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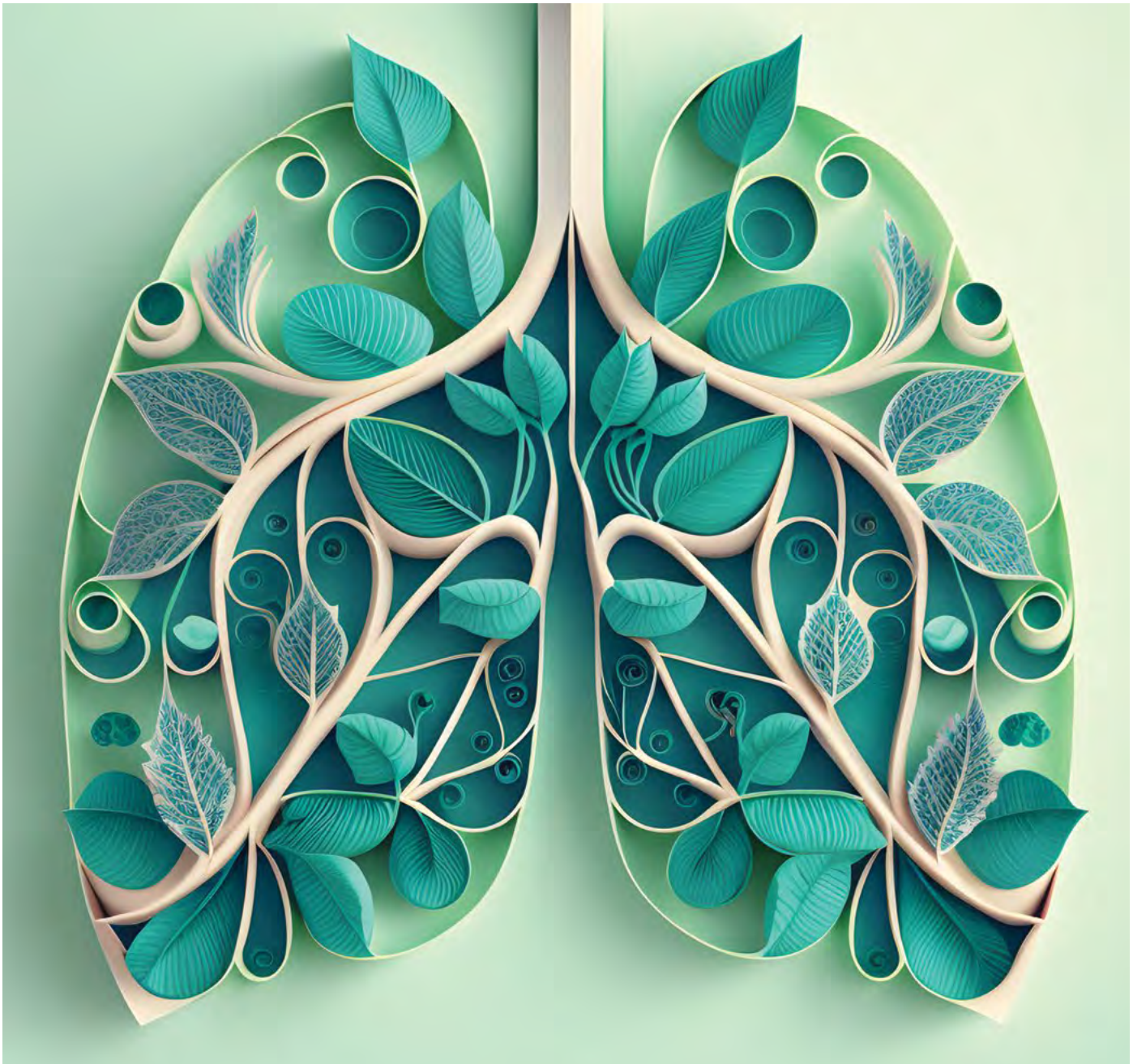

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Dr David Levy PhD
Editor of *Similia*

Greetings, homoeopaths and students in Australia and throughout the world. It brings me considerable pleasure to share Volume 36, number 1, our winter edition of *Similia.*

More than three years have passed, and the World Health Organisation recently declared the Covid-19 pandemic has officially ended. Not to be lulled into complacency, there are still many people being positively diagnosed, some apparently experiencing second and third episodes.

This issue contains comprehensive offerings regarding the clinical management and prevention of Covid-19. My thanks to Dr Isaac Golden for his prospective in-clinic survey of the homoeopathic remedies used when dealing with SARS-CoV-2, and for 'shedding' symptoms and 'vaccine' injury. The other, from Parker Pracjek and colleagues in the United States, presents an observational Covid-19 case series and their complex management. What we have learned during these past three years may well form the foundation for what lies ahead in the years and decades to come. Far from thinking that pandemic diseases were 'a thing of the 19th and 20th centuries', the warning signs are ominous. I need to reiterate that these authors' views do not necessarily represent those of the editor, reviewers or the AHA as an entity.

This issue contains two valuable clinical case contributions. Dr Seema Mahesh and colleagues provide two case reports of infantile uterus and infertility managed with individualised classical homoeopathy. Elka Leibovitch shares a remarkable case of a homoeopathically treated breast cyst (abscess). A warning to the reader that this article contains some graphic images. Supported with complete clinical evidence, these cases demonstrate that the impossible is sometimes possible.

If you think you know a great deal about Hahnemann, his life and, in particular, his vast practical experience, think again! This issue contains yet another outstanding historical contribution from English homoeopathic scholar Peter Morrell. He reveals remarkable facts about the evolution of Hahnemann's practice, details about his use of polycrests, and the phases of his work in the various cities he inhabited. The exponential development of Hahnemann's work in Leipzig bears contemplating.

Of Hahnemann, and Leipzig, Michelle Hookham shares some of the hidden gems she recently discovered during a family visit to this former East Germany. Leipzig, once a major European trading centre and home to Hahnemann, Goethe, and JS Bach, is a must for all homoeopaths in search of our history. Michelle Hookham has also reviewed an English translation of Retracing the Origins of Homoeopathy: The Travel Guide. After reading this delightful travel guide one will surely want to visit these parts of Germany.

In her Research Update, Sarah Penrose explores some of the tensions in ultra-high dilution research. These tensions play out not only in the confronting findings produced in the research, but in how and where the research is reported. This has consequences in the scientific community, reminding us that, like all research fields, discourse in the scientific community can be politicised, with vested interests competing to gain influence, on all sides.

We have, in this issue, Jay Yasgur's review of Miasms of the New Millennium: new insights into the ten miasms by Roger Morrison and Nancy Herrick. Readers familiar with Morrison and Herrick's work will find the review revealing, and the book itself typically fluent and engaging.

Yasgur shares an obituary of the late Dr Jonathan Shore, homoeopath and scholar. Additionally, Yasgur and Hogeland share an obituary of Judy Schreibman, a much-loved Californian homoeopath who co-authored some of Jonathan Shore's output. Once again, these deaths are a sobering reflection on our ageing profession. I encourage you, in particular those getting on in years, to share your personal and professional journeys in our Oral History Project. Please contact me or the AHA office if you would like to be part of this project.

My sincere thanks to the AHA national and state executives for their dedication and collegiality. Special thanks to Vera Externest for proofreading every contribution and her support, to the peer review team, our marketing and advertising team and finally to Naina Knöss for creating this exquisite issue.

Wishing you all a healthy, safe and peaceful winter 2023.

Dr David Levy PhD

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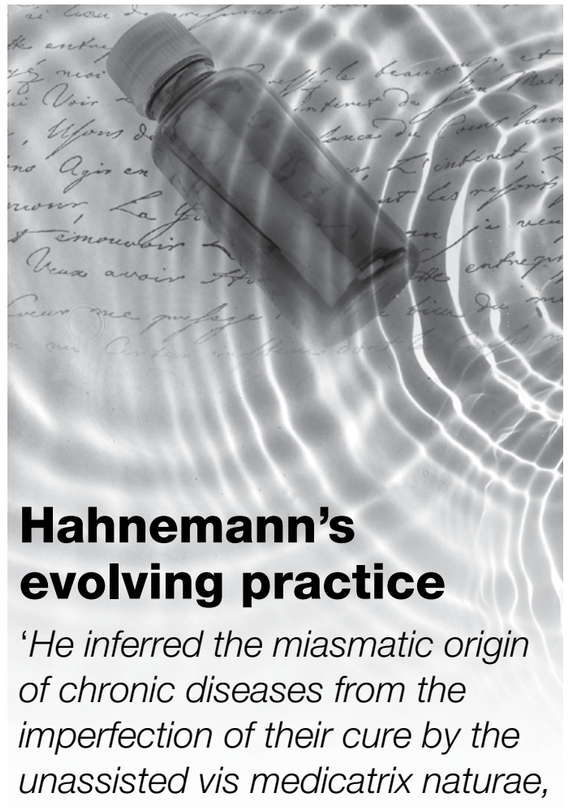

Hahnemann's evolving practice

'He inferred the miasmatic origin of chronic diseases from the imperfection of their cure by the unassisted vis medicatrix naturae, even in the best constitutions.' (1)

Peter Morrell

Before he discovered homoeopathy in what Dudgeon calls his pre-homoeopathic labours, Hahnemann mostly used the dominant drugs of the day: Mercury, Opium, Rhubarb and Tartar emetic. (2) The standard procedure at that time, and subscribed to by all physicians, was *'to puke, purge, bleed, flush, or sweat disease out of the body.'* (3)

The changes in Hahnemann's use of drugs are shown quite dramatically in the table of data culled from Fischbach-Sabel. The data shows that he had abandoned almost all of the *Fragmenta* drugs by the 1820s and later had also replaced some from the *Materia Medica Pura* in favour of the antipsoric drugs such as *Arsenicum album, Calcarea carbonica, Lycopodium, Hepar sulphuris, Silicea* and *Sulphur*. His prescribing during the Paris, Köthen and Leipzig periods correlate strongly (c. 88–90%), but they all deviate widely from his use of drugs in the early period. Give or take a few places where he stayed for only a few months, the 'early period' basically means the medicine he practised when he was residing successively in Königslutter (1796–99), Eilenburg (1801–04) and Torgau (1805–11), before he moved to Leipzig in 1811. (4) The data also shows that in his final years in Paris, for example, approximately 70% of his prescribing was with the antipsoric medicines.

OVERALL% BASED ON F-S DATA

	EARLY	LEIBZIG	KÖTHEN	PARIS
Alum	0	0.07	0.9	1.67
Ambr	0	0.02	0.51	1.3
Arn	2.99	0.5	1.08	0.94
Ars	1.15	2.48	2.06	1.09
Bell	4.04	0.8	1.18	2.32
Bry	0.4	3.37	1.14	2.03
Calc-c	0	0.08	5.72	2.17
Caps	3.74	0.11	0.98	0
Carb-v	0	0	2.85	1.52
Caust	0.26	1.15	1.04	1.09
Cham	17.19	0.57	0.04	0.36
Cocc	4.57	2.04	0.33	1.16
Con	0.25	0.46	2.12	0.8
Graph	0	0.28	2.08	2.54
Hep	0.18	1.13	0.9	5.94
Ign	3.64	0.89	0.31	0.8
Ip	3.17	0.17	0.39	0.29
Lyc	0	0.04	3.08	2.97
Merc	1.1	1.19	1.08	3.19
Nat-m	0	0.04	3.38	2.46
Nit-ac	0.05	4.08	3.91	2.03
Nux-v	15.19	5.63	3.14	2.68
Petr	0	0.04	1.47	0.73
Phos	0	0.07	3.18	2.25
Phos-ac	0	3	1.43	1.16
Puls	20.4	2.69	1.34	2.75
Rhus-t	0.68	2.82	0.84	2.03
Sep	0	0.04	3.36	3.26
Sil	0	0	1.85	1.23
Stann	0	8.34	0.75	0.65
Sulph	0.16	37.05	20.3	17.17
Thuj	0	2.89	0.82	1.16
Verat	1.18	0.57	0.35	1.01
SUM	80.34	82.61	73.91	72.75

In his early practice (1801–07): '*remedies such as Pulsatilla and Chamomilla, which, together with Nux vomica, were the most frequently prescribed by him at that time.*' (5) In fact, these three drugs account for over 50% of his early prescribing'.

CORRELATIONS	CC
Köthen v Paris	0.904107
Leibzig v Köthen	0.881975
Early v Leibzig	-0.01683
Early v Köthen	-0.13916
Early v Paris	-0.08428
Leibzig v Paris	0.87818

'*Nux vomica was used by Hahnemann in his early days ... in Journal D5 (1803–1806) it is one of the most common alongside Pulsatilla and Chamomilla prescribed medicines.*' (6)

In his later practice (around 1818–43), *'it turns out that the former front runners Nux*

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vomica, Chamomilla, Pulsatilla ... as expected, take a back seat in favour of the new antipsorics.' (7)

'*A sample comparison of Hahnemann's most common prescriptions in eighty similar cases from his early days (1802–1820) and from the period after the elaboration of psora theory (1832–1840), the "Chronic Diseases" appeared in 1828) we see a profound change in his choice of medicine.*' (8)

The reason for these changes? '*I have cause to be thankful that you do not need to regard chronic diseases as paradoxes or inexplicable phenomena, the nature of which is hidden in impenetrable obscurity. You possess now the solution of the riddle why neither Nux nor Pulsatilla, nor Ignatia, etc., will or can do good, while yet the homoeopathic principle is inexpugnable.*' (9)

The implication Hahnemann is making in this statement seems to be that he regards *Nux vomica, Pulsatilla* and *Chamomilla* as only suitable to treat acute conditions and as being pretty useless for chronic disorders. His reference to chronic disease as a paradox also shows that he had puzzled long and hard over his inability to cure chronic disorders. This discussion with Stapf in 1827 was focused on his new miasm theory and therefore the clear implication is that with the new antipsoric medicines he had opened a new chapter in homoeopathic treatment, which he believed was now capable of treating and curing chronic disease.

An evolving practice

The nature of Hahnemann's practice is a matter of enormous importance because everything he wrote came from his own practice and was based on it. It changed slowly over the years, and it is instructive to review those changes and what they meant for the development of homoeopathy over the next two centuries. It is very clear that the early years of his practice were almost entirely experimental. This involved proving various drugs he knew from the standard materia medica and seeing how the symptoms they produced might be used against certain types of sickness he encountered in his normal practice. These early drugs first appeared in his *Fragmenta de viribus* (1805). (10)

Working in this way he could discern which drugs produced the most useful symptoms that could be easily matched against common ailments, and which were less useful. By the time of the early Casebooks (1801–05), he had been in practice almost ten years and so he had completed the first phase of gaining a deep familiarity with (and use of) quite a range of freshly proved drugs. However, perhaps out of curiosity, perhaps from a disappointment with the drugs he already had, he kept on proving new drugs for many years. He was after all intent on building a new materia medica, which was the original aim he had set himself. (11) He clearly, '*perceived that the whole edifice of the old Materia Medica must be rebuilt from the very foundation, as that Materia Medica furnished nothing positive regarding the (true) pathogenetic actions of drugs.*' (12)

However, the pattern of his use of drugs did not change until some years later when he started proving new drugs in the Leipzig period (1811–21), during which time he launched into a new and extended period of experimental provings (and use) of new drugs. Towards the middle of this period, c. 1816–17, he had started to prove and bring into use a new range of deeper-acting drugs, what he later called the antipsorics, such as *Arsenicum album, Aurum, Calcarea carbonica, Carbo vegetabilis, Hepar sulphuris, Kali carbonicum, Lycopodium, Mercurius, Natrum muriaticum, Nitricum acidum, Phosphorus, Sepia, Silicea, Thuja* and *Zincum*. (13) '*These remedies, among which may be mentioned Sulphur, Calcarea, Silicea, Graphites, Sepia, Carbo vegetabilis, Natrum muriaticum, Baryta carbonica, &c., he called anti-psoric, because, according to his opinion, they cured chronic diseases by destroying psora.*' (14)

He then embarked upon a longer period of using these drugs more and more exclusively, while at the same time dropping many of what he must have come to regard as the less-useful *Fragmenta* drugs such as *Capsicum, Clematis, Cocculus, Chamomilla, Digitalis, Drosera, Dulcamara, Ignatia, Ipecacuanha, Ledum, Veratrum*, etc. (15) Although these 'pioneer medicines' of homoeopathy had proved themselves to be very suitable for successfully treating many acute conditions, yet it seems they were not very useful or as deep-acting as the antipsorics. His interest and focus gradually shifted, therefore, more towards using the deeper-acting drugs for chronic conditions.

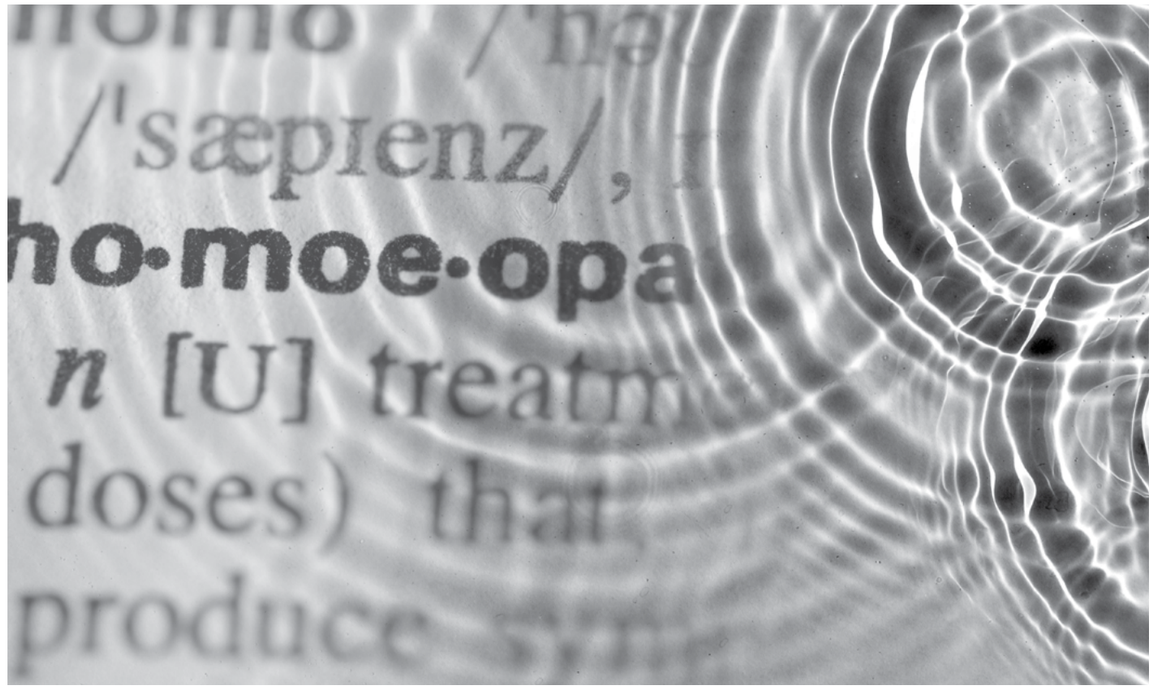
It seems likely that his focus shifted (c. 1816–17) primarily because he was not getting the results, he wanted from those 'pioneer medicines' he had been using for many years. Perhaps they were proving to be ineffective in inveterate cases that had a deeper and more chronic component? He therefore continued proving new medicines in the hope of finding some drugs that could go deeper and root out these more chronic states.

> This shift, both in his thinking and in his practice, coincides with the first appearance of the antipsoric drugs.

New provings

A clutch of newly proven drugs appears during his time in Leipzig (1811–21), including *Antimonium tartaricum, Calomel, Rhus toxicodendron, Sulphur* and *Thuja*. Around 1812–15 he also increased his use of *Arsenicum album, Bryonia* and *Hepar sulphuris*. (16) As he continued to use most of these medicines until the end of his life, one presumes he must have been very satisfied with their effectiveness. In the same period (1816–19) we can see many of the drugs he had relied on so much in his early practice, such as *Aconite, Camphor, Cantharis, Capsicum, Chamomilla, Cocculus, Digitalis, Dulcamara, Hyoscyamus, Ignatia, Ipecacuanha, Ledum, Nux vomica, Pulsatilla, Veratrum*, declining in use. Apart from *Nux vomica* and *Pulsatilla*, most of these drugs permanently disappear from his prescribing. (17)

However, this phase of innovation and change in his practice did not come to a halt, it continued apace. A second phase began soon after he moved to Köthen in June 1821. (18) This change can be traced back to the provings he made in the 1818–19 period and published in the successive volumes of



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his *Materia Medica Pura* editions: e.g., *Aurum, Sulphur* and *Argentum nitricum* in 1818, *Muriatic acid, Thuja, Phosphoric acid*, and *Staphisagria* in 1819, and *Spongia* and *Stannum* in 1821. (S Hahnemann, *Materia Medica Pura*, 6 volumes (1811–33)) These all appear in his Casebooks in successive years, some for longer than others, due no doubt to their relative success, or lack of it. (19)

Graphites, Petroleum, Sulphuric acid, and *Cuprum* appear in the Casebooks in 1822, *Soluble Phosphorus* (Hahnemann's casebooks), *Sepia, Carbo vegetabilis* in 1824 and *Calcarea carbonica, Spongia, Silicea, Lycopodium* and *Natrum muriaticum* in 1826. And in 1828, *Causticum, Conium, Iodium* and *Kali carbonicum* all loom large in his prescribing either for the first time or making a resurgent presence. And in the 1830s further changes appear. *Conium, Arsenicum album, Kali carbonicum, Calcarea carbonica* and *Carbo vegetabilis* soon come to dominate his prescribing from 1830 as also do *Mercurius, Lycopodium, Natrum muriaticum* and *Nitricum acidum. Sepia, Silicea, Cinnabar, Causticum* and *Hepar sulphuris* dominate his final years and *Veratrum* makes a brief comeback in DF2 (1835–42). (20) All these changes can be ascribed to his ongoing focus on the treatment of chronic disorders and utilising what he termed the antipsoric medicines. Clearly very happy with all the drugs he was using, at this time he stopped changing remedies, stopped proving new ones and shifted his focus to experimenting with the mode of administration of the drugs: developing and using liquid doses, olfaction and the Q potencies. (21)

Reasons

These changes in Hahnemann's use of drugs obviously demand some kind of explanation. Primarily, and on a purely practical level, they most probably derived from the inability of the early drugs to hold a case for long and maintain any improvements they had induced in the patient. Therefore, he must have felt duty-bound to continue searching for better, that is, more reliable and deeper-acting drugs. However, a new theoretical aspect was also entering the picture and assuming some significance. It seems certain that during the Leipzig phase of his work he had become cognisant of much deeper aspects of the work he was engaged in, such as seeing some drugs that dig really deep into a patient's condition and root out their problems, possibly even problems that had been very persistent and intractable for many years.

He had long noticed that, unlike most diseases, leprosy, gonorrhoea and syphilis, for example, stand out as different from all others. They are not self-resolving or curable conditions, but they persist and create a deep and chronic dyscrasia within the organism that continues to generate lifelong health problems, some even affecting offspring of the patient. (22) These diseases almost certainly formed the primary template that led him to find the psoric miasm much later.

Such startling and unexpected experiences and observations, concerning long-standing chronic sickness, must have led him to consider how deep homoeopathy could go. How much of the human organism could really be cured by these deeper-acting drugs? And also, where do all these intractable symptoms come from within the organism, what gives rise to them, are they inherited in some way? It seems likely that experiences, observations and questions of this kind could have acted as a spark to ignite some kind of epiphany, such that he began to see the need to start theorising about the nature and origins of all human sickness. Such considerations would of course ultimately form a germinal bud that eventually flowered into the miasm theory. This process seems to have unleashed in Hahnemann a veritable dam burst of new ideas.

Based on the above considerations we might therefore conclude that the miasm theory might have two origins. Firstly, it clearly originates from his provings and use of the deeper-acting drugs he called the antipsorics after about 1816 during the Leipzig period. The therapeutic powers of these deeper-acting drugs impressed him enormously, especially regarding their ability to go beyond the rather superficial action of the *Fragmenta* drugs and to root out and cure intractable medical conditions often lying deep in the past of a patient. Secondly, therefore, these observations led him to speculate and theorise about the origins of such chronic conditions and therefore about the true nature of these deep-acting drugs he had stumbled upon.

Impact of antipsorics on materia medica

This line of reasoning might explain why he chose to elevate all these experiences into a grand theory concerning the origins of all human sickness. He would have had no need to make that kind of elevation if the newer drugs had merely cured a few difficult cases. He clearly saw in their actions a coherent pattern and a much more powerful and profound phenomenon at work. It also explains why he chose to underscore these drugs as special and call them antipsorics, placing them into a new division or category that separates them from all the other drugs he had proved.

What separates out the antipsoric drugs from the rest of the materia medica is their power to go beyond those drugs of the *Fragmenta* and his early practice – which would only act well for acute conditions and in a rather superficial manner – and to go deeper and produce more durable cures of more complex sickness patterns than those *Fragmenta* drugs were capable of doing.

He therefore probably thought that his early practice had been disappointing as it had only really addressed acute sickness without penetrating down into the underlying layers of human sickness that well up from within and contain more chronic disease patterns. '*From a practical point of view … for Hahnemann in searching, according to his principle, for medicines which might act more deeply on the system.*' (23)

And so, his focus shifted around 1817 away from his early and somewhat disappointing practice, using largely superficial drugs for acute sickness, and towards the whole phenomenon of chronic disease and how it might be tackled using these deeper-acting antipsoric drugs. He became increasingly focused on chronic disease, where it comes from and how it might be treated successfully. Although he never actually stated directly in print the superiority of the antipsoric medicines, it is his actions – abandoning so many of his early drugs and using the antipsorics almost exclusively in his final years – that clearly mark out his new preferences and reveal that he regarded these 15 or 20 drugs as superior to all the rest of the materia medica. Why else, we must ask ourselves, did he behave in this way?

In a sense he created a 'special place' in the materia medica for the antipsoric drugs, in order to emphasise their special qualities as deep-acting and reliable remedies for treating most forms of chronic human sickness. This was not just a new division based upon their therapeutic powers, but it also seems to have reflected a distinctly new philosophical position that these were the drugs that could be used to remove the deepest causes of human sickness, those spiritual taints or scars found in the immaterial powers of the organism and that act as the sources of all sickness: '*drugs can be effective at infinite dilution, and that, after the material particles have been subdivided to the fullest possible extent, there is developed a spiritual curative agency*.' (24) For '*Hahnemann conceived drug powers … stand between the material and the organic world … they work not "atomically" nor chemically, but "dynamically" and "almost spiritually*".' (25) The '*highly diluted doses that he claimed more powerful because spiritualized*.' (26)

Therefore, this special category not only reveals their therapeutic powers based on his practice, it also strongly emphasises his new-found epistemological position regarding what he saw as the root causes of sickness within the human species: the miasms. And his practice also reveals that within this special division there are 15 or so 'super-antipsorics' which he relied on for approximately 70% of his later practice: *Arsenicum album, Aurum, Calcarea carbonica, Carbo vegetabilis, Causticum, Hepar sulphuris, Iodium, Kali carbonicum, Lachesis, Lycopodium, Mercurius, Natrum muriaticum, Nitricum acidum, Phosphorus, Pulsatilla, Sepia, Silicea, Staphisagria, Sulphur, Thuja* and *Zincum*. And it was those antipsoric drugs appearing in his practice from c. 1816 that soon eclipsed those 'pioneer drugs' of the *Fragmenta*—like *Capsicum, Clematis, Cocculus, Chamomilla, Digitalis, Drosera, Dulcamara, Ignatia, Ipecacuanha, Ledum, Veratrum*, etc. – which he soon 'dropped by the wayside' as his use of the antipsorics came to completely dominate his practice through the later 1820s and into his final years. His discovery of the antipsoric medicines must have seemed to him as little short of a miracle.

It therefore seems that by around 1818, and by then after approximately 28 years of homoeopathic practice, Hahnemann was losing interest in the treatment of acute sickness and his attention was shifting towards the consideration and treatment of chronic sickness using the recently proved antipsoric medicines.

The reason for this shift one presumes was that he had realised that transient acute sickness must have a deeper, underlying cause from which it springs forth. And therefore, treating such underlying causes would be a far more beneficial endeavour in the long term than continuing to treat transient acute conditions. This seems to be the reasoning behind his shift in practice.

Conclusions

From what we have considered, the central questions about Hahnemann's practice that remain to be answered are as follows:

1. Why did he keep proving medicines throughout the Leipzig period?
2. Why did he stop proving medicines after he had found the antipsorics?
3. Why did he abandon later on so many of his early *Fragmenta* drugs?
4. Why did he in his late practice continue to use only the antipsorics (plus *Pulsatilla, Nux vomica* and *Belladonna*)?
5. Why did he in his late practice only use a small number 15 or so of the antipsorics?
6. If the other antipsoric drugs were truly antipsorics why did he not use them too?
7. On the basis of his practice, it seems that many of the antipsoric drugs were not antipsoric at all.
8. Is it fair to assume that he did not see all drugs as of equal value, but that some were more important than others?
9. Is it fair to assume that he envisaged a 2 or 3-tier materia medica?

Let's take these questions one by one.

1. Why did he keep proving medicines throughout the Leipzig period?

He probably kept proving medicines for two reasons, first, to increase his stock of useful remedies and second because he was unhappy with some of the early *Fragmenta* drugs. This also applies to his Leipzig provings published in the six *Materia Medica Pura* volumes. It is also interesting that he chose to reprove some of the *Fragmenta* drugs in Leipzig and that also suggests that he may have been unhappy with the reliability of his own early provings. We must also remember that the *Fragmenta* drugs were only partial provings, he having drawn at least half of their symptoms from the medical literature. He must have therefore felt that he by no means had yet obtained all the tools he needed.

2. Why did he stop proving medicines after he had got the antipsorics?

It looks very likely that once he had proved the antipsorics he had at his disposal some really useful broad-acting drugs that go deep and hold cases very well. That in turn suggests that his previous drugs did not do that so well and he must then have regarded the antipsorics as superior drugs in every respect. And that would also mean that if he was getting his best work from the antipsorics, and in ways he had not managed to achieve previously, then why would he need to prove any more drugs? It suggests he now had at his disposal all the tools he needed. This looks like a credible explanation.

3. Why did he abandon later on so many of his early *Fragmenta* drugs?

The obvious answer to this question is that he had found and proved some better drugs and was using them instead. But it also suggests that he was already somehow dissatisfied with some of those early drugs from the *Fragmenta* and from the *Materia Medica Pura*. Otherwise, he would have kept on using them. The fact that he did not keep on using them strongly suggests they were not as useful as he had hoped. Maybe they were not as applicable to the disease states he encountered most often, which did yield to the later drugs he was proving in the Leipzig years.

FRAGMENTA DRUGS					n-fold	
	early	Leipzig	Köthen	Paris	reduction	
Acon	2.3	0.7	1.2	0.5	4.6	
Arn	2.9	1.3	1.1	0.9	3.222222	
Caps	3.7	0.2	0.1	0.1	37	
Cham	17.2	0.56	0.5	0.36	47.77778	
Cocc	4.6	2.6	0.3	1.1	15.33333	
Ign	3.6	0.8	0.3	0.8	12	
Ip	3.2	0.2	0.4	0.3	16	
Stram	1.7	0.17	0.14	0.14	12.14286	
Verat	1.2	0.6	0.3	1	4	
					16.89735	mean
MMP DRUGS						
Bry		3.7	1.1	2	3.363636	
Phos-ac		3	1.4	1.2	2.5	
Rhus-t		2.8	0.8	2	3.5	
Stann		8.3	0.75	0.7	11.85714	
					5.305195	mean

- The *Fragmenta* drugs he later dropped include the following: *Camphora* 0, *Cantharis* 0.08, *Capsicum* 1, *Chamomilla* 0, *Cocculus* 0.3, *Copaiva* 0, *Hyoscyamus* 0.2, *Ignatia* 0.3, *Ipecacuanha* 0.4, *Ledum* 0, *Opium* 0.2, *Rheum* 0, *Stramonium* 0.14, *Valerian* 0.04, *Veratrum* 0.34. All these drugs had previously been used at an average of 1–5%, and *Nux vomica, Chamomilla* and *Pulsatilla* 15–20% in the early period (27)
- And the *Materia Medica Pura* drugs he later dropped include: *Angustura, Asarum, Bismuthum, Bryonia, Chelidonium, Cicuta, Digitalis, Drosera, Eupatorium, Ferrum, Guaiacum, Helleborus, Magnesia, Magnet, Manganum, Menyanthes, Moschus, Muriaticum acidum, Oleander, Phosphoricum acidum, Rhus toxicodendron, Sambucus, Sarsaparilla, Spigelia, Spongia, Stannum, Taraxacum, Verbascum* (28).

As can be seen from the accompanying table, when in Paris, Hahnemann was applying an almost 17-fold reduction on average in his use of some of the *Fragmenta* drugs as compared to his early practice. And this ranges from a three-fold reduction for Arnica, for example, to a 48-fold reduction in the case of *Chamomilla*. Likewise, in Paris there was on

average a five-fold reduction in his use of some of the drugs from the *Materia Medica Pura* that he was using much more frequently in Leipzig, such as *Bryonia*, *Phosphoricum acidum* and *Stannum*. All of the above drugs he hardly ever used after about 1818. That cannot be a coincidence. It must have been a pragmatic decision on his part and presumably based on their poor performance and limited value as medicines.

4. Why did he in his late practice continue to use only the antipsorics (except *Pulsatilla, Nux vomica* and *Belladonna*)?

Presumably this suggests that he had no need for the older drugs he had been using or one assumes he would have continued using them. It must have been for him an entirely pragmatic and theory-free strategy to use only, or mostly, the drugs that gave him good results and to drop those that did not.

5. Why did he in his late practice only use a small number 15 or so of the antipsorics?

As a pragmatic and entirely reasonable man it seems obvious that he always continued to use drugs that performed well and dropped those that did not. On that basis the drugs he hardly ever used must have performed badly and were unreliable. This explains why he hardly ever used them and why they eventually fell into disuse. The ones he used most frequently, the '**greater antipsorics**,' as we might call them, are as follows:

- *Arsenicum album, Calcarea carbonica, Carbo vegetabilis, Graphites, Hepar sulphuris, Lycopodium, Mercurius, Natrum muriaticum, Nitricum acidum, Phosphorus, Sepia, Silicea, Sulphur, Thuja* (29)
- Average use = 3.35%

But he also continued to use *Nux vomica* and *Pulsatilla* along with *Aconite* and *Belladonna*, *Rhus toxicodendron, Bryonia, Arnica* and *Conium*. (30) But none of these drugs dominated his later practice in the same way the antipsorics did.

6. If the other drugs were truly antipsorics why did he not use them too?

One can only assume that he had designated these drugs antipsorics earlier and possibly in haste because they seemed to possess certain characteristics of Psora, but when he used them, they produced only disappointing results. Hence, he used them less and less as time went on. Some of them he hardly ever used at all.

7. On the basis of his practice, it seems that many of the antipsoric drugs were not antipsoric at all.

This is certainly the implication of his lack of use of many of the so-called antipsoric drugs. If they had been truly antipsorics then for sure we must assume he would have used them more. That fact alone suggests they did not at all warrant the designation of being antipsorics. How can the following drugs be considered as antipsorics if he hardly ever used them? It seems they are not true antipsorics at all and probably not even in the inner core of important drugs at all. Here are what we might term the '**lesser antipsorics**,' largely abandoned by Hahnemann's percentage use (1835–43), whereas the '**greater antipsorics**' he favoured are all around 2–3% with *Hepar sulphuris* at 5.9% and *Sulphur* at 17%. (30)

- *Agaricus*, 0.65; *Alumina*, 1.7; *Ambra grisea,* 1.3; *Ammonium carbonicum*, 0.28; *Anacardium*, 0.36; *Aurum*, 0.5; *Baryta carbonica*, 0.3; *Borax*, 0.05; *Carbo animalis*, 0.43; *Clematis,* 0.09; *Colocynthis*, 0.29; *Dulcamara*, 0.58; *Euphorbium*, 0.07; *Guaiacum*, 0.14; *Iodium*, 0.14; *Kali nitricum (Nitrum)*, 0.01; *Magnesia carbonica*, 0.07; *Manganum*, 0.14; *Mezereum*, 0.07; *Platina*, 0.65; *Sarsaparilla*, 0.07; *Stannum*, 0.65; *Zincum* 0.868. (23) average use = 0.362% compared to major antipsorics = 3.35%. (31)

Based purely on his use, this data (3.35/0.36 = 9.25) shows that Hahnemann was on average 9.25 times more likely to prescribe one of the 'greater antipsorics' than any of the 'lesser antipsorics.' This surely supports the notion that in practice he did not view them all as having equal value in practice.

8. Is it fair to assume that he did not see all drugs as of equal value, but that some were more important than others?

It does indeed look like Hahnemann viewed drugs in a very discerning manner seeing some as more useful than others. He used some drugs much more than others. How can we explain this? Does it mean that he saw some drugs as useless and others as agents of remarkable power? We might feel entitled to draw that conclusion. His practice and his ideas should conform to one another and if they do not, we must accept that his practice does reflect his ideas more accurately than what he writes. On that basis, his casebooks are a better record of his thinking and must tell us more about his true thinking than what he actually wrote in his essays and books. We know that what he wrote about miasms does not match with what he did in practice; therefore, we should amend what he wrote in the light of his practice. His practice forms the true basis of homoeopathy and so it stands above all his theoretical writings. His practice must always trump his theoretical writings. Therefore, we can learn more about his ideas from studying his practice than from studying his writings. And his practice shows that he regarded only 15 or so drugs as truly antipsoric and the rest were not. (32)

9. Is it fair to assume that he envisaged a 2 or 3-tier materia medica?

On the basis of the above considerations, it looks likely that in his later years Hahnemann came to view the materia medica NOT as a level playing field in which all drugs are of equal value, but rather that some drugs are infinitely more powerful and important than others. It does look like a 3-tier materia medica with hundreds of drugs occupying the vast domain or outer reaches of the materia medica 'landscape', and then an inner core of 50 or 60 important drugs that he used most, and then within that core a 'citadel' of only 15 or 20 major drugs that he used constantly and which he regarded as indispensable.

We also know that most of the remedies that Hahnemann used most frequently were those with the highest number of symptoms listed in their provings. For example, of the 27 *Fragmenta* drugs (1805) the top 3 in this regard were *Nux vomica* (961 symptoms), *China* (1082) and *Pulsatilla* (1073). Of the *Materia Medica Pura* drugs (1821), the top ones were: *Arsenicum album* (948), *Belladonna* (1422), *Bryonia* (781), *Carbo vegetabilis* (723), *China* (1143), *Mercurius* (1424), *Nux vomica* (1267), *Pulsatilla* (1163), *Rhus toxicodendron* (936) and *Sulphur* (817). Of the *Chronic Diseases* drugs (1828), the top ones were: *Alumina* (1161), *Arsenicum album* (1231), *Calcarea carbonica* (1631), *Carbo vegetabilis* (1189), *Causticum* (1505), *Conium* (912), *Graphites* (1144), *Hepar sulphuris* (661), *Kali carbonicum* (1650), *Lycopodium* (1608), *Natrum carbonicum* (1082), *Natrum muriaticum* (1349), *Nitricum acidum* (1424), *Phosphorus* (1915), *Sepia* (1655), *Silicea* (1193), *Sulphur* (1969), *Zincum* (1375). (33)

Summary

Rounding things up, it seems fairly obvious that the miasm theory radically and irreversibly transformed Hahnemann's attitude towards sickness and his approach to the treatment of his patients. He was no longer prepared to treat what we might regard as trivial, superficial and transient ailments with *Capsicum*, *Cocculus* or *Chamomilla*, for example, because he now viewed these ailments merely as expressions of the deeper constitutional defects and disorders that form their root causes: the miasms. And bitter experience had taught him that those early remedies – the 'pioneer drugs' of his early practice – could not cure the deeper conditions. Therefore, it would seem, he now preferred to direct his therapeutic weapons not at these transient ailments themselves or even at the patient symptom totality – as he had been doing hitherto – but at the deeper constitutional defects (miasms) and using his newly-found antipsoric medicines. This deep change in attitude seems to show that he now sought to build his practice on the 'solid ground' of the antipsoric drugs and miasms rather than on the 'shifting sands' of using acute drugs to treat transient medical conditions.

> This also meant that he now viewed every case of sickness as merely a new variant, an expression of the miasms which therefore had to be treated with antipsoric medicines. This would explain why he stopped using most of the drugs from his early provings and, in the last 25 or so years of his practice, confined himself to using only about 20 drugs almost exclusively for every patient who came to see him. In other words, all this suggests that he had progressed from seeing and treating sickness as an acute phenomenon, for which the most similar drug would do, and he now saw all sickness as an expression of the deeper constitutional derangements he called miasms that can only be tackled using the antipsorics.

In this new mode of seeing and thinking, therefore, each individual case then becomes reconfigured into merely a small fragment of the 'genus epidemicus' (GE) of the entire miasm. On this basis, each individual case of sickness merely becomes a small facet or fragment of one of the miasms,

Image: Adobe Stock

which can no longer be treated as a specific case with its similimum – in the same old way – but which demands a deeper treatment with one of the top antipsoric medicines. This seems to be how his thinking and his practice had progressed and been transformed by the miasm theory. '*a medicine which is indicated for large number of patients suffering from an epidemic disease*.' (34) The '*genus epidemicus ... is a medicine which is suitable for large number of patients suffering from an epidemic disease*.' (35)

Perhaps he used those drugs with the widest range and highest number of symptoms because they would then conform to the fullest genus epidemicus (GE) of the miasms? And *Sulphur* is the biggest antipsoric because it has the highest number of proving symptoms. By transitioning from treating acute conditions with the best-fit similimum of the patient to using a GE remedy for the miasm, he perhaps felt that he was then removing the deeper constitutional disorder at the root of all sickness. In other words, he was translating the individual patient into a 'fragment' of the GE and finding the closest GE drug to match it rather than doing what he had been doing before: treating each individual patient as a case in its own right and using their symptom totality to find their similimum. This is clearly a very different form of homoeopathy compared to what he had been practising in the early days.

This is another example of the changes that the miasm theory induced in his practice. The fact that he abandoned so many of the early drugs in favour of the antipsorics proves that, inspired by the miasm theory, he was following a new pathway to cure, not via using the similimum for the patient's symptom totality but by regarding the patient as merely a small piece of a bigger miasmatic picture and treating it with the appropriate antipsoric, treating the miasm rather than the presenting symptoms of the case. I can see no other credible explanation for why he abandoned so many of his early drugs in his final years and instead used the antipsorics almost exclusively.

Furthermore, it is very clear that Hahnemann created two distinct forms of homoeopathy. Firstly, one that views the patient as presenting a clear symptom totality which then proceeds by finding for each patient the similimum chosen from all the drugs in the materia medica, without exception. This type of homoeopathy makes no distinction between some remedies over others, for all remedies are seen as having equal value for every presenting case. It is this type of homoeopathy that Hahnemann practised for the first 25 or so years of his career.

Secondly, there is a more constitutional type of homoeopathy that views the patient and the materia medica quite differently. In this latter type of homoeopathy, as we have seen, the patient is not seen as a presenting case of some transient ailments, or symptom totality, but is viewed as heir to a nest of various deeper disorders which can only be removed permanently through long-term constitutional and miasmatic treatment using the main antipsoric remedies. This type of homoeopathy, which Hahnemann practised in the last 25 years of his life, does not regard the materia medica as a level playing field at all, but it sees a small core of 'special' remedies that stand superior to all others. It regards other drugs of the materia medica as pretty inferior remedies that have proved themselves incapable of rooting out the deeper causes of sickness and which are only useful to temporarily relieve certain transient ailments. This includes drugs like *Aconite, Belladonna, Bryonia, Nux vomica, Pulsatilla* and *Rhus toxicodendron*, which he did continue to use.

It is also very clear from this analysis of Hahnemann's work which type of homoeopathy Hahnemann preferred and was practising in his final years. Although we can never know objectively how good his results were, but we know he must have been more than happy with the effectiveness of his later type of practice, and he must have regarded it as superior to his earlier method. Perhaps we should consider what the implications of Hahnemann's final outlook on the materia medica and his drug preferences might have for modern homoeopathy. Since Hahnemann's time, many new drugs have been proved, new miasms like Cancer and Tuberculosis have been identified and nosode use has also become routine, (36) but perhaps the movement ought to consider his view of the borderline futility of treating transient ailments with the 'pioneer drugs,' which seems to smack of short-termism. Should modern homoeopaths instead be following his lead in using the great antipsoric remedies to root out the deeper causes of all sickness? These are questions for some consideration and discussion that this research might stimulate.

Although Hahnemann claimed to be unlike '*his predecessors, who founded their teachings on metaphysical speculations as to what was the soul and the body, what was disease and health, life and death, matter and force*,' (37) and even also to be '*an enemy to all fruitless speculations.*' (38) Yet he '*too, created theories, hypotheses, and theorems, but he never made use of them as a guiding thread for practical purposes*.' (38) But it seems Brasol was wrong because, as we have seen, the miasm theory profoundly changed his entire mode of practice and did indeed become '*a guiding thread for practical purposes*.' (38) And while Dudgeon rightly says, '*his doctrine of chronic diseases is an unmitigated pathological hypothesis*,' (39) yet it became a hypothesis Hahnemann was determined to pursue, to adhere to and to utilise as the chief guiding principle in the practice of his later years. To what extent the nature of Hahnemann's late practice is relevant or not to the modern practitioners of homoeopathy, presumably remains to be worked out through convivial discussion and debate within the movement.

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Urgent treatment of an inflamed breast cyst

Elka Leibovitch

ABSTRACT

Breast cysts are fluid-filled sacs that form within the breast. They are usually non-cancerous. Breast cysts are part of a larger benign disease process known as fibrocystic disease of the breast. These cysts can be asymptomatic, or they can be presenting as noticeable lumps, with pain, or associated nipple discharge. Conventional treatment for breast cysts focuses strictly on pathology and, through the means of aspiration, it aims to remove the accumulated fluid. Homoeopathy is a highly systematic method of stimulation of the organism's natural ability to restore order and balance at mental, emotional and physical planes. This case report documents successful treatment of a patient who required urgent care for an inflamed breast cyst.

KEYWORDS – breast cyst, inflammation, case report, homoeopathic treatment

Introduction:

The cause of breast cysts is still under investigation. However, most breast cysts are associated with the aberration of normal development and involution (ANDI). Based on observations it is concluded that most benign disorders of the breast are due to some minor abnormalities in the usual physiological processes of development of the breast following cyclical normal growth response and involution.[1]

Studies report that breast cysts are common in women, showing that over 70% of all women develop fibrocystic changes during their lives, with 20% of these women being symptomatic and 10%–30% developing sclerosing adenosis (a type of adenosis in which the enlarged lobules are distorted by scar-like tissue).[2][3]

Cysts can develop in women of any age; they are more common in women aged 35 to 50 and in women taking hormone replacement therapy. Fibrocystic disease risk is significantly related to age at natural menopause; it is increased among women who have a history of arthritis and is much less frequent in more obese women.[4] Breast cysts can also be found in men, although this is very rare.

Clinical evaluation is usually conducted. It involves gathering a history of the presenting complaint, a description of the pain and its relation to the menstrual cycle, any recent trauma to the area, nipple and skin changes and presence of discharge. Also, details of previous treatments, family history, current medications and medication allergies are usually investigated. Medical doctors also perform physical examination, which includes the evaluation of both breasts as well as axilla, neck, and chest for enlarged lymph nodes.[5][6]

The most common conventional treatment for breast cysts is aspiration. Using ultrasound guidance, a small needle is advanced into the cyst and suction is applied to draw the fluid out, causing the lump to collapse. The drawn-out fluid may be discarded or sent for evaluation. Following aspiration, cysts may recur. Follow-up exams and imaging vary based on the cyst and findings from aspiration or biopsy. If, after 2 years, there have been no changes to the cyst, then repeat of imaging can be stopped. If there are any concerning changes, then repeat biopsy or surgical excision is often recommended.

Image: Adobe Stock

We present a case of a 58-year-old woman, whose breast cyst got inflamed. Before reaching out for treatment with a homoeopath, the patient attempted to self-treat and sought advice from a GP. She was recommended to take a course of antibiotics and have a surgically removed. In the hope of avoiding antibiotics and any invasive procedure, she asked to be treated homoeopathically [7].

Case report:

Female, 58 years old

Initial consultation: 5/09/2021

Main complaint:

The breast cyst developed about two years ago. While the lump was palpable, it did not cause any significant discomfort. Two weeks ago, the affected area got inflamed. The large lump on the right breast was visible. There was red discoloration and burning pain. No discharge was present.

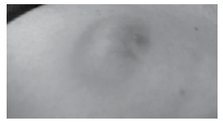

Figure 1: Inflammation on the right breast, 5/09/2021

Background information:

The patient had cervical cancer at the age of 19 years old. It was treated with laser. The cancer cells reappeared when she was 37 years old. At that time, she had laser treatment under general anaesthetic. The treatment was followed with a course of antibiotics.

30 years ago, she and her husband immigrated to Australia. Even though she loves Australia, she feels unresolved grief for leaving her country of birth, where her extended family remains. She is the youngest of five and was accused by her siblings of causing pain to her elderly parents by leaving.

The patient became menopausal two years ago.

When the cyst was originally discovered, it was investigated by a specialist who reassured her that it was not threatening. Since it did not bother her, she left it alone without any further treatment.

Two weeks ago, the cyst got inflamed and became painful. Since she uses homoeopathic remedies to manage her health, she self-prescribed *Silicea, Belladonna* and *Hepar sulphuris*. There was no improvement. Her GP has strongly recommended antibiotics and surgical intervention.

During the consultation it was revealed that just over two weeks ago, she started to get anxious about the Covid vaccine controversy. She wanted to discuss her concerns with her grown-up children but was afraid that they would reject her. The whole issue has been weighing on her ever since.

Currently:

Inflammation of the cyst in the right breast, with redness and burning pain.

For most of her adult life she has been suffering from constipation alternating with diarrhea. Feels tired after eating gluten. Loud flatus. Emotional tension felt in the stomach.

Sensitive to odours.

Extremely sympathetic. Anxious over the health of her family.

Fear of cancer.

Impatient and easily irritated, especially by her husband. Restless.

When upset, consolation aggravates. Crying is difficult. Cannot cry when it is appropriate.

It is difficult for her to start urination. Cannot urinate or pass stool in public toilets.

No sexual desire.

Preferred sleeping position is on abdomen.

Fungal nail on the right hand.

Strong desire for salt, cheese, sweets and bread. Sweets and farinaceous food aggravate gastro-intestinal issues. Feels very tired after eating gluten.

Generally chilly.

Occasional acutes with high fever. Last high fever was a year ago.

Family history:

Mother died from cancer. In her younger years she had taken medication (unknown) to increase fertility.

Father died from stroke.

Table 1. Repertorisation of symptoms from 5/09/2021

Mental/Emotional	Physical	Generalities
ANXIETY – health, about – relatives, of 3	STOMACH – EMOTIONS are felt in 2	FOOD and DRINKS – sweets – desire 3
FEAR – cancer 3	BLADDER – URINATION – retarded, must wait for urine to start 2	FOOD and DRINKS – cheese – desire 3
IMPATIENCE 2	BLADDER – URINATION – retarded, must wait for urine to start – alone, can only pass urine when 2	FOOD and DRINKS – salt – desire 3
CONSOLATION – agg. 2	RECTUM – DIARRHOEA – alternating with – constipation 3	FOOD and DRINKS – bread – desire 2
WEEPING, tearful mood, etc. – cannot weep, though sad 3	GENITALIA-FEMALE – SEXUAL desire – diminished 4	FOOD and DRINKS – sweets – agg. 3
SYMPATHETIC 3	SLEEP – POSITION – abdomen, on 2 EXTREMITIES – COLDNESS – foot 3	FOOD and DRINKS – farinaceous food – agg.
COMPANY – aversion to – presence of strangers, to – people intolerable to her – stool, during 3		ABSCESSES – burning 2
SENSITIVE, oversensitive – odours, to 2		
RESTLESSNESS, nervousness 2		
FEAR, rejection, of 3		

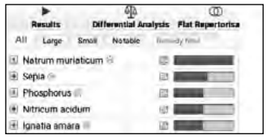

Figure 2: Results based on repertorisation of symptoms in Table 1

Levels of Health: 3 (occasional acutes with high fever indicates a higher level of health [8])

Prescription: *Natrum muriaticum* 1M one dose (once)

Table 2: Follow-ups

Date	Follow-ups	Prescription
9/09/2021	After taking the remedy, the patient felt a bit overwhelmed with emotion, yet it did not weigh her down. All of a sudden, she felt free to say all that she wanted to say on the subject of vaccination and was not afraid of rejection anymore. 'I don't feel so down anymore. I want to see people again.' she said. The wound at first was painful. On the second day the itching and burning got aggravated around it in a 10 cm radius. On the third day (after taking the remedy) the itching and sharp stitching pain got worse. The wound opened up. A lot of pus and blood and the whitish/yellowish mass at the end was released (view Figures 3, 4, 5). The odour is foul. Once emptied a deep hole remained. Despite the painful ordeal the patient was in good spirits, with elevated energy level.	Wait and watch.
19/09/2021	A few days ago, there was quite a lot of white discharge, yet over the week the wound was weeping less and less (view Figure 6). Energy level is good.	Wait and watch.
21/09/2021	The wound has closed and is not weeping anymore.	Wait and watch.
29/09/2022	The patient is doing well.	

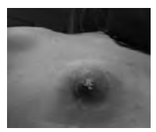

Figure 3: On the third day after taking the remedy the skin has opened up.

Figure 4: The content of the cyst released.

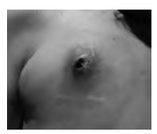

Figure 5: Emptied wound on the third day after taking the remedy.

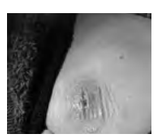

Figure 6: Ten days after the cyst has emptied.

Outcome:

The patient has been freed from the cyst in her breast. Her energy level is good. She feels happy and more open to the world around her.

Being a health practitioner herself, she was amazed to see the effect of treatment, which, according to her, felt confronting and liberating.

Discussion:

Homoeopathy considers a person in a diseased state, not a disease in a person. This approach seeks to understand the depths of the suffering in all three planes of a human being: physical, mental and emotional. With thorough case-taking and repertorisation of symptoms, careful analysis and prescription precision, a homoeopath aims to help patients to restore their natural ability to regain good health.

Although for the most part benign cysts cause no major concerns, sometimes if left untreated they may cause complications.[9, 10] Cysts can, and sometimes do, fill with bacteria and pus and as the result turn into an abscess. If the abscess bursts inside the body, there is a risk of blood poisoning (septicaemia). Unfortunately, this possibility increases after an attempted at aspiration.[11]

In this case, once the cyst became inflamed the risk of infection spreading through the body increased. It required effective treatment without further delay.

Earlier taken remedies – *Silicea, Belladonna* and *Hepar sulphuris,* which the patient took on her own, failed to provide desired results. The rational for the prescriptions was based on a pathology-focused view. However, when the case was considered as a whole, and deep unresolved emotional issues were taken into account, the prescription for *Natrum muriaticum* became clear.

Natrum muriaticum patients are 'emotionally very sensitive; they experience the emotional pain of others, and feel that any form of rejection, ridicule, humiliation or grief would be personally intolerable.'[12] The patient had suffered from grief; she was very concerned about her family's well-being, and she was afraid that her children would reject her if she spoke up on the subject of vaccination. *Carcinosinum* shares many similar characteristics, including aggravation from consolation and inability to cry while being sad.[13] However, retarded urination and difficulty urinating and passing stool in the presence of strangers pointed more towards *Natrum muriaticum*. A diminished sexual desire also ruled in favour of *Natrum muriaticum*.

After taking the remedy, the patient first experienced a slight aggravation of the physical symptoms but was able to notice a significant relief on the emotional plane. This is an indication that we must wait. As expected, the cyst opened up and discharged the contents with ease and healed up soon after. The patient has stayed happy and content with no relapse of the cyst in over a year now.

The limitation of this case report is that there is a possibility of the cyst having resolved on its own However, the deep changes in the emotional level indicate otherwise. The MONARCH evaluation for causality indicates a score of 8.

Table 3. Modified Naranjo criteria for homoeopathy – for causality assessment

Criteria	Y	N	Not sure/ NA	Score in case
1. Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	2	-1	0	2
2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?	1	-2	0	1
3. Was there an initial aggravation of symptoms?	1	0	0	1
4. Did the effect encompass more than the main symptom or condition, that is, were other symptoms ultimately improved or changed?	1	0	0	1
5. Did overall well-being improve?	1	0	0	1
6 (A) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	1	0	0	0
6 (B) Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms:- from organs of more importance to those of less importance, from deeper to more superficial aspects of the individual, from the top downwards?	1	0	0	1
7. Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	1	0	0	0
8. Are there alternate causes (other than the medicine) that with a high probability could have caused the improvement (consider known course of disease, other forms of treatment and other clinically relevant interventions)?	-3	1	0	1
9. Was the health improvement confirmed by any objective evidence (in this case by conception)?	2	0	0	0
10. Did repeat dosing, if conducted, create similar clinical improvement?	1	0	0	0
Total				8

Conclusion:

This case report serves as an example of the healing process, when the person is considered as a whole. An accurate prescribing can meet the person at the depth of his or her disturbance, which in turn can facilitate restoration of health rapidly and gently.

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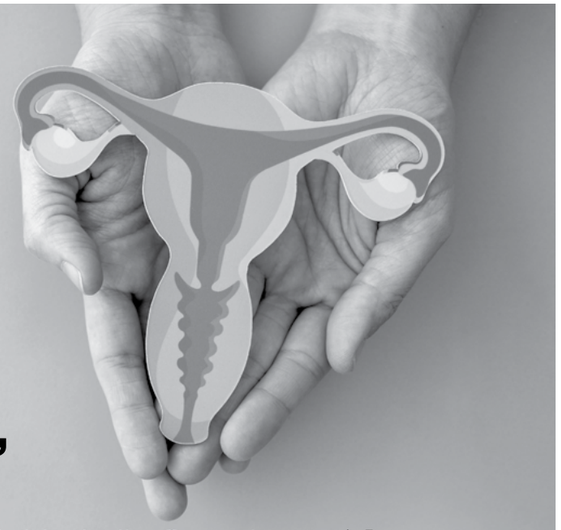

Infantile uterus and infertility managed with individualised classical homoeopathy, two case reports

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ABSTRACT

Congenital uterine malformations are one of the major causes for female infertility. Müllerian duct anomalies, of which uterine hypoplasia is characterised by stunting of uterine growth and in some cases complete aplasia, pose a challenge in management. Presented below are two cases of uterine hypoplasia where classical homoeopathy was shown to be of benefit in two women with infertility due to uterine hypoplasia. The women also had further complicating comorbidities of hypothyroidism and ovarian cysts. The treatment led to conception and normal full-term deliveries of healthy babies in both cases. Individualised classical homoeopathy may benefit infertility due to uterine hypoplasia but needs further scientific investigation.

KEYWORDS – infertility, uterine hypoplasia, hypothyroid, ovarian cyst, homoeopathy

Introduction

Infertility, diagnosed with inability to establish clinical pregnancy after twelve months of unprotected regular sexual intercourse is on the rise. Affecting nearly 8 to 12% of couples, its global burden is increasing 0.37% per year for females and 0.291% for males[1,2]. Mainly influenced by the period of preventing pregnancy, age of the female partner and systemic diseases, infertility is attributable to purely male causes in 20–30% cases but overall amounting to an equal share in both the partners[3]. Hormonal disorders, hypogonadotrophic hypogonadism, disorders of ciliary function, anatomical obstructions and deformities, ovarian insufficiency, polycystic ovarian disease, uterine fibroids, testicular and post testicular deficiency, semen decline, systemic diseases and consanguinity are some of the likely causes for infertility[3]. Psychological stress, by way of influence on hormones, has been attributed as a cause in infertility[1]. Many times no such cause may be detected which is termed unexplained infertility[1].

Image: Adobe Stock

Congenital uterine malformations, estimated at 7% prevalence in the population, are associated with negative pregnancy outcomes including infertility[4]. The most common of these are Müllerian duct anomalies, of which uterine hypoplasia is relatively rare, with decreased prospects of spontaneous pregnancy[5,6]. Uterine hypoplasia (Fig 1) is characterised by stunting of uterine growth and in some cases complete aplasia. It is usually detected when couples fail to conceive[7]. Some women, however, complain of metrorrhagia and early abortions as well[7]. In clinical practice, it is often seen that reproductive disorders do not occur in isolation and uterine hypoplasia or infantile uterus existing in combination with disorders such as that of thyroid or PCOD or pelvic inflammatory diseases may further complicate the situation.

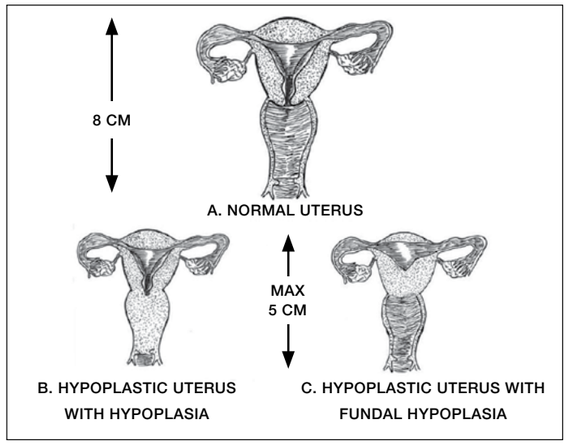

Fig 1: Normal and hypoplastic uterus comparison

The literature regarding management of uterine hypoplasia is scarce. One study reported assisted pregnancy in a woman with infantile uterus (from oophoritis post mumps) after treatment with low dose contraceptives from her 19th to 30th year[8].

Grey literature presents with a few instances of homoeopathy helping in infantile uterus, while there are many more in general infertility scenarios[9,10].

We present two cases of uterine hypoplasia that progressed to normal pregnancy and parturition with individualised classical homoeopathy.

Case reports

Case 1

Case presentation:
On 02/02/2018, a 24-year-old lady consulted the homoeopathic medical doctor for irregular menstruation and failure to conceive despite 3 years of regular sexual intercourse.

Past medical history:
Chronic tonsillitis in childhood, chronic pyelonephritis, cystitis with frequent exacerbations since a few years.

Family history:
Mother is hypertensive, had chronic tonsillitis and chronic pyelonephritis.

Gynaecological history:
She attained menarche at the age of 13 and her menses have been irregular (45 to 55 days) since then, with profuse bleeding. She took antispasmodics for painful menstruation. Sexually active since the age of 17 (2 partners so far). She has been married for 3 years now with regular unprotected sexual intercourse.

Diagnostics:
Clinical examination by a gynaecologist: patient was underweight, with poorly developed secondary sexual characteristics, that is, poor development of the mammary glands. Eumorphic pudendum, female pattern of hair distribution. Speculum investigation showed pink mucous membranes, conical shape cervix. Per vaginum examination revealed a small body of uterus, anteverted, small, painful on displacement and normal adnexa. The discharge is mucoid. The gynaecologist gave a provisional diagnosis of genital infantilism, primary infertility and irregular menstruation.

General clinical examination was normal except thyroid, which appeared enlarged, with no hyperthyroid signs.

Patient was advised to have further hormonal evaluation and ultrasound scan.

Laboratory tests results showed increased Thyroid Stimulating Hormone (TSH), lowered estriol, lowered Luteinizing Hormone (LH) and increased prolactin (Table1).

Her husband's sperm examination was normal.

Diagnosis:

Diagnostic Test	Result	Reference range
TSH	6.1 mcMU/L	0.4–4 mcMU/L
FSH	16.7 mMU/ml	3.5–12.5 mMU/ml
LH	0.938 mMU/ml	1.59–14.9 mMU/ml
Estriol	10.2 ng/L	15–60 ng/L
Anti-Müllerian Hormone	3.2 ng/ml	1.88–7.29 ng/ml
Prolactin	657 mcMU/ml	102–496 mcMU/ml
Ultrasound scan pelvis	Multifollicular ovaries. Signs of chronic inflammation in the small pelvis.	

Table.1. Diagnostic test results of Case 1 at initial consultation
TSH: thyroid stimulating hormone; FSH: follicle stimulating hormone; LH: luteinizing hormone

Irregular menstruation (ICD 10 – N 92.6). Primary infertility (ICD 10 – N 97.9) and uterine hypoplasia (ICD10 – Q51.811).

The patient is referred for a consultation at a homoeopathic clinic.

Homoeopathic consultation:
Along with the presenting complaints of infertility, irregular and painful menstruation, the psychological attributes of the lady were studied, and the relevant symptoms were repertorised in accordance with the individualising principles of classical homoeopathy. Fig. 2 shows the symptoms considered for repertorisation during the first consultation and the result of this analysis on the Vithoulkas Compass repertorisation software[11].

Fig. 2: Repertorisation of symptoms of case 1 at first consultation

Fig 3: Repertorisation of symptoms of case 1 on 13.02.2019

Date	Consultation	Observations	Investigations	Diagnosis	Medications
2/02/2018 (1st consultation)	Gynaecologist	Irregular, profuse and painful menstruation and failure to conceive. Delayed menses for 45–55 days.	Increased TSH, low estriol, low LH, and increased prolactin.	Irregular menstruation, primary infertility and uterine hypoplasia.	Conventional anti spasmodic and painkillers for painful menses
11/03/2018 (1st consultation)	Homoeopath	Irregular, profuse and painful menstruation and failure to conceive. Patient weeps a lot and wants consolation. She has a lot of fears due to past incidents.			*Stramonium 200CH,* 3 globules; one dose
18/10/2018	Gynaecologist	Menstrual cycle is from 36–40 days. Dysmenorrhoea has decreased. Exacerbations of cystitis have reduced	Oncocytology smear shows a histogram of inflammation; an increased amount of microflora and leukocytes is detected.	No change	
22/10/2018	Homoeopath	Menstrual cycle decreased from 45 days to 35 days. Dysmenorrhoea persists but the intensity has reduced. Her energy levels much better than before, her memory has improved She used to live with her mother despite being married. Now she is able to move in with her husband. Weeping has reduced.			*Stramonium 1M*, 3 globules; one dose
13/02/2019	Homoeopath	Generally better and irritability decreased. Menses regular with 35 days cycle. She reported of acute viral respiratory infection with temperature of 37.5ºC lasting for 3 days. No medications were taken. Then there was a thrush in the vagina with whitish discharge with slight itching for 5 days, resolved without medication. She did not need medications for her painful menses. UTI has reduced. New symptoms requiring new repertorisation (Fig. 3)			*Pulsatilla 200CH,* 3 globules once a day, three doses.
12/04/2019	Gynaecologist	Menstrual cycle – 30–35 days. Excessive bleeding and dysmenorrhea have reduced. No requirement of antispasmodics during menses. No conception.	Ultrasound (U/S) had impressions of proliferative phase of menstrual cycle. Oncocytology smear and microflora were normal.	No change	
22/11/2019	Homoeopath	Better generally. Fears have reduced. Menstrual cycle is regular and painless. Rise in basal body temperature during mid-cycle as patient has started to measure it.			*Pulsatilla 200CH,* 3 doses 3 globules
04/12.2020	Laboratory		U/S scan of uterine size: A-P: 27 mm | (N – 30–45 mm); length: 41 mm | (N - 45–50 mm); diagonal: 31mm | (N - 35–50mm); ratio of the body of the uterus and cervix: 3: 1 | (N – 2: 1); endometrial thickness: 4 mm (N – more than 6 mm).		
12.02/2020	Gynaecologist	Duration of the menstrual cycle is 28–30 days.	Uterus and ovaries ultrasound shows signs of dominant follicle in the right ovary.	No change	
12/06/2020	Gynaecologist	Delayed menstruation.	Pregnancy test positive.	Diagnosed with genital infantilism and short gestation duration.	U/S is recommended in 2 weeks and supervision at antenatal clinic.
24/08/2020	Homoeopath			Pregnancy was diagnosed.	Treatment stopped. Patient is asked to consult in case of any symptoms.

Table 2: Follow-up of case 1 during homoeopathic treatment

Prescription and follow-up:
On 11/3/2018 the patient was prescribed one dose of *Stramonium 200CH*, 3 globules, sublingually. The follow-up is provided in Table 2.

Outcome:
The lady had her last menstrual period on 10/5/2020 before being diagnosed as pregnant two months later. She went on to have a healthy antenatal period and delivered normally at full term, a healthy baby.

Case 2

Case presentation:
A 20-year-old woman complained of failure to conceive despite five years of regular unprotected sexual intercourse with the same partner.

History of presenting complaints:
She had been diagnosed with autoimmune thyroiditis and was on levothyroxine. She was also diagnosed with ovarian cysts but took no treatment for this. No recent thyroid reports were available at the time of consultation.

Past medical history:
The patient had suffered repeated acute respiratory infections with high fever till the age of 15 years.

Family history:
Her father suffered from peptic ulcer, her paternal grandmother had mild uterine prolapsus and her paternal grandfather was diagnosed with Parkinsonism. Her mother had cervical dysplasia and polyps. The maternal grandmother had died at the age of 57 with alcoholic liver cirrhosis and diabetes mellitus; this was followed by the maternal grandfather developing throat cancer, which he died of at the age of 70 years.

Gynaecological history:
She attained menarche at the age of 13 years and her secondary sexual characteristics were well developed. There were problems with the cycles from the very beginning: irregular periods, which could be absent for 2–3 months; painful menstruation with severe pain on the first day (but she did not take pain killers, as she had a negative attitude towards them). The menses were profuse and prolonged.

At the age of 19, she was diagnosed with an ovarian cyst and fluid in the pouch of Douglas.

Diagnostics:
Ultrasound scan of the abdomen and pelvis showed a small uterus of 4.6 x 2.8 x 4.2 cm and pelvic adhesions.

She was advised to undergo screening for sexually transmitted infections and a hormonal profile, but she did not take them. She was advised hormonal therapy and regular gynaecological consultation but chose to take homoeopathy instead.

Diagnosis:
Primary infertility (ICD 10 – N 97.9), uterine hypoplasia (ICD10 – Q51.811), autoimmune thyroiditis (ICD 10 – E06.3).

Homoeopathic consultation:
In this case, the lady had no other complaints except the infantile uterus. Homoeopathic repertory provides the remedies that are indicated in such a condition under the rubric development arrested[11]. The foremost of the remedies for such a condition is *Baryta carbonica*.

Prescription and follow-up:
Baryta carbonica 200CH was prescribed on 30/06/2014. The follow-up is provided in Table 3.

Outcome:
Eight months from commencing homoeopathy, she became pregnant.

An ultrasound scan on 5/08/2015 showed a pregnancy of 25 weeks with all parameters being normal.

An ultrasound scan on 25/10/2015 showed a pregnancy of 33 weeks of a normal female fetus.

The lady delivered a healthy female baby at 40 weeks on 23/11/2015.

The patient had a healthy second pregnancy and delivered a baby boy at 41 weeks on 9/7/2019.

Post the second delivery she had no irregularities in her cycles nor had any pains during menses.

Date	Consultation	Observations	Investigations	Diagnosis	Medications
29/07/2014	Homoeopath	Generally well, no new complaints	Nil		*Baryta carbonica 200CH* one dose
19/09/2014	Homoeopath	Generally well, no new complaints	Nil		*Baryta carbonica 200CH* one dose
04/11/2014	Homoeopath		Nil		*Baryta carbonica 200CH* one dose
26/12/2014	Homoeopath	Generally well, no new complaints	Nil		*Baryta carbonica 200CH* one dose
28/03/2015		Pregnancy confirmed.	Pregnancy test	Pregnancy of 6–7 weeks.	Nil
05.08.2015	Gynaecologist		Ultrasound (U/S) scan of abdomen and pelvis	Pregnancy of 25 weeks; all parameters normal	Nil
25/10/2015	Gynaecologist		(U/S) scan of abdomen and pelvis	Pregnancy of 33 weeks with normal female fetus	Nil

Table 3: Follow-up of case 2 during homeopathic treatment

Discussion:

Classical homoeopathy views the human organism as an integral being, consisting of the physical, emotional and mental faculties, in that hierarchy. The organism is usually affected as a whole, even when the obvious pathology is focused on any one of these levels[12]. There is ample evidence in immunology showing the systemic involvement in chronic inflammatory diseases and the alteration in mental emotional attributes during such illnesses[13,14]. Homoeopathy tailors the treatment to this integral picture of sickness, boosting the body's own immune strategy to overcome the disease[12]. Therefore, different *strategies of prescription* are applied, as dictated by the individual case in question.

In the first case, there was a systemic involvement with a mildly hypoplastic uterus, hormonal irregularities, painful menstruation and emotional disturbances. A deeper and prolonged treatment based on the totality of symptoms was required. The second case did not exhibit any systemic involvement and required only a pathology-based prescription and resulted in a favorable outcome within a short period.

The mainstay of conventional treatment in infertility cases with uterine hypoplasia is hormonal and, even then, the results are not assured. Further complicating presence of thyroid and ovarian hormonal imbalance in this case would have been a challenge indeed. We see that despite these, the lady's ultrasound scan showed a progression from having a multi-follicular appearance to one with a dominant follicle, followed by a successful pregnancy (Table 2). In the second case, the hypoplasia was remarkable (2.8 cm in one dimension) and the chance of successful pregnancy seemed limited without hormonal therapy[8]. She successfully carried two children post treatment. Even though infertility treatment has made great progress in the last decade[15,16], a less invasive method and with least side effects is desirable. With scientific investigation to establish the efficacy, classical homoeopathy may be one such option.

Criteria	Y	N	Not sure/NA	Case 1	Case 2
1. Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	2	-1	0	2	2
2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?	1	-2	0	1	1
3. Was there an initial aggravation of symptoms?	1	0	0	0	0
4. Did the effect encompass more than the main symptom or condition, that is, were other symptoms ultimately improved or changed?	1	0	0	1	0
5. Did overall well-being improve?	1	0	0	1	1
6 (A) *Direction of cure*: did some symptoms improve in the opposite order of the development of symptoms of the disease?	1	0	0	0	0
6 (B) *Direction of cure*: did at least two of the following aspects apply to the order of improvement of symptoms:: – from organs of more importance to those of less importance; – from deeper to more superficial aspects of the individual; – from the top downwards?	1	0	0	0	0
7. Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	1	0	0	0	0
8. Are there alternative causes (other than the medicine) that with a high probability could have caused the improvement (consider known course of disease, other forms of treatment and other clinically relevant interventions)?	-3	1	0	1	1
9. Was the health improvement confirmed by any objective evidence (in this case by conception)?	2	0	0	2	2
10. Did repeat dosing, if conducted, create similar clinical improvement?	1	0	0	1	1
Total				+9	+8

Supplementary table 1: MONARCH score

Image: Adobe Stock

Conclusions

Individualised classical homoeopathy was beneficial in two women with uterine hypoplasia and primary infertility. There is a need to scientifically investigate the relevance of classical homoeopathy in this pathology.

Topic	Content	Case 1 page no	Case 1 page no
Title	The word 'case report' should be in the title along with what is of greatest interest in this case.	1	1
Keywords	The key elements of this case in 2 to 5 keywords.	1	1
Abstract	Introduction — what is unique about this case? What does it add to the medical literature? The main symptoms of the patient and the important clinical findings. The main diagnoses, therapeutic interventions and outcomes. Conclusion — what are the main 'take-away' lessons from this case?	1	1
Introduction	Brief background summary of this case, referencing the relevant medical literature.	2	2
Patient information	Demographic information (such as age, gender, ethnicity, occupation). Main symptoms of the patient (his or her chief complaints). Medical, family and psychosocial history, including co-morbidities and relevant genetic information. Relevant past interventions and their outcomes.	3	5, 6
Clinical findings	Describe the relevant physical examination (PE) findings and clinical history details (homoeopathic symptoms used for decision, etc.).	3, 4	6
Timeline	Depicts important milestones related to your diagnoses and interventions (table or figure).	Table 2	Table 3
Diagnostic assessment	Diagnostic methods (such as PE, laboratory testing, imaging, questionnaires). Diagnostic challenges (such as financial, language or cultural). Diagnostic reasoning including other diagnoses considered. Prognostic characteristics (such as staging in oncology) where applicable.	4, Table 1	5
Therapeutic intervention	Types of interventions (such as pharmacological, surgical, preventive, self-care). Type of homoeopathy: individualised. Medication(s): nomenclature (list individual prescriptions or constituents or trade names), manufacture, potency, scale and galenic form. Administration of interventions (such as dosage, strength, duration). Changes in intervention (with rationale).	4	6
Follow-up and outcomes	Clinician-and-patient-assessed outcomes. Important follow-up test results. Intervention adherence and tolerability (how was this assessed?) Adverse and unanticipated events. Objective evidence (if applicable). Occurrence of homoeopathic aggravation. Possible causal attribution of changes explicitly assessed/discussed.	Table 2	Table 3
Discussion	Discussion of the strengths and limitations in the management of this case. Discussion of the relevant medical literature. The rationale for conclusions (including assessment of possible causes). The main 'take-away' lessons of this case report.	6, 7	6, 7
Patient perspective	Did the patient share his or her perspective or experience?	Yes	Yes
Informed consent	Did the patient give informed consent? Please provide if requested.	Yes	Yes

Supplementary table 2: The HOM-CASE guideline items

Classical homoeopathy views the human organism as an integral being, consisting of the physical, emotional and mental faculties.

Image: Adobe Stock

Highlights:

- Infertility affects nearly 8–12% of couples, with its global burden on the rise.
- Anatomical causes for infertility pose a challenge to treatment.
- We present two cases of uterine hypoplasia, diagnosed with primary infertility that progressed to normal pregnancy and parturition with individualised classical homoeopathic treatment.
- Even though infertility treatment has made great progress in the last decade, a less invasive method with least side effects is desirable, and classical homoeopathy may be one such option.

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Conflict of interest: the authors declare that there are no conflicts of interest.

Consent for publication: the patients have provided informed written consent for publication of the case and reports.

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With over 20 peer-reviewed publications in journals of repute, she has presented numerous research posters and keynotes in conventional medical conferences on immunology and chronic inflammation, including in Brooklyn, New York; Fiji; Stockholm, Sweden, Dublin, Ireland, Amsterdam, Netherlands, London, UK; Madrid, Spain; Vancouver, Canada; and Tel Aviv, Israel, and on homoeopathy at New Delhi, India; Digha, India, and Istanbul, Turkey.

She was awarded the Certificate of Excellence for her research poster at the 'Movement – Brain – Body – Cognition' conference at Harvard Medical School, USA.

Known for her teaching, she has taught homoeopathy and research on global platforms held at USA, Mexico, Greece, Brazil, Turkey, Thailand, Malaysia, Israel, Egypt and India with audiences from across the world.

Image: Adobe Stock

An observational case series part 2: selected COVID cases from the HHN Clinic, multiple remedies

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ABSTRACT

Aim:
This study reports on and summarises five of the 55 cases of COVID-19 positive clients who sought homoeopathic care for symptoms between March 2020 – December 2021 by a team of professional homoeopaths working together in the United States. This instalment of the case series focuses on cases where more than two remedies were needed to move the case to resolution.

Background:
The clients in this series received tele-health consultations and individualised homoeopathy interventions in an outpatient homoeopathy clinical setting. They were seen by individual professional homoeopathy practitioners and students under supervision working together on the Homoeopathy Help Network (HHN) in the United States.

Methods:
COVID-19 positive individuals self-selected for individualised care for their symptoms using homoeopathy. Cases for the series were hand-picked with the aim of being an average representation of the more than 3,000 COVID-positive cases seen by members of the Homoeopathy Help Network. Cases were eligible for inclusion if the client tested positive for COVID-19, was seen by the practitioner to the resolution of symptoms and the case had clear case notes on the progression of symptoms and remedy recommendations and reactions.

Results:
Cases are grouped according to a predominant case feature: multiple remedies; posology; time ill; strange, rare and peculiar (SRP); single remedy resolution; hospitalisation. At the time of writing this installment, the observational case series is part of an ongoing case series. This compendium consists of 55 cases split into nine publications using the categories above. For further information about HHN please go to www.homoeopathyhelpnow.com.

Introduction

The aim of the full case series, of which this paper represents a part, is to report individual symptom and remedy details of successfully resolved cases of 55 symptomatic COVID-19-positive clients who used homoeopathy as adjunctive care for symptom relief. The cases collated here are considered by the authors to be a relevant representation of the more than 3,200 COVID-positive individuals who have received care by the Homoeopathy Help Network (HHN) team. Care was taken by the authors to not only include the stand-out resolved cases, but to give a more average portrayal of the kinds of cases seen across 20 months, March 2020 December 2021. This makes for a wide variety of cases selected for publication. Some cases in the series show progression through acute phases with new symptoms emerging during care while others resolve more quickly.

The clients in this series received tele-health consultations and interventions in an outpatient, online, homoeopathy clinical setting. Cases included in this article span from March 2020 – December 2021 and represent clients across various regions in the United States as well as some clients from outside the US. HHN was created in March 2020 to respond to the urgent need of care for the burgeoning number of COVID-19 cases in the United States. All cases seen through HHN contribute to large-scale clinical-outcomes research designed to support international research in the clinical effectiveness of homoeopathy. HHN clients receive individualised homoeopathy case analysis and remedy recommendation; no protocols were used by the team.

> Individualised homoeopathy is intended to stimulate a healing response which reduces or removes symptoms. It helps those with symptoms move toward a stronger, dynamic state of health according to that person's specific array of symptoms across their health history [1].

In the homoeopathic system of healing, when treating individual illness associated with epidemic/pandemic disease – rather than in everyday individualised practice – the combined symptoms of a large group of people with the same condition have special importance and comes to define the *genus epidemicus*, a small cluster of homoeopathic remedies understood to address the whole energy pattern of the epidemic disease as if it affects one person [2, 3, 4]. It is understood that in different locations various factors such as climate, collective emotional states, diet, virus strains, etc., impact how COVID-19 presents, which must be taken into account when considering an emerging set of *genus epidemicus* remedies. HHN practitioners have committed to working closely together (and with colleagues across the world) to contribute to the identification and application of such a *genus epidemicus* through careful identification and collation of peculiar and common symptoms and their indicated remedies among the greatest number of cases possible.

Clients were seen by individual professional homoeopaths and students under supervision, working together at HHN in the United States. (Note: only three student cases are included across the complete compendium). HHN is a working group of professional homoeopaths, administrative volunteers, students under supervision and independent researchers. Two cases included in this series involved further health care after reinfection months after resolution of first infection. Follow-up consultations were sometimes given as soon as an hour after the remedy recommendation and dosing in severe cases, or as long as weeks later in situations of poor follow-up communication from clients. Another important feature of the team's work was the limited availability of some first or even second-choice remedies. Where possible, notes from the practitioner about using second or third-choice remedies are included in the record. As the work of the team developed over some months into the pandemic, a handful of genus-potential remedies were emerging and, sometimes, these did not repertorise well, as may also be evident in some case notes. In an as yet unpublished, but soon-to-be published paper exploring the effectiveness of interventions from the same clinic as the one that carried out this research, positive intervention outcomes were found. Capturing health status relative to COVID illness following intervention showed that at final contact, 76.2% had a positive outcome: 70% of all clients showed a large majority of clients (74.4%) with a positive outcome (resolved 69.2%, much better 5.2%) compared to less desirable outcomes (unresolved 2%, worse 0.3%). Effectiveness of each individual remedy prescription showed that 83.4% had a positive response. Analysis of speed of resolution of symptoms revealed that the majority of cases were resolved in under 21 days from first intervention (74.7%), and of those 29.2% were resolved in under five days.

While there are a wide variety of dosing strategies used in homoeopathic medicine, including the number of pellets, repetitions, and liquid preparations, at HHN remedies were recommended to clients in centesimal potencies either in dry or liquid doses. In one case reported in this article, the client only had local access to remedies in liquid preparation in spray bottles. While many other case studies exist, the authors hope that a case series of this scale can be a valuable contribution to the important work at hand to help mitigate the widespread suffering of so many during this pandemic while elevating case examples that may give shape to our emerging *genus epidemicus*. For further information about our work please navigate to https://homoeopathyhelpnow.com/ and https://hohmfoundation.org/.

Methods

Self-selecting individuals who were COVID-19-positive or probable navigated to the HHN web portal and submitted an online intake form for assistance with their symptoms. In initial and subsequent consultations with the assigned practitioner (conducted on phone or video conferencing software, as appropriate to the client's condition), additional relevant clinical data was added to the case notes. These included presenting symptoms, COVID-19 status at intake, other types of modalities used, comorbidities, remedy details, individual remedy intervention outcomes, and outcome at final contact.

Inclusion criteria

A case series is, by definition, observational and non-controlled. Cases were hand-picked with the aim of showcasing a wide variety of cases across a range of 21 months, geographic locations, team practitioners, severity of illness and health status prior to infection. Cases were considered for inclusion in the Case Series only if they met the following criteria:

a) Tested COVID-19 positive (reverse transcription polymerase chain reaction (RT-PCR) positive for 2019-novel Coronavirus (2019-nCoV), serology test positive for IgM/IgG (immunoglobulin M/immunoglobulin G) or Rapid Antigen Test specific for COVID-19).

b) Resolution of acute symptoms at final contact with client.

c) Clear case notes detailing symptoms, remedy recommendation, client compliance and the stages of resolution. (Note: cases with unclear remedy response, sometimes due to concurrent use of prescription or off-label medications were not included.)

Each case presented here outlines client symptoms throughout the intervention period to full positive resolution along with remedy and dosing recommendations. Acute case-taking is already a streamlined process in which only acute symptoms that vary from the client's chronic health state are noted, and case notes were further distilled for this case series. Where available, repertorisations of symptoms are included using *Synthesis Treasure Edition Repertory 2009V* last updated in *RadarOpus 2.2.16*.

This paper, Case Series Part 2, focuses on cases where multiple remedies were used: cases which required more than two remedy recommendations to move acute symptoms to resolution.

Articles in the full compendium are grouped by these features:

1, 2 and 3 – multiple remedies: cases which required more than two remedy recommendations to move to resolution.

4 – posology: cases which presented a unique perspective on remedy posology needed to move clients to full positive resolution.

5 – time ill: cases in which clients were ill for 14 days or longer before receiving the HHN homoeopathic intervention.

6 – strange, rare and peculiar (SRP): cases which included standout symptoms not often reported in conventional medical outlets. (Note: the SRP symptoms included in these cases are not limited to those presented here; they were seen across numerous cases, therefore holding more epidemiological importance).

7–8 – single remedy resolution: cases which resolved with use of one remedy only.

9 – hospitalisation: cases in which clients received homoeopathic intervention while hospitalised.

As a consequence of this being a case series involving the cherry picking of cases with no controls, this compilation is in no way making claims about homoeopathy, its efficacy in COVID-19 or suggesting homoeopathic remedy guidelines for COVID-19 symptoms.

Results

Cases using multiple remedies before resolution

Case 1 (HHN # 634)

The client was a 52-year-old woman who was a breast cancer survivor and taking a prescription antidepressant and an antihistamine at the time of intake. She had been symptomatic for six days prior to intake with the following symptoms:

1. Cough – some yellow expectoration, which was easy to expel.
2. Shivers/chills alternating with heat and sweating. Chills felt across shoulders and down both arms. Sweating in evening on legs and torso.
3. Body aches extending across the top of shoulders and down the back, and to elbows and hips.
4. Shortness of breath on exertion, feels difficult to get a good breath.
5. Sternum feels strained, tight, and sore. Also strain/tension in throat, if client breathes deeply, then she has to cough.
6. Lethargy, napping 3–4 hours at a time.
7. Intense muscle clenching all over body on laying down, making it difficult to relax at night. Improved by walking around.
8. Heavy sensation in body.
9. Headache with pain running across forehead to both temples.
10. Blurry vision, worse for noise.
11. Lost sense of taste, sense of smell altered – metallic and salty.
12. Some diarrhoea with decreased appetite.
13. Canker sores on tops of gums.
14. Clear post-nasal drip.

Figure 1. Repertorisation for case 634

Clipboard 7		sulph.	sep.	calc.	lyc.	rhus-t.	ars.	phos.	nux-v.	merc.	bell.	puls.	nat-m.	chin.	sil.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14
		9	9	8	8	8	8	8	7	7	7	7	7	7	7
		16	12	16	14	14	13	13	17	14	12	12	11	8	8
1. HEAD - PAIN - Forehead - extending to - Temple	(30) 1		1												
2. NOSE - ODORS; IMAGINARY AND REAL	(123) 1	2	1	3	1	2	1	1	2	1	3	2	1	1	1
3. MOUTH - TASTE - metallic	(174) 1	2	2	2	2	3	2	1	2	3	1	1	1	1	1
4. MOUTH - APHTHAE	(204) 1	3	1	2	2	1	3	2	3	3	1		2	1	1
5. RESPIRATION - DIFFICULT - exertion - after - agg.	(94) 1	2	1	3	3	1	3	2	2	2		2	3		2
6. COUGH - HACKING - inspiration agg.; deep	(1) 1														
7. CHEST - CONSTRICTION - Sternum	(28) 1	1				1		2				1			
8. BACK - PAIN - fever - during - agg.	(42) 1	1	2	1	2	2	1	1	3	1	2	2	2	1	1
9. EXTREMITIES - COLDNESS - fever; during	(36) 1	1	1	1	1		1				2			1	1
10. EXTREMITIES - PAIN - fever - during - agg.	(59) 1	1	1	2	2	2	1	1	3	2	1	1	1	2	1
11. FEVER - PERSPIRATION - heat; with	(110) 1	3	2	2	1	2	1	3	2	2	2	3	1	1	

Rx: *Mercurius solubilis* 200C, 2 dry doses in 1 hour. If improvement, continue with liquid dosing: dissolve 2 pellets into 4 oz (120 mL) water and stir/ succuss 10 times prior to each dose. *Mercurius solubilis* was selected as the intervention after consultation with other members of the HHN team with respect to the emerging *genus epidemicus* data (of which *Mercurius solubilis* was a part) as well as individual symptoms of the client. Striking symptoms indicating *Mercurius solubilis* included aphthae and metallic taste.

Follow-up #1, 3 days later:

1. Client felt some improvement yesterday morning but then felt worse again.
2. Client misunderstood recommendation and took both *Phosphorus* and *Mercurius solubilis* 200C pellets in water – 3 doses yesterday but none yet today.
3. Chest soreness increased.
4. Ringing in ears throughout day yesterday.
5. Sensation of weakness.
6. Cough more productive with small amounts of yellow expectoration.
7. Body aches decreased.
8. Headache and chest pain improved.

Rx: *Mercurius solubilis* 200C, 2 dry doses in 1 hour, followed by liquid doses if improvement: dissolve 2 pellets in 4 oz (120 mL) water, stir/ succuss 10 times.

Follow-up #2, 5 days later:

1. Client is feeling much better.
2. Head still feels like a 'big balloon'.
3. Persistent cough.
4. Jerking awake while falling asleep (continuation of old symptom).
5. Sense of smell and taste briefly returned today but then disappeared again.

Rx: *Phosphorus* 200C, liquid dose 4 times a day. *Phosphorus* was selected as the intervention after consultation with other members of the HHN team, given the client's persistent cough and because of its marked success in similar cases at that time.

Follow-up #3, 6 days later:

1. Practitioner observation: client's voice sounds much better, has more energy.
2. Chest pain on coughing. Pain below clavicle, feels strained.
3. Woke up today feeling refreshed.
4. Sense of taste and smell returning intermittently.
5. Expectoration becoming clearer.
6. Shortness of breath comes only at the end of coughing.
7. Client is taking a cough suppressant (client is encouraged to use an expectorant, if using any OTC [over-the-counter] medicines).

Rx: *Phosphorus* 200C in liquid dose 2–3 times per day.

Follow-up #4, 2 days later:

1. Client feels 90% better.
2. Cough nearly gone.
3. No remedy in 24 hours.

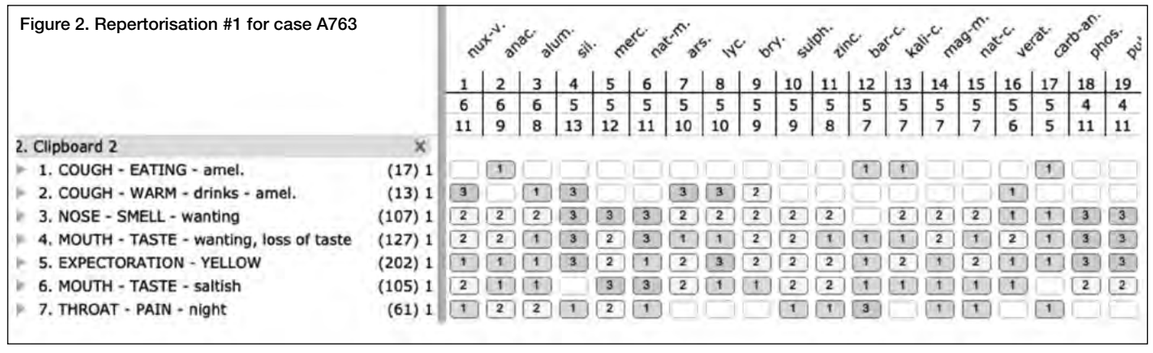
Rx: N/A, case closed.

Case 2 (HHN # A763)

The client was a 44-year-old woman who was diagnosed with anxiety but takes no medication. She was symptomatic for six days and before her intake took *Phosphorus, Pulsatilla* and *Ferrum phosphoricum*. She presented with the following symptoms:

1. Low fever for 3 days, 99.3 F (37.4° Celsius).
2. No smell or taste.
3. Cough that alternates between dry and wet, worse change of temperature with thick yellow expectoration.
4. Itch in throat with coughing fits, better eating and drinking hot teas.
5. Had nausea yesterday with vomiting.
6. Taste in mouth like baking soda or salt.
7. Burning pain in throat at night.
8. Low energy.

Figure 2. Repertorisation #1 for case A763



Rx: *Sulphur* 30C in liquid dose, 3 times daily. *Sulphur* was selected as the intervention after consultation with other members of the HHN team with respect to the emerging genus epidemicus data (of which *Sulphur* was a part) as well as individual symptoms of the client. Striking symptoms indicating *Sulphur* included loss of taste, bitter taste in mouth (baking soda), yellow expectoration, burning in throat.

Follow-up #1, the following day after following the recommendation:

1. Coughing less with easier expectoration.
2. Same burning sensation in throat.
3. Taste is returning some.
4. Slight nausea.

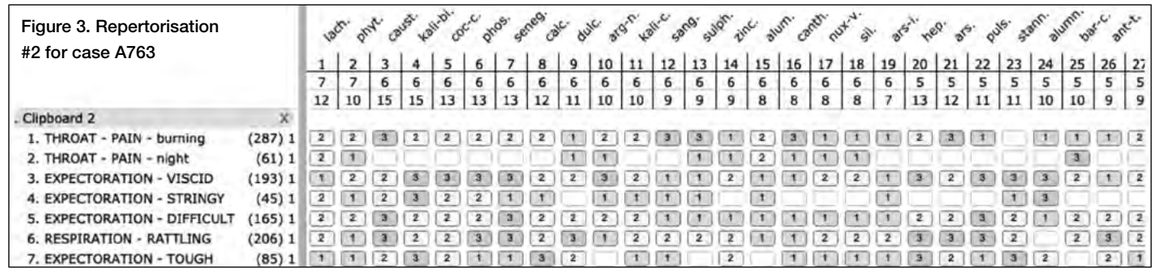
Rx: *Sulphur* 30C in liquid dose, 3 times daily.

Follow-up #2, the following day after following the recommendation:

1. Coughing more with gurgling sound in chest and difficult expectoration, thick, gooey, stringy yellow-white, worse morning.
2. Altered taste is improving.
3. Burning in throat.
4. No more nausea.
5. Continued low energy.

(See Figure 3.)

Figure 3. Repertorisation #2 for case A763



Rx: *Antimonium tartaricum* 30C in liquid dose, 1–2 times daily for 2 days.

Follow-up #5, 3 days later, after taking no more of the remedy:

1. Energy much improved; can do normal activities.
2. Cough much better, infrequent.
3. Some clear nasal discharge.
4. Much improved neck stiffness.
5. Still no smell or taste.

Rx: *Silicea terra* 30C, single dry dose. *Silicea terra* was selected as the intervention after consultation with other members of the HHN team with respect to the emerging *genus epidemicus* data (of which *Silicea* was a part) as well as individual symptoms of the client including diminished/wanting taste and smell.

Rx: *Antimonium tartaricum* 30C in liquid dose, 3 times daily. *Antimonium tartaricum* was selected as the intervention after consultation with other members of the HHN team with respect to the emerging *genus epidemicus* data (of which *Antimonium tartaricum* was a part) as well as individual symptoms of the client. Striking symptoms indicating *Antimonium tartaricum* included the rattling cough with difficult, viscous expectoration.

Follow-up #3, 2 days later after following the recommendation:

1. Cough is improving, less frequent, easier expectoration.
2. No burning in throat.
3. Very low appetite – doesn't know what to eat.
4. Gets very weak with household activities.
5. Desires fresh air – feels suffocated inside.

Rx: *Antimonium tartaricum* 30C in liquid dose if cough worsens. (Client wants to take Bioplasma as well over a few days during religious holiday during which there is no contact with practitioner.)

Follow-up #4, 3 days later, after taking the remedy once daily:

1. Energy improving, more stamina.
2. Still very low appetite.
3. Coughing less with easier expectoration, some rattling in chest, better expectorating, worse talking.
4. Very stiff neck, left side, can't turn head for 4 days.

Follow-up #6, 3 days later, after taking no more of the remedy:

1. Much relief in chest, more than 50% improvement in cough and breathing.
2. Much improved energy – able to do household activities.
3. Smell and taste not fully restored.
4. Continued lower appetite.

Rx: *Silicea terra* 30C, single dry dose once weekly.

Follow-up #7, 2 weeks later, after taking remedy once in previous week:

1. Smell and taste slowly recovering.
2. All other symptoms fully resolved.

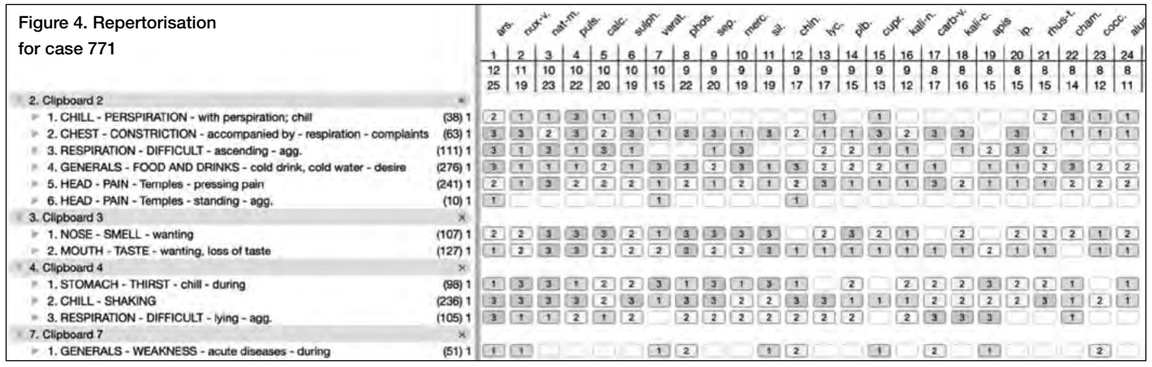
Rx: N/A, case closed.

Case 3 (HHN # 771)

The client was a 35-year-old man with no reported pre-existing conditions apart from the occasional use of prescription medication to control panic attacks. He had been symptomatic for one week prior to intake with the following symptoms:

1. Loss of taste/smell.
2. Appetite diminished, easily full, has to force himself to eat. Thirst for cold water.
3. Shortness of breath with a sensation of chest tightness that feels like a contracting muscle across chest, heart and toward the left shoulder. Worse for ascending, lying down, slouching. Client struggles to get enough air to feel comfortable, which causes anxiety.
4. Headache with inward pressure around temples that is worse from standing up, getting out of bed, and in the morning after moving around.
5. Client has shivering chills with cold sweat at night. Initially the sweat was all over his body, completely soaking the bed, now client wakes in the middle of the night sweating from head and is still cold.
6. Congestion with profuse clear nasal discharge that alternates sides. Nose obstruction causes mouth breathing.

Figure 4. Repertorisation for case 771



Rx: *Arsenicum album* 30C, 3 dry doses, 1 hour apart. Note: Obtain *Arsenicum album* 200C and *Ozone* 200C. *Arsenicum album* was selected as the intervention after consultation with other members of the HHN team with respect to the emerging *genus epidemicus* data (of which *Arsenicum album* was a part) as well as individual symptoms of the client. Striking symptoms indicating *Arsenicum album* included chest pains related to breathing difficulties and chills.

Follow-up #1, 2 days later:

1. Stomach symptoms improved but worse for eating.
2. Energy level improved.
3. Headache remains – throbbing pain on top and back of head, worse on waking and in the morning but improved since client has been up and moving around.
4. Night sweats remain on back and head, lasted all night.

Rx: *Arsenicum album* 30C liquid doses as needed.

Follow-up #2, same day:

1. Client took one liquid dose of the remedy but felt like he backtracked so stopped dosing.

Rx: *Ozone* 200C one dry dose. *Ozone* was selected as the intervention after consultation with other members of the HHN team with respect to the emerging *genus epidemicus* data (of which *Ozone* was a part).

Follow-up #3, next day:

1. Client took 2 pellets and symptoms greatly improved: 'I feel much better today than I have in 10 days!'
2. Much improved energy.
3. Night sweats and chills are gone.

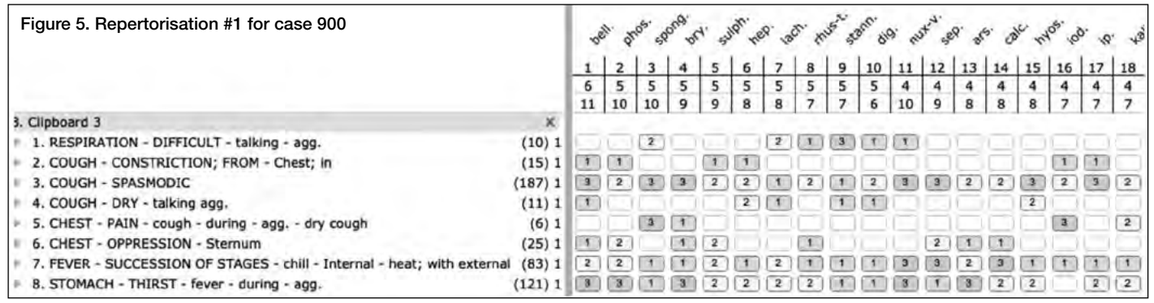
Rx: Repeat *Ozone* 200C dry dose if needed, case closed.

Case 4 (HHN # 900)

The client was a 48-year-old woman with no reported pre-existing conditions or prescription medication at the time of intake. She had been symptomatic for four days prior to intake with the following symptoms:

1. Dry, painful cough.
2. Pressure in chest, with difficulty getting a full breath. Worse for talking, better with bronchodilator medication.
3. Phlegm is clear and thin.
4. Fever last night of 102.6 F (39.2° Celsius) with whole-body chills.
5. Perspiration under breast.
6. Increased thirst.
7. Weakness/fatigue.
8. Burning sensation on skin.

Figure 5. Repertorisation #1 for case 900



Rx: *Bryonia alba* 30C liquid dose, every hour. *Bryonia* was selected as the intervention after consultation with other members of the HHN team with respect to the emerging genus *epidemicus data* (of which *Bryonia* was a part) as well as individual symptoms of the client. Striking symptoms indicating *Bryonia* included painful dry cough and increased thirst.

Follow-up #1, next day:

1. Lumbar pain.
2. No improvement in breathing or chest pressure (practitioner observation: client appeared out of breath).
3. Intermittent fever up to 103 F (39.4 ° Celsius).
4. Chills slightly improved.
5. Skin feels dry and hot.
6. Increased thirst is the same.

Rx: *Lachesis muta* 30C liquid dose every 1–2 hours. *Lachesis* was selected as the intervention after consultation with other members of the HHN team with respect to the emerging *genus epidemicus* data (of which *Lachesis* was a part) as well as individual symptoms of the client. Striking symptoms indicating *Lachesis* include chest pressure and lumbar pain (burning skin and arrested respiration).

Follow-up #2, next day:

1. Temperature of 99.1 F (37.3° Celsius), last night fever climbed to 102.1 F (38.9° Celsius) but with decreased chills.
2. Oxygen level of 98% saturation.
3. Shortness of breath greatly improved.
4. Desire for warm drinks except during fever, when client desires cool drinks.
5. Client taking antibiotics, decongestant cough syrup, and ibuprofen.

Rx: *Lachesis muta* 30C liquid dose every 1–2 hours

Follow-up #3, 3 days later:

1. Client did not take remedy yesterday as she was not sure if she should continue.
2. No fever for 2 days.
3. No body pain for 2 days.
4. Low energy continues.
5. Strong spasmodic cough, worse for talking, continues.
6. Oxygen saturation levels 97–99%.

Rx: *Carbo vegetabilis* 30C, 1 dry dose, then in liquid every hour. *Carbo vegetabilis* was selected as the intervention after consultation with other members of the HHN team with respect to the emerging *genus epidemicus* data (of which *Carbo vegetabilis* was a part) as well as individual symptoms of the client, most notably, spasmodic cough.

Follow-up #4, 2 days later:

1. Cough still tight and spasmodic.
2. Other symptoms only slightly better.

Rx: *Spongia tosta* 30C in liquid dose every 2–3 hours as needed. *Spongia tosta* was selected as the intervention after consultation with other members of the HHN team with respect to the emerging genus epidemicus data (of which *Spongia* was a part) as well as individual symptoms of the client such as continued spasmodic cough.

Follow-up #5, 10 days later:

1. Client stopped taking *Carbo vegetabilis* 30C 10 days ago and never received *Spongia tosta*.
2. Client began to experience itchy skin 4 days ago and took *Bryonia alba* dry doses twice 3 days ago to no avail. Taking an antihistamine is helpful.
3. Symptoms 90% better, client does not feel like she needs more remedies.

Rx: No remedy; watch and wait.

Follow-up #6, 3 days later:

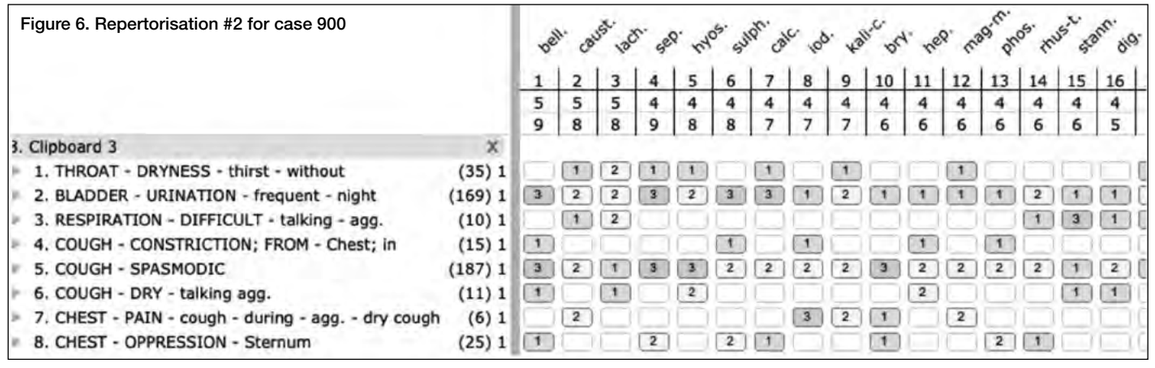
1. Client received *Spongia tosta* and asked for posology directions given that the spasmodic cough has returned.

Rx: *Spongia tosta* 30C, single dry dose.

Follow-up #7, 5 days later:

1. Client took the remedy 3 times daily in water for 2 days but did not experience much relief.
2. Tight, painless sensation in upper chest.
3. White phlegm.
4. Copious urination, light yellow, no desire to drink.
5. Dry throat and lips on waking for the last several days.
6. Tested negative for COVID yesterday, now taking prescription anti-inflammatory, corticosteroid and bronchodilator medication.

Figure 6. Repertorisation #2 for case 900



Rx: *Stannum metallicum* 200C liquid dose every hour. *Stannum* was selected as the intervention after consultation with other members of the HHN team with respect to the emerging *genus epidemicus* data (of which *Stannum* was a part) as well as individual symptoms of the client including white phlegm, copious urination and tightness of chest.

Follow-up #8, 8 days later:

1. Client took the remedy for a day and a half, and it immediately helped the cough.
2. Client stopped taking the remedy after yesterday morning, and last evening the cough got worse after walking outside in the cold.
3. Other symptoms are resolved.

Rx: *Stannum metallicum* 200C liquid dose 3–4 times per day as needed.

Follow-up #9, 3 days later after taking remedy only for 1 day:

1. Client is doing much better, with good energy and no cough.
2. Client did not take the remedy yesterday or today.

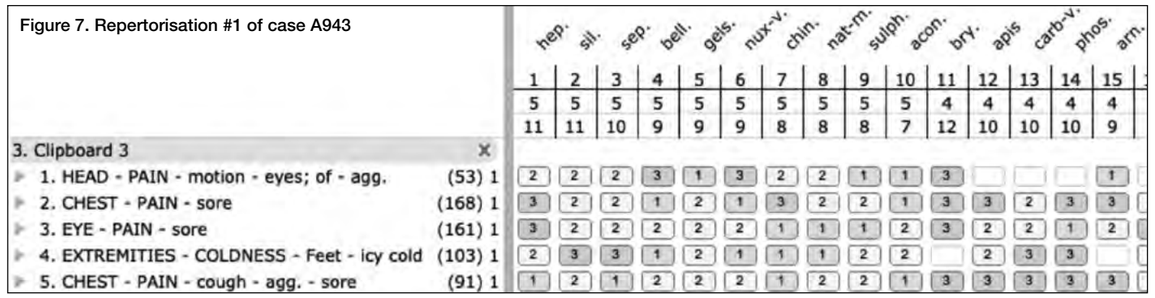
Rx: N/A, case closed.

Case 5 (HHN # A943)

The client was a 34-year-old woman with no preexisting conditions. She was symptomatic for seven days and took *Phosphorus* 30C dry doses with no improvement before presenting with the following at intake:

1. Deep painful cough, with bruised feeling, sensation as if being hit in the back, worse moving around and after hot shower.
2. Chest feels heavy, with a pressure, extending to weight and soreness in shoulders.
3. Loss of smell though has sense of taste.
4. Loss of appetite and increased burping building up in chest, better burping.
5. Reduced thirst.

Figure 7. Repertorisation #1 of case A943



Rx: *Bryonia alba* 30C 1 liquid dose, then repeat 1 hour later. Continue with 3 doses tomorrow. *Bryonia alba* was selected as the intervention after consultation with other members of the HHN team with respect to the emerging genus epidemicus data (of which *Bryonia* was a part) as well as individual symptoms of the client including bruised pain with cough and heaviness of chest extending to shoulders.

Follow-up #1, 2 days later after taking remedy as recommended:

1. Chest pain and heaviness is gone.
2. Occasional painless cough, now in upper chest/throat area.
3. Less fatigued.
4. Same lack of smell and appetite.
5. Eye sockets feel sore when moving eyes from side to side.

Rx: *Bryonia alba* 30C liquid dose, 3 times daily.

Follow-up #2, the following day after taking remedy as recommended:

1. Coughing less, still painless.
2. Very fatigued, didn't move from couch for six hours, whole body feels heavy.
3. Very cold and freezing feet – extra blankets didn't help fever of 100.2 F (37.9° Celsius).
4. Mucus in throat, trying to clear it out, pale yellow color.
5. Headache in temples with sinus pressure.
6. Same eye socket pain with floating feeling/off balance on moving eyes.
7. Top of head/hair feels sensitive.
8. Less burping.

Rx: *Gelsemium sempervirens* 30C liquid dose twice in the evening and up to 3 times tomorrow. *Gelsemium sempervirens* was selected as the intervention after consultation with other members of the HHN team.

Follow-up #3, the following day after taking remedy as recommended:

1. Less fatigue.
2. No pain in eyes.
3. Scalp still sensitive, though less.
4. No coldness.
5. Had coughing spell that led to vomiting.

Rx: *Sulphur* 30C, 2 dry doses in 1 day. *Sulphur* was selected as the intervention after consultation with other members of the HHN team with respect to the emerging *genus epidemicus* data (of which *Sulphur* was a part) as well as individual symptoms of the client.

Follow-up #4, two days later after taking remedy as recommended:

1. Same cough, with some gagging after coming out of shower.

Rx: *Ipecacuanha* 30C liquid dose, 1 teaspoon taken once. *Ipecacuanha* was selected as the intervention after consultation with other members of the HHN team.

Follow-up #5, the following day after taking remedy as recommended:

1. Cough much improved with no gagging.

Rx: Wait and watch.

Follow-up #6, two days later after taking remedy as recommended:

1. Small lingering cough, no gagging.
2. Occasional fatigue.
3. Aching pain in lower back of legs.

Rx: *Sepia* 30C, 1 dry dose. *Sepia* was selected as the intervention after consultation with other members of the HHN team. (See Figure 8.)

Follow-up #7, three days later after taking remedy as recommended:

1. Much improved energy.
2. Aching pain in legs is much improved.

Rx: Wait and watch.

Follow-up #8, five days later after taking remedy as recommended:

1. All symptoms resolved; energy is normal.

Rx: N/A, case closed.

Figure 8. Repertorisation #2 of case A943

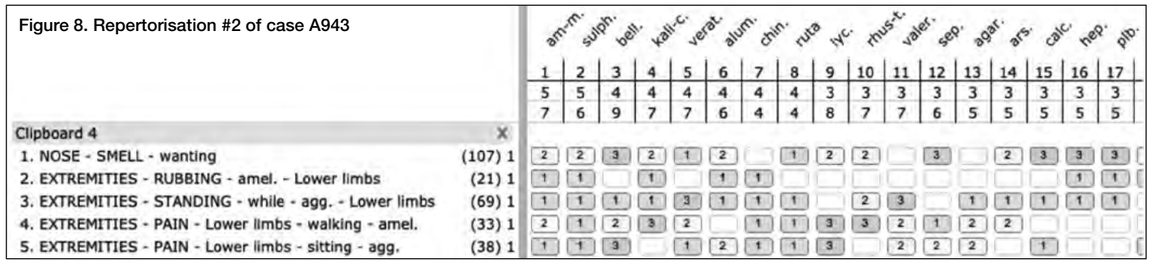


Image: Adobe Stock

Discussion

There is one specific discussion point about this part of the case series. Specific to this case series, it is noted that there is a paucity of published COVID-19 case series with full details on posology. It seems to be more common in the current published papers that all patients included in a series were given a protocol (same remedy and/or potency) [7], or that no details are given about remedy administration, delivery, or frequency [8]. Homoeopaths and health professionals around the world have become familiar with COVID-19's complex nature and its broad range of viral-induced pathological conditions [6]. One of homoeopathy's most unique clinical features is the ability to match remedies (similars) to the individualised evolving symptom presentation throughout the life cycle of a virus in order to ease patient suffering and hasten recovery. In reporting on this clinical feature, the authors have identified a research gap in case management – including but not limited to posology, administration of the remedy and the use of multiple remedies given at a time.

Conclusions

There are two general conclusions to be made related to the full case series compendium.

This case series, and the full case series compendium of which it is a part, reflects the work of homoeopaths working closely together as a team. Team members met weekly to discuss cases and closely tracked emerging patterns of symptoms and remedy responses. While there is variety in remedy choice and posology evident across the cases presented here, there is a unifying alignment to Hahnemannian epidemic theory and guidelines [5]. Moreover, members of the team understood each case as being a piece of a larger puzzle, offering potentially profound insights to the larger understanding of the infectious disease and the (at the time) evolution and development of our genus of remedies that were often not consistent with the findings of other research teams [6].

This kind of concierge and rapid-response team approach to working with clients has seen substantial benefits, the likes of which may be limited to the current team-based approach in the work of Wanda Smith-Schick and Christina Garelli at Homoeopathy Institute of the Pacific (HIP) and in the Integrative Healers Action Network (IHAN). (HIP is a donation-based clinic run exclusively by volunteers, that offers low-cost homoeopathic care to the underserved, and IHAN is a disaster response network of integrative healthcare providers). Given the observed benefits to this approach, more research into team-based case-taking and analysis is warranted.

Additionally, we've identified a challenge of access to remedies in times of public health crisis. Case notes and team discussions highlighted clients' limited access to first-choice remedies. While operating a decentralised outpatient telehealth clinic offers innumerable advantages, this is one disadvantage seen consistently through the work of the team. While many of the cases presented here resolved very well with more easily accessible remedies, lack of access to lesser-known remedies became a limitation for team members wishing to recommend genus-potential remedies more often than was possible. It was observed in the early days of the pandemic that pharmacies dispensing homoeopathy became overwhelmed by orders from non-professional users of homoeopathy (members of the public), restricting access to professionals and impacting the timely identification of genus remedies.

This research team has found that with a methodical Hahnemannian approach, cases were analysed and supported to resolution without speculation, guesswork or protocols; traditional homoeopathic approaches appeared to be timely, appropriate, and safe.

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Denise Straiges, CCH, PCH, RSHom (NA) [registered with the North American Society of Homeopaths – NASH]

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Pilgrimage to Leipzig – travelogue

Michelle Hookham

Whilst on a UK family holiday in January 2023, three of us settled on an impromptu trip to Leipzig, Germany. My daughter wanted to explore an art residency in this very funky city, which has been likened to Berlin in the 1980s, or a place where people go when they want the vibe but seek a less intense lifestyle. I couldn't resist joining her for the chance to explore the old stomping ground of Samuel Hahnemann and for my husband the chance to visit the home of classical musicians, including Bach. All three of us had a reason to visit Leipzig and what an interesting few days of exploration we had!

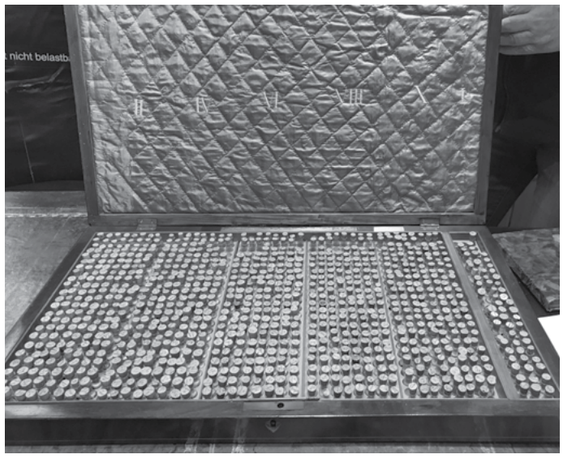
I write to share a little taster of my journey with my homoeopathic friends and colleagues. I hope that it inspires you to travel and explore beyond my quick trip, as there is nothing like living history for learning. Please note that the historical information included is from a wonderful book I discovered whilst visiting Anhalt Castle. The book titled *Retracing the Origins of Homoeopathy: the Travel Guide*, is written by Carola Scheuren and Egon Krannich, published in 2010. It is such a great accompaniment to exploring homoeopathic history in Germany that I have attached an accompanying book review.

> Leipzig is an architecturally beautiful city and the place where Hahnemann started to study medicine in 1755.

He also lived there at various times in his life and worked as a translator, homoeopath, lectured at the university and conducted homoeopathic provings with students he met along the way. Some of you may have explored the region before and will understand when I say that it felt like a pilgrimage to walk the cobbled streets and tour surrounding areas.

Although Hahnemann's time in Leipzig was controversial at times, he developed a good reputation because of his treatment results and people would travel long distances to see him. Whilst in Leipzig, Hahnemann treated Karl Philipp Fürst zu Schwarzenberg, an Austrian army field marshal of repute, bringing recognition to his practice. Initially, Schwarzenberg's treatment for stroke (at age 41) was via correspondence, as he lived in Habsburg (Austria) where homoeopathy was not permitted. He eventually moved to Leipzig for ongoing treatment but died a few years later, which adversely affected Hahnemann's reputation. It was also around this period that three pharmacists filed a lawsuit preventing Hahnemann from producing homoeopathic medicines. Hahnemann appealed, but was defeated and sentenced. This was in 1821, after which time he moved to Köthen (Scheuren, C and Krannich, E, 2010).

Image: Michelle Hookham



There is no mistaking the homoeopathic footprint in Leipzig. There are two houses listed as previous residences of Hahnemann dating from 1812 and 1813 and the Leipzig Hahnemann memorial statue inaugurated in 1851. The Sächsisches Apothekenmuseum located in St Thomas Church Square, was the previous residence and pharmacy of apothecary Dr Willmar Schwabe. Today it exhibits 150 years of pharmaceutical history and a homoeopathic history of two of its famous locals, Hahnemann and Schwabe. Displays include remedy bottles, kits and artefacts, and Hahnemann's professorial dissertation from 1812.

The pharmacy was my first taste of homoeopathic history in Leipzig and I must confess being moved to tears. Leipzig also has a lovely botanical herb garden worth a visit.

The next day saw us travelling by train to Köthen, just north of Leipzig, where Hahnemann moved with his family in 1821. Köthen is also home to Arthur Lutze, who appears to have equal significance in homoeopathic history in this city. His bust sits alongside Hahnemann's in the city's memorial statue and a stained-glass memorial window in Anhalt Castle. Hahnemann's Köthen days were monumental in the progression of his ideas. It was here that he began tracing the history of people's illness patterns and furthering his philosophical enquiry and clinical experience, culminating in the publication of *Chronic Diseases* in 1828. He also discovered homoeopathic potentisation during these years, begun to experiment with higher potencies and begun a lifelong friendship with Clemens Maria Franz von Bönninghausen in 1828 (Scheuren, C and Krannich, E, 2010).

Köthen has a couple of incredible homoeopathic sights to see. Housed in one of the rooms of Anhalt Castle is an exhibition titled Homoeopathy in Köthen, which includes insights into Hahnemann's life and work, his bed and portrait of him in death. And just around the corner from here is Hahnemann's House, the historical residence and clinic, where he lived with his family and saw patients on a daily basis. The house is open to the public one day of the week, with a caretaker opening the door to provide a very personalised tour. Unfortunately, she did not speak English and alas, I no German. But somehow, we managed to understand each other, and I got to experience the highlight of my trip!

Hahnemann's House has been through a period of significant restoration. However, his clinic on the ground floor remains as it was, complete with his original desk, chair and remedy kit, which was opened up for me. I was surprised to see that remedies had a much broader range of potencies than we use today. There were interesting remedy displays, original manuscript notes by Hahnemann and a journal of homoeopathic meetings dating from 1829 to 1966, complete with names of attendees over the years. Upstairs opened to rooms housing a homoeopathic library – every homoeopath's dream!

Of course, there was so much more I would have loved to explore, but we had three days and three of us with our respective interests to consider. Whilst Leipzig and Köthen showcased early homoeopathic history, other surrounding towns hold other treasures. Meissen, where Hahnemann was born; Torgau, where Hahnemann wrote the Organon; Georgenthal, where the 'institution for mentally ill' was founded in 1792.

Should my daughter end up residing and being an artist in Leipzig, I might just have to return for a bit more exploration!

Michelle Hookham

Michelle is a credentialed mental health nurse and homoeopath, with experience spanning 30 years in healthcare across a diverse range of settings. She has an established private practice in Windsor, and clinical experience across both professions enhances the practice of the other, with the evolution of a unique skill set that is both flexible and holistic.

Michelle is a past Chairperson to the International Council for Homeopathy (ICH) and past National President of the Australian Homoeopathic Association (AHA).

A social change leader, Michelle initiated a community-led social enterprise, which utilises partner dancing in conjunction with clinical support to foster connection, support social recovery and build community resilience for people impacted by bushfires in the Hawkesbury Region.

MPhil Candidate USYD (leading into PhD): The role of social enterprise in disaster recovery. Master of Mental Health Nursing AHPRA Regd., mACMHN | Licentiate of Homoeopathy | AROH Regd., MAHA | health@michellehookham.com.au | 0423 162 001

Image: Michelle Hookham

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2022 Survey of prevention, treatment and detoxification options for SARS-CoV-2, shedding and 'vaccine' injury – preliminary results

Dr Isaac Golden

ABSTRACT

Introduction: This paper reports on a prospective in-clinic survey of the homoeopathic remedies *2022DOV* (see Appendix 1), *BUAU, PF, AZ, MD* and *NV* purchased between 1/1/2022 and 5/9/2022, and used for a variety of purposes when dealing with SARS-CoV-2, shedding symptoms and 'vaccine' injury.

Method: The emails of individuals who purchased the targeted remedies for themselves and family and friends between 1 January 2022 to 5 September 2022 were collected, as well as the emails of practitioners who purchased the remedies to distribute to their patients during this period. Four email reminders were sent from 1 September to 27 September 2022 to purchasers requesting their participation in the Survey. Results were collected and tabulated.

Results: The results of the Survey are summarised in thirteen tables. They show a very low rate of reactions to *2022DOV*, with around 70% effectiveness to protect recipients against the disease and somewhat less to protect against shedding. The use of *BUAU* to treat SARS-CoV-2 symptoms, to treat shedding symptoms and to treat post- 'vaccination' symptoms is high, as is the effectiveness of 'vaccine' potencies to treat 'vaccine' injury.

Discussion: The effectiveness of the preventative *2022DOV* was difficult to determine, although an effectiveness of over 70% is likely. The ability of the remedy to protect against shedding is less certain. The effectiveness of the remedy *BUAU* to treat adverse effects of the spike protein from shedding, from being 'vaccinated' and from the disease was strong. The effectiveness of 'vaccine' potencies to treat 'vaccine' injuries was very strong.

Conclusion: Homoeopathic options have much to offer in the prevention and treatment of SARS-CoV-2, the treatment of the effects of shedding from 'vaccinated' people on both 'vaccinated' and 'unvaccinated' people, and to treat injury caused by the various Covid-19 'vaccines'.

What is new? The article provides new insights into the potential value of specific homoeopathic remedies to prevent and treat the Omicron variant of SARS-CoV-2 and to treat shedding, and 'vaccine' injuries.

Potential conflicts of interest: The author sold the medicines discussed in the article and acknowledges the resulting potential financial conflict of interest.

Acknowledgements: The author acknowledges the contribution to the article and the development and analysis of Survey 2 by Dr Gustavo Bracho.

Style note: The author has chosen to use quotation marks when referring to Covid-19 'vaccines' given legitimate questions as to whether the injections are in fact vaccines as previously defined. Quotation marks will not be used when referring to vaccines in general.

Introduction

This paper reports on a second prospective in-clinic survey of the homoeopathic remedies *2022DOV, BUAU, PF, AZ, MD* and *NV*, including all purchases between 1/1/2022 and 5/9/2022, and used for a variety of prevention and/or purposes when dealing with SARS-CoV-2, shedding symptoms and 'vaccine' injury.

The remedies studied are:

2022DOV – a combination of Covid-related nosodes and genus epidemicus remedies in 200C and 1,000C potencies. A brief description of the remedy is given in Appendix 1. This remedy was used to both prevent illness following exposure to the disease and, to a lesser extent, prevent the effects of shedding.

BUAU – a 200C potency of *Buthus Australis* (an Algerian scorpion). This remedy is used to treat the effects of the spike protein. Some people also have used it to treat the disease and also treat 'vaccine' injury.

PF, AZ, MD, NV - they are 30C potencies of the Covid 'vaccines' Pfizer, Astra Zeneca, Moderna and Novavax. These remedies are used to detox recipients of the different 'vaccines'.

To facilitate comparison with Survey 1, Survey 2 uses a similar approach to that used in Survey 1 which was published in the December 2022 issue of *Similia*. There are seven main questions which the second survey seeks to answer regarding the remedies. Thus, the preliminary results will be considered over seven parts, being:

Part 1: The safety of *2022DOV*.

Part 2: The effectiveness of *2022DOV* in preventing or reducing the effects of the disease.

Part 3: The effectiveness of *BUAU* in treating symptoms of SARS-CoV-2 infection.

Part 4: The effectiveness of *2022DOV* in preventing or reducing the effects of 'vaccine' shedding.

Part 5: The effectiveness of *BUAU* in treating the effects of the shed spike protein.

Part 6: The effectiveness of *BUAU* in treating the effects of the spike protein in 'vaccinated' people.

Part 7: The effectiveness of *PF, AZ, MD* and *NV* in removing residual effects from the associated 'vaccines'.

Method

The emails of all individuals who purchased the remedies *2022DOV, BUAU, AZ, PF, NV* and *MD* for themselves and family and friends between 1 January 2022 to 5 September 2022 were collected, as well as the emails of all practitioners who purchased the remedies to distribute to their patients during this period. Four email reminders were sent from 1 September 2022 to 28 September 2022, and **38.5%** of those emailed said they completed the Survey as shown in Table 1.

Emails collected, by State	**No.**	**%**
NSW/ACT	88	18.5
VIC	270	56.6
QLD	52	10.9
SA	12	2.5
WA	46	9.6
TAS	8	1.7
NT	1	0.2
Totals	**477**	**100**
Multiple orders to the same address	109	
Purchasers sent emails	**477**	
RTS	4	
Emails assumed received	**473**	

	Said they responded	Said not used	No email response	Total
Total email responses	182	30	261	**473**
Percentage	38.5%	6.3%	55.2%	100.0%

Table 1: Accountability of emails

Because the responses were anonymous, unless the respondent chose to disclose their details it was not possible to confirm who responded (although some respondents chose to identify themselves), or how many from each household responded.

The survey was hosted on a dedicated website using the ***www.survio.com*** platform, and the results were downloaded and analysed. The questions asked in the Survey are shown in Appendix 2.

Results

Responses received to 3/10/2022 349

DEMOGRAPHICS

Average age: 48.7 y/o

Details	**No.**	**%**
Male	73	20.9%
Female	276	79.1%
Other	0	0.0%
Total	**349**	**100.0%**

Table 2: Gender

Part 1: The safety of *2022DOV*

Table 3 describes the use of *2022DOV* and the number of reactions to the remedy.

Details	**Response**	**No.**	**%**
Out of 349 respondents:			
Used *2022DOV* (Q. 3)		264	75.6%
Of these:			
Reactions to *2022DOV* (Q. 6)	No	252	95.5%
	Yes	12	4.5%
Totals		**264**	**100.0%**

Table 3: The use of and reaction to *2022DOV*

The types of reactions are summarised in Table 4. Eight respondents said symptoms only lasted 1–3 days and 4 said their symptoms were 'mild' or 'slight'. The 12 respondents reported 22 different reactions.

Symptoms (Q. 7)	**#**	**%**
Headache	2	9.1%
Viral/cold	7	31.8%
Other	3	13.6%
Fatigue	3	13.6%
Throat	1	4.5%
GIT	3	13.6%
Aching	2	9.1%
Skin	1	4.5%
Total+	**22**	**100.0%**
1–2 days	10	
Felt better after HP	1	

Table 4: Reactions to *2022DOV*

Part 2: The effectiveness of *2022DOV* in preventing or reducing the effects of the disease

Table 5 provides data related to the use of *2022DOV* and 'vaccines' and resulting infections of SARS-CoV-2 both in total and when the remedy was taken before the infection. It also shows the severity of Covid infections for each category. Attack rates are calculated for those who took *2022DOV* and/or 'vaccines' before infections, and for those who used neither. (See Table 5 below and Table 6 on the next page)

Respondents	**#**	**Total infected**	**Took DOV before infection**	**Attack rates**		**Severity of Covid symptoms**		
						Nil and low	**Medium**	**High**
Used only Covid (CV) HP	168	87	54	32.1%		59.3%	38.9%	1.9%
Used CV HP and CV 'vaccines'	96	9	6	6.3%		50.0%	33.3%	16.7%
Total using HP	**254**	**96**	**60**	**23.6%**				
Used only CV 'vaccines'	29	6	N/A	20.7%		50.0%	50.0%	0.0%
Used neither CV HP or 'vaccine'	56	23	N/A	41.1%		39.1%	52.2%	8.7%
Totals NOT using HP	**85**	**29**	**N/A**	**34.1%**				

Table 5: Cases of SARS-CoV-2

Table 6 considers the effectiveness of the HP remedy taking into account the likelihood of exposure to the disease, and whether the remedy was taken before the disease was confirmed. The 2021 and 2022 results are compared.

Part 3: The effectiveness of *BUAU* in treating symptoms of SARS-CoV-2 infection

Although the remedy *BUAU* is intended to treat the effects of the spike protein from either shedding or 'vaccination', some respondents used it to treat SARS-CoV-2 infection, as described in Table 7.

Details	**Response**	**No.**	**%**
Diagnosed with disease since 1/1/22 (Q. 44)			
Used *BUAU* to treat symptoms? (Q. 20)			
If YES, approx. how many times used? (Q. 21)			
If used, for how many days per treatment? (Q. 22)			
How effective was BUAU in treating symptoms (Q. 23):	Low	5	8.8%
	Medium	28	49.1%
	High	24	42.1%

Table 7: The use of *BUAU* in treating SARS-CoV-2 infection

Part 4: The effectiveness of *2022DOV* in preventing or reducing the effects of 'vaccine' shedding

The principal purpose of *2022DOV* is to prevent infection with SARS-CoV-2, but many respondents also used it to help prevent shedding symptoms which are caused by the spike protein which is excreted by 'vaccinated' contacts and spread through touch and breath. Table 8 shows the data collected concerning this use.

Details		No.	%	No.	%
		2021		2022	
Total respondents		**1,912**	***2021VPN***	**349**	***2022DOV***
Used *2021VPN / 2022DOV*		1,643	85.90%	264	75.60%
Of these:					
Used *VPN/ DOV* and exposed to the disease		402	24.50%	192	72.70%
Of these:					
Used *VPN/ DOV* and exposed to disease AND diagnosed with disease		56	13.90%	87	45.31%
Used *VPN/ DOV* and exposed to disease and NOT diagnosed with disease		**346**	**86.10%**	**105**	**54.69%**
… AND taken remedy before disease		*		58	30.21%
Used *VPN/ DOV* before diagnosis, and exposed to disease and were NOT diagnosed with the disease					**69.79%**
How serious were the symptoms in those 56 respondents who used *VPN*, and those 58 respondents who used *DOV,* AND were exposed to disease AND diagnosed with SARS-CoV-2?	Nil	4	7.10%	2	3.40%
	Low	27	48.20%	31	53.50%
	Medium	23	41.10%	23	39.70%
	High	2	3.60%	2	3.40%
How long did symptoms last? (Q. 31)		av. 2.03 weeks		av. 1.22 weeks	

Table 6: The effectiveness of HP remedies against SARS-CoV-2

* The 2021 Survey asked whether the remedy was taken before the disease, but only 19 people responded, meaning the resulting measure of effectiveness (96.3%) was unreliable.

Details	Rank	No.	%	No.	%
		Used *DOV*		**Did not use *DOV***	
Exposure to 'vaccinated' people? (Q. 38)		264		85	
How exposed to 'vaccinated' people? (Q. 38):	Low	24	9.1%	13	15.3%
	Medium	98	37.1%	32	37.7%
	High	142	53.8%	40	47.0%
			% of each sub-group		% of each sub-group
Exposed to 'vaccinated' people and had unexpected symptoms (Q. 39)	Low	3	12.5%	3	23.1%
	Medium	39	39.8%	6	18.8%
	High	46	32.4%	18	45.0%
Protection against shedding: Exposure high to 'vaccinated' people, and did not have a high-level symptom		100 minus 46/142	67.6%	100 minus 18/40	55.0%

Table 8: The use of *2022DOV* to prevent or erduce the effects of 'vaccine' shedding

Part 5: The effectiveness of *BUAU* in treating the effects of the shed spike protein

BUAU is intended to treat the effects of the spike protein which has been shed by 'vaccinated' people and which then affects others who may or may not have been 'vaccinated'. Some respondents may have experienced shedding-like symptoms following exposure to 'vaccinated' people which were in fact NOT symptoms caused by the spike protein. This may account for some of the 6.1% of the 'low-effectiveness' responses shown in Table 9.

Image: Adobe Stock

Details	Rank	No.	%	No.	%
Out of 349 respondents:		**YES**		**NO**	
Experienced shedding symptoms (Q. 39)		115	33.0%	234	67.0%
Of these:					
If YES, used *BUAU* to treat shedding symptoms? (Q. 12)*		84	73.0%	61	26.1%
If YES, approx. how many times used? (Q. 13)		8.5		4.6	
If used, for how many days per treatment? (Q. 14)		2.2		2.7	
How effective was the treatment (Q. 15)	Low	6	6.1%	4	4.7%
	Medium	24	24.2%	23	27.4%
	High	54	54.5%	34	40.5%

Table 9: The effectiveness of *BUAU* to treat shedding symptoms from Covid-19 'vaccines'

* 61 respondents said they did not have shedding symptoms but did use *BUAU* to treat shedding. This would have included some respondents who took *BUAU* in anticipation of exposure to 'vaccinated' people.

Image: Adobe Stock

The most commonly reported symptoms of shedding by the 115 respondents noted in Table 9 are shown in Table 10. Because of the significant volume of written responses to the survey questions a count of specific words was made and is shown in Table 10. It does not report every symptom presented. To assist comparisons, similar words are used as in Survey 1. Once again, it is possible that some respondents were in fact not affected by the spike protein but given the very high levels of effectiveness shown in Table 9 it is highly likely that most symptoms that were removed were as a result of shedding (*BUAU* would have been less useful for non-spike-protein-induced symptoms).

Words Used	No.	%
Headaches	42	22.3
Tired, fatigue, weak	32	17.0
Aches, pains	26	13.8
Menstruation, period	11	5.9
Throat	24	12.8
Cough	12	6.4
Dizzy	2	1.1
Flu	7	3.7
Rash, skin	10	5.3
Foggy	7	3.7
Breath	2	1.1
Eye	7	3.7
Shingles	1	0.5
Insomnia, sleep	2	1.1
Anger, irritability	2	1.1
Flush	1	0.5
Taste	0	0.0
Totals	**188**	**100.0**

Table 10: Some words used to report shedding symptoms

Part 6: The effectiveness of *BUAU* in treating the effects of the spike protein in 'Vaccinated' people

BUAU can also be used to treat the effects of the spike protein in 'vaccinated' people, and data relating to this use is reported in Table 11.

Details	Rank	No.	%
Out of 349 respondents:			
Has been 'vaccinated' since 1/1/22 (Q. 25)		47	13.5%
Of these:			
Has/had post-'vaccination' symptoms (Q. 29)		30	63.8%
Of these:			
Used *BUAU* to treat post 'vax.' symptoms? (Q. 16) *		21	70.0%
If YES, approx. how many times per person? (Q. 17)		4.2	
How many days was each treatment per person? (Q. 18)		3.9	
How effective was *BUAU* in treating symptoms (Q. 19):	Low	1	5.9%
	Medium	9	52.9%
	High	7	41.2%

Table 11: Reactions to Covid-19 'Vaccines', and the effectiveness of *BUAU* treatment

* Four respondents said they did NOT have symptoms but used *BUAU*, and there were 8 non-responses, and 5 of those with reactions said they did not use the remedy.

The 30 respondents who experienced post Covid-'vaccine' symptoms reported a range of symptoms which are shown in Table 12. Survey 1 terms are used to facilitate comparisons.

Words used	No.	%
Pain, ache, sore	5	12.5
Weak, tired, fatigue, lethargic	6	15.0
Headache	10	25.0
Fever/cold/flu-like symptoms	5	12.5
Chill	0	0
Chest symptoms	2	5.0
Nausea, GIT pains	0	0
Breathing/cough	1	2.5
Inflammation	0	0
Menstruation, period	2	5.0
Palpitation	0	0
Stomach, abdomen	4	10.0
Dizziness	1	2.5
Anxiety, weepy	2	5.0
Clot	0	0
Taste	0	0
Tinnitus	1	2.5
Skin	1	2.5
Totals	**40**	**100.0**

Table 12: Some words used to report symptoms from 'vaccination'

Details	Rank	No.	%	If treat, what level of symptoms remain following the treatment (Q. 35)			
				Nil	Low	Med	High**
Out of 349 respondents:							
Has been 'vaccinated'? (Q. 25)		47	13.5%				
Of these:							
Experienced post 'vaccine' symptoms (Q. 29)		30					
Used *PF, AZ, MD* or *NV* remedy (Q. 31)*		40	85.1%				
Used to **detox** following the 'vaccine' (Q. 33)*		29	61.7%				
Used to **treat** post-'vaccination' symptoms (Q. 33)*		14	29.8%				
If TREAT, effectiveness of treatment (Q. 34)	Low	2	14.3%	1			1
	Med.	6	42.9%	3	2	1	
	High	6	42.8%	4	2		

Table 13: The effectiveness of 'vaccine' potencies in treating vaccine injuries

Part 7: The effectiveness of *PF, AZ, MD* and *NV* in removing residual effects of the relevant 'vaccines'

All vaccines may cause injury in some recipients, and the effectiveness of treating this injury with 30C potencies of the relevant 'vaccine' are measured in Table 13. The remedies were typically given as part of a standard post-'vaccination' detox especially if recipients had nil or minor/brief symptoms. However, they also were used by some to treat symptoms following 'vaccination'. Higher potencies were later given if some post-'vaccination' symptoms remained after taking 30C.

* 12 respondents who did NOT experience post- 'vaccination' symptoms still used the 'vaccine' potencies – 10 as a detox, 2 as a treatment. 2 respondents who used the 'vaccine' potencies to treat said they did NOT have post 'vaccination' symptoms. 3 respondents who said they did not use the post 'vaccination' remedies answered 'yes' to using the remedies as a detox. 2 respondents who reported having post 'vaccination' symptoms said they did not use the remedies, but 1 answered 'yes' to using them as a detox.

** The 1 respondent reporting high levels of residual symptoms only used the remedy for two days and then started taking pharmaceuticals.

Discussion

General comments:

The results of both Surveys are affected by bias. These include: **selection bias** – all respondents chose to obtain and/or use the remedies studied and also chose to respond to the surveys; **observer bias** – when asked about the likelihood of exposure to 'vaccinated' people some respondents may have believed they were exposed when they were not, and some who were exposed but did not experience shedding symptoms may have thought they were not exposed (and similarly with exposure to the disease). Further, assessments of low, medium and high outcomes are subjective. As well, parents would have completed survey responses for their younger children and maybe even for their spouse; **researcher bias** – if in the selection of questions asked and the types of data analysis methods used to prepare summaries of findings the researcher (consciously or not) was trying to arrive at a pre-determined result. Readers must draw their own conclusions regarding the possibility of bias affecting the results. The author has attempted to minimize all potential bias that he can control.

The average Survey 2 respondent was a little older with slightly more female respondents compared Survey 1, but in other ways respondents have shown different characteristics (remembering that many of those in Survey 2 also took part in Survey 1, showing that people's attitudes to the 'pandemic' and subsequent actions had changed over 12 months).

Fewer respondents used the HP remedy in Survey 2 (75.6% compared to 85.9%). Only 30.2% of Survey 2 respondents took the remedy before getting the disease. The number in Survey 1 is unknown, but almost certainly greater than 30%.

Only 13.5% of Survey 2 respondents were 'vaccinated' after 1/1/2023 compared to 31.4% in Survey 1. More Survey 2 respondents used *BUAU* to treat SARS-CoV-2 infections (45.6% compared to 30.6%), but the use to treat shedding and 'vaccination' was lower. However, the use of the 'vaccine' potencies to treat or detox was much higher in Survey 2 (85.1% compared to 75.0%).

Image: Adobe Stock

In summary, the 2022 cohort of respondents appeared to be less concerned with both preventing and treating SARS-CoV-2, but clearly more concerned with the potential consequences of the Covid 'vaccines' and wanting to treat and detox possible adverse effects from the 'vaccines'.

Part 1: The safety of *2021VPN*

Only 4.5% of respondents reported some reaction when taking *2022DOV*. Not all respondents stated how many doses they took, so the rate of reactions by dose cannot be calculated.

This is half the rate found in Survey 1 of the remedy *2021VPN*. Table 4 shows a summary of the responses. One third related to viral type symptoms. Most reactions were relatively brief and mild.

Reactions must be energetic given the potency of the remedy, and some may have been co-incidental.

Part 2: The effectiveness of *2022DOV* in preventing or reducing the effects of the disease

This was a difficult finding to quantify. The greater number of infected respondents in Survey 2 who confirmed that they took the remedy BEFORE exposure and infection meant that a reasonable calculation was possible. However, the smaller number of respondents overall meant less confidence in the result of **69.8%** (which was the number who confirmed their use of *2022DOV* and said that they were exposed to the disease but not infected - Table 6), but of course some people who thought they were exposed were not, and some who were exposed but did not get the disease would not have been aware of the exposure.

The number of times any respondent was exposed to a contagious person is not known, meaning that some infected respondents may have remained immune many times before finally succumbing to the disease.

As predicted in Survey 1, the HP effectiveness against the Omicron variant was less than against the Delta variant. However, with an apparent effectiveness around 70% *2022DOV* was still a valuable option to the existing 'vaccines', especially as HP remedies pose no risk of toxic damage.

Part 3: The effectiveness of *BUAU* in treating symptoms of SARS-CoV-2 infection

Of the 125 people diagnosed with Covid-19, nearly half used *BUAU* to treat the symptoms (Table 7). Of this half, over 90% of respondents reported a medium to high effectiveness of *BUAU* in treating symptoms of SARS-CoV-2. This finding was higher than in Survey 1 and greater than expected, given that *BUAU* was primarily selected to treat the effects of shedding from 'vaccinated' persons. This suggests that the effect of the spike protein is significant in causing symptoms in infected persons. This possibility was addressed in Appendix 3 of the earlier report on Survey 1.

Part 4: The effectiveness of *2021VPN* in preventing or reducing the effects of 'vaccine' shedding

2022DOV did appear to offer a modest level of protection against serious shedding symptoms at 67.6% (Table 8). However, 55.0% of respondents who did not use *2022DOV* and who believed that they had been highly exposed to 'vaccinated' people did not show a high level of shedding symptoms. In other words, *2022DOV* provided some protection against the spike protein produced by the 'vaccines', but less than expected following Survey 1.

Part 5: The effectiveness of *BUAU* in treating the effects of the shed spike protein

BUAU appeared to be highly effective in treating the effects of the shed spike protein in the 84 respondents who used it as a treatment, with only 6.1% reporting low effectiveness (Table 9). This is an outstanding and unambiguous result.

Table 10 indicates that the most common shedding symptoms were headaches (22.3%), feelings of tiredness weakness and fatigue (17.0%) and aches and pains (13.8%). However, many other symptoms were reported, of which menstrual irregularities are significant.

Part 6: The effectiveness of *BUAU* in treating the effects of the spike protein in 'vaccinated' people

This positive effect was unexpectedly much higher in treating the effects of the spike protein in 'vaccinated' people compared to the spike protein from shedding, with 5.9% reporting low effectiveness and 47.6% reporting high effectiveness (Table 11). The symptoms experienced by 'vaccinated' people are not totally due to the spike protein.

Possibly, the much smaller number of respondents in Survey 2 may be a cause of a higher than expected (though pleasing) result.

However, this result certainly shows a positive value for the use of *BUAU* by most 'vaccinated' people.

The most common words used to report symptoms following Covid-19 'vaccinations' are shown in Table 12. The top 3 symptom groups were the same found in Table 10 which reported shedding symptoms, although in a different order: pain, aching, sore (27.9%), weak tired fatigue lethargic (24.1%), headache (18.7%). Not all of these symptoms may be due solely to the effects of the spike protein which the Covid 'vaccines' cause to be produced in recipients, as all vaccines can cause problems in other ways.

It should be noted that researchers are now discovering similarities in symptom patterns between the acute symptoms of SARS-CoV-2, 'long Covid', and symptoms following 'vaccination'. These similarities were discussed briefly in Appendix 3 of the Survey 1 presentation.

Part 7: The effectiveness of *PF, AZ, MD* and *NV* in removing residual effects of the associated 'vaccines'

Of the 13.5% of respondents who were 'vaccinated', 85.1% used the remedies *PF, AZ, MD* and *NV*. Of these, 61.7% used the remedies as a general detox from the 'vaccines' (that is, even though they may not have been aware of specific symptoms caused by the 'vaccines' they wanted to take remedies to help clear any residual effects from the 'vaccine' from their systems). Further, 29.8% of respondents used 'vaccine' potencies to treat specific effects caused by the associated 'vaccine'. The treatment results were generally positive with only 14.3% reporting low effectiveness and high effectiveness in 42.8% (Table 13). 85.6% of respondents said they had either nil or low levels of symptoms following treatment.

It should be noted that these remedies were administered in a low (30C) potency due to the remedies being provided 'off-the-shelf' rather than following a detailed consultation. Higher potencies would definitely have benefited at least some of those with 'vaccine' injuries, and in fact were prescribed during separate follow-ups with the practitioner.

Conclusions

The results show that the remedies studied were of definite value for most of the respondents who used them, both as a preventative and as a treatment against the disease, to treat shedding, and to treat 'vaccine' injuries following 'vaccination'.

The least certain of all results was the estimate of the effectiveness of *2022DOV* to prevent the effects of 'vaccine' shedding and, to a lesser extent, to prevent SARS-CoV-2 (mainly the Omicron variant). The smaller number of responses was expected (due to the peak of the 'pandemic' having passed), but that meant potentially less certainty of some results.

BUAU was clearly of great value in treating the effects of the spike protein especially from shedding, but also in people with the disease and people who were 'vaccinated'.

Low potencies of the relevant 'vaccine' also proved to be of significant value.

Homoeopathic options have much to offer in the prevention and treatment of SARS-CoV-2, the treatment of the effects of shedding by 'vaccinated' people on both 'vaccinated' and 'unvaccinated' people, and to treat injury caused by the various Covid-19 'vaccines'.

Appendix 1: The preparation of HP remedies against SARS-CoV-2

In 2020, the author suggested the use of the 'Cuban Protocols' to prevent SARS-CoV-2, that is, a combination of similar nosodes and genus epidemicus (GE) remedies in 200C or 1,000C potencies.

The following formula was suggested in February 2020*. No SARS-CoV-2 nosodes were available and therefore 'similar' respiratory nosodes were suggested. The GE remedies suggested were based on experience treating the disease by homoeopaths in other countries.

Influenzinum triple nosode 1M + Pneumococcinum 1M + Bacillinum 1M + Arsenicum album 200C + Justicia adhatoda 200C + Gelsemium 200C + Bryonia 200C + Antimonium tartaricum 200C.

2021VPN was the 3rd version of COVID-19 HP and was developed on the same basis using newly arrived SARS-CoV-2 nosodes (derived from the Delta variant) and the selection of the GE remedies were based on the authors own experience with patients.

2021VPN: JPV 200C + Influenzinum triple nosode 1M + Arsenicum album 200C + Bryonia 200C + Phosphorous 200C + Justicia adhatoda 200C + Mercury solubilis 200C + Antimonium tartaricum 200C.

The remedy *2022DOV* was the 4th version and added an Omicron nosode and changed the GE remedies somewhat based on treatments needed in Australia.

2022DOV: JPV2 200C +JPV 200C + Influenzinum triple nosode 1M + Gelsemium 200C + Bryonia 200C + Phosphorous 200C + Pulsatilla 200C + Rhus toxicodendron 200C + Antimonium tartaricum 200C.

By the time this article is published the author will be using the 6th version of his COVID-19 HP remedy planned for March 2023, once again using appropriate and available nosodes and relevant GE remedies. Because homoeopathy is based around the principle of similars it is not necessary for practitioners to use exactly the same HP remedy to achieve similar results, and practitioners can simply combine appropriate and available nosodes and relevant GE remedies for their own country.

Of course, practitioners may choose to use individual (nosode or GE) remedies and, if well-chosen, will achieve positive results.

*Golden I. Preventing Covid-19 – How Homeopathy Can Help. March 2020. Hpathy. https://hpathy.com/homeopathy-papers/preventing-covid19-how-homeopathy-can-help/

Appendix 2: Questions asked in the survey

NOTE: The indented Questions are conditional on the response to the preceding question. For example, Q. 4, Q. 5 and Q. 6 are conditional upon the response to Q. 3 being 'yes'. Also, Q. 10 will only be asked if the answer to Q. 8 is 'yes', and Q. 13 will only be asked if the answer to Q. 10 is 'yes'…

Image: Adobe Stock

SURVEY 2022

1. Age (in years)*
2. Gender: male/female/other*
3. SECTION 1: THE PREVENTATIVE REMEDY *2022DOV* Did you use the remedy *2022DOV* since 01/01/2022?*
   4. IF YES: Please provide the approximate date of first use?*
   5. For how long you have used *2022DOV* since 01/01/2022?*

   Select one or more answers
   - 1 week
   - 2–3 weeks
   - 1 month
   - 2–3 months
   - Over 4 months

   6. Did you experience any reactions to the remedy *2022DOV*?*
      7. IF YES, please describe the symptoms you experienced and for how long:*
8. Have you taken *2022DOV* to treat symptoms related to COVID-19 infection rather than just for prevention (the main purpose of the remedies)?*
   9. IF YES, how effective was the treatment to treat COVID-19 related symptoms?*
      10. Please describe your experience using the remedy as treatment:*
11. SECTION 2: THE TREATMENT REMEDY *BUAU* Did you use the remedy *BUAU* since 01/01/2022?*
12. Did you use *BUAU* to treat symptoms from vaccine shedding?*
    13. IF YES: approximate how many times used?*
    14. On average, for how many days was each treatment?*
    15. How effective was the treatment?*
16. Did you use *BUAU* to treat symptoms following a COVID-19 vaccine?*
    17. IF YES: approximately how many times used*
    18. On average, for how many days was each treatment?*
    19. How effective was the treatment? LOW MEDIUM HIGH*
20. Did you use *BUAU* to treat symptoms following a COVID-19 Infection?*
    21. IF YES: approximately how many times used?*
    22. On average, for how many days was each treatment?*
    23. How effective was the treatment? LOW MEDIUM HIGH*
24. Please provide details of your overall experiences of using *BUAU*:*
25. SECTION 3: THE POST VACCINATION REMEDIES *PF, AZ, MD, NV* Have you been vaccinated since 01/01/2022?*
    26. IF YES: which vaccine(s) were you given? Pfizer/Moderna Astrazeneca/Moderna*

    Select one or more answers
    - Pfizer
    - Moderna
    - Astrazeneca
    - Novavax

27. When did you receive the first dose?*
28. How many doses did you receive?*
29. Did you experience any post-vaccination symptoms?*
    30. IF YES, Please describe your post-vaccine symptoms:*
    31. Did you use any of the vaccine detox remedies following a vaccination?*
        32. IF YES, which remedies did you use?*
        33. Did you use the remedy to?* Select one answer
        - TREAT - post vaccine symptoms
        - DETOX - following the vaccination

    34. IF TREAT: How effective was the remedy in reducing your symptoms?*
    35. What level of symptoms remain following the treatment?*
    36. Please describe your experience using the remedy?*
    37. IF DETOX: Please describe your experience using the remedy?*
38. SECTION 4: GENERAL QUESTIONS How exposed have you been to vaccinated people since 01/01/2022?*
39. Have you experienced sudden and unexpected symptoms following exposure to vaccinated people since 01/01/2022?*
    40. IF YES, Please describe the symptoms you experienced and for how long*
41. Have been exposed to people with SARS-CoV-2 since 01/01/2022?*
    42. IF YES: What is your relationship with the persons you were exposed to?*
    43. How would you rank your level of exposure to SARS-CoV-2?*

    In terms of time of exposure (days after they were infected), and their symptomatology (severe, mild, low or asymptomatic)
44. Have you been formally diagnosed with SARS-CoV-2 since 01/01/2022?*
    45. IF YES: When you were diagnosed?*
    46. How serious were your acute symptoms?*
    47. For how long did your acute symptoms last? (in weeks)*
    48. Do you still have remaining 'never well since infection' symptoms?*
    49. IF YES, please describe your symptoms*
50. Did you take *2022DOV* before or after the SARS-CoV-2 infection?*
    51. IF BEFORE: How many weeks between the last *2022DOV* dose and the infection?*
    52. Have you taken *2021VPN* since 01/01/2022?*
        53. IF YES: How many doses did you take?*
        54. IF YES, AND INFECTED: How many weeks between the last *2021VPN* dose and the infection?
    55. OPTIONAL Any other comments you would like to make (up to 500 words)

Thank you for your time.

If you submit now your answers are completely anonymous. However, if you have had some significant experiences and you would be happy for Dr Golden to contact you, if necessary, for further research, please provide your name and email address. But this is NOT required, it is totally your choice.

56. OPTIONAL – Name:
57. OPTIONAL – Email:

Isaac Golden
(Ph.D(MA), D.Hom., N.D., B.Ec(Hon)

Dr Isaac Golden Isaac (Orcid Number: 0000-0001-7707-2668) has been a homoeopathic practitioner since 1984, and teacher since 1988. He founded the Australasian College of Hahnemannian Homoeopathy in 1990, which offers online and distance education courses in homoeopathic and natural medicine. Isaac is a regular contributor to local and international academic journals and is the author of eleven books on homoeopathy. He has lectured in 12 countries. He is a world authority on homoeoprophylaxis – the use of homoeopathic medicines for specific infectious disease prevention – and was the first person to be awarded a PhD from a mainstream Australian university for research on a homoeopathic topic. He is presently undertaking a range of research projects in Australia and overseas. He was an Honorary Research Fellow, Faculty of Science, Federation University Australia, from 2013 to 2016. He is currently Deputy Chair of the National Institute of Integrative Medicine Ethics Committee and is a research consultant. He is the Australian contact person for Liga Medicorum Homoeopathica Internationalis. He co-founded the ***Health Australia Party*** *in July 2015.*

[1] *In this article 'shedding' refers to the elimination or excretion of the SARS-CoV-2 Spike protein from 'vaccinated' people. The spike protein can be transferred to others (i.e., shed) via breath or touch).*

Research update:

Factions within homoeopathy research

Sarah Penrose

Relatively unknown in homoeopathy and often rejected and retracted in medical literature, potentised signalling molecule research has been conducted in a wide variety of therapeutic clinical domains for fifty years.

Signalling molecules are defined as any molecule involved in endocrine, paracrine, autocrine, intracrine and/or direct signalling such as interleukins, cytokines, antibodies, growth factors, histamine, neuropeptides and hormones, including antibodies, and the nucleic acids DNA and RNA.[1]

Once referred to as ultra-dilute potentised antibodies, potentised signalling molecules have more recently been termed release-active dilutions (RAD). Interestingly, some RAD researchers state these products are not homoeopathic medicines[2] although the processes of serial dilution alternating with kinetic agitation (succussion) – referred to as release-activation – define these products as homoeopathic.[1,3,4]

Three papers, retracted explicitly due to their investigations of RAD, were accompanied with the statement *'Homoeopathy is an outmoded form of therapy that is not accepted by modern medical practice and is rejected by modern science. If the manuscript submitted to Antiviral Research had identified the nature of the materials being tested as homoeopathic products, it would have been rejected …'*[5-7]

These retractions sparked a flurry of anti-homoeopathy comment[8] with claims RAD research is pseudoscientific and unjustified although high dilution antibody technologies were developed and are approved for use in Russian health care,[4] and accusations by Panchin et al., that reviewers and editors of medical journals which published papers claiming therapeutic properties and physiological effects of drugs with no active components '*carried out their work appallingly and made gross mistakes*.' Stating that the vast amounts of research on drugs not containing any active ingredients published by numerous academic journals indicates medicine is either at the brink of a revolution or something has gone wrong, Panchin et al. argued for the latter concluding that this '*has severe implications for the scientific and healthcare enterprises*.'[9]

Unsurprisingly, Panchin et al. are card-carrying members of the Commission of the Russian Academy of Sciences on Pseudoscience and Research Fraud whose 2017 'Memorandum No. 2. Homoeopathy as Pseudoscience' was revealed, via prosecutors check, not to be the official position of Russian Academy of Sciences but rather a personal scientific opinion of the Memorandum's authors.[10]

Manchanda et al. make mention of the current regulatory policy gap with regard to RAD products emphasising high dilution research on the effects of histamine on basophil degranulation as one of the best-established basic research models[1] – a body of over twenty years work which confirms the biological effects of homoeopathic potencies of histamine[11,12] replicated in large multi-centre studies,[13,14] and summarise the legality of not marketing RAD products as homoeopathy as correct from a regulatory perspective, as only products manufactured in strict accordance with a recognised homoeopathic pharmacopoeia are classified as homoeopathic medicines.[15]

As even the most vehement critics postulate, medicine could be undergoing a revolution making this an opportune time for RAD products to join the ranks of science based homoeopathic medicines by undergoing drug provings[16,17] just as was suggested by Boericke and Dewey[18] when opposition to Schüssler's method was rife because it was not pure homoeopathic practice.

Image: Adobe Stock

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VALE

Judith (Judy) Schriebman

(3 April 1955 – 20 November 2022)

By Anneke Hogeland

It is with a heavy heart that I report the death of our colleague and my dear friend Judy Schriebman. Judy died in her home on the morning of Sunday, November 20, surrounded by family. Judy became a homoeopathic practitioner when she saw the holistic benefits to her young children, studying at the Hahnemann Institute, and later co-authoring *'The Trituration Handbook'* and '*Birds; Homoeopathic Remedies from the Avian Realm'*. She was an active partner in HomoeopathyWest, organizing seminars and triturations all over the country. Together we attended homoeopathic gatherings and Judy formed many lasting friendships within the homoeopathic community. She was instrumental in the formation of the SRP group in the San Francisco Bay Area (US), a monthly gathering of homoeopaths in order to support one another and to have many yummy potluck dinners.

Judy was an avid environmentalist, serving her community in multiple important ways. She was elected to the Board of Director of the Las Gallinas Watershed Council in 2007. She was the Chair of the Marin Group-Sierra Club Executive Committee and dedicated herself to watershed and creek cleanup projects.

Her favorite spare time activities were working in her garden raising vegetables; she loved her chickens and floating in the pool, and her trips to Hawaii, where she would snorkel amidst her beloved sea turtles.

Judy was 67 years old. In addition to her husband Jeff, son David and daughter Robin, she is survived by her sister and two brothers. There will be a celebration of Judy's life this coming spring. In lieu of flowers, donations can be made to the Watershed Alliance of Marin.

By Jay Yasgur

Judith Anne Schriebman, environmental activist and homoeopath succumbed to breast cancer at the age of 67 on 20 November 2022.

Judith 'Judy' Anne Schriebman was born on 3 April 1955, in San Francisco. The family moved to Marin (Marin is a county immediately to the north of San Francisco) when she was two. She attended the University of California-Berkeley where she graduated with a degree in Zoology. She met her husband at the Steinhart Aquarium in San Francisco where she was exhibiting her pet turtles. Jeff had two turtles of his own and they bonded over their pets!

Judy who, at the time of her passing, held the CCH and RSHom (NA) [registered with the North American Society of Homeopaths (NASH)] designations, became fascinated with homoeopathy in 1983, when it cured her young son's chronic asthma. Ten years later, she graduated from the Hahnemann College of Homoeopathy. She continued to study under many homoeopathic teachers from around the world.

Judy also trained as a clinical hypnotherapist, and thus practised both homoeopathy and hypnotherapy. Along the way, she raised two children, lived four years in Tokyo, Japan, been a political and community activist, a soccer coach, the editor of numerous newsletters, an avid gardener and served locally as an elected governmental official. She was a community activist par excellence and helped establish the Gallinas Watershed Council in 2004 and, in 2013, helped to found the Watershed Alliance of Marin. She chaired the Marin Group-Sierra Club executive committee and spearheaded Gallinas Creek clean-up events during her tenure.

'*We walked neighborhoods for campaigns, we brainstormed how to save our planet and most importantly I was witness to her utmost passion to never give up*,' Meigs said. '*Deep in her work I found Judy to be a joy, her enthusiasm, her humor, her anger about injustice and her vision to keep-on keeping-on to save our fragile planet.*' – Pamela Meigs, Marin Independent Journal, (December 3, 2022.).

With an unparalleled passion, she and Anneke Hogeland helped Jonathan Shore, MD write *Birds: Homoeopathic Remedies from the Avian Realm* (2004). Then, five years later with Anneke, the two wrote *The Trituration Handbook, Into the heart of homoeopathy*[1] (2009).

'Judy was a force of nature - she received her homoeopathy training at the Hahnemann College of Homoeopathy in Richmond, California and was an early participant in local study groups, where she brought her clarity of thinking and sense of humor and curiosity to bear. Besides being a great friend, Judy was an avid game player, she loved swimming in the ocean, sea turtles, chickens and gardening. She will be sorely missed by our northern California 'SRP group' of homoeopaths who met monthly for potluck suppers as well as homoeopathic case and practice support. The website HomoeopathyWest hosts many write-ups of various triturations which we have participated in. Please feel free to connect with some of our writings on that site.'

Anneke Hogeland
(email communication, March 2, 2023).

1) This important book, *The Trituration Handbook, Into the Heart of Homoeopathy* by Anneke Hogeland and Judy Schriebman, published by HomoeopathyWest, is the first to deal with C-4 homoeopathy. The process of trituration, as described by the authors, can be a portal into the direct experience of the remedy. The authors and others suggest that a living relationship between practitioner and remedy can be created allowing the reality of the remedy to be sensed, perceived, and experienced within, not only as a mental construct.

   Some might call this, resonant homoeopathy or C-4 homoeopathy. Trituration can not only be a way of remedy preparation but a proving, a test, a trial, an experiment. The person doing the triturating develops an increased sensitivity and an enhanced ability to resonate with nature. While we have reliable and solid information about many of our remedies, when these same remedies are hand triturated, other pertinent informational aspects arise, which help to clarify that remedy to a degree beyond the intellect. The homoeopath who has this experiential knowledge of a remedy could be more likely to recognize a corresponding state in the patient and be helped in prescribing, as one has acquired resonant knowledge of that remedy.

Anneke C.H. Hogeland, MS, MFT,
originally a Dutch citizen, graduated from the Pacific Academy of Homoeopathy in San Francisco in 2000 and continued to study extensively with European homoeopaths. She practised as a homoeopath, psychotherapist, and hypnosis expert in and around Berkeley, California. Anneke leads Family Constellation Therapy workshops worldwide. As the founder of HomoeopathyWest, Anneke has organised many homoeopathic seminars in the San Francisco Bay Area. Anneke is semi-retired now and moved to Portugal in 2018.

Jay Yasgur, R.Ph., M.Sc.,
is the author of Yasgur's Homoeopathic Dictionary and Holistic Health Reference, 4ed. Member of the Homoeopathic Pharmacopoeia Convention of the U.S. as well as several other homoeopathic organisations.

VALE

Dr Jonathan Shore

(6 August 1943 - February 2023)

By Jay Yasgur

Sometime during the second week of February 2023 another stalwart of ours made his departure to another sphere. Dr Jonathan Shore, a pioneer in the application of bird remedies in homoeopathy, made his departure from this earthly realm.

'*Homoeopathy is a science that stands as a bridge between the visible and the invisible, between the laws governing this world and those governing a world we can only guess at. One doorway into the invisible world is the proving experience. A gap through which we can breach the limitations of our conventional material world. Thus, the methodology, how it is done, is critical. It is absolutely necessary to ensure that the framework of data collection is not set up to exclude or to rule as inadmissible the very data which carry the inner life of our science*.'
– Dr Jonathan Shore

Dr Shore, the son of a paediatrician, was born on 6 August 1943 in Cape Town, South Africa, and graduated, in 1960, from the Rondebosch Boys High School, which was then considered the finest preparatory school in the country. In 1968, he graduated from the medical college in Cape Town. Despite enjoying those medical school years, it was during his internship that he became disillusioned and unhappy as he found that no one, including himself, possessed an adequate definition nor understanding of what it meant to be healthy.

'The issue was all about disease and I thought how you can measure what disease is unless you have a measure of health. So, I thought I'm going to give up medicine and I'm going to search for health.' – Jonathan Shore ('*My Mind Should Be Out of the Way*,' an interview with Jonathan Shore, MD, Neil Tessler, ND, *Simillimum*, 17:3, pp. 44-54; p. 44, 2004).

Shore gave up his medical books and began his search for that definition in California: perhaps it was a search to

find himself. He first moved to Berkeley in June of 1972, then Laguna Beach in August of 1975 and finally to Mill Valley in August of 1977. He started referring to himself as a homoeopath in January of 1981. During this period of travel and inquiry he didn't tell anyone he was a doctor. Repeatedly however, he found himself continually drawn to medicine and non-traditional methods of healing in general. It was then that he realised he could not escape his path as a physician and, to that end, he became resolved.

During that search, he spent a decade of intensive study of many disciplines, including acupuncture, Tai-Chi Chuan, massage, Jungian psychology, Gestalt therapy, Bioenergetics, Rolfing, radiesthesia, iridology, herbal medicine, Bach Flower remedies and color therapy, etc. Toward the end of that stretch of time, he had become Clinical and Executive Director of the Wholistic Health and Nutrition Institute in Mill Valley, California. That institute, founded in the mid-1970s was the first of its kind in the United States.

As part of that search, Shore became interested in dowsing and muscle testing, then homoeopathy and, finally, Kent. He felt good about his initial connection with that master but not necessarily the repertory, for he thought it to be '*a crazy thing made by some anal retentive*.'

Shore continued his experiments with dowsing but made little progress in the way of positive results until ... until one day, in 1976, when he was in the check-out line of a cafe. The cashier said 'Oh, good morning Dr Shore!' Jonathan thought she was talking to him, yet 'how does she know me?' As it turned out, she was talking to Dr Robert Shore, a homoeopath, the customer in front of him. After transactions were completed the two struck up a conservation in which Shore implored Shore to try the repertory: 'You have to use the repertory!' Thus inspired, Shore decided to give it a more focused try and use it to repertorise a case of asthma in a teenager. (1)

After receiving several doses of *Sulphur* 6x, my 16-year-old patient's asthma disappeared in just three days. Shore wept from '*the force of it*.' That was his introduction and, one might say, awakening. (2)

He continued in this manner practising acupuncture and homoeopathy before finally using only homoeopathy, starting in 1982 (the same year he married Ana, who died about a month before Jonathan). He began a full-time homoeopathic practice in the San Francisco area, both in private practice and at the Hahnemann Clinic, of which he was one of the founders in 1985. Shore also became a core faculty member of the Hahnemann College of Homeopathy and began to give lectures in the United States and across the globe.

Before all of that, in 1977, he had heard of Vithoulkas and, in 1981, attended the International Foundation for Homoeopathy's (IFH) course taught by doctors Bill Gray and Dean Crothers. With many seminars under his belt, he finally had the confidence to prescribe leaving acupuncture behind.

Whenever Vithoulkas would visit California, Shore spent as much time as he could at those seminars and later even went to Alonissos, Greece, for more intensive weeks of study. Shore, in the meantime, had become acquainted with the North San Francisco Bay area doctor, Roger Morrison, who became a mentor of sorts and provider of assistance with questions and difficult cases.

Shore continued his tutelage with Rajan Sankaran, attending his Esalen seminars. Though there was no conflict in his mind about what the innovative Indian master offered, he decided to decrease attendance at seminars like those in Esalen. He did remain connected to Sankaran's on-going body of work, particularly what he had to say about the relationship between homoeopathy and the kingdoms of nature. Shore had previously been aware of 'kingdoms' as he was familiar with the work of Farrington and the more contemporary British master, Llewellyn Twentyman. The miasmatic approach of Sankaran did not resonate with Shore as it was 'too much of a construct' and something which he felt came between him and his patient: '*my mind should be out of the way*.'

At this point his approach became increasingly intuitive which helped him solve about half of his cases. The other half were solved using the traditional method – repertorisation and materia medica study. This is often a common scenario as one becomes an increasingly skilled practitioner.

In the Tessler interview, Shore relates his initial foray into the bird remedies when he prescribed Falcon. Shore describes this pivotal moment in his book, *Birds – Homeopathic Remedies from the Avian Realm* (2004; with Anneke Hogeland and the late Judy Schriebman). While studying a case he had been involved with for several years, the client told him about dreams in which she was building wings and collecting feathers. After pondering the kingdom approach of Sankaran he thought 'maybe it's a bird.' When this patient returned to him for a follow-up, an eagle dream was related which led him to prescribe *Eagle*, based on Sherr's recent proving of that bird: the remedy worked very well.

After this success, Shore and patient, along with the patient's mother, who had been enrolled as a Hahnemann College student, proved Red-tailed Hawk. From there his interest in 'bird as remedy' arose like the phoenix. This seminal book provides a detailed description of fifteen birds as well as a complete overview of the avian kingdom. For each bird, the core idea is presented as well as a number of outstanding key aspects. Proving information and cases from various practitioners help complete the picture of each bird. (3)

'*The intent of this book is to bring together the currently available information on this group of remedies in a form which will facilitate both a good grasp of the characteristics of the group as a whole and the ability to focus down simply upon its individual members. Thus, emphasis is placed not upon the small details but is rather weighted between the broad generals and the particular individualizing characteristics of each remedy. Although the body of knowledge in relation to these remedies is still in the early stages of development, I believe we have sufficient data to paint pictures that are accurate in their broad outlines.*' – Jonathan Shore, MD, (from his introduction to *Birds – Homeopathic Remedies from the Avian Realm*).

Julie Geraghty in her review of this book (*Homeopathy*, 96:4, pp. 283,4, 2007) had this to say: '*[the authors] have synthesized information from many sources, covering themes from classical provings [and other types of provings as well] done by others of better known bird remedies like Peregrine Falcon (Misha Norland) and Whooper Swan (Jeremy Sherr), to lesser known remedies like Great Blue Heron (Ardea herodias) and Brown Pelican (Pelicanus occidentalis), introduced by Jonathan Shore ... As this is the first definitive book on homoeopathic bird remedy pictures, I am sure that the differentiating features between the various remedies will be clarified with time. My experience is that Jonathan Shore's work has helped hugely towards understanding when a bird remedy is indicated, but finding the exact simillimum is not always as easy ... We need more reference books like this to fill in the detail as our collective clinical experience with bird patients expands, and I hope that more bird provings will be done by Jonathan Shore and others.*' Other bird remedies in this book include, Great Horned Owl, Scarlet Macaw, Andean Condor, Ring Dove, Saker Falcon, Turkey Vulture, Raven's blood, Bald Eagle, Humboldt Penguin.

Jonathan commented:
'*The birds hold a special attraction for me because of their lightness, their desire for freedom and the fact that they partake, in a way, of another world. For years people had been pressing me to write a book, but I always felt that I had nothing special to say. Now that excuse was no longer valid. I don't know if you have ever tried to produce a book but it's an incredible amount of work. I knew I could never do it myself, so I approached my two colleagues, Anneke Hogeland and Judy Schriebman. We worked together for more than a year. They did an amazing job. I am hardly ever satisfied with the end result of my efforts but this time the result really exceeded my expectations. I feel we have set a standard for homoeopathic publishing, both in terms of aesthetic, user friendliness and content. The book is a practical work of art in its own right, so pleasing to the eye yet so accessible as regards content. It is divided into three sections. The first is a comprehensive overview of the family followed by the core idea, key features, main rubrics, illustrations, mythology and natural history of 15 remedies. The second section are case histories for each of the remedies and the third is the proving information for each remedy. Thus, it is easy to go quickly to the essential information yet the basis for that information can be researched and studied if the reader wishes to go deeper.*' – https://hpathy.com/homoeopathy-interviews/jonathan-shore/ (15 Dec. 2004).

In 1992, Shore was awarded membership in the Faculty of Homeopathy, the British homoeopathic medical society. Over the years he was also involved in various capacities with the American Institute of Homoeopathy (AIH) board and served as editor of the Journal of the American Institute of Homeopathy (currently known as the *American Journal of Homeopathic Medicine* which is currently published yearly).

'*Jonathan Shore was a profoundly deep thinker and teacher. At Hahnemann College of Homeopathy, for twenty years, his lectures were always loved and respected as well as highly entertaining. Jonathan truly was a man who ran to his own drummer always finding a new and unique way of looking at things and people. He became one of the world's top experts with his provings and writings on bird remedies. He was a favorite teacher – his students loved his entertaining style, his philosophizing (sorry Samuel) and his honesty. Jonathan had a compassionate heart despite a crusty shell. His early death is a huge loss to the homoeopathic as well as Gurdjieff communities, as he was a leader in both.*' – Nancy Herrick, P.A. and Roger Morrison, MD (email communication, 2 March 2023).

'*Losing Jonathan is most unfortunate. I think his bird remedies was a significant addition to our materia medica, one that I have relied on for multiple cases with beautiful outcomes. He is now free to fly with the birds, observe, and partake in multiple other realms. He will be greatly missed for his valuable insights and compassion as a human being.*' – Paul Saunders, ND (email communication, March 2023).

'*What a shock to hear Jonathan Shore is gone. He was a pillar in our homoeopathic community. I didn't know him well though. He and his wife came to Guatemala years back to teach for me -subject bird remedies. He was well received.*' – Karl Robinson, MD (email communication, 7 March 2023).

'*Jonathon Shore's seminar on birds in London, was one of the first homoeopathy seminars I ever attended. I was still a student of homoeopathy at that time. I remember vividly what a fantastic teacher he was and what a superb collection of bird remedies he presented. He made a big impression on me and helped to galvanise my path into homoeopathy. He was warm, compassionate, and inspiring. I feel his beautifully written and illustrated book on birds really helped show the profession the power of studying a group of remedies together ...*' – Mani Norland (email communication, 17 March 2023).

'*I have a fond memory of receiving a warm hug from him when he was here in Auckland [New Zealand] as a guest homoeopathy lecturer at a seminar. HE was a great teacher.*' – Gwyneth Evans (email communication, 6 April 2023).

'*Jonathan was also very athletic and loved the outdoors. He was a formidable astrologer. But his favorite hobby was speeding about in his little sports cars – I remember several – and also his frequent traffic citations for speeding ... [Yet] as I reflect upon his passing, I realized that his death came much like his life – private, humble, independent and without fanfare ... I realized that as well as I knew Jonathan, there remained many mysteries to the man.*' – Roger Morrison, MD.

Footnotes:

1) Robert Malcolm Shore (13 July 1943 to 15 April 2016) received his medical degree from the University of Michigan Medical School in 1969. He found homoeopathy through Vithoulkas' book, *Homoeopathy: Medicine of the New Man*, when a friend sent it to him. Then, in 1974, after practising allopathic medicine for five years, he switched to a full-time classical homoeopathic medical practice. In the late 1970s and early 80s he studied with Jost Künzli in St Gallen, Switzerland. He learned cranial osteopathy in 1983 and integrated that into his medical practice.

Dr Shore was president of the California State Homoeopathic Medical Society from 1977 to 1978 and, from 1979 to 1989, president of The Hahnemann Foundation. This homoeopathic educational foundation sponsored the first integral English translation of the 6th edition of Hahnemann's *Organon*. Shore edited the high quality, bi-monthly, classical journal, *Homoeotherapy*, from 1980 to 1985, taking it over after Alain Naude retired.

2) *'My most memorable case is one from 30 years ago. This was the one that converted me to homoeopathy. I had been aware of homoeopathic remedies for some years and was using them but not in any classical sense. I tried all sorts of things, dowsing, muscle testing type stuff, keynotes, etc. The remedies never worked. I believed with my mind that they could work but not with my heart. That is, I had never actually experienced that it could happen. By chance I met another physician who was studying homoeopathy and he was very big on the repertory. He said it was the only way. I thought this is a crazy idea to try and make sense of this huge book with pages and pages of symptoms, but he was so insistent I said OK the next case that comes I'll give it a try. The next case was a 16-year-old boy who had had asthma since early childhood, and nothing had ever helped. He just wheezed every day. So, I gathered all the symptoms I could find and looked each one up in the repertory. Made a list of all the remedies in each rubric, added them all up (you know it took hours and hours to write out each rubric and all the remedies) and of course when you do it that way the remedy most likely to come out on top is Sulphur as it was by far and away the remedy with the most symptoms in Kent's repertory of that day. Anyway, I gave him Sulph 6x three times a day. After a few days his asthma was completely gone. All those years and it was just gone. It was like a miracle for me that those little pellets could do something like that. It touched me so much it brought me to tears. This is the case that changed my professional life'* – https://hpathy.com/homoeopathy-interviews/jonathan-shore/ 15 Dec. 2004) and

3) In addition to numerous journal articles in publications such as *British Homoeopathic Journal, The Homœopathic Heritage, Journal of the American Institute of Homœopathy, Homœopathic Links* and *Simillimum – 'Lycopodium,'* (*British Homoeopathic Journa*l, 1997; 86:01, pp. 27–33), '*Calcarea carbonica*,' (*British Homœopathic Journal*, 1994; 83:03, pp. 148–154) and 'How I Treat Seasonal Allergies,' (*British Homoeopathic Journal*, 1994; 83:02, pp. 68–77) are just a few examples – there are several other works by Dr Shore which you might find of interest: *Collected Seminars by Modern Classical Masters* (c. 1999) This ten-volume set consists of books from seminars (there are five years' worth of seminars given by Shore, vols. 4, 5, 7, 8, 9). I include all for the sake of completeness:

Volume 1: Seminar by Roger Morrison, Burgh-Haamstede, The Netherlands, (1987).

Volume 2: Seminar by Roger Morrison and Nancy Herrick, Burgh-Haamstede, The Netherlands, (1988).

Volume 3: Seminar by Bill Gray, Burgh-Haamstede, The Netherlands, (1988).

Volume 4: Seminar by Bill Gray and Jonathan Shore, Burgh-Haamstede, The Netherlands, (1989).

Volume 5: Seminar by Jonathan Shore, Glasgow, Scotland, (1989).

Volume 6: Seminar by Ananda Zaren, Lelystad, The Netherlands (1989) and seminar by Henny Heudens, The Netherlands, (1991).

Volume 7: Seminar by Jonathan Shore, Glasgow, Scotland, (1990).

Volume 8: Seminar by Jonathan Shore, Hapert, The Netherlands, (1990).

Volume 9: Seminar by Jonathan Shore, Hapert, The Netherlands, (1991).

Volume 10: Seminar by Roger Morrison and Nancy Herrick, Burgh-Haamstede, The Netherlands, (1991).

Materia Medica With A Difference: highlighting key features seen in classical practice (2010). This book is a collection of Dr Shore's lectures on some of the key remedies of our materia medica in which he highlights special remedy features helpful in prescribing. In other words, this work is not merely a factual description but a discussion of remedies in terms of personality, how they stand out or appear in a patient. Included also is a discussion (question, answer) section and a section devoted to pediatrics.

Tracking the Simillimum: with discussion on Evaluation, Analysis and Comparisons of Various Drugs (2010; Bill Gray and Jonathan Shore). This useful volume discusses some key homoeopathic methodological concepts, several remedies (*Staphisagria, Thuja* and *Causticum*) and a lengthy section devoted to pediatrics in which seven remedies, *Silicea, Natrum muriaticum, Sanicula, Kali carbonicum, Magnesia carbonica* and *Antimonium crudum*, are covered in detail. A dozen or so cases, in total, are presented.

Paediatric Case Taking and Prescription: with detailed case records, discussions and illustrations. This work contains a collection of Dr Shore's lectures on children in general, highlighting the important points useful in pediatrics practice. It contains an amalgamation of cases, remedies and staging of remedies, thereby providing a complete picture of pediatric cases, allowing one to have a first-hand account of pediatric practice. This book is enriched with video cases, offering pictures of children depicting various expressions which point toward the remedy. Case presentations are also presented by Alize Timmerman, along with Shore.

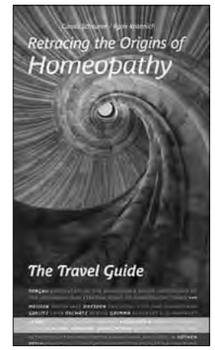
Other works of interest include:
Free as A Bird: Bird Remedies in Homoeopathic Practice (2018; Markus Kuntosch, MD); *Spectrum of Homoeopathy* (Narayana-Verlag, Issue 1, 2011) is a themed issue entitled, *Birds: A New Group Of Medicine*. This issue is a large assemblage of articles and cases, including an interview with Jonathan Shore. Other authors include: Misha Norland, Markus Kuntosch, Pat Deacon, Annette Sneevliet, Deborah Collins, Jorg Wichmann, Ulrich Welte, Heinz Wittwer, Hans Eberle, Ose Hein, Andrea Amende, Wyka Evelyn Feige, Jürgen Hansel, Linda Johnston, Rosina Sonnenschmidt, Jan Scholten, Chetna N Shukla and Louis Klein. Birds discussed include the *sparrow hawk, house sparrow, peregrine falcon, eagles, turkey vulture, albatross, grey parrot, quetzal, greater roadrunner, Indian pea fowl, raven, swift, pelican, cormorant, griffin, pigeon, dove, scarlet macaw* and the nosode *Tuberculinum aviaire*. *Birds: seeking the freedom of the sky* (2009; Peter Fraser).

See the following issues of *Homœopathic* Links which were bird-themed: Spring and Summer (22:1 & 22:2, 2009) and the Autumn issue of *The Homoeopath* (24:2, 2005) also bird-themed. *The Margins of Reality: The Role of Consciousness in the Physical World* (1987; Robert Jahn and Brenda J Dunne; this book was seminal in the development of much of Shore's thought).

Another important contribution made by Jonathan was a series of provings using the technique of proving remedies during their actual preparation process. Here, a group of provers in meditative mood conducted provings while they triturated and potentised the substance. His focus was on bird and butterfly remedies and inspired him to write his seminal book on bird remedies. This methodology is appreciated in detail in Hogeland and Schriebman's important treatise, *The Trituration Handbook: Into the Heart of Homeopathy* (2008).

Jay Yasgur wishes to acknowledge the following who helped in compiling this obituary: Roger Morrison, Nancy Herrick, Paul Saunders, Mani Norland, Karl Robinson and Linda Lillard.

Retracing the Origins of Homoeopathy: The Travel Guide



Carola Scheuren and Egon Krannich, with contributions from: Carola Scheuren; Dr. Egon Krannich; Dr. Peter Alex; Klaus Thon; Daniela Kratzsch; Gisela Frantzki; Peter Zillmer.
English translation by Annette Gonzalez and Rachel Hopkins
Edited by the Torgau International Homoeopathic College
Published by: Edition Krannich | Year: 2010

Reviewer: Michelle Hookham

At the beginning of 2023, I found myself in Leipzig, on a bit of an unexpected homoeopathic pilgrimage, which I shared earlier in an opinion piece. Whilst visiting the Homoeopathy in Köthen exhibition in Anhalt Castle, I happened upon this fabulous travel guide and was even more delighted to find an English translation behind the counter.

The guide describes three different routes branching out from Torgau, depicted by different colours, the perfect accompaniment as you travel, since it provides the homoeopathic backstory of each place, contextualised to each location. The authors endeavour to explore the living history of homoeopathy to establish who the key people were, where they came from and where they lived and worked. They reflect on what their lives were like as they adopted a new medicine and how this was challenged by society at that time. It traces the footsteps of Hahnemann, Constantine Hering, Adolph Lippe and many more and describes major and minor sites of homoeopathic interest.

Four sections within the book are set out as follows:

1. ***Torgau: Samuel Hahnemann and the Creation of the Organon.*** Following a history section, Hahnemann's house in Torgau is described and illustrated. This is followed by a historical context of the city.

2. ***Route 1: Meissen: The Home Town of Samuel Hahnemann.*** Commences with a history of Hahnemann's early life, then informs what remnants of Hahnemann and homoeopathy remain in Meissen. It lists places of interest and available tours and follows with a historical perspective, including its tradition of porcelain manufacture, wine and folklore history. Constantine Hering was born in Oschatz, between Leipzig and Dresden, and his history and contributions are discussed. Grimma is a city that is home to important homoeopaths, including Ernst Ferdinand Rückert and the Schweikert family. Their history and contributions are outlined, followed by a section on what remains in Grimma today of interest to homoeopaths, and a little information on Grimma itself. Next is Dresden, where Hahnemann lived between 1785 and 1789, including what the traveller might find. And finally, Görlitz, home of Adolph Graf zur Lippe-Biesterfeld-Weißenfeld, who later moved to the US. This section covers his history and information and sites in Görlitz.

3. ***Route 2: Leipzig: A University Town and Centre of Homoeopathy.*** This section begins with an outline of Hahnemann's history in Leipzig, his friends and foes, medical training, trials and tribulations with the medical fraternity and law. It then advises the traveller of what homoeopathic remnants they might find, followed by interesting facts about Leipzig. Nearby places of interest include Machern and Schildau, where Hahnemann lived with his family and worked for short periods of time. Each place's homoeopathic interest and local history are outlined. Wolkenstein, home to Hahnemann's son, Friedrich, is also on this travel route, and his life story is briefly captured. The last stop on this route is Georgenthal and the story of Hahnemann's treatment of Friedrich Arnold Klockenbring in 1792 in the convalescent home for the mentally ill.

4. ***Route 3: Köthen: Domain of the Homoeopaths Hahnemann and Lutze.*** The next section covers the history of Hahnemann's time in Köthen, where he lived from 1821. His life history unfolds further in this section, including developments in homoeopathic philosophy, potentisation and publication of *Chronic Diseases*. It also captures the life of Arthur Lutze, who followed on from Hahnemann and who founded the Lutzeklinik. Homoeopathic places of interest are described, followed by interesting facts about Köthen. This route ends at Dessau, where Hahnemann arrived in 1781 to practise pharmacy/medicine manufacturing and where he met his first wife.

Each section is presented logically, is easy to read and with just the right amount of information, history and regional significance. By the end of the book, one has a very good sense of Hahnemann's life experience, trials and tribulations, both personal and professional. It is a great accompaniment and guide to anyone who would like to read about the origins of homoeopathy, especially if you are planning a trip to Germany and want to plan your travel itinerary.

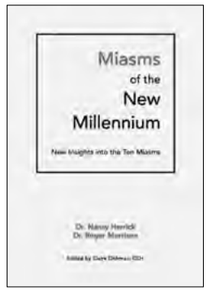
To finish, I'd like to return to the preface of this lovely travel guide and to the words of Professor Dr Martin Dinges, Stuttgart:

'*The reunification of East and West Germany revealed the birthplaces of homoeopathy, Saxony and Saxony-Anhalt,*

to the German people and the world. Ironically, few people in the East German city of Meissen knew, even during the socialist era, that Hahnemann was originally from their hometown … This travel guide will be of great use to people from all over the world who might ask … for guided tours of Hahnemann's or Hering's birthplace … The book also provides a great opportunity to rediscover Germany from a historically medical perspective … I hope that the book will find many readers and that its contents will raise further questions that shed light on the past.'

Miasms of the New Millennium: new insights into the ten miasms

by Nancy Herrick, P.A., and Roger Morrison, MD



7"x10"; 535pp; quality hardback; $75.00 | ISBN: 0-963-5868-5-0
www.herrickmorrison.com

Reviewer: Jay Yasgur, Pharm., M.Sc

'*Our goal in creating this book is to communicate the important aspects of each miasm and to bring these ideas to life for the reader through clinical cases. As you read the chapters, we hope you will identify many of your own cases (or perhaps yourself) and that this will bring vital clues toward finding the curative remedy. However, we want to caution the reader against forcing square pegs into round holes. If the miasm is not clear in a case, you should not base your prescription upon a partial picture of the miasm, but rather depend upon some other aspect of the case … Dr. Sankaran [Rajan] is the genius whose insight gave us the ideas for this entire work. However, though this book is based upon Dr Sankaran's work, many of the insights and observations come from our personal experience. Some of these concepts are 'human specific' rather than the core sensations that Dr Sankaran emphasizes.*' – (x, xi)

The homoeopathic powerhouse husband and wife duo of Herrick and Morrison (Nancy and Roger respectively), combined efforts to produce this important reference on miasms, a subject which many of us, no doubt, hold close to our hearts. (1)

Roger Norman Morrison (b. 1954) spent his formative years in Tennessee and graduated from the University of Tennessee Medical School in 1978. For several years, early in his professional life, he practised emergency medicine. Morrison read an article about homoeopathy but, like many, readily dismissed it. Later, he reconsidered and, while still in his medical training, attended his first homoeopathic seminar which was held in Athens, Greece, at George Vithoulkas' Athenian Center for Homoeopathic Medicine.

'*He began studying Greek and, in 1982, went to Greece to work in the clinic with Vithoulkas. He returned to the United States in May of 1984, and with Jonathan Shore, Nancy Herrick, Peggy Chipkin and Christine Ciavarella established the Hahnemann Clinic in Berkeley [and the Hahnemann College of Homeopathy, California*].' - Julian Winston, Faces, p. 355.

Morrison was one of the founders of The Hahnemann College of Homeopathy, which was established in 1985. He has written numerous articles in addition to his books.

Nancy Ann Herrick (b. 1947) is a physician's assistant graduating from the University of California in Davis, class of 1981. Nancy heard her first lecture about homoeopathy in 1972 shortly after receiving a master's degree in psychology and child development. So influenced, she began homoeopathic studies on her own in 1974 and began her clinical practice at the Hering Family Health Clinic. She was one of the founders, in 1975, of that clinic located in San Francisco, California. Ms Herrick received an honorary doctorate from the, now defunct, American Medical College of Homoeopathy (Phoenix, Arizona) in 2011.

This monograph consists of a dozen chapters, ten for each miasm plus a 15-page introduction, *The Historical Evolution of Miasms and Remedies and their Miasms* of 32 pages. This last section consists of three subsections: *Miasms in Relationship to Families and Kingdoms*, *Index of Remedies* (grouped according to the ten miasms) and *Animal Remedies and their Sources* (grouped according to the ten miasms). There is a small index. The book is completely set in a sans-serif font with a liberal use of bold and italic fonts throughout to provide adequate emphasis.

Each of the chapters is identically set-up: there is a brief discussion of the disease, its physical manifestations, themes of the particular miasm, confirmatory symptoms and a differential diagnosis followed by a language-of-the-patient section. This last section (*Language-of-the-patient*) consists of several cases (in the *Ringworm* section there are three). What follows this chapter are three sub-chapters, each containing a mineral case, a plant case and an animal case. Thus, each miasmatic chapter contains three sub-chapters.

To get a flavor of how a case is presented, I chose a rather short one, *A Case of Graphites*, which is the first of three Ringworm cases included in the *Ringworm* chapter *Language-of-the-patient*:

This was a businessman in his mid-fifties who spoke in clear, practical Ringworm language. He brought his wife in to see us for rheumatoid arthritis, and she was completely cured. He knew that eventually he would come to see us as well.

Theme: Learn to Live with it. Resigned.

'I planned on coming down and seeing you next spring, but then it popped into my mind that this was one of the few years we've ever hit our deductibles on insurance, so this would be a good year to do it. That's why I'm coming down now, because it's been so much worse than it's ever been, and we have hit our deductibles. I thought it was a good financial time to get this done.'

He has a pragmatic Ringworm approach to his treatment. He can wait until an opportune time to come for treatment. There is not the urgency seen in earlier miasms. 'I'm always plugged up.' 'I'm always …' is primarily the language of Ringworm and Sycotic miasms. What is remarkable to these miasms is that it is continuous. Not that Tubercular, Cancer, and Leprosy won't have persistent complaints: in these deeper miasms the issue is no longer the persistence of the condition but what the condition is doing to them. 'It's 'killing, destroying me, suffocating me.' That is what becomes the issue, not the fact that it is more or less permanent. Persistence as the main, noticeable characteristic of the condition is usually found in Sycotic and Ringworm miasms.

Theme: Slowly progressive. Slowly recedes.

'My sinuses are always plugged up. Periodically, I cough a lot to get things out of my lungs. I itch a lot. My scalp, my ears, my nostrils are all really dry. They get really sore and red. Today is a good day, but it sounds as if I've had laryngitis. On the questionnaire I filled out it asked about psoriasis, and I don't know if that's what it would be called, but in the worst times my scalp, around parts of my head, gets really flakey. Right near my nose and across my forehead the skin gets dry and flakey, especially near the hairline.'

He has multiple irritating skin conditions all around his face and head. His symptoms go up and down but never quite disappear. 'I've had two children. My oldest girl was married and is going through a divorce right now. My oldest son was married and divorced. He's happily married now. They both have had struggles.

I don't get stressed. I really don't. Frankly, I don't believe in stress. I think that's something people use as a cop-out, and I'm not saying there isn't some concern out there. I think that everybody thinks everything is stressful now. I don't buy it. The more stress – what people would call stress – the better I respond. If I'm up against time, if I'm up against hard-to-do-things or impossible things, I perform better. I realise most people don't, but I do. I go until the fire is right there. I don't tend to get really excited.'

This has likely been the patient's approach to life since he was a child. It is easy for him to say that he does not get worked up over things, because he is Ringworm and not Typhoid miasm. He does not recognise stress, which to him is a cop-out for other people. He is in the successful side of his remedy state, though many Graphites patients are not. Here we need to concentrate on what he states he doesn't feel: life is not a struggle for him – but who brought up the idea of struggle? Also look at what he projects onto his children: he says about his kids, 'They have to struggle.' Struggle is a very good word for the Ringworm miasm. They will use the word with regularity. Here we also see similarities to Psora.

Theme: Learn to live with it. Resigned.

Any fears or phobias? 'Oh yeah! No phobias, but I cannot handle spiders. Spiders drive me up the wall. I call my kids in to take care of the critters. Snakes I can handle, scorpions. In fact, in July we went on an outing with the Scouts in the west desert, and we found rattlesnakes, tarantulas, and scorpions. None of those bothered me. But you give me a spider on the wall of my tent and I just go into high speed. I just can't take spiders. I understand – I saw a special on TV once several years ago – somewhere there is a course that can teach you not to be afraid of spiders. I don't care. They showed where people put their hands in these aquariums filled with spiders, and they are just crawling around. No. I'll just keep my fear of spiders.'

He accepts the limitation. It is not a problem for him. Sycotic miasm also has this characteristic of accepting limitations. The difference is that Sycotic patients feel guilt and conflict about their acceptance, whereas in Ringworm, agreeing to limitations is not a big deal. They are accepting of themselves and their foibles. *Graphites* is not in the rubric 'fear of spiders,' but this extract is more about how he accepts the fear rather than what he fears. In the successful state, Sycosis is very cheerful, but in the failure state, they are very tense. Ringworm is a lighter miasm. – pp. 181–183).

There are a total of six Ringworm cases in the 36-page *Ringworm* chapter. For comparison, the Sycotic miasm chapter contains ten. The authors' important work will broaden your knowledge of this fascinating subject and you will no doubt acquire many useful and beneficial points from the numerous cases (86) which were thoughtfully included.

Notes:

(1) Nancy Herrick has written *Animal Mind, Human Voices* (1998): *'There is a moment where homoeopathy becomes something much greater, a reflection of the mystery of life. Nancy Herrick has skillfully, amazingly captured that moment in her provings. I believe that her work represents the cutting edge of homoeopathy'* (David Kent Warkentin), and *Sacred Plants, Human Voices Provings of Seven New Plant Remedies* (2003): *'Nancy's book on sacred plants opens up a vital area which has not received enough justice so far. Like her book on animal provings, this one too shows her painstaking research into each plant, followed by a detailed proving which is grouped according to themes and then made accessible by accurate indexing into rubrics…'* (Rajan Sankaran).

Roger has written *Desktop Guide to Keynote and Confirmatory Symptoms* (1993): *'This book has never been in my library. It sits on my desk in my consultation room for ready access, and I refer to it frequently throughout each and every day of homoeopathic practice. The Desktop Guide replaced my copy of Boericke's Materia Medica with Repertory on the day I received it in the mail. I find it far more useful than Boericke, more relevant to clinical practice ... He has compiled and distinguished the most important symptoms of nearly 300 remedies …'* (Dean Crothers, MD); *Desktop Guide to Physical Pathology* (1998): *'This is a book that took some courage to write and badly needed to be written. Although wholly contemporary in feeling and style, it speaks to the dilemma of busy homoeopathic physicians in every time and place: how to keep doing quality work under pressure of time, reputation and ever more difficult and demanding cases to come up with creditable prescriptions without delay.'* (Richard Moskowitz, MD) and *Carbon: Organic and Hydrocarbon Remedies in Homoeopathy* (2006): *'… even without the new ideas on analysis, the 649 pages of materia medica on the organic compound and carbon remedies consolidated in this book makes it a 'must have' resource.'* (Randall Bradley, Simillimum, Summer/Fall 2006).

The couple produced two educational DVD video series: *Hahnemann College of Homoeopathy Foundation Course* (37 DVDs) and *Miasm Video Seminar* (20 DVDs). These are also available from their web site.

They are currently working on their next project, a three-volume reference tentatively entitled *Clinically Verified Materia Medica*. When I exchanged emails with Dr Morrison on 3 February 2023, he offered these comments on this forthcoming work:

'It started out as a simple updating of *Desktop Guide* (my blue book). I started adding info from cases and over time this became a bigger and bigger interest. After already spending three years on it I scrapped the whole thing and started again using only symptoms which had been found in clinical (cured) cases. Nancy and I had been collecting cured cases from every seminar we attended, every journal we received and from all of our students over a forty-year period.

When you work from memory of your own cases, plus what others say about remedies, there is an echo chamber effect. Each person simply repeats or at best reinterprets information from older masters and older books. By the new technique, I take all the decent cases I find from all sources and study them together. Say, I find eighteen *Kreosotum* cases from all sources: this lets me see what people are actually prescribing upon but also much ancillary data – the food cravings, subtle mental aspects, phobias, etc. (by the way, six of the *Kreosotum* cases had fear of airplanes – who would have guessed?) When you see the cases one after the next, you find a ton of similarities you would never guess. Identical dreams, identical descriptions of a pain syndrome, etc. – especially in larger remedies (like *Argentum nitricum*) you might have 60 or even 100 cases to compare. Then you can begin to find info about the children – different than the teens, – different than the adults. The work involved is crushingly difficult, but the results are spectacular – I already use the book to help in prescribing and I can't wait to have it finished – just for selfish reasons of improving my practice results!

You also find things missing – supposed keynotes which simply do not exist in clinical practice. So the whole thing allows for a much more accurate picture of the remedy. No opinion, just actual data. Not perfect data but better data. I was even able to clarify the data somewhat statistically: what percentage or number of *Belladonna* cases were violent and which types of violence were most frequent.

I've been working on this for ten plus years and I'm about half-way done and hoping to publish the first third by year's end. Each of the three volumes will be about a thousand pages. It's very dense and tedious work...'

Guidelines for Contributors

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Contributions to *Similia* are invited on any aspect of homoeopathy and on subjects that relate to homoeopathy. This includes opinion pieces, historical perspectives, letters and reviews.

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Most articles will occupy 3 - 4 pages of journal space, maximum. Make sure your article is 1,500 words, 2,250 words, or 3,000 words.

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Keep the formatting as simple as possible, without too many indents or other emphases (bold or italic) except where strictly necessary. Remedy names should be in full, for example *Natrum muriaticum* (2nd word lower case).

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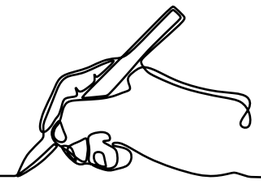

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AHA Events

Check AHA website & announcements for full details and watch out for bulletins with further information. **www.homeopathyoz.org/events**

7 June 2023, 6–8 pm AEST
Jon Didymus
AHA webinar: Vital force and the link with consciousness and better case-taking

14 June 2023, 6–8 pm AEST
Jon Didymus
AHA webinar: Periodic table analysis of animal and plant remedies

28 June 2023, 12:30–2:30 pm AEST
Dr Aadil Chimthanawala:
AHA Vic/Tas webinar: More homoeopathic cardiology

6, 13, 20 & 27 July 2023, 7–9 pm AEST
Luke Norland
AHA webinar:
Sessions 1 & 2 (6 & 13 July): Using mappa mundi in constitutional prescribing
Session 3 (20 July): Araneae in homoeopathy
Session 4 (27 July): Sea animals in homoeopathy

24 August 2023, 7–9 pm AEST
Gerry Dendrinos
AHA webinar: Organ remedies to support your clients

4–5 November – arrival 3 November
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