers threatening my boundary.

invaders on fever's hot seat, body's *auto-da-fé*. after the heat, lassitude, rashes on the boundary

mean deportation of inflaming busy bodies, unsightly but happy ending at outer boundary.

discomfort for a week or two, well worth the cost, they'll never bother us again, antibody boundary.

should an enemy occupy abraded skin, rubor, tumor, calor, dolor, battle at the boundary kamikaze white cells attack, devour invaders, coalesce as oozy pus, darning rent boundary.

i've loads of soldiers at my service, mercenaries; though living in my gut, they fortify the boundary.

i'm a xenophiliac couldn't be prouder of it; lactobacilli sweet symbionts adorn my boundary.

who knows the way to wage distress on these my lieges knows well the way to coup d'etat, demise of boundary.

antibiotics, though said to be well intentioned, slaughter my mercenaries, devastate my boundary.

in the forest of my skin, first defenders galore. forget sanitizer, sterility's not desired boundary.

even strongest fortress must keep vigil, must beware, lest Trojan Horse charade of bearing gifts shred boundary.

if foreigners inveigle way to sacred blood, we guardians, confused, assault our inner sanctum.

i'm the best security, don't claim to do it better. no need for shots to thrive, use nature's *mitey* boundaries.

300 25



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Dr Luc Montagnier

Nobel Laureate and Supporter of Homeopathy

By Deborah Hayes, BSc(Hons), MBRCP(H), CCH, RSHom(NA), FNTP, RWP

r Luc Montagnier, who was awarded the Nobel Prize in Physiology or Medicine for discovering the AIDS (HIV) virus, died on February 8th, 2022, at the age of 89. Dr Montagnier became a controversial figure in the scientific world when some of his later research findings supported the validity of homeopathic high potencies. As a true scientist should, instead of ignoring his results as an anomaly that should not exist, he investigated further and found experimental proof that high dilutions could carry biological information in electro-magnetic form¹.

Former editor-in-chief of *The American Homeopath* Deborah Hayes was fortunate to spend some time in conversation with Dr Montagnier after his presentation at the 2012 Joint Annual Homeopathic Conference in Reston, VA. We are reprinting the entire interview in his memory.

"The Facts Cannot Be Denied" — A Conversation with Dr Luc Montagnier

The homeopathic community was honored to have Dr Luc Montagnier as a speaker at the 2012 Joint Annual Homeopathic Conference in Reston, VA. Dr Montagnier was awarded the 2008 Nobel Prize for Physiology or Medicine as a result of his work identifying HIV as the cause of AIDS. Some of his more recent research has led him in an unexpected and controversial direction, showing that certain dilutions of bacterial and viral DNA sequences can emit low frequency electromagnetic waves.

These electromagnetic signals carry information about the DNA. Under certain conditions, the electromagnetic signals from a tube containing a highly diluted solution of DNA sequences can transmit information to a second tube containing only purified water. If the chemicals for polymerase chain reaction are added to the signalized water in the second tube, the original DNA sequence can be duplicated with 98-100 percent accuracy. In his presentation, Dr Montagnier also explained that in his most recent research, his team had trans-

mitted the electromagnetic signals digitally between computers and had succeeded in replicating the DNA in a distant laboratory.

The results suggest that nanostructures comprised of water molecules are produced as a result of the EMS. These nanostructures, which Dr Montagnier terms "naneons," are destroyed by temperatures over 70° C, by electromagnetic fields and by freezing. Dr Montagnier pointed out that the water in our bodies is comprised of nanostructures. His physicist colleagues propose that the stable nanostructures in water emerge as coherent quantum domains that are surrounded by an electron cloud, are relatively stable and have the ability to carry information when diluted to a sufficiently high degree.

Dr Montagnier posited that perhaps the DNA double helix itself is not read, but rather it is the water structure that surrounds it that carries the essential information: "Without water, the double helix cannot stand." Homeopaths will find it particularly interesting that in order to produce the electromagnetic signal, the diluted sample had to be succussed.

At the end of his presentation, Dr Montagnier received a standing ovation and was practically mobbed by members of the audience, who were eager to shake his hand. Dr Montagnier was gracious enough to pose for photographs with many of his admirers. I was able to speak with him for a few minutes before he had to leave.

AH: You have been treated as if you are a rock star! What do you make of your reception by the homeopathic community?

LM: It touches me, because, you know sometimes, while I'm not discouraged by certain negative reactions, still it is touching to have such a positive response. But ignorance still exists, and the will of some people is to demolish everything I say.

I am not alone in this fight, but we are a minority of scientists, and the majority of scientists still want to eliminate everything which is linked with Jacques Benveniste and homeopathy, especially in France. But Benveniste was an honest man; he had difficulty proving what he found because he was working with biological systems. He was measuring biological activity. On the contrary, we are starting with measuring the

¹ The articles Dr Montagnier published on this process are: "Electromagnetic Signals are Produced by Aqueous Nanostructures Derived from Bacterial DNA Sequences." Interdiscip Sci Comput Life Sci (2009) and "DNA Waves and Water." Journal of Physics: Conference Series 306 (2011) 012007.

signals of chemical structures, which are developed in water, so we don't have difficulty in reproducing these structures.

We have to take into account that if two plastic tubes are close together, one control and one containing DNA emitting something, the control can capture some of the information in the water from electromagnetic radiation. The second problem is human beings. If you have too many people in a room where you are doing the experiment it can fail. We discovered this more recently when we tried to export our technology. So many people were so interested to observe the experiment at the same time. We realized that not more than two people could be in the same lab for the experiment.

AH: To what do you attribute that?

LM: The fact is that people are also emitting waves. And some, for unknown reasons, are emitting waves that will counteract the waves that we are measuring. So definitely, the experiments are reproduced in labs in several parts of the world, but our colleagues must take precautions and follow our protocol.

AH: Your work involves using a vortex to reproduce the process of succussion. What led you to do this?

LM: In the beginning we used and adapted mostly the techniques of Jacques Benveniste.

AH: Where do you think your work takes us in terms of where homeopathic research needs to go next?

LM: I am pursuing my own research. But I keep an open mind to homeopathic research.

AH: Can you explain to our readers who were not able to attend your talk today, and who may not be familiar with your work, what are the key outcomes of your research?

LM: The key is that first, there are waves, low frequency waves that transmit information, like submarines talking to each other. One can hypothesize that these waves may help explain the origin of life. There is much research now in science that is just analytical, essentially trying to see which genes are expressed at certain times. This is important. But it doesn't show what is the engine of these processes. In embryogenesis, there is a harmonious succession of gene expression that is originated from the DNA. I believe this is mediated by the waves emitted by DNA. The genes are expressed in a precise order; the DNA is played like the notes in a musical symphony. So it is a way to explain the origin of a complex individual, like ourselves.

AH: And water is very important.

LM: Water, of course, is key, and waves.

AH: The memory of water.

LM: Yes, the memory of water. In homeopathy that of course fits. Carrying accurate information.

AH: Yesterday at the conference there was a presentation by Jeremy Sherr about his work on the treatment of AIDS in Africa using homeopathy. He has shown cures with levels of virus dropping to undetectable levels.

LM: Possibly, but the problem with HIV/AIDS is that the situation varies from one patient to another. It is very difficult to make a statistical study. There are several types of variability. We are trying to study these variabilities in terms of DNA emission, EMS transmission and co-factors. It's very complex.

AH: Do you think that that the scientific community will accept the idea of transmission of information via the memory of water, of your work?

LM: This too will come. We are making progress, slowly, but definitely is being reproduced by other laboratories.

AH: Do you think they will ever accept the tenets of homeopathy?

LM: Why not? They are facts, you know. If one can explain the homeopathic phenomena in a rational way, if you show there are people cured by homeopathy, the facts cannot be denied.

AH: Thank you so much for taking the time to speak with me on behalf of *American Homeopath's* readers.

With that we went our separate ways, leaving the lecture room still buzzing with people enthused by Dr Montagnier's presentation.

Deborah Hayes BSc(Hons), MBRCP(H), CCH, RSHom(NA), FNTP, RWP, served as the Editor-in-Chief of The American Homeopath from 2010 to 2021 and is currently an editorial advisor. She has a particular interest in homeopathic research and the history of homeop athy. She trained at the Institute of Classical Homeopathy in San Francisco, CA and lives in Incline Village, NV. Contact her at: deborah@wellflume.com.

Ancient Wisdom, Modern Concepts

Misha Norland (1943-2021)

By Jason-Aeric Huenecke, Sally Tamplin and Anita Barzman

isha Norland, a legacy builder, a titan of homeopathy has passed. The founder of the School of Homeopathy, he brought to light ancient wisdom teachings, modern psychodynamic concepts, and elements of alchemy and mysticism into our homeopathic community.

As one would expect from an alchemist and someone steeped in deeply contemplative teachings, his piercing eyes would dart about as he answered his students' questions. True to his Mercurial nature, he moved swiftly through the vast reservoirs of the materia medica, philosophy, and repertory of his mind to find just the right words to bring down to earth a lofty homeopathic concept that seemed to land in a pithy and concrete manner.

From the moment people met him, they knew that this was someone very special who had crossed their path. Misha exuded wisdom and a sincere, kind, loving presence. Indeed he was an old soul and a genuine contemporary alchemist communicating through channels of Paracelsus, Samuel Hahnemann, C.G. Jung, Edward Christopher Whitmont, to name only a few. As a teacher, Misha was gifted at bringing homeopathic philosophy and the alchemical realities of classical homeopathy to life with clarity, conviction, poetry, a gifted welcoming attitude as a teacher, and an ever-present twinkle of playful mischievousness in his eye.

His mappa mundi process of exploration, in its simplicity, was powerfully inspiring and helpful for many. As well, the many provings for which Misha served as master prover often



invited a transcendent experience for the readers, an invitation to step out of everyday reality into the mind-bending, life-changing experience of a living breathing materia medica. Misha was a visionary whose perceptiveness reached both into the distant past and forward into the timeless future. His visionary nature was a perfect vehicle for transmitting homeopathic philosophy with its alchemical roots, teaching his students about the timeless essence of homeopathy; irrespective of methods, classical homeopathy, in its true essence. May Misha's teachings live on in all of us who were nurtured from his words and wisdom. He's in another place now but not very far away from our hearts.

Iason-Aeric, CCH, RSHom(NA)

Sally and Anita were students and colleagues of Misha Norland.

Robin Murphy, Master Synthesizer (1950-2021)

By Dana Ullman

obin Murphy, ND (1950-2021) was a master synthesizer of homeopathic practice. Even in the 1980s when he began to teach homeopathy, he avoided the debate around using low or high potency medicine by proclaiming a value for using all potencies. He didn't need to debate whether to prescribe a constitutional medicine or a pathological remedy because he wrote and talked about using each at their appropriate time.

His ultimate contributions to the homeopathic literature were his materia medica and his repertory, both of which provide a synthesis of all previous literature before his.

In 1993 he published his repertory, which was initially called the Homeopathic Medical Repertory, and then the Homeopathic Clinical Repertory, and then finally the MetaRepertory. Distinct from Kent's Repertory, which began with the chapter on Mind and then had chapters that went down the body, Murphy's repertory was so much easier to use because it was alphabetical. And being a clinically-minded teacher of homeopathy, he included chapters that were practical to homeopathic practice, including having chapters on practical subjects such as Clinical, Constitutional, Toxicity, and Vaccination, as well as separate chapters on Cancer, Children, Food, and Speech.

Similarly, his materia medica was first published in 1996 as the Lotus Materia Medica, and then Nature's Materia Medica. Like his repertory, the description of the usage for each medicine provides a summary of its key symptoms, then a summary of its emotional and mental symptoms, and then an alphabetical listing of parts of the body.

Ultimately, Robin Murphy, ND, was both a Hahnemannian and a Kentian, and he felt totally comfortable in both "camps" because he felt that different cases called for one approach or the other. And he was so much more than a homeopath. He also had a profound interest in and appreciation of herbalism and alchemy, yoga and meditation practices, tai chi and Qigong, and naturopathic Courtesy of the therapies and detox treatments. Lotus Health Institute

22nd) century.



He was the ultimate Renaissance doctor of the 21st (or maybe

Finally, as a seller of homeopathic books since 1975, I may have sold more of Robin Murphy's books and his recorded lectures than anyone else on the planet. He and I had a solid collaborative relationship that sought to educate as many people as possible on the profound principles of homeopathy as well as on how to optimize the use of these medicines to improve people's health and to truly transform a person's life. This collaboration may make me a founding member of his fan club, a membership that I will always honor.

Dana Ullman, MPH, CCH, is one of the foremost spokesperson for homeopathic medicine in the United States. President of the Foundation for Homeopathic Education and Research, elected Board member of the National Center for Homeopathy; member of the Advisory Council of the Alternative Medicine Center at Columbia University's College of Physicians and Surgeons; consultant to Harvard Medical School's Center to Assess Alternative Therapy for Chronic Illness. Dana has authored several books and articles on homeopathy in respected publishing venues, and has been particularly effective in changing the attitudes and policies of major institutions towards natural health care.

Homeopath, Humanist and Artist

Raymond "Ray" Edge (1948-2021)

By Joyce Edge

aymond Edge, "Ray," president and founder of the Canadian College of Homeopathic Medicine, passed over on June 10, 2021, at the age of 73, surrounded by the love of his wife and loyal and committed partner, Joyce Edge.

Raymond began his career in the healing arts as a medical herbalist, graduating from the Dominion Herbal College in 1978. He then graduated from the School of Homeopathy on-campus program in Devon, England, and was the Director of the Mirianog West Children's Clinic in Wales, providing low-cost homeopathic treatment for underprivileged children. On his return to Toronto, Ray founded the Toronto School of Homeopathic Medicine in 1994, which became the Canadian College of Homeopathic Medicine, and is now the longest running Homeopathic College in North America. Raymond was a registered professional member of the North American Society of Homeopaths (NASH), the College of Homeopaths of Ontario (CHO), and was also certified in classical homeopathy with the Council for Homeopathic Certification (CHC). He inspired, taught, and trained hundreds of people in the medical art of homeopathy, and leaves behind the most amazing legacy of healing which will continue well past his own life span.

Ray will be lovingly remembered by everyone in the homeopathic community as well as in the artistic community of Canada, where his contributions were many. He was not only a notable homeopath, but also an inspiring entrepreneur, musician, and artist. His paintings show the depths of his feelings and the care in his soul. In 2005, Ray received the award for Top Male Artist from the Toronto Independent Music Awards and several of the songs on his album ranked very high in both American and British songwriting competitions.

Ray cared deeply for others and actively sought to ease the sufferings of people, animals, and the world at large; he showed us all that an individual can make a huge impact with their life. We are all grateful to Raymond for his contributions to the field of homeopathy in Canada and worldwide.

These are some testimonials from Raymond Edge's students:

"He was always quick with a one-liner. As knowledgeable and talented other teachers were at our school, I think I enjoyed being in Raymond's classes the most. I always connected with what he was trying to get across to us. What a pleasure



knowing him..." (John Somerton)

"My strongest memory of Raymond is that he was always telling jokes during his lectures. He loved the audience (...). It was an adjustment in second year to see so much less of him: the other lecturers were not as attractive and didn't tell jokes." (Sandra Phipps, HOM, DSHM)

"Ray created not only an important school for homeopathy, but an incredibly loving community where so many lifelong friendships have been born." (Andrea Deal, HOM, DSHM Reg. Hom; Clinical Herbalist.)

"Ray has been an incredibly inspirational man to me. I'm not overstating the importance of how much his personality and passion for homeopathy has influenced my life. Whenever I think of my first days in learning homeopathy I always remember his passion when teaching and, oh God, his humour! He taught every class like he actually gave a damn about us. I learned so much from him (...), not just rhyming off rubrics. I can hear his chuckle and his self-effacing voice in an instant, even 20 years later. It's very comforting even to this day, knowing that I learned from the best (...). Thank you, Ray, for being such an incredibly generous and kind man, a homeopathic pioneer, and for giving me the opportunity to do my small part in carrying on your work for the benefit of all." (Jack Gagliardi, HOM, DSHM; CHO Member)

The Artist of Caregiving

Dr. Matheus Marim (1942-2021)

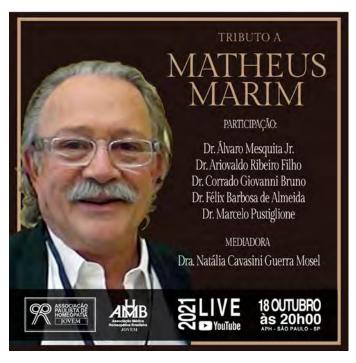
By Jay Yasgur

ne of the most influential homeopaths in the Brazilian homeopathic community crossed the gate into another sphere on the first day of September 2021. He was 78. After serving homeopathy for a half century, Marim passed away at the Hospital Israelita Albert Einstein (Sao Paulo), a victim of complications from COVID-19. Two of his caregivers, Drs. Nicklas Soderberg Campos and Paulo Rosenbaum, were homeopaths.

Dr. Marim (November 30, 1942—September, 1, 2021) received his medical degree from the Santa Casa Medical College where he specialized in general surgery. In 1972, he became Chief of Medical Services at the São Lucas Hospital in Iporã (Parana) and, in 1979, relocated to Campinas (state of Sao Paulo) which became his permanent home. There he began providing homeopathic care in the clinic which he established: "He dedicated himself body and soul to all his patients, with love, serenity and a unique ability to listen to those who sought him out."

Marim's ever deepening immersion in homeopathy came about when, in 1976, Professor Francisco Xavier Eizayaga of Argentina, participated in the establishment of the first of several Specialization Courses in Homeopathy for Doctors. It was held at the Associação Paulista de Homeopatia (APH; Paulista Homeopathic Association) in Sao Paulo. At that time the course lasted two years. An admitted workaholic, Dr. Marim chaired the Department of Homeopathy of the Campinas Society of Medicine and Surgery and was Research Coordinator of the Associação Médica Homeopática Brasileira (AMHB; Brazilian Homeopathic Medical Association, founded in 1979; he served as president from 1988 to 1990). He also served as the president of the APH. As a titled Clinical Researcher, as well as Coordinator of the Virtual Library in Health; Homeopathy, he directed various research projects and a number of provings, such as Carcinosinum, Iodum purum, Stannum metalicum and Brosimum gaudichaudii.

Marim was also Brazil's National Vice-President for the International Homeopathic Medical League (LIGA). In 2018, he officially opened the XXXIV Brazilian Congress of Homeopathy. In February 2021, he participated in an event held by the Board of Directors of the AMHB, where he spoke on the theme "Similia and the Current Moment."



"The therapist can be supportive," he used to say, "must be empathetic, but must also exercise 'mute compassion' during medical interviews." And that was his particular way of interacting with the sick. Accounts show a doctor who acted like one person in front of another. A clinician who, while listening to complaints, polished the lenses of his elderly patients' spectacles, who worried that he would never give up a request from someone in need of his services. His mere presence, with his undisguised and long white coat, commanded a kind of unspoken respect, even when he found himself in environments hostile to the type of medicine he practiced. From someone who surrendered to the undeniable talent in the art of caring, often to the detriment of personal interests, only to receive a report of suffering from the person treated, or from their families; sometimes he'd wait for hours and sometimes he'd wait all night long.

I wish to acknowledge Amarilys de Toledo Cesar, Paulo Rosenbaum and Miriam Sommer for their help in providing the data for this obituary.

Jay Yasgur, R.Ph., M.Sc., is the author of Yasgur's Homeopathic Dictionary and Holistic Health Reference, 4ed. Member of the Homeopathic Pharmacopoeia Convention of the U.S. as well as several other homeopathic organizations.

Bright Acumen and Broad Smile

Philippe Picard (1939-2021)

By Jay Yasgur

hilippe Picard, whose sense of humor and administrative acumen helped bridge many a gap between homeopathic and non-homeopathic colleagues, departed this sphere during the first month of 2021. Philippe-Marie-Michel Picard was a man with a broad and infectious smile who did much to popularize homeopathy in his native France and later, during his eleven-year (1990-2001) sojourn in Canada, his adopted second home. Philippe conducted a private practice in Paris (1966-1981) and in Charente (1981-1990). In 1986 he became involved with Boiron-France and became the Director of Homeopathic Laboratories. Philippe also possessed a keen interest in Chinese energy medicine, acupuncture and the works of Auguste Weihe, Jr. (1840-1896).

He was affectionately known as 'Dr PP' by his cadre of Boiron-Canada employees who were fortunate enough to enjoy his many stories and partake of his warm, positive personality. It was said that his knowledge was so varied that he could hold court on just about any subject. During his overseas assignment as Medical Director of Boiron-Canada, he produced one of his most enduring works, Le guide canadien de l'automédication homéopathique (1994; The Canadian Guide to Homeopathic Self-medication, 1995). Louise Martineau, Nghia Truong and Susan Schutta made contributions to this popular book. Picard felt that the most important goal of this work was to ensure every person be responsible for his own health and health choices. During his stay in Canada, he created the formula for the Boiron combination products Camilia and Cocyntal. Picard gave homeopathic lectures to the faculty of pharmacy at the University of Laval (Quebec City).

Dr. Picard also wrote *Un médecin homéopathe vous conseille* (1975), Approfondissement et synthèse de l'homéopathie (1977), L'Homéopathie du pharmacien (1984), Le Médecin, le Malade et l'Homéopathie (with Michel Aubin; 1980, 2ed.1982; this work was translated into English in 1983 by Pat and Robin Campbell), Sachez être malade pour bien guérir (1979), Comment se soigner bien par l'homéopathie (1987), Conseiller l'homéopathie (1990; 2ed.1998) and Se soigner seul sans peur: les pouvoirs de l'homéopathie (1991). This last work was a best-seller and somewhat encyclopedic in its scope.

Dr. Picard completed his medical studies in 1966 from the faculty of Paris and defended his medical thesis, *Les Dysmen-*

orrhées de la jeune fille et l'homéopatherapie, under the direction of Dr. Léa de Mattos (1908-1989), a noted Brazilian homeopath who emigrated to France. Picard was a student of Dr. Denis Demarque (1915-1999), one of that country's great homeopaths who, by the way,



helped to disseminate homeopathy in Brazil. Picard shared a close friendship with Dr. Michel Aubin (1927-1985). Aubin along with Demarque and the Boiron brothers founded, in 1972, the Centre d'études et de documentation homéopathiques (CEDH; its name changed, in 1994, to Centre d'enseignement et de développement de l'homéopathie). Picard taught at the Canadian branch of this educational center. It was in the early 1960s that he began his homeopathic studies and then, in 1972, became involved as a lecturer within the CEDH and later assumed responsibilities for planning and designing that organization's seminars. From 1976 to 1977, he was secretary of the French Homeopathic Society and, in 1978, helped to found the Samuel Hahnemann International College. As one can imagine, his passing leaves a vacuum, most difficult to fill. In the words of Dr. Christophe Garnier, "Phillippe Picard made a major contribution to the democratization of homeopathy among health professionals and patients."

References

Jean-Claude Dubois, 'Hommage à Philippe Picard (1939-2021) entretien sur l'homéopathie et la médecine chinoise', La Revue d'Homéopathie, 12 (3) : 172-177. September, 2021.

Alain Sarembaud and Olivier Rabanes, *Dictionnaire des auteurs d'ouvrages d'homéopathie en langue française*, 2003. Editions Boiron, 308 pp.

I wish to acknowledge Christophe Garnier and Marie-Laure Protière and her associates at Boiron-Canada Inc. for their kind assistance in providing material for this obituary.

Word Puzzle Find the Remedy!

By Hasina Hai-Hasan

Instructions: Find and circle all of the hidden symptoms. The words may be placed horizontally, vertically, or diagonally. The totality of symptoms refer to a particular homeopathic remedy. After finding all of the symptoms, guess the remedy!

W	Е	A	D	P	Е	R	S	P	Ι	R	Е	S	Е	N	S	I	Т	I	V
Н	О	Т	R	I	С	Н	R	О	N	I	С	С	О	N	S	Т	D	Е	В
A	A	Е	A	L	G	A	S	S	U	М	О	R	О	S	Y	N	О	S	L
Т	С	R	A	V	Е	W	A	R	M	Е	L	A	N	С	Н	О	L	Y	I
A	U	О	R	I	Y	Н	I	V	В	L	D	V	L	Y	С	О	P	О	S
М	Т	D	N	Т	Е	Е	S	О	N	A	S	A	L	D	R	I	P	D	Т
I	D	Е	В	I	L	I	Т	Y	Е	N	R	U	В	Т	R	A	Е	Н	E
N	R	I	A	Т	L	Т	О	N	S	С	U	R	A	Т	I	V	Т	I	R
A	I	L	S	Y	О	Н	D	Y	S	P	Е	P	S	I	A	L	U	О	S
M	G	Y	Е	P	W	L	L	Е	M	S	Е	Т	U	С	A	M	F	F	О
Е	Н	С	L	F	Е	R	M	Е	N	Т	A	Т	С	Е	R	S	A	F	N
Т	Т	I	С	K	L	I	N	G	С	О	U	G	Н	R	L	A	N	Е	L
Н	Т	L	R	Q	U	I	С	Y	Т	Y	R	О	R	I	A	Е	N	N	Е
A	О	F	A	M	U	R	S	Е	P	S	О	N	О	G	U	R	I	S	Y
Т	L	Е	V	D	Y	S	P	Е	U	S	P	Е	N	Н	Y	U	N	I	N
R	Е	R	U	I	A	D	I	Е	R	A	I	R	I	Т	С	С	G	V	О
Е	F	M	С	G	F	D	Е	S	U	F	N	О	С	Т	Е	Т	О	Е	S
M	Т	Е	Т	Н	N	A	S	A	Е	G	I	G	С	О	L	A	F	P	R
Е	U	N	A	Т	Н	О	N	I	L	N	N	A	О	L	L	Т	N	Е	Е
D	R	Т	Т	S	S	A	Т	N	L	G	S	О	N	U	Е	I	О	R	Т
Y	В	A	I	Е	M	I	A	N	I	N	D	I	S	A	T	О	S	S	S
F	A	Т	V	Е	G	Е	Т	A	О	N	О	S	Т	G	N	N	Е	P	I
U	D	I	G	Е	S	Т	I	V	Е	S	G	R	I	I	I	N	G	I	L
N	Н	О	U	S	Т	О	N	S	Е	N	R	I	P	I	V	Е	О	R	В
G	G	N	I	Т	A	О	L	В	L	О	R	Е	A	P	N	Е	F	A	L
A	С	D	I	S	Т	U	R	В	A	N	С	Е	Т	L	I	R	О	T	О
M	О	О	С	R	A	V	Е	W	A	G	О	U	I	S	V	О	U	I	A
Е	W	Е	A	K	P	О	W	Е	R	S	Н	G	О	U	I	G	N	О	Т
S	Е	W	О	R	S	Е	S	Т	О	О	P	I	N	G	G	L	D	N	I
S	О	F	F	E	N	S	I	D	E	В	I	A	R	Т	I	С	В	L	U

BLISTERS ON TONGUE	NUMBNESS	TICKLING COUGH	HEALTH
FERMENTATION	CRAVE WARM	MELANCHOLY	GASSY
CHRONIC CONSTIPATION	DIGESTIVE	INTELLECTUAL	DYSPEPSIA
RIGHT TO LEFT	BLOATING	ERUCTATION	CONFUSED
WEAK POWER	DEBILITY	DISTURBANCE	YELLOW
FANNING OF NOSE	ACUTE SMELL	HIVES	SENSITIVITY
WORSE STOOPING	HEARTBURN	GOUT	OFFENSIVE PERSPIRATION

What Am I?	
what Am Ir	

Answer: Lycopodium

THE AMERICAN HOMEOPATH

THE JOURNAL OF THE NORTH AMERICAN SOCIETY OF HOMEOPATHS

2023 Cover Art Contest



Are you an artist or photographer?

Would you like your artwork to appear on the cover of The American Homeopath?

You may have noticed that the last few issues of *The American Homeopath* journal have featured beautiful photographs on the front page and this year is no exception. NASH wants to give creative members of our homeopathic community the chance to have their work on our next cover.

Watch for announcements early next year for details of how to submit your entry, or email editor@americanhomeopath.com for more information.

Number Sleuth

By Sandhia McLeod

Crack the code! Instructions:

The solution to this "cryptex" is a five-letter word.

Each of the 25 matrices is a magic square. Look at the middle number of the first row in each of the 25 matrices and find the corresponding letter from ASCII code (easily findable online). String the letters together to spell out the clue. You will then be able to determine the five-letter answer from this clue.

This reads: IT HAS MANY LITTLE GRAY CELLS.

•	S	Γ	Γ	Е
Э	X	Y	Я	C
Е	Г	Т	Т	I
Г	X	N	Y	M
S	A	Н	Т	I

95	٤8	92	92	69
۷9	68	59	78	I∠
69	92	7 8	7 8	٤٧
92	68	87	59	LL
٤8	59	7.2	7 8	٤٧

solution:

1245	1328	1826	249	747	1140	1216	1672	228	684	1035	1104	1518	207	621	1005	1072	1474	201	603	069	736	1012	138	414
664	1162	1660	1743	166	809	1064	1520	1596	152	552	996	1380	1449	138	536	938	1340	1407	134	368	644	920	996	92
83	581	1079	1577	2075	9/	532	886	1444	1900	69	483	897	1311	1725	29	469	871	1273	1675	46	322	298	874	1150
1992	415	498	966	1494	1824	380	456	912	1368	1656	345	414	828	1242	1608	335	402	804	1206	1104	230	276	552	828
1411	1909	332	830	913	1292	1748	304	092	836	1173	1587	276	069	759	1139	1541	268	029	737	782	1058	184	460	909
975	1040	1430	195	585	1335	1424	1958	267	801	1140	1216	1672	228	684	1335	1424	1958	267	801	1245	1328	1826	249	747
520	910	1300	1365	130	712	1246	1780	1869	178	809	1064	1520	1596	152	712	1246	1780	1869	178	664	1162	1660	1743	166
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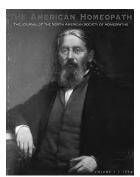
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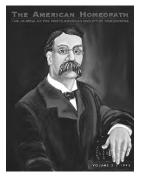
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Interviews: Edward Whitmont, Rajan Sankaran, Roger van Zandvoort, Jeremy Sherr, Julian Winston. Cases: Sulphur, Palladium, Nux Moschata, Theridion, Formica rufa, Aurum Muriaticum.



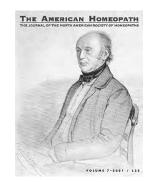
Volume 6, 2000 — Samuel Hahnemann Issue

Interviews: Jeremy Sherr, Louis Klein, -Roger Van Zandvoort, David Warkentin, Frederic Schroyens. Cases: Earthworm, Chocolate, Scorpion, Germanium, Plutonium, Hydrogen, Iridium, Eagle, Lac felinum, Helium, Salmon. Proving: Sus (pig). Tributes: Maisemund Panos, Samuel Hahnemann.



Volume 2, 1995 — JT Kent Issue Interviews: Richard Pitcairn, Harris Coulter, Jayesh Shah, Wenda Brewster O'Reilly. Cases: Stramonium, Argen-

O'Reilly. Cases: Stramonium, Argentum nitricum, Anhalonium Proving: Anhalonium.



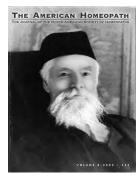
Volume 7, 2001 — Von Boenninghausen Issue

Interviews: Nuala Eising, Misha Norland, Jan Scholten. Cases: Borax, Mandragora, Heloderma suspectum, Musca, Muriaticum acidum. Provings: Musca domestica (housefly), Galeocerdo cuvier hepar (shark liver).



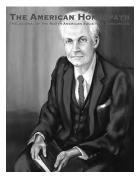
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Interviews: Sheilagh Creasy, Maesie Panos, Nandita Shah, Ananda Zaren, Melissa Fairbanks, Alize Timmermann, David Mundy. Cases: Lac Equinum, Helonias, Nitric Acid, Folliculinum, Helonias. Proving: Lac Equinum.



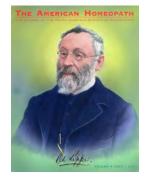
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Interviews: David Little, L. Ralph Twentyman, Jo Daly, Val Ohanian, Eric Sommermann. Cases: Capsicum, Taraxacum. Provings: Neptunium muriaticum, Meteorite



Volume 4, 1998 — Harris Coulter Issue

Interviews: Amy Rothenberg, Paul Herscu, Louis Klein, Val Ohanian, David Little, Martin Miles, Jan Scholten, Henny Heudens-Mast, Misha Norland. Cases: Crot-h, Lachesis, Veratrum Album. Proving: Corvus (North American Raven).



Volume 9, 2003 — Adolph Lippe Issue

Interviews: Nandita Shah, Michael Quinn, Janet Snowdon, Joe Lillard. Cases: Oncorhyncus tshawytscha, Macaw, Hura, Sulphur. Provings: Seahorse, Dragonfly, Box jellyfish, White tailed spider.



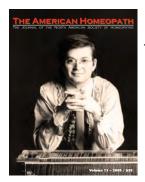
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Interviews: Massimo Mangialavori, George Vithoulkas, Bill Gray, Roger Morrison, Nancy Herrick. Cases: Gallic Acid, Aethusa, Ocinum Canum, Lac defloratum, Germanium, Nux Moschata. Provings: Gallic Acid, Caladium. . Tribute: Edward Whitmont.



Volume 10, 2004 —

Clemence Sophia Lozier Issue Interviews: Brian Kaplan, Edwald Stoteler. Cases: Hydrogen, Carbolic Acid, Oleander, Serum Anguillae, Colocynthis, Calcarea Iodatum. Provings: Hummingbird, Amethyst, Vincetoxicum.



Volume 11, 2005 — **Julian Winston Issue**

Interviews: Julian Winston Massimo Mangiolavori. Cases: Lac Puma, Incurable Polymyositis, Abdominal Tumor, Conduct Disorder, Tellurium, Plutonium Nitricum, Autism. Provings: Aquilegia Vugaris, the Common Columbine, Ultrasound by INHF-Paris.



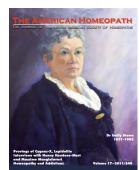
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Interviews: Dr Frederik Schroyens. Cases: Autism, Acipenser Transmontanus, Rheumatism. Provings: Spanish Moss-Tillandsia Usneoides, Acer Saccharum (Maple Sugar), Acipenser Transmontanus.



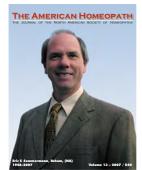
Volume 12, 2006 — Julia Green Issue

Interviews: Jan Scholten, Jeremy Sherr. Cases: Influenzinum, Wild Turkey, Benzinum, Chronic Psoriasis, Irritable Bowel, Adolescent Self-harm. Provings: Microcystis aeruginosa, Leonurus cardiaca, Prover susceptibilitv.



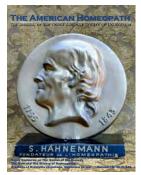
Volume 17, 2011 — Dr Emily Stowe Issue

Interviews: Massimo Mangialavori; Henny Heudens-Mast. Cases: Lanthanide, Lachesis, Naja kaouthia, Tarentula hispanica. Provings: CYG-NUS X-1, Lepidolite.



Volume 13, 2007 — Eric Sommermann Issue

Interviews: A.R. Khuda-Bukhsh, Val Ohanian, Laurie Dack, Cases: ADHD, Asthma, Belladonna, Psora, Ova branta Canadensis, Salix Nigra, The Lizard family, Suicide. Provings: Ova branta Canadensis, Queen Charlotte's Loon, Giant Green Sea Anemone. Tributes: Eric Sommermann, Michael Somerson.



Volume 18, 2012 — Samuel Hahnemann Issue

Interview: Luc Montagnier. Cases: Natrum muriaticum, Aconite. Provings: Didelphis virginiana, Samarium cobaltum magneticum.



Volume 14, 2008 — Elizabeth Wright Hubbard Issue Interviews: Andre Saine, Iris Bell.

Cases: Lac Ovinum, Sangus Ursa Arctos, Ovum Chelydra Serpentina. Provings: Lac Ovinum, Ovum Chelydra Serpentina, Branta Canadensis, Ricinus Communis, Aquilegia Coerulea. Tribute: Greg Bedayn



Volume 19, 2013

— Homeopathy Around the World

Interview: Alize Timmerman Cases: Brain hemorrhage, Pemphigus vulgaris, Ant-t, Sepia. Provings: Lanthanum metallicum, Promethium muriaticum.



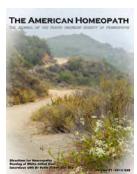
Volume 15, 2009 — Maesimund B. Panos Issue

Interviews: Diane Miller, JD. Cases: Positronium, Seizures, Malignant Meningioma, Opium, Cycles and Segments. Provings: Gavia Immer, Chanel No.5, Niobium Metallicum, Ancient Bristlecone Pine.



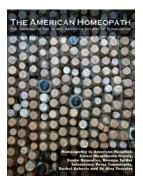
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Interviews: Farokh Master, Henny Heudens-Mast. Cases: Lachesis, Scholten Plant System. Proving: Ixodes dammini (deer tick)



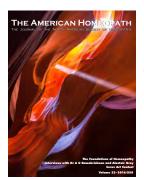
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Interviews: Dr Peter Fisher, Kim Elia. Cases: Nephrotic Syndrome, Joshi's Method. Proving: White-tailed Deer



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Cases: Myasthenia Gravis, Snake Remedies, Banana Spider Interviews: Peter Tumminello, Rachel Roberts and Dr Alex Tournier



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Interviews: Dr A U Ramakrishnan; Alistair Gray. Cases: Osteoarthritis & breast cancer; Ovarian cyst. Fixed First Principles of Homeopathy



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Interviews: Alastair Gray; Misha and Mani Norland:

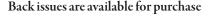
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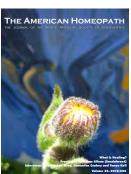
Cases: Germanium in Multiple Scle-

rosis: Alcoholism



Volume 23, 2017 — Working Together Interviews: Dr Saurav Arora, Dr Barbara Lewis, Paddy Canales Cases: Latrodectus hasseltii, Snapping Turtle. Tautopathy. Proving: Techne-





Volume 24, 2018 — What Is Healing? Cases: Panic Disorder; Corallum rubrum; Psilocybe semilanceata. Healing the Profession; Proving: Santalum album



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Volume 25, 2019 — Silver Anniversary

Cases: Congenital hydrocephalus; Pemphigus vulgaris; Nephrotic syndrome. Interviews: George Vithoulkas, Michael Quinn, Luc Montagnier. The origins of NASH. Education. Principles.



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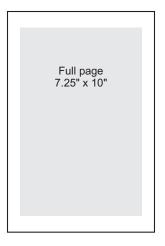
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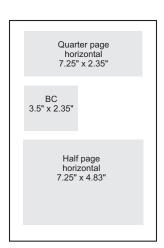
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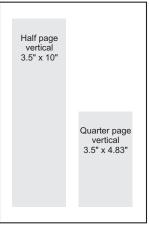
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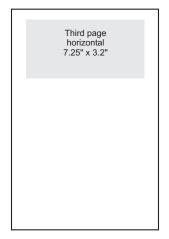
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In an ever changing world, we remain committed to producing remedies to the traditional Hahnemann technique of hand trituration and potentisation and our passion for healing means we will continue to support the emergence of new and rare remedies for proving and therapeutic use.

Increasingly though, we feel a responsibility to not only serving our customers, but also to the planet and society. That's why we're doing everything we can to ensure that our remedies, creams and tinctures are made using carefully selected, natural or organic ingredients from sustainable sources and that as a business, we minimise our carbon footprint.

Today, we only use the packaging we need to protect our products and provide essential information, we recycle everything we can in the production process and we strive to be both energy efficient and to eliminate waste.

To us, it makes absolute sense. If we can do the very best for our customers and the planet today, we'll preserve our ability to serve our customers in the future whether in Shanghai, Surat, Sydney or Sheffield, at every stage of their lives.

To find out more about our range of remedies, tinctures, speciality kits, creams, supplements and skin care products and our service to both UK and export customers, phone +44 (0)1892 537254 or +44 (0)207 379 7434, call in to our pharmacies, email pharmacy@helios.co.uk, or visit our website at www.helios.co.uk.





Including LM's, 100Cs, 500Cs, Unusual Potencies, Custom Remedies

All Remedies:

- Amber glass vials
- **对** Double distilled water
- ✓ Highest grade ethyl alcohol
- ✓ GMO-free organic sucrose pellets
- EMF exposure to a minimum

We also offer a Selection of 21 kits

For individuals, families And professionals

- In 2 dram or ½ dram vials
- From 15 to 450 vials

Up to 75% off retail values!