

American Journal of Homeopathic Medicine

Volume 110. No. 2 / Summer 2017 e-issue



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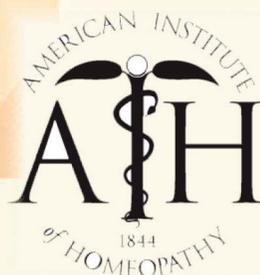
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FDA's Bias ?

Welcome to the second quarterly electronic edition of the 2017 *American Journal of Homeopathic Medicine*.

Members of the *American Institute of Homeopathy* (AIH), America's oldest extant national medical association, are licensed health care professionals practicing homeopathic medicine who are extremely concerned about the safety of *all* medicines, not only those designated as homeopathic. Our society obtained and reviewed records from the FDA via a *Freedom of Information Act* (FOIA) request along with data posted on the FDA website reporting adverse effects associated with teething products containing *Belladonna*.

When the FDA first posted warnings regarding homeopathic teething products, it stated that these products "may pose a risk" to infants and children.(1) Establishing causality is certainly not an easy task, but equally important is the determination of *relative risk*, since these serious adverse events (mainly seizures and death) also take place in the general pediatric population regardless of the use of either homeopathic or conventional medicines.

When the FDA first posted warnings regarding homeopathic teething products, it stated that these products "may pose a risk" to infants and children.(1) Establishing causality is certainly not an easy task, but equally important is the determination of *relative risk*, since these serious adverse events (mainly seizures and death) also take place in the general pediatric population regardless of the use of either homeopathic or conventional medicines.

From a public health perspective, the FDA's action appears, at first glance, to have erred on the side of caution, but upon closer examination, their actions seem like an *over-reaction*. Their database is incomplete, at best, and when taken at face value, misleading. The FDA did not appear to perform any analysis of the data, nor did it make any attempt to evaluate the *relative risk* from using homeopathic teething products. Relative risk is the ratio of the probability of an event occurring in the treated group in comparison to the general public. It allows others to determine if these products are associated with an increased or a decreased risk of serious adverse events (SAEs).(2) A cursory analysis suggests that these homeopathic teething products may be associated with a neutral or beneficial risk. If this is the case, then the FDA's warnings were unwarranted.

The FDA might have issued warnings and advised parents to discontinue use and dispose of these products based on a superficial review of an incomplete database, without full statistical analysis.

Childhood teething, while not an illness per se, is known to be associated with fevers (3), and fevers in children are associated with febrile seizures (4) and other adverse events, which tend to occur most frequently in similar age groups (between 6 months and 5 years),(5) Between 4-10% of healthy children experience seizures (6), while 2-5% suffer from febrile seizures.(7)

The FDA database is a haphazard assortment of 411 reports collected over a fourteen-year period (from 1993-2016). Twenty-eight of these reports fail to document a date of occurrence; twenty-seven involved the use of products that do not even contain *Belladonna*; thirteen were from a product that was not homeopathic (Oragel); eight did not provide enough information to identify which homeopathic product was used; and one case was listed five separate times, leaving only 359 reports.

Out of these 359 reports, 221 (or two-thirds) were from the pre-2010 version of Hyland's teething tablets containing *Belladonna* 6x (which was reformulated to 12x in 2010) and was not even on the market at the time that the FDA issued its warning.

After elimination of more than two-thirds of this database due to irrelevance, only 138 case reports remain. Most of the reports were of extremely limited utility, lacking information and essential details necessary to establish the course of events. Most failed to document personal, family and allergy histories. Many conventional medicines,(8) OTC products (9) and vaccines (10) that are commonly administered to this age group (six months to five years) are known to be associated with increased risk of SAEs, including seizures and death, but these reports failed to document their use.

Some reports failed to include any clinical information whatsoever, making it impossible to determine what happened or why the report was filed at all. Inclusion of some of this data might have helped established etiology and causality, but this was not done.

The remaining 138 reports covered products manufactured by only two homeopathic pharmacies (Hyland's and Humphrey's), and did not include any reports relating to the use of homeopathic products manufactured by Raritan. This was particularly noteworthy since the homeopathic teething tablets manufactured by Raritan (and marketed by CVS) were found to contain concentrations of *Belladonna* that were twenty times more concentrated than those manufactured by the other pharmacies.

Analysis of the entire FDA database (including pre-2010 data) suggested that the use of homeopathic teething products in the teething pediatric population was associated with a modest seizure rate between 1.52–2.01% (determined by multiplying the observed rate by 1,000 to account for possible under-reporting), which was consistent with the lower end of the background rate of 2-5% for febrile seizures in children, or a relative risk of 1 or less.

This suggests that there was *no increased risk of seizures from taking homeopathic teething products*, but what about reports of infant deaths? The news media widely reported that there were ten cases of infant deaths associated with these products, (11) but the FDA database only reported eight accounts.

Cases in the FDA database included the following:

1. One case was associated with a fever of 102°, but the parent was unable to recall if a teething product had been administered. A febrile seizure was the most likely cause of death.
2. A second case contained no clinical information whatsoever, making it impossible to determine either the course of events or if a homeopathic product had been administered. No determination could be made regarding the cause of death.
3. A third case involved a child born five weeks prematurely (a known risk factor for developmental problems and SIDS, any of which could have caused this death).
4. A fourth case involved a child who had been taking homeopathic teething tablets for two weeks (one week beyond what was recommended), but no clinical information accompanied this case, making it impossible to determine causality.

Note: The plasma half-life of belladonna alkaloids (atropine and scopolamine) ranges between 13-38 hours, while the maximum amount of scopolamine found in any single Hyland's teething tablet was 53.4 nanograms.(12) Unless this child had been intentionally overdosed by administering several hundred entire bottles of teething tablets (containing 135 tablets of *Belladonna* 12x) simultaneously, it would be pharmacologically impossible to accumulate a dose of 5 milligrams of scopolamine. Exact data on lethal doses of scopolamine are lacking, but ingestion of 10 mg has been reported to be lethal in children.(13) A maximum daily pediatric dose of 1.05 milligrams of belladonna alkaloids is recommended when administering conventional belladonna tincture. (14)

To generate a pharmacologically active dose of belladonna alkaloids (of 0.2 milligrams) using teething tablets or gels would require a 10-pound child to ingest at least a dozen bottles of teething tablets at once (or in a very short period of time) to begin to experience even mild anticholinergic side effects as such dry mouth, blurry vision, or urinary retention. (15)

5. The fifth case involved a child with a fever of 102° who had had received a single homeopathic teething tablet by mouth. A febrile seizure was the most likely cause of this death.
6. The sixth case involved a child with hereditary spherocytosis and hemolytic anemia, who was already

sick, feverish and lethargic prior to the use of a homeopathic product. (All of these are known risk factors for developmental delays, severe infections and SIDS, any one of which could have caused this death.)

7. The seventh case lacked sufficient medical history to determine any causality. This child had apparently received intermittent doses of homeopathic teething medicine over a five-month period.
8. The eighth case involved a child of low birth weight from a high-risk birth to a 15-year-old mother with abnormal kidney functioning (all known risk factors for developmental delays and SIDS, any one of which could have caused this death).

Finally, if these teething products were indeed toxic, then data gathered from both Poison Control Centers and pharmaceutical hotline services following accidental ingestions should confirm this. If a suprathreshold quantity of belladonna alkaloids was involved in causing seizures, deaths or other SAEs, then reports from accidental ingestions would confirm this pattern.

Among 685 cases of accidental ingestions of varying amounts (from a whole bottle or an unknown amount from a bottle) in children under 2 years old, and 830 accidental ingestions in children aged 2-6 years old, no symptoms whatsoever were reported by callers to a manufacturer's hotline. Similarly, calls made to Poison Control Centers to inquire about the risks of these ingestions, failed to include complaints of SAEs.(16)

If homeopathic teething products caused SAEs, then at least *some* of these events would have been recorded in cases of accidental ingestion, but they were not. Serious adverse events in response to "accidental ingestions" and overdoses of these products, in otherwise healthy children, have not been reported.

As noted above, the data provided by the FDA was grossly inadequate and reliance on it makes it impossible to establish causality in any single case of SAEs. Contrary to what the FDA asserted, that these products posed a risk to the teething pediatric population, this assertion cannot be ascertained from this data.

Data on seizures fails to demonstrate an increased risk; reports of deaths fail to demonstrate a correlation; and reports of accidental ingestions fail to document serious adverse reactions at all. All of this adds up to reports that *do not prove causality or reflect an increased risk from these products*.

The most likely scenario for the cases listed in this database was that either these events were caused by other factors (some that may not have been reported), or they represented the "normal" background rate of these events, which was supported by simple estimates of relative risk. At any rate, much more detailed study and statistical analysis is needed.

The FDA's actions in this matter appear to constitute a

gross dereliction of duty. Premature warnings without even rudimentary scientific inquiry suggests prejudicial intent. The FDA, whose mission statement is to protect public health by assuring the safety, efficacy and security of human and veterinary drugs, has erred, and their actions might be interpreted as an attempt to railroad homeopathy out of the public marketplace, which they were successful in doing with respect to homeopathic teething products. (17) Of course, this scenario will not surprise most people who have been paying attention lately, but allowing these messages to remain unchallenged is unconscionable.

Respectfully Submitted,
Ronald D. Whitmont, MD, President
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“First do no harm.”

Welcome to the June 2017 e-edition of the *American Journal of Homeopathic Medicine*.

Dr. Ronald Whitmont has written an excellent synopsis in this edition’s President’s letter detailing the FDA’s findings on the reported adverse effects associated with teething products containing *Belladonna*. The American Institute of Homeopathy has obtained these records via a Freedom of Information Act (FOIA) request along with data posted on the FDA website. We all need to read this important information so that we can educate ourselves, our patients and our allopathic colleagues about the truth of these findings and help correct the FDA’s gross misrepresentation regarding the safety of our medicines in the public’s eye. In fact, I’m making copies of this letter and keeping them in my office.

As to how we can help counter the negative propaganda that homeopathy is continually faced with, I believe it is imperative that we continue to publish our cured cases so that we have a written record of success that can be passed down through the generations. This is how we can keep homeopathy alive for those practitioners who have the courage, compassion and foresight to “think outside the box.” As the limitations and adverse effects of allopathic medications continue to be revealed as new insight into the complexities of the human body emerge (such as the importance of the microbiome for immune health and its susceptibility to damage from medications), there will always be physicians who will search for saner, safer methods of medical treatment. Our Journal can serve as a continued source of education and inspiration for these practitioners.

In this edition, we present three clinical cases. Dr. Todd Hoover has written of lone atrial fibrillation cured with homeopathic *Spigelia* with an excellent differential and analysis of various homeopathic medicines. I have submitted a cured case of autism in a 22 month old boy who recently came in—20 years later—with an acute onset of anxiety that resolved with the same homeopathic medicine. Once again, I continue to be amazed at the potential of homeopathy to cure even the most serious diseases. Dr. Mitch Fleisher has written a case cured according to the Sensation method which is explained in detail in our review of day one of Dr. Roger Morrison’s excellent conference in Atlanta, Georgia.

Dr. Karl Robinson has written a review of his webinar describing his experience in the Banerjee’s clinic in India. We also present an excellent review of homeopathic cures of children with vaccine-related adverse

effects written by our own vaccine expert extraordinaire, Richard Moskowitz, MD. This was largely taken from Dr. Moskowitz’s book *Vaccines: a Reappraisal*, to be published September 2017 (Skyhorse, N.Y. publishing).

We have also published a review of the first-of-its-kind study on the health of vaccinated vs. unvaccinated children in the section **In The News**. As homeopathic physicians, we are well aware of the political and economic reasons for the historical lack of such studies. But I was shocked to learn recently from Robert F. Kennedy Jr., environmental attorney and chairman of the World Mercury Project for vaccine safety advocacy, that the Center for Disease Control (CDC)—the most important public health agency charged with vaccine safety oversight—owns over 20 vaccine patents and buys and sells 4.1 billion dollars of vaccines annually. (1) Apparently, the CDC has a significant financial interest in making sure these vaccines are marketed and sold. Recently at an Autism One conference, Kennedy pointed out the overwhelming corruption that exists within and between the CDC and the pharmaceutical industry, noting a “captive agency phenomenon” whereby government agencies become “sock puppets” for the very industries they’re supposed to be regulating. (2)

Of course as homeopathic practitioners, we take into account every detail of our patients’ histories including the mental, emotional and physical symptoms because of the unique phenomenological science upon which our medicine is based. As a result, we have been able to observe the adverse effects of vaccines and medications on our patients over many years, especially in children. But we have been largely powerless to effect changes because of the vast medical-pharmaceutical establishment that has sought to suppress anyone who would even question the safety of vaccines, automatically labelling such persons as “anti-vax,” and thus discrediting his or her claims in the public eye. The injustice done to Dr. Andrew Wakefield, the former prominent British pediatric gastroenterologist who published a 1998 Lancet study demonstrating a link between the MMR vaccine and intestinal inflammation in children with regressive autistic behavior and who advocated for the single/monovalent measles, mumps, and rubella vaccines rather than the polyvalent MMR, is one such example. (see VAXXED review, part 1, *American Journal of Homeopathic Medicine*,

May 2016)

It is unconscionable that it has taken *1 in 68 children* (3) to be diagnosed with autism for a study of vaccinated vs. unvaccinated children to be done when studies on the dangers of vaccines and vaccine adjuvants have been well documented in reputable journals for years.(4)

As detailed previously in the May and June 2016 e-editions of this Journal but worth repeating because of the untold suffering as a result of the pervasive greed, conflict of interests and corruption involved, the vaccine business is currently a \$30 billion per year industry which is projected to become a \$100 billion per year industry by 2025.(5) Thus, it is evident that the CDC and their business partners need the public to be okay with the recommended 69 doses of vaccines by the age of eighteen, as well as the additional 271 vaccines in the development pipeline.(6)

Hopefully increasing public awareness and endeavors such as the World Mercury Project (7) will eventually counter the resistance from Big Pharma and help educate our allopathic colleagues on the dangers of the practice of injecting multiple vaccines at once (containing toxic adjuvants such as mercury and aluminum) into immunologically immature beings, which has contributed to such an alarming increase of neurological and immunological diseases in our young. The social, psychological and economic toll this has taken on our society from caring for these children and the lost productivity to our society is incalculable.

In the meantime, I continue to be exceptionally proud to be part of an organization of physicians who for over 200 years have continued to practice this safe, effective and low-cost medicine. As physicians trained in the allopathic system, we choose to practice homeopathy not only because it works but because we truly understand and honor the very definition of our most sacred Hippocratic oath, "Primum non nocere:" "First, do no harm."

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Susanne Saltzman, MD
Editor, *AJHM*



Lessons From The Organon

Joel Shepperd, MD

On Potency and Repetition of the Dose

Aphorism 245 of the fifth edition of Hahnemann's *Organon* says, "Every new dose of any medicine whatsoever, even of the one last administered, that has hitherto shown itself to be salutary, would in this case disturb the work of the amelioration." This paragraph is completely omitted in the sixth edition. Instead, the substitute aphorism 246 in the sixth edition states that in chronic diseases, a single dose of the right remedy does sometimes complete the cure though it may take 40 to 100 days. Hahnemann then states that although this rarely happens, it's important to reduce the time of cure if possible, and this can be accomplished under the following conditions: 1) select very accurate remedies, 2) give small doses of high potencies dissolved in water at suitable intervals known by experience, and the potency of each dose must be somewhat different from the dose before it and after it. The next two aphorisms detail the preparation of liquid doses in numerous variations. "Some patients are a thousand times more sensitive (§248)." This implies that there are at least a thousand ways to prepare the remedy doses and their frequencies of repetition.

The fifth edition prepares the remedies by the common centesimal method. The sixth edition describes the 50th millesimal (called LM or Q potencies in modern times) technique. "What I said in the fifth edition of the *Organon*...was all that my experience permitted me to say at that time...The same well-chosen medicine can now be given daily, even for months if necessary (246a)." The two methods of remedy preparation are not so drastically different, so do not solely account for the quite different directions in the administration of the remedy.

Why the change? Hahnemann moved to Paris where the patients had a complex and more dissipative lifestyle. They were less healthy than the German folk who had a mostly farming-based culture in small towns and villages. It is not that the Germans had less serious illnesses, but their medical history was much more straightforward with less variables. The Parisians needed "medicines of the highest power and the mildest action (§270f)" for their complicated cosmopolitan mode of living.

The homeopath of today with an urban/suburban practice has patients much more like those in Hahnemann's Paris experience. In fact, the patient of today is exposed to many more influences that can interfere with a single dose of remedy. These obstacles to cure may be environmental toxins, processed food-like substances, allopathic interventions, emotional stress or the sensitivities (§116-117) of the less healthy population. A fixed list of antidotes is no longer useful. Each patient must be individualized. The potency and frequency of doses must be evaluated differently for every patient based on at least three variables including how intense the disease is, how good a match the remedy is, and how much healing energy the patient has.

With all the noxious stimuli of modern times, it is the experience of many homeopaths that one dry dose repeated infrequently does not always cure the usual patient. Doses in liquid form repeated at intervals give more consistent results for some patients. Do not ignore §171, which emphasizes that in chronic disease, several remedies are needed in succession to cure. In serious acute infectious disease, such as Ebola, it is expected that more than one remedy will be needed depending on the stage of the disease. This is similar to Hahnemann's three remedies for cholera: *Camphor*, *Cuprum metallicum* and *Veratrum album*, depending on the stage of the illness. And in §40, Hahnemann says to alternate remedies in complex disease with dissimilar diseases—a very common state in the patients of today.

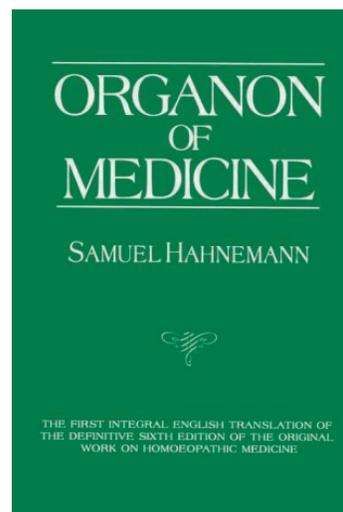
About the author: Joel Shepperd, MD, has maintained a private practice in homeopathic medicine for 40 years in the Chicago area. He is a co-founder and treasurer of the Illinois Homeopathic Medical Association. He is a partner at the Center of Integral Health in Lombard, Illinois. He is a part-time faculty member at the National University of Health Sciences naturopathic medical school where he regularly teaches homeopathy. He has published many articles and has authored the textbook "Hahnemann's Organon for Students."



Organon of Medicine

by Samuel Hahnemann, MD

1982, sixth edition, translated by J. Kunzli, A. Naudé, P. Pendleton
Los Angeles, CA: J. P. Tarcher, Inc



Aphorism 4

The physician is likewise a preserver of health if he knows the things that disturb it, that cause and sustain illness, and if he knows how to remove them from healthy people.

Aphorism 5

In addition, it will help the physician to bring about a cure if he can determine the most probable *exciting cause* in an acute disease and the most significant phases in the evolution of a chronic, long-lasting disease, enabling him to discover its *underlying cause*, usually a chronic miasm.

Aphorism 6

The unprejudiced observer realizes the futility of metaphysical speculations that cannot be verified by experiment, and no matter how clever he is, he sees in any given case of disease only the disturbances of the body and soul which are perceptible to the senses: subjective symptoms, incidental symptoms, objective symptoms, i.e., deviations from the former healthy condition of the individual now sick which the patient personally feels, which people around him notice, which the physician sees in him.

The totality of these perceptible signs represents the entire extent of the sickness: together they constitute its true and only conceivable form.

a) This is why I do not know how at the sickbed one can imagine that one has to seek out and can find what is to be cured in disease only in the hidden and unknowable interior of the human organism: how one can fail to pay most careful attention to symptoms and be scrupulously guided by them to cure. I do not know how one can be so ridiculous and presumptuous as to try to recognize what has changed in the depths of the body without paying special attention to the symptoms or how one can try to reestablish its order with medicines of which one knows nothing, calling this method the only radical and rational therapy.

As far as the physician is concerned, is not that which reveals itself to the senses in symptoms the very disease itself? He can never see the immaterial element, the vital force causing the disease. He need never see it; to cure he needs only to see and understand its morbid effects.

What kind of *prima causa morbi* is the old school looking for in the hidden depths of the body if it rejects and haughtily disdains the comprehensible and clearly perceptible manifestations of disease, i.e., the symptoms speaking in understandable language? What else do they want to cure in disease but these symptoms?



Report from Calcutta

Karl Robinson, MD

From January 26 through February 10, 2017, it was my good fortune to attend the 33rd consecutive yearly two-week course in homeopathy sponsored by Subrata (father) and Saptarshi (son) Banerjea. They are, respectively, the fourth and fifth generations of classical homeopaths in the Banerjea family.

The first, Kalipada Banerjee, (1846-1946) great-grandfather of Subrata, practiced homeopathy for 38 years and worked with a German physician.

The second, Kishori Mohan Banerjee, grandfather of Subrata, (1886-1941) studied with Dr. Henry Allen in the United States where he learned miasms. He founded *The Bengal Allen Homeopathic Medical College and Hospital* in 1924, naming it in gratitude after his mentor, Dr. John Henry Allen.

Subrata's father, Ranjit Kumar Banerjee (1930-) was a lecturer in pathology in a Government homeopathic college.

Subrata Kumar Banerjea, father of Saptarshi, (1957-) founded and is principal of *Allen College of Homeopathy* in Essex, England, where he spends most of the year. He has lectured widely on homeopathy in many countries and has authored several books on homeopathy.

Saptarshi Banerjea (1988-) is carrying the torch to the fifth generation. He lectures in Thailand, the USA, and elsewhere, and he runs the Calcutta family clinic. Despite his youth (he is 29), his knowledge of materia medica is encyclopedic.

This kind of pedigree is not only impressive but inspires confidence. So, when Subrata said that Boericke's *Materia Medica* and Allen's *Keynotes* were reliable, that was good enough for me, and I have been using both books since my return. Other books recommended by the Banerjeas: *A Study on Materia Medica* by N.M. Choudhuri. *The Homeopathic Prescriber* by K.C. Bhanja, and *Materia Medica* by S.K. Dubey. Subrata studied directly with Dubey.

An interesting sidebar: Dr. Prafull Vijayakar once told me that he had never found Boericke's *Materia Medica* particularly useful. But then Vijayakar also said he virtually never consulted any of the materia medicas and instead relied almost entirely on the Repertory. The Banerjeas, to the contrary, rarely use a repertory and rely almost entirely on various materia medicas. Both the Banerjeas and Vijayakar are excellent; both get good results. I felt fortunate to be in the middle, listening and learning the best points of both methodologies.

Whereas Vijayakar is adamant that there are only three miasms—psora, sycosis and syphilis, the Banerjeas are equally adamant that there is a fourth, the tubercular. This made understanding the analysis of many of the cases I saw somewhat bewildering in the beginning, but I was eventually able to follow.

A summary of the tubercular miasm as taught by the Banerjeas:

- Alternating states.
- Periodicity.
- Desires foods that make him sick. See: GENERALS: FOOD; Desires food that makes him worse.
- One-sided diseases; i.e., insomnia, anorexia, migraines, fatigue.
- All ill-defined symptoms.
- All allergies.
- All hemorrhages.
- All recurrent problems.
- DISSATISFACTION
- Changeability. Saptarshi: "He is a vandal in the morning and enjoys a candlelight dinner in the evening."
- Impatient.
- Stubborn (*Antimonium crudum*, *Calcarea phosphoricum*, *Tuberculinum*)
- Fearless except for fear of dogs (3) and cats. *Belladonna*, *China*, *Tuberculinum* are the top three remedies for fear of dogs.(1)
- Can be indifferent. Does not like advice.
- Child says, "No!" to everything.
- Complaining is tubercular.
- Hobbies: all out of doors.
- All creative pursuits.
- Polarity: either quite intelligent or dull. Grades can shift from one month to the next.

When it comes to case taking, the Banerjeas use the following acronym: **MTEK**

- M** = Miasmatic Totality
- T** = Totality of Symptoms
- E** = Essence which includes temperament, posture and behavior
- K** = Keynotes which should encompass peculiar, rare symptoms (PQRS); refer to §153 and §209 of Hahnemann's *Organon of Medicine*.

Subrata: “MTEK is a useful memory aid to arriving at a correct prescription and in all cases I ensure the following is included.”

The two week course involved learning how the Banerjeas use “small” medicines, referred to as “organopathic” medicines, almost all of them from Boericke. An example: *Amyl nitrosum*, *Aralia racemosa*, *Blatta orientalis*, *Eriodictyon*, *Lobelia*, *Pothus foetidus*, can all be useful in asthma. When the asthmatic patient feels he must reach for his inhaler, the Banerjeas suggest he or she try using one of the above-mentioned medicines instead. When the need for the inhaler lessens, then the constitutional medicine is to be prescribed. The Banerjeas are very firm about how to use the organopathics, saying they simply prepare the way for the constitutional medicine. They do not find these organopathic medicines to be suppressive.

I found the Banerjeas’ ‘take’ on various polychrests to be complementary to what I already knew. For example, our understanding of *Carcinosin* has been continuously expanding since Dr.Foubister introduced it over fifty years ago in England. Everyone knows there is often a family history of cancer and usually a history of an overly strict upbringing (Repertory: Ailments from a long history of excessive parental control). Vijayakar introduced the concept of “bonzai” to describe the *Carcinosin* patient suggesting the parents “clipped the wings” of their children, forcing them to conform to their idea of perfection much as the bonzai gardener keeps clipping back the leaves and branches of a young growing tree resulting in a stunted but stunningly beautiful miniature.

The Banerjea description of *Carcinosin* conforms to what other homeopaths have written, but their words further amplify our understanding. I found Subrata’s expression of this important polychrest quite helpful and I paraphrase it here:

- History of prolonged unhappiness either as a child, a teenager, during their 20’s and 30’s, or at work.
- History of prolonged anxiety. He or she lives with apprehension.
- Anticipatory anxiety.
- History of suppressed anger.
- Very sensitive to injustice.

Saptarshi added the following: “They are often soft, sympathetic and sentimental, but they can be disobedient, even destructive. The parents dominate the child for years. Often the parents insist the teenager study law or medicine even though the child would like to do business or be an actor or an artist. The parents usually win out and the child in consequence has become ‘a doormat.’ But *Carcinosin* can rebel (Repertory: REBELLIOUS) and do so explosively. *Carcinosin* can be more destructive than *Staphysagria*.”

Saptarshi referred to *Carcinosin* as, “One of the best medicines in the modern world and a top medicine for OCD.”

The Banerjeas gave many “clinical tips,” many of which I am finding useful. For example, they have a favorite list of medicines worse from first motion, better from continued motion. That list is:

- *Anacardium*
- *Calcarea fluorica*
- *Capsicum*
- *Conium*
- *Ferrum metallicum*
- *Lycopodium*
- *Pulsatilla*
- *Radium bromatum*
- *Rhus toxicodendron*
- *Streptococcinum*

Though the list is not exhaustive, it can serve as an entry point. A follow-up case I saw illustrated this point.

A 26-year-old woman with vertigo and dim vision also complained of:

- Left neck pain while walking.
- Insomnia.
- Decreased appetite.
- Pain in the left heel worse first motion, better continued motion.
- Motion sickness with vertigo.
- Introverted.
- Her husband worked in Saudi Arabia, only returning once in three years.
- Burning palms and soles better hanging down.

Conium 200C followed by 1M was prescribed based on:

- Pain worse initial motion, better continuous motion.
- Worse from celibacy.
- Vertigo.
- Better limbs hanging.

In the follow-up all symptoms had improved or disappeared completely.

Streptococcinum, *Staphylococcinum* and *Thyroidinum* are medicines I have never used; so I was interested in the way the Banerjeas use them.

Streptococcinum

- Acute high fever with tonsillitis.
- Mucous colitis especially with blood in the stool.
- Inflammatory joint pain worse first motion, better continuous motion.
- Musculoskeletal emaciation that could occur post vaccination.
- Palpitations.

Of course, one would expect to see prior infection(s) with β -hemolytic streptococcus.

Staphylococcinum

Episodes of recurrent pus formation anywhere especially

with a history of *Staphylococcus aureus* infection.

Thyroidinum

Saptarshi: “It is almost always a female medicine and the key word is ‘maladjustment.’”

These maladjustments date to:

- Menarche, with onset of unexplained obesity or hypothyroidism.
- Pregnancy with hyperemesis, grossly elevated blood glucose, weight gain off the charts and even pre-eclampsia.
- Post-partum depression.
- Diabetes coming on after pregnancy.
- Troubles during lactation.
- Menopause.

“No medicine suffers as much during the menses as *Thyroidinum*,” said Saptarshi.

The generals:

- Chilly
- Puffy
- Desire for sweets
- Likes cold drinks
- Motion sickness

There were instructions on how to recognize the four miasms by looking at the fingernails.

- Long ridges – sycosis
- Thick nails – sycosis
- Convex - sycosis
- Spoon-shaped – syphilitic
- Pitting – syphilitic
- White spots – tubercular
- Ingrowing – tubercular
- Shiny, glossy – tubercular

Another way to inquire about miasms is through the patients’ spare time pursuits.

Hobbies

Hunting, boxing, wrestling reflect a syphilitic taint
Traveling and creative hobbies, cooking, drawing, knit-

ting and acting are tubercular. Gambling is sycotic.

Ask your patient what they would do if they had a month off work and money was no object.

- Psora is lazy and will do nothing but vegetate on the sofa watching TV.
- Sycosis will go to a casino or the races.
- Syphilis might read (or watch) violence, including sadistic violence.
- Tubercular will go on a round-the-world trip.

Of course, the above notes are a mere sampling of points I found of interest. Saptarshi has recently begun a two-year webinar course and I can recommend it. Both father and son are very well organized. Copious course notes are emailed to all participants in advance. Our two week course in Calcutta (now Kolkata) was meticulously planned, hour by hour, and the agenda strictly adhered to. A good vegetarian lunch was provided every day and served on the rooftop of the clinic in the open air. The proceeds of the course are donated to charity every year.

Kolkata is an amazing city, home to some of the giants of Indian spirituality: Ramakrishna Paramahansa, his chief disciple Swami Vivekenanda, A.C. Bhaktivedanta, Swami Prabhupata, founder of the Hare Krishna movement; Sri Yukteswar Giri, guru of Paramahansa Yogananda who founded the Self-Realization Fellowship in California; Prabhat Ranjan Sarkar, who founded Ananda Marg; the great poet, Rabinath Tagore, and, of course, Mother Teresa. Kolkata is seething with life and energy and is well worth visiting.

The three weeks I was there were fulfilling homeopathically and especially spiritually.

Footnotes

1. *Editor’s Note:* *Stramonium* is another top remedy for fear of dogs.

About the author: Karl Robinson, MD, is a former editor of the JAIH, founder and past-president of the Texas Society of Homeopathy. His school, Homeopathic School of the Americas, has been in operation since 2004 in El Salvador and Guatemala. He also practices in both Houston and Albuquerque.



“Wonderful Servants, Sharing in Mastery” Conference

Roger Morrison, MD

Day 1, Part 1

Reviewed by Susanne Saltzman, MD

I was excited to attend Dr. Roger Morrison’s AIH-sponsored conference on March 28-30th in Atlanta, Georgia for several reasons. I consider his book *Desktop Guide to Keynotes and Confirmatory Symptoms* one of the most important books I have used in my practice. To this day, I have clinically confirmed time and time again the information in this vitally important book. As for Rajan Sankaran’s work, I was not particularly drawn to his “sensation” method years ago because of my strong traditional homeopathic training and grounding in the science of provings; anything too theoretical just seemed like a repudiation of the bedrock principles of homeopathy that have stood the test of time. Yet my respect for Dr. Morrison for providing us with such useful homeopathic books (including *Desktop Companion to Physical Pathology* and *Carbons: Organic Compounds and Hydrocarbon Remedies*) was the main driving factor in my decision to attend this wonderful conference that did not disappoint!

In his usual humble way, Roger delivered an incredibly well-prepared presentation and fascinating analysis of video cases that reflected his depth and breadth of homeopathic knowledge and experience. He stated that in this current political environment, the way to keep homeopathy alive in this country was to make sure we have at least 50 well-trained competent homeopaths (hence the title of the conference). I believe the information presented at this conference could help do just that. I was especially impressed when Roger said that he has always studied one remedy every single day so that when he hears the patient relate his or her symptoms, he can recognize the corresponding remedies immediately. Now that’s dedication to homeopathy and to humanity in general!

However, for me, the most inspiring words I heard involved Roger’s quest—and many years spent—integrating traditional homeopathy with Sankaran’s method to the point where he can finally say, after 40 years of practice, that it is only in the last five years that he feels truly competent as a homeopath. In light of the difficulty of our profession, which requires so much time, effort and experience, I found this statement to be particularly inspiring.

from this successful, well-known homeopath.

It is also important to clarify that Roger only uses Sankaran’s sensation method *when it is indicated*; when the patient clearly expresses it or when a bit of prompting on the homeopath’s part can unearth it. He does not endlessly interrogate the patient until he gets the information. I found this information particularly welcoming since one of the reasons I stopped pursuing Sankaran’s method years ago was because I had tried it several times in my practice and found his interrogation method to be tedious and impractical in many cases. Yet I remember one case where focusing on the “sensation” led to the desired results; while pressing a patient for details about her severe “anxious feeling,” she finally replied, “It feels like a little wolverine is scratching my belly, trying to get out.” Shocked by such a strange response and having nothing else to prescribe upon in the case, I gave her *Lac lupinum* 200c, which resulted in the complete resolution of her chief complaint—an obsessive unending worry for the safety of her children.

When the patient does not express symptoms that can be used by the sensation method—as is the case with many of our patients where the symptoms are vaguely expressed or generalized, then Roger uses the traditional method (repertorization, etc.) that we all know so well, but which, for many of us, sometimes produce less than ideal results.

Before I begin, however, I have summarized some basic ideas from Sankaran’s books for those who are new to his methods.

Sankaran uses a *system-based approach* instead of a symptom-based one, where remedies are part of groups that belong to nature. In the forward to Sankaran’s *Structure*, Morrison writes, “Through the casetaking technique, the patient’s experience is revealed and, *without interpretation* (emphasis mine), the patient’s miasm, remedy family and source are simultaneously revealed.” Morrison emphasizes that this method does not discard our 200-hundred-year-old knowledge of the remedies, but “frees us from the inherent

flaws and inadequacies of our database.”

In *The Sensation in Homeopathy*, Sankaran describes seven levels of human experience (symptoms); each level is based on the one deeper to it. The key in case taking is to try to *unearth* the general sensation which he considers to be close to the ‘vital disturbance’ itself.

Seven levels of Experience

- 1) Name
- 2) Fact
- 3) Emotion
- 4) Delusion
- 5) Sensation
- 6) Energy or Universal Level
- 7) Sleep, Coma, Unconsciousness, Death

Take, for example, a person who feels jealous or suspicious, an emotion at the third level of experience. If we ask him *how he feels* when experiencing suspicion, he may reply, “I feel like I’m being attacked.” This is the delusional fourth level that gives rise to the emotion (suspicion). If we then ask him *how he feels* when he experiences being attacked, he may reply, “I feel like something is breaking or burning or twisting.” This is the fifth or “vital sensation” level which will run through the whole case (as well as the physical symptoms) and lead us to the simillimum or homeopathic medicine that *has this sensation as its very essence*. Sankaran considers this underlying disturbance or sensation the “non-human song” since it is an experience humans share with the animals, plants and minerals from which we derive our vast pharmacopeia.

Sankaran states that the “vital sensation” can often be easily accessed through the chief complaint. If a patient has multiple complaints, then we must ask him what disturbs him the most. This chief complaint is often a manifestation of the inner disturbance that can be unlocked if we delve deeper in case taking without getting lost in the patient’s story, his emotions and delusions.

Now for some definitions:

Health

Freedom and flexibility to act according to reality at the moment; in other words, to be truly “present” in the present. As an example, if an individual’s house is robbed, he may respond with fear and anxiety, which are appropriate for the situation, but once the danger has passed, these emotions should disappear. But when a person gets ‘stuck’ in a delusion, he will see every subsequent situation as a potential danger that evokes memories of the past (robbery), and these situations will continue to confirm and reaffirm his delusion and become more deeply etched in his mind.

Delusion

A false perception of reality. Stress or conflict arise when the external reality (facts) differs significantly from our own inner experience or perception of it. Each of us

has our own delusion which influences everything in our life, from our jobs to our relationships and is the source of much of our emotions (fears, hopes, etc.) These delusions also manifest in our dreams and fantasies. Once a delusion is established, any situation will be viewed in the light of this delusion and the corresponding reaction will always be inappropriate or disproportionate to the situation at hand. Once the *simillimum* is found, the disparity between the false perception or delusion and objective reality ceases and the individual begins to respond to any situation in an appropriate manner.

Sensation

The delusion arises from a deeper place, a place that is basic and instinctive and shared with the animal, plant and mineral kingdoms. This sensation is unique to each individual and represents the central “energy or vital disturbance” that resonates with the energy of the source (*simillimum*). Sankaran considers this “vital sensation” to be the basis of all delusions, emotions, symptoms and pathology that the patient experiences. This energy pattern can sometimes reveal itself through hand and body gestures which are spontaneous and repetitive.

Chief Complaint

The best way to access the sensation is through the chief complaint, which can help the homeopath from getting lost in the emotions, situations and story of the patient. However, when this is not possible, then we can try to access this sensation through the patient’s emotions and central delusion.

Miasms

Sankaran uses miasms as a functional definition, each with clear and discernible aspects; there is one remedy assigned to a single miasm. The miasm is the depth to which the vital sensation is experienced; it is an expression of *how much* or *how intensely* or *how deeply* or *desperately* the situation is experienced. A homeopath can ask, “What is the effect of this pain (the chief complaint) on you?” The answer will often lead to the proper miasm.

The miasm and the sensation are inseparable and when the homeopath persists in exploring the miasm, the sensation should be revealed; and when the sensation is explored in detail, the miasm should emerge. Whereas the sensation is *non-human specific* (since it derives from an animal, plant or mineral source), the miasm is the human perspective of this abnormal sensation. For example, if a person feels “oppressively caught,” ‘caught’ is the sensation and ‘oppressively’ represents the depth or miasm.

It is important to remember that pathology does not determine the miasm in this method. It is *how the person experiences his pathology* that matters. A person with cancer, for example, could be Sycotic if he spends his time hiding and covering up his disease. If he experiences his disease with a type of desperation, clutching at any hope of new

treatments, he may need a remedy from the Cancer miasm. If he panics at the prospect of sudden death and clings to those near, he may need a remedy from the Acute miasm.

For an excellent description of Sankaran's ten miasms, I refer the reader to Nancy Herrick and Roger Morrison's book *Miasms of the New Millenium*. The miasms are explained in detail with case examples, and at the back of the book are remedies listed in their respective miasm and kingdom (plant, animal and mineral), which I am presently finding very helpful as I experiment with this method on a number of difficult unsolved cases (using the traditional methods) in my practice.

Kingdoms

Once we decide which kingdom represents the expression of the patient's 'non-human song,' we can narrow our remedy choices.

Plant Kingdom

The main issue in Plants is of "sensitivity and reactivity," and things that affect them, such as circumstances, what people say or do, and temperature, weather, etc. To use an example from Sankaran's book *Structure*, a woman might say, "It's not my husband that is the problem, but what he does to me. I cannot bear his screaming; it pokes me, pricks me." This sensation would often run through the whole case.

Animal Kingdom

The main issue is "survival," and "me versus you, one versus the other." It's not about what affects them (as in the Plant kingdom), but about **who** affects them. It's about domination, where the other person is the problem, and they will use expressions that reflect themes of competition, strength and weakness, persecutor and persecuted, attraction and sexuality, jealousy, etc.

Mineral Kingdom

The main issue is "structure" which is understood in terms of existence, identity, position, relationships, security, performance and responsibility. They feel something missing or lacking *in themselves* (self or structure); lack of identity, lack of stamina, lack of support, lack of confidence, lack of a relationship, lack of security, lack of position or power. For minerals, the problem is not with the other person (as in Animals) or how the other person or external factors affect them (as in Plants) but rather, **the problem is within himself**. Sankaran has expanded on Jan Scholten's work on the Periodic Table of Elements in his two-volume work *Structure*, where the rows (horizontally from left to right) reflect a particular stage of human development and each column (vertically from top to bottom) corresponds to a particular phase in the development of that row.

Now back to the conference:

A Case of Amyl nitrate

The first recorded video case was a German woman in her early 50's with a chief complaint of migraines since a teen; since menopause, she has had a worsening of symptoms to the point where she is rarely headache free. "I go to bed with headaches and I wake up with them," she stated. She also experiences hot flashes.

Her headaches begin in the shoulder/neck area and extend upward, culminating in the left side of the head. She feels it like a "black hole" as she points to her left temple, not so much as "pain" but as "an awareness" and as a "throbbing," "ping-pong ball-like" in size, "sharp and pointed," and she feels it "pushing out from the inside." In fact, as she holds her hand flat against her left temple, she states "I need to push it back in."

Roger stated that remedies from the second row of the Periodic table (Li, Be, B, C, N, O, F, Ne) experience different phases of the birth process (see below) and that these patients will often use expressions and gestures that reflect this ("pushing out," "pushing in" or using the hands in a circular fashion as if describing a membrane or protective covering).

She remembers being depressed as a child, "like a black hole." Here we hear the same expression again in a different context. Expressions such as these are what we're looking for—Sankaran's "fifth sensation level" as opposed to the "fourth delusional level," which is merely our 'beliefs' about what happened.

After the patient's father abandoned the family when she was nine years old, her mother started drinking and became abusive. "I could tell what mood my mother was in by the way she shut the car door when she arrived home." Her mother could just "flip," scream and throw things. The patient was the oldest and took care of her siblings in their "miserable little village" where she felt "trapped."

Morrison said to look for words by the patient that are repeated; for example, in this case the patient used the word "stuck" in many different contexts ("stuck in a room and can't get out," "stuck in a relationship," etc.). The patient was claustrophobic and her sister was severely claustrophobic.

Roger asked her (gently) to elaborate on the "stuck" feeling.

"I feel squeezed from all sides... I'm going to die... I can't breathe when stuck. I have no control."

Roger then asked us, which group of remedies feel squeezed? Euphorbiaceae, Anacardiaceae (Sankaran's Schema/plant books) but we cannot prescribe on the "sensation" alone.

When patients are expressing themselves from that sensation level, *look for the reaction to the sensation*. We can ask, "How do you cope with that feeling?" or "What effect does

this feeling have on you?” In this case, when the patient was asked how she copes with the feeling of being squeezed or stuck, she replied that she becomes dependent on others, and she doesn’t like it because it feels restrictive. At this point Morrison confirmed that this was NOT plant (and hence Euphorbiaceae family), but in fact MINERAL because minerals are about DEPENDENCY.

To clarify, if the patient needed a plant remedy, then the reaction to the sensation would likely be another type of sensation. For example, the reaction to the “caught” sensation of Anacardiaceae is movement whereas the reaction to the “tied” sensation of Euphorbiaceae has to do with breaking free. Knowing the sensation and reaction for plant remedies helps us identify the correct Plant family.

At this point Morrison began searching the second row of the periodic table since its themes are about DEPENDENCY. (For an excellent discussion of each element in detail, see Sankaran’s *Structures, Volume 1.*)

TION (relationships). Remedies on the left side are desperate to connect, while those on the right side can feel overconnected. *Nitrogen* (N) feels “bound” or “stuck” and has to “break free.”

“I feel trapped, I have to get out,” she states. This has to do with explosion (she walked on eggshells to avoid mother “flipping.”)

Let’s repertorize this case to show that we can use Sankaran’s method or the traditional method to solve this case.

Rubrics:

- Back, Pain, cervical, extending upward
- Back, Pain, cervical, left
- Back, Pain, cervical, extending to occiput
- Head, Pain, headache, climacteric period
- Head, Pain, headache, temples, left
- Head, Pain, headache, pressing, extending outward
- Head, Pain, headache, pulsating, throbbing
- Head, Pain, headache, pressure ameliorates

	Lach.	Sil.	Sep.	Am-l-n.	Puls.	Gels.	Nat-m.	Glon.	Sulph.	Chin.	Sang.	Bry.	Calc.	Nux-u.	Ferr.	Thu-j.	Carb-u.	Chel.	Lyc.	Ther.	Coloc.	Spig.	Stann.	Cimic.	Arg-n.	Pic-ac.	Bell.	Petr.	Nat-s.	Carb-an.	Guai.	Nux-m.	Am-c.	Arn.
Total	23	20	19	13	19	18	16	16	17	16	13	16	15	15	14	14	14	14	12	13	14	14	14	13	14	12	13	13	11	11	8	11	12	11
Rubrics	7	8	7	8	7	8	7	8	8	8	7	5	6	6	5	8	6	6	7	5	5	5	4	5	5	5	5	4	5	5	8	5	4	5
Kingdoms	Red	Blue	Blue	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
back; PAIN; cervical region; extending; upward (31)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
back; PAIN; cervical region; left (62)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
PAIN; cervical region; extending; head, to; occiput (64)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
head; PAIN, headache; climacteric period, in (42)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
head; PAIN, headache; temples; left (308)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
PAIN, headache; pressing; extending; outward (226)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
head; PAIN, headache; pulsating, throbbing (450)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
head; PAIN, headache; pressure; amel. (253)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

Fetal Life and Birth Process/Separation

Remedies in the **second row** reflect various stages of labor and the birth process and the vital sensation is that of separation and acquiring the capability to exist independently. The elements on the left such as *Lithium* (Li) and *Beryllium* (Be) desire to “stay in the womb;” we think of *Lithium*, for example, for an individual who cannot detach himself from his parents. *Carbon* (C) is the first element to feel that he is a separate entity (the baby begins to engage) and he has to react independently. Here the *lack of vital reaction* shows the opposite polarity of such a quality. With *Nitrogen* (N) and *Oxygen* (O) there is a sense that they are trapped in the womb and cannot get out, reflecting an attachment to the mother figure which gets too claustrophobic (bound), and they must be released and be free. The *Nitrates* (NO3), for example, use expressions such as “I don’t want to be suffocated or bound,” “I want to be released and free.” By the time we get to *Fluorine* (F) there is complete separation and independence. (1,2)

For the second row, **RESOURCES** (air, water, food, energy) are essential as well as the **NEED FOR CONNEC-**

This in combination with her headaches (that start in neck/shoulder and move upwards, as well as her hot flashes that “move upwards” made Roger think of *Glonoinum* (nitroglycerin, NO3, nitrate) because of the Nitrogen component of “wanting to escape,” and the Oxygen component of “I can’t breathe when stuck.” However, when Roger asked her about aggravations from heat, (*which we need to confirm the remedy*), the patient stated that she “loved the heat,” which did not aggravate her headaches nor her hot flashes.

What miasm is the person expressing?

The patient continually uses expressions of either not being in control or having to control. For example, when mom would come home and her behavior was unpredictable, the patient would clean the house and do everything so as not to incite the mother—“I have to have things in control so mom doesn’t flip.” This points to the **CANCER** miasm. In the back of Morrison’s *Miasm* book are a list of remedies and their respective miasm and kingdom.

After a 1M of *Amyl nitrite*, the patient had a complete resolution of symptoms (headaches and hot flashes), as

well as a deep amelioration on the mental/emotional level.

The following are just brief vignettes of cured cases:

A Case of *Carboneum sulphuratum*

A man in his 50's with bipolar/suicidal ideation complains of a "hump" on the top of his head and feelings as if "trolls were drilling inside head trying to push out."

Roger stated that many carbon remedies have issues involving the top of the head or the idea of pushing through (cervix) like a pressure.

He also describes a sense of being lost and 'falling through space.' (see below)

A Case of *Glonoinum*

A woman with severe cardiomyopathy in need of a heart transplant. As a child the father had severe hypertension and was told he would die in his 30's; so no one in the family could argue or raise their voice around him. As the eldest, the patient was the one who was responsible for "keeping the lid on" (think restriction of the heart/stenosis). One night she awakened to hear her parents arguing for the first time and she interpreted this as "Mom and Dad don't love us anymore," and she woke up her siblings to get them all on a bus and leave town (she wasn't successful).

To this day, patient cannot tolerate any arguments. (see "Ailments from quarrels")

She also has a fear of falling and impulses to jump. (see below)

A Case of *Carboneum hydrogenisatum* (ethylene)

A man with severe chemical sensitivities. Roger stated that fifty percent of these cases will need a carbon remedy because of the sensitivity to volatile carbon compounds.

He has a recurrent dream of floating in a room without walls; then the walls appear and start closing in and he begins to feel excruciatingly heavy. He describes it like "a memory of being born," being in the amniotic sac, having the sac break, and then experiencing gravity (heaviness) for the first time.

A Case of *Carboneum sulphuratum*

A woman with severe depression who describes being "trapped in a cage." Carbon remedies can have this sense of being either 'safe in a bubble' or 'trapped in the bubble.'

It takes so much effort for her "just to get up and do the dishes." She feels a type of "constriction" or "choking of the life force." Carbon remedies often display this lack of vitality; without carbon there is no life force.

The second row of elements in the Periodic table also deal with **inherent value** ('Did mother want me?') versus **inherent identity** ('I am separate but who am I?'), which is an issue with the **third row** of the Periodic table.

A Case of *Alcoholus*

A woman with headaches and confusion. She substitutes the wrong words in sentences and feels too unsafe to drive. "I feel like I'm stoned; I walk around like I'm loaded."

A Case of *Camphora*

A woman with fatigue, migraines, chemical sensitivities and confusion. Carbon compounds pass through the blood brain barrier (anesthetics) and 'numb' or 'disconnect' us. Carbon remedies often can't find direction and "feel lost in well known places." (*Petroleum, Glonoinum*) There is often trouble with reading.

This patient is chilly, yet she will submerge her head in ice cold water to alleviate her headaches.

A Case of *Carboneum sulphuratum*

A man, wearing a small air filter around his neck, has "no energy at all," poor memory, can't focus.

Other complaints of Carbon remedies:

1. **Downward sensation or fear of falling** (*Boron*). See also cases above.
2. **Feeling lost or disoriented.**
3. **Trouble facing new situations.**
4. **Sudden onset of symptoms** and can be confused with remedies from the *Acute miasm*. (The woman with cardiomyopathy who needed *Glonoinum* above would suddenly 'pass out' in the sun from a 'searing headache.')
5. **Sense of Estrangement:** these people want to feel connected to others yet isolate themselves from others.
6. **Question their Self-Worth**

General Physicals: Tend to be chilly, yet sensitive to heat

In Roger's experience, the majority of Carbon cases are either alcoholic or have an alcoholic parent. Many crave sugar and carbohydrates. Some crave smoked meats (*Kreosotum*).

Carbonicum's (carbonates such as *Natrum carbonicum, Calcarea carbonicum, Kali carbonicum*, etc.) have a type of reactivity similar to carbons. They are very sensitive like the Plant remedies; they will jump at every sound, smell, etc. Also, they complain of low vitality, weakness of the ankles, craving sweets, etc. The *Carbonates* will also be close in symptomatology to their respective cation (K⁺ or Na⁺).

Now onto different rows of the Periodic Table:

A Case of *Argentum nitricum*

A man from Greece with prostatitis complaining of right testicular pain and urinary frequency at night. He is very stylish (complimented Roger on his boots) and friendly. An

engineer studying sustainable technology (recycling solar panels and wind turbine blades). He is a PhD candidate and talks a lot about his work/career. He is also a big soccer player and talks about the connection between soccer and his work, stating, “You have to succeed, go beyond.” He wants to discover something new and interesting—“How far can my body go?” **Performance is very important to him**, he also tends to “over prepare” for exams.

The fifth (‘silver’) row of the Periodic table involves **creativity and performance, discovering the new, need of appreciation (they want to be ‘seen’ or ‘looked at in their glory,’ like a gift to the world), sensitivity to criticism, appearance and show, adventure, teaching, guiding, learning, technique or skill.** (3).

He loves dancing, music, drumming and rhythm. He loses his sense of time and space when drumming or playing soccer. The ‘Silver’ row longs for the moment when they stop doing the art and *become* the art; that moment when you lose yourself in the performance and become the performance.

Patient describes being compassionate, sincere, appears excitable, open-hearted, innocent, likable. As for his physical symptoms, he describes a sense of urging at the metatus—“I feel I’m carrying something inside that wants to release.” (second row)

When he was a teenager, he would have recurrent frightening dreams of fire. “I didn’t feel safe; it was danger, like an explosion.” His mother would shine the lamp light in his eyes before sleep to prevent these dreams (a superstition). Here we see the nitrate (N) element (row 2) which involves fire and explosion. Also *Nitric acid* has tremendous anxiety about health and this man has been to the ER many times for his urinary problem.

A Case of *Kali iodatum*

A man with severe skin eruptions/abscesses and bouts of cellulitis. They come on quickly, starting as a pimple, become inflamed and *excruciatingly* painful. If he doesn’t take antibiotics, the wounds will open and exude pus for months. He submerges the part in water which relaxes him. At puberty he had cystic acne on his face and back and he would pick at them. He is an artist, extremely creative and highly successful in his work. “Your body is your canvas,” he states (interesting in light of his physical complaint). He likes to plan artistic events that bring people together, to teach and educate through the medium of art. At this point Roger is thinking of a remedy in the **fifth row** (see description above).

The problem started when he left the U.S. and moved to Canada with his wife (on her request) and two children. He said, “I left my voice, my friends, my country. I left abruptly.” Here we can think of a **mineral** remedy because it’s about **loss of structure**. He describes suppressing his doubts when he first found out his wife was pregnant: “I didn’t talk about my fears. I didn’t speak up about hopes for our lives as individuals. I didn’t bring up abortion op-

tions; I let myself down.”

Betrayal is a theme for him, betrayal of himself and feeling betrayed by his wife. He is torn about his **responsibility to his family**, which, he states, ‘blocks the flow or resonance’ within him and his passion for his work. He has become physically abusive towards the older child. He is torn between fully accepting his children and leaving them.

The 17th column of the Periodic table—the **Halogens** (F, Cl, Br, I, At)—are about **betrayal**. The heavier the weight (moving down the column), the deeper the betrayal. **Fluorine (F)** feels “I got left (abandoned),” (*Fluorine* has the *delusion he must leave his wife*—second row, right side: in-dependent, overconnected.) **Chlorine (Cl) or Muriacum** feels “I got left by the people I loved the most.” (*Natrum muriacum* [third row—issues of identity: “I am separate, but who am I”] feels betrayed by the person who left them.) **Bromine (Br)** experiences sudden attacks by the person who left them; there is nobody to protect them; great sensation of danger. **Iodum (I)** has violence in a ‘strange and new place.’ They feel completely unguided in a new situation. These remedies can be very destructive (*Iodum* is in the Leprosy miasm).

This patient deeply felt the loss of his family and spoke of needing their financial and emotional support; he resented and became violent towards his child; hence the *Iodum* element came into play.

Row 4 (K, Ca, Sc, Ti, V, Cr, Mn, Fe, Co, Ni, Cu, Zn Ga, Ge, As, Se, Br, Kr)

Issues are security in terms of money/finances, relationships, house, job and health.

Remedies in the fourth row have already developed their identity (issue of row 3) and now the issue is of doing the day-to-day tasks/work for their security. The left side of the row is not very confident and doubts their success, and as we move right, confidence and success builds.(2)

The essence of *Kali iodatum* (the patient above) is a conflict between family (Kali) and creativity (Iodum—fifth row).

Could we have found the remedy using the traditional system? Yes.

Rubrics

FACE; eruption, acne
 FACE; eruption, acne, nose
 FACE; eruption, acne, leaving scars
 FACE; Abscesses, suppuration
 FACE; Swelling, nose
 SKIN; eruption, boils, furuncles, painful
 GENERALITIES; Pain, touch aggravates
 GENERALITIES; Abscesses, suppuration, muscles
 GENERALITIES; Pain, bathing, washing ameliorates
 MIND: anger; children

MIND: cruelty;brutality
 MIND: sadness; burden, as from a
 MIND: harshness, rough, sadness with
 MIND: harshness, rough; family and children

if he were awakened from some kind of surgery that goes wrong, then he might have to live his life as ‘a vegetable’ or dependent on others or not be able to “control my identity.” Doesn’t understand people who are transgender

	Kali-i.	Hep.	Ars.	Sulph.	Bell.	Merc.	Sil.	Caustr.	Phos.	Calc.	Rur.	Lach.	Nit-ac.	Lyc.	Puls.	Rhus-t.	Sep.	Bry.	Syph.	Staph.	Nux-u.	Am-c.	Arn.	Carb-an.	Tub.
Total	31	31	29	28	27	27	26	26	26	23	24	24	23	23	23	21	22	20	19	18	21	18	19	18	17
Rubrics	12	9	10	10	10	9	9	8	8	10	9	9	8	8	7	8	7	8	7	9	7	8	7	7	7
Kingdoms	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
face; ERUPTIONS; acne (268)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
face; ERUPTIONS; nose (267)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
face; ERUPTIONS; acne; scars, leaving (17)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
face; ERUPTIONS; acne; nose (34)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
face; ABSCESSSES, suppurations (41)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
face; SWELLING; nose (182)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
skin; ERUPTIONS; boils, furuncles; painful (112)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
generalities; PAIN; touch; agg. (497)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
generalities; ABSCESSSES, suppurations; muscles (39)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
generalities; PAIN; bathing, washing; amel. (129)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
mind; ANGER; children, in (38)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
mind; CRUELTY, brutality, inhumanity (62)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
mind; SADNESS; burden, as from a (4)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
mind; HARSHNESS, rough; sadness, with (1)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
mind; HARSHNESS, rough; family and children, with (1)	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

Follow-Up

Within a month, the patient left his family. His skin lesions disappeared and his wife told Roger many months later that things at home were much better and more peaceful.

It’s important that we as homeopaths do not judge the remedy’s effects which may involve a higher purpose that is unknown to us.

A Case of Silicea

An elderly man, chemist, with early stage congestive heart failure (CHF), ichthyosis (“an old friend by now”), has had Raynaud’s since a teen, cold hands and feet. During a much earlier cataract surgery, they woke him up because of some problem with the anesthesia and he was upset because he had signed a DNR (Do Not Resuscitate). He was Jewish, born in Germany, and to protect him, his parents sent him away at age 12 to live in England in an orphanage. He felt separated from his parents and his heritage and was hospitalized at age 13 with ulcers. He described himself as more empirical than theoretical, more of a generalist than a specialist; he likes to make connections—human and scientific. He is factual, intellectual, felt cherished as a child “not as an individual but as a grandchild.” (Third row—**inherent value.**) **MINERAL**—his structure was disrupted; “everything was taken away from me.” “The floor fell out from under me.” “What is the platform I am standing on?” Also **rigid** in his thinking. He has a strong sense of ethics. Fears the **loss of his identity (third row)**; states that the reason he signed a DNR was that

and the thought scares him. His identity (or loss of) is a strong issue here.

Row 3 Review

Issues of identity: remedies here follow the issues of separation and birth of Row 2. The issues of Row 3 are “I am separate, but who am I?” The elements on the left (Na, Mg) are less developed. With *Natrum*, the issue is “I have a separate existence but not a separate identity.” They are very dependent on their partners. *Magnesium* begins to feel like an individual, but they are afraid to express it for fear of being forsaken. *Aluminum* has confusion about identity—“Am I me or you?” *Phosphorus*’s identity is more pronounced—“I am not you; you are not the boss of me.” But they are vulnerable to losing others’ affection. They get this affection from the outside world and are always at the neighbor’s house (MIND: Indifference, apathy; family, to his). *Sulphur* feels “I am proud to be me and I am better than you.” Chloride (*Muriaticum*): “Whatever you are, I want to be the opposite.”

Natrum muriaticum is in a state of contradiction with her husband (the *Natrum* element wants to merge, but the *Chloride* element cannot let herself). Lastly, *Argon* (Ar) gives up her identity because she doesn’t need her own—“All I need is to serve.”

Column 10 elements have a rigid, fragile quality. The structure is complete and success has been achieved; however there is always the fear of losing the capacity. *Palladium* (Pd) always feels slighted.

Platinum (Pt) needs to be perfect. *Silica (Si)* has a fixed idea about his identity and is gentle but obstinate.

Day 2, Part 2 will be continued in the future.

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Severe, Suicidal Depression in a 28-Year-Old Female A Homeopathic Medicine Case Report

Mitchell A. Fleisher, MD, DHT, DABFM

Abstract: A 28-year-old white female with severe, suicidal depression was cured with a constitutional homeopathic simillimum ascertained according to the “Sensation Method” developed by Dr. Rajan Sankaran, et al. Her feelings of being “frustrated,” “crushed,” “shocked,” etc., were consistent with themes from the *Loganiaceae* family of plants; her expressions of “hopeless despair” and “ugly suicidal thoughts” were consistent with the *Syphilitic* miasm. The intersection of the Plant Kingdom with the appropriate miasm pointed to *Hoang-nan* as the indicated, constitutional homeopathic simillimum. **Keywords:** suicidal depression, homeopathy, sensation method, syphilitic miasm, plant kingdom, *Hoang-nan*

The following is formatted according to CARE guidelines. (1)

Introduction

The Sensation Method devised by Dr. Rajan Sankaran and his colleagues in Mumbai, India, involves the use of case-taking techniques that help elicit the patient’s fundamental core sensations, as well as the intensity and pace of the disease process underlying the mental, emotional and physical symptoms. These core sensations, intensity and pace of the disease process are then matched to the “essence” of a specific homeopathic medicine from the Plant, Mineral, or Animal Kingdoms. The Sensation Method is especially helpful when the correct constitutional homeopathic medicine—the “simillimum”—is not discernible via traditional repertorization of symptoms and study of comparative materia medica according to the Classical Hahnemannian method.

Patient Information

Over the course of twelve years, this 28-year-old female was treated successfully for various disorders including dysmenorrhea, metrorrhagia, PMS, chronic allergic rhinosinusitis, urticaria, acne vulgaris, headaches, constipation, anxiety, depression, dysthymia, and herpes labialis with various potencies of *Lycopodium clavatum*, *Ignatia amara*, *Aurum metallicum*, and *Natrum muriaticum*. Besides oral contraceptives for birth control, the patient refused allopathic medicines. She was also non-compliant with vitamin therapy.

In July 2005, she presented via phone consultation with a complaint of the worst depression she’d ever felt, of several months’ duration. She had moved from Virginia to London, U.K., to live with her boyfriend, a struggling artist. She could not find a job in London and was feeling bored, frustrated and lonely in their “small, bleak apartment.” Her boyfriend spent most of his time away working on art projects, and she had no family or friends in the city with whom

to socialize. She had a lot fears about the relationship not working out. She said, “I don’t have control over anything. No back-up plans. I feel down, lost and scared, because I have no plan ‘B,’ but I want plan ‘A’ to work out so badly, or I’ll be crushed. I feel lazy, very unproductive, which I hate, and I spend all day crying uncontrollably at home alone.” She also complained of blackheads and cystic acne on her face, especially the chin, as well as irregular menses, which became worse after starting oral contraceptives to which she was having unusually adverse reactions.

In an effort to have her describe her symptoms in more detail, I stated, “Tell me more about “crushed.” She replied: “I have nothing, I’m unhappy, no options, I won’t make it, I’ll be miserable, everything will go wrong, nothing good will ever happen again, it kills me.”

“Tell me more about this please,” I asked. She replied, “The negativity is killing my spirit, hearing inside, ‘No, I can’t do it, it won’t happen, it’s impossible.’ I won’t get a job in the U.K. as a U.S. citizen, I’m at the bottom of the pile, there’s no chance, no help. I feel completely at the end of my rope, and I’ve had panic driven depression, and ugly suicidal thoughts. There were bomb threats in my London neighborhood, and I was totally shocked, and more depressed, stuck at home.”

I asked her to describe more about “shocked.” She said, “I feel suffocated, not in control, can’t see any way past it, frozen in this awful emotion, just lay here and get smashed by it; I’m just shocked and frozen in this place, I don’t even try since I’m so afraid that it’ll get worse; really frustrated and annoyed with myself.”

I asked her to please tell me more. She replied, “The hopeless despair puts me into a panic attack sometimes; it gets worse at night; I gasp for air, take deep breaths.” “I feel totally paralyzed. I can’t leave home and go outside. I

Timeline of patient medical history, diagnoses and treatment received	
Dates	
July 25, 2005	Suicidal depression, anxiety; <i>Hoang-nan</i> 1M (Quinn) taken
January 12, 2006	Marked improvement, then relapse of suicidal depression and anxiety
January 16, 2006	<i>Hoang-nan</i> 1M (Quinn) taken
July 12, 2006	Did well until partial relapse after surgery in May; given <i>Hoang-nan</i> 200C
November 1, 2006	Relapse of anxiety, insomnia, PMS, acne, herpes due to stress; given <i>Hoang-nan</i> 1M, and 6C daily
March 8, 2007	She felt “really well” after her last remedy
January 2007	Anxiety, depression, PMS, acne, and herpes were all much better, skin clearer than it had ever been, and even her libido was stronger, which was unusual for her
March 10, 2007	Given <i>Hoang-nan</i> 1M, and 6C daily for relapse after husband’s suicide
April 2007	She missed her follow-up visit
August 2007	Her mother, who is also my patient, related to me that her daughter recovered relatively quickly from the shock of her husband’s unexpected suicide, and did very well after her last remedy
December 2015	Her mother shared that her daughter had remarried, had two, healthy children, was very happy and balanced, and no longer had ongoing issues with severe anxiety, or suicidal depression; both patient and mother were lost to follow-up thereafter

just want to crawl into a hole, just want to hide.”

She also complained of feeling ultra-sensitive to everything; she couldn’t stand watching TV, or being in crowds, and any loud noise, bright lights or strong odors drove her crazy, made her feel very irritable, and even more depressed. When I inquired further, she stated that she did not blame anyone else for how she felt, not even her boyfriend who had often left her alone in a strange city with no real support; rather, she believed her terrible state of mind was a result of her own, lifelong oversensitivity and tendency toward despair. Previous homeopathic medicines that she had received had provided some relief of her despair and oversensitivity.

Diagnostic Assessment

Severe, suicidal depression. Patient refused allopathic medications.

Homeopathic Analysis and Treatment

Since the patient had responded very well to *Ignatia* in the past, she was given a 1M potency, but there was no appreciable effect after six weeks. A subsequent dose of a 10M potency of *Ignatia* also failed to act.

Using “Kingdom Analysis” from the “Sensation Method,” it was clear that her core issues were sensitivity and reactivity, which are consistent with the Plant kingdom. She did not display the core mineral issues focusing on one’s structure and function, nor the core animal issues of self

versus other, victim versus aggressor, superior versus inferior, and/or blaming others, etc.

The plant family themes of ‘frustrated,’ ‘crushed,’ ‘shocked,’ ‘suffocated,’ ‘paralyzed,’ ‘frozen in place,’ and ‘beside oneself with grief,’ were consistent with the *Loganiaceae* family.

The experiential themes of ‘hopeless despair,’ ‘no options,’ ‘everything going wrong,’ ‘nothing good will ever happen,’ ‘negativity is killing my spirit,’ and ‘ugly suicidal thoughts’ were consistent with the *Syphilitic* miasm.

It was clear now why *Ignatia* did not act, since it is classified as a Cancer miasm remedy.

The *Loganiaceae* family member in the *Syphilitic* miasm is *Hoang-nan*, or *Strychnos gaultheriana*. A review of the available homeopathic materia medica reveals that *Hoang-nan* is a plant indigenous to Tonquin, China, where it has a great reputation as a remedy for leprosy, hydrophobia, snake-bites, and diseases of the skin. In 1883, a proving was made by seven persons (*North American Journal of Homeopathy*, March, 1886), and a few symptoms were produced. According to Hansen, prurigo, pustular eczema in parts well supplied with sebaceous glands (face, neck, genitals), boils, carbuncles, constitutional syphilis, cancer of the glands, and general malnutrition were also cured by the remedy, the dose of which is 5 to 30 drops of the tincture three times a day. The only recorded mental symptoms were mental lassitude and indisposition to effort. Therefore, it was not possible to ascertain this remedy via the

Classical Hahnemannian method by repertorial analysis and careful, comparative study of materia medica.

Dr. Sankaran and his colleagues deduced the core sensation information of the *Loganiaceae* plant family by a careful study of homeopathic materia medica and repertories, eliciting the common, repetitive symptoms and themes that ran through all of the proven remedies in the family. The *Syphilitic* miasm was assigned to *Hoang-nan* due to the destructive nature of its symptoms; e.g., constitutional syphilis, cancer of the glands, and general malnutrition.

The patient was prescribed a single dose of *Hoang-nan* 1M (Quinn, Hahnemann pharmacy), taken on July 25, 2005.

Follow-up and Outcomes

She was seen in person for follow-up approximately six months later on January 12, 2006, having broken up with her fiancée, and returned to the U.S. She stated that she felt stronger, more decisive, and less depressed after the homeopathic medicine, but now felt that the stress of breaking up and coming home to the U.S. and living with her critical parents had antidoted her. She felt very sad, crying all the time, panicky, trapped by her feelings, suffocated, scared of it never working out with her boyfriend, of having to be on her own; hopeless despair. She woke up terrified in the morning and didn't want to deal with the day. Her biggest problem was indecisiveness, fear of making the wrong decision, something that would make her miserable. She described an anxious dream of going to a strange wedding; then chaos happens, men in black burst in and shoot at her with machine guns; she hides her eyes, terrified, knowing that she'll be killed.

I asked her to describe more about "trapped." She replied, "I feel trapped in my indecisiveness; I can't move, hard to take a deep breath, just can't do anything; also, feel trapped by depression, anxiety, and panic, deep grief and hopeless sadness; there's no way out, no solution, nothing will help; if my plan just does not work, then I feel intense disappointment that incapacitates me; I'm absolutely shocked and crushed that my plans didn't work out; scared to do anything from fear that it won't work. I feel so frustrated, sad and angry!"

She was prescribed another single dose of *Hoang-nan* 1M (Quinn), taken on January 16, 2006. She was seen in person for follow-up on July 6, 2006. I observed that she appeared much calmer and healthier than she previously had; i.e., a more relaxed, balanced state of mind, a general diminishment in her hypersensitivity to environmental stimuli, clearer skin, brighter eyes, and absence of physical complaints. She stated that she felt really good since the last medicine and shared: "I live a privileged life, and it was a struggle to find myself after the break-up, but I did. My boyfriend called me and said that he wanted me to come back to England, but I decided to stay home and finish my postgraduate program at Darden. I love being in charge, and making things work better. I'm really enjoying

it!"

She decided to have breast enhancement surgery, and had silicone gel implants placed on May 21, 2006. She took *Arnica 30C* pre- and post-op on her own. Since the surgery, she was feeling somewhat trapped by indecisiveness again; fearful of getting married and having children until she made the commitment. She decided to stay on birth control pills until a possible engagement to her boyfriend in a few months, though the pills caused irregular spotting. She was thinking of moving back to England.

She was prescribed a single dose of *Hoang-nan* 200C (Quinn) for the partial relapse post-operatively, taken on July 12, 2006. She was advised to wean off the oral contraceptives. She was seen in person for follow-up November 1, 2006, at which time, she had been feeling very well until early October. She had been under stress since deciding to move back to the U.K. to become engaged to her boyfriend; she felt nervous, panicky, and had trouble sleeping; stressed out dealing with her family; had outbreaks of acne and herpes; more PMS and wondered if she was hormonally out of balance. She never discontinued the British birth control pills despite ill effects.

She was prescribed another single dose of *Hoang-nan* 1M (Quinn), and 6C (Quinn) daily, begun on November 16, 2006, and strongly advised to wean off the birth control pills and use safer, contraceptive methods. On March 8, 2007, she presented for her follow-up via phone consultation. She stated that she had felt really well after the last dose, "really balanced," even under the stress of moving to the U.K., where she married her boyfriend and then moved to Spain with her husband and started a new career with a family business. She had discontinued the birth control pills in late November 2006, and finished the *Hoang-nan* 6C (Quinn). By January 2007, she explained that her anxiety, depression, PMS, acne, and herpes were all much better; her skin was clearer than it had ever been, and even her libido was stronger, which was unusual for her.

Then, in late February 2007, her new husband, who had been depressed about his career as an artist not going well in Spain, committed suicide by hanging himself in the bathroom. She felt shocked, frozen, paralyzed, couldn't move, confused, didn't know what to do, "as if the rules in her head had been broken," "a line had been crossed," she just wanted to disappear. She felt "completely and totally shocked and disappointed to the point where I feel suicidal and have suicidal thoughts, but am so shocked that I just sit there on the bed with my mouth open, and can't scream or move."

Her parents arranged for her to promptly return home to Virginia for recuperation, and grief therapy, which she began in early March 2007.

She received another single dose of *Hoang-nan* 1M (Quinn), and 6C (Quinn) daily, begun on March 10, 2007. She missed her follow-up visit in April 2007. In August 2007, her mother, who was also my patient, related to me that her daughter recovered relatively quickly from the

shock of her husband's unexpected suicide and did very well after her last homeopathic dose. She had moved to California to live near her sister, began a new job there, and had a new love interest; she was feeling balanced and happy overall.

At her mother's follow-up visit in December 2015, I inquired about her daughter, and she shared that her daughter remarried, had two, healthy children and was very happy and balanced. She no longer had ongoing issues with severe anxiety or suicidal depression. I asked her mother to convey to her daughter my best regards, and to please kindly call and let me know how she was doing if she ever visited Virginia again in the near future. As is often the case with our homeopathic patients who have relocated and whose health is much improved with the simillimum, follow-ups do not always occur.

Discussion

This case of severe, suicidal depression, environmental hypersensitivity, menstrual irregularity, and skin eruptions responded very well to a constitutional homeopathic simillimum ascertained according to the "Sensation Method" developed by Dr. Rajan Sankaran, et al., and which was not discernible via the Classical Hahnemannian method of

repertorial analysis and careful, comparative study of materia medica.

Judicious application of the "Sensation Method" in selected cases has proven to be a very valuable, case-taking and analytic instrument for more precise, deep-acting, homeopathic prescribing. In my own clinical experience, the very best results are obtained when a homeopathic simillimum is ascertained through a combination of the "Sensation Method" and the Classical Hahnemannian method.

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A Case Of Autism With A 20 Year Follow-Up A Homeopathic Medicine Case Report

Susanne Saltzman, MD

Abstract: A 22-month-old autistic male responded rapidly and permanently to a single dose of a homeopathic medicine. Within 24 hours the “veil lifted” and his autistic behaviors completely resolved over the next few months as his language and development accelerated. Patient was seen again recently at age 22 with an acute onset of anxiety. The same homeopathic medicine was prescribed with resolution of symptoms.

Keywords: autism, anxiety, homeopathic medicine, *Cannabis indica*

The following case is formatted according to CARE guidelines (1)

Introduction

Autism is a neurological developmental disability which adversely affects social interaction, communication skills, and cognitive function. Individuals with autism often suffer from numerous co-morbid medical conditions which may include: allergies, asthma, epilepsy, digestive disorders, persistent viral infections, feeding disorders, sensory integration dysfunction, sleeping disorders, etc.(2)

The prevalence of autism is not affected by race, region, or socioeconomic status. Since autism was first diagnosed in the U.S., the incidence has climbed to an alarming one in 68 children and 1 in 42 boys.(2) Currently there is no allopathic cure for autism, though with early intervention and treatment, the diverse symptoms related to autism can be greatly improved. Homeopathic medicine offers a safe and effective treatment for this condition; many children will need a number of homeopathic medicines or different potencies of the same medicine over time. Homeopathic treatment also allows other interventional methods (behavioral therapy, change in diet, etc.) to work more effectively. It has also been the experience of a number of homeopathic practitioners that, in a small number of cases, the correct homeopathic medicine may work rapidly and thoroughly to alleviate this condition. These cases often involve the use of potentized “drug” medicines. The following is one such case.

Patient Information

In January 1996, a mother brought her 22month-old son in to see me. Just two weeks prior, he had been diagnosed autistic by a pediatric neurologist at Columbia University in NYC. The mother was clearly distraught about the diagnosis of her son as she tearfully related the story.

John (not his real name) was born full term, 8 lbs., 3

oz., good Apgars, no complications and was nursed for six months. However, John was ill as an infant with recurrent upper respiratory infections (“mostly colds”) and episodes of wheezing especially at night that were ameliorated with bronchodilators. He was an easy child and his mother described him as very passive—if someone took something away from him like a toy, for example, he did not object.

What was most striking about the child was his dreamy, vacant, disconnected appearance. From the moment he walked into my office, John never once made eye contact with me or even seemed to notice my existence. He had bright beautiful blue eyes that would stare into space as he lay on the floor of my office. Occasionally he would get up and wander around aimlessly then occasionally stop to touch his mother before lying back on the floor and staring into space.

John’s development was slightly delayed; he sat up at 9 months, crawled at 11 months and walked at 14 months. His mother did not recall any reactions from vaccinations. He also had a very limited vocabulary.

The mother stated:

“John wanders off a lot and I have to keep a close eye on him in public.”

“He will sit and stare at a spot on the wall for minutes, or endlessly watch TV if we let him.”

“He is a good sleeper.” (knee-chest position).

“He loves to be naked and barefoot.”

“He places everything in his mouth.”

“His stools tend to be loose.”

“He stopped babbling months ago and hardly says a word.”

John liked cheese, milk, eggs, veggies, meat, and fruit, though his appetite was not great according to his mother.

Timeline of patient medical history, diagnoses and treatment received	
Dates	
January 17, 1996	22-month-old male presented with recent diagnosis of autism; appeared completely disconnected, no eye contact, no speech. Prescribed <i>Cannabis indica</i> 200c (Quinn), one dry dose.
January 18, 1996	Patient woke up “babbling” in his crib; he held his arms out to his mother. Over the next few months his language and development accelerated.
March 11, 1996	Patient made good eye contact. Mother said he was less placid, more sociable, frustrated more easily, showed very little interest in watching TV; he spent most of his time exploring the house and playing with his toys.
May 14, 1996	Phone follow-up: “John started putting words together, he understands everything, and he is very observant. He’s been asking for things instead of just pointing.” Showed interest in other children, slept well.
March 25, 1997	John was completely “present” but restless, explored the office and touched everything in his view. Mom said he was aggressive with other kids, yet also extremely affectionate, caring and sensitive, hyperactive, defiant, and destructive with his toys. He was also “flirtatious” with girls. Slept in the knee-chest position, loved dairy and had limited food choices. Prescribed <i>Medorrhinum</i> 200c (Quinn), one dry dose.
May 6, 1997	John’s aggressiveness improved. “He is not going up to children anymore and hitting them,” said his mother. He was not as defiant at home though he could get easily upset he if didn’t get his way and his “flirtatiousness” and appetite remained the same. I did not see John again for 19 years.
July 22, 2016	John saw me at 22 years old with a complaint of anxiety and panic attacks for the past 18 months, precipitated by planning to study abroad. He appeared animated, friendly, loquacious and extroverted. Smoked marijuana throughout high school and college. Prescribed <i>Cannabis indica</i> 200c (Quinn), one dry dose. I advised John to stop marijuana.
August 15, 2016	John called to say he had relief for two weeks but relapsed with severe anxiety when he did not get a job he had expected. Prescribed <i>Cannabis indica</i> 1M, one dry dose.
September 16, 2016	John missed his follow-up but called to say he was doing great, much less anxiety.
April 2017	Mother reported John was doing very well at a new job in the city, no more panic attacks.

He used to sweat from his head as a baby and his tolerance to pain was fairly high (mother said he didn’t cry too much after falling).

Family History

Mom reported use of marijuana for many years throughout college and before conceiving the child; she used it occasionally during pregnancy. Rest of family history was unremarkable.

Diagnostic Assessment

Severe case of autism with minimal contact.

Homeopathic Assessment and Treatment

The history of marijuana use by the mother in light of the dreamy, disconnected behavior of her son were the strongest clues in this case. While other remedies came to

mind such as *Opium* and *Helleborus*, which can also appear in this detached, disengaged manner (*Opium* also has a high tolerance to pain), the potential for marijuana as a contributing factor in this child’s case was undeniable from a homeopathic and miasmatic perspective. (see Discussion below). While I did not repertorize the case at the time because of my confidence in the prescription, I have done so here for educational purposes.

Rubrics

MIND: dream, as in a
MIND: absorbed, buried in thought
EYES: staring
RESPIRATION: asthmatic; night
TALK, Talking; incoherent

	Op.	Stram.	Sulph.	Lach.	Cupr.	Cann-i.	Nux-u.	Nux-m.	Phos.	Hgos.	Con.	Kali-c.	Ierat.	Cham.	Bell.	Ars.	Bry.	Arg-n.	Agar.	Nat-m.	Puls.	Rhus-t.	Hell.	Ph-ac.	Merc.	Calc.	Sep.	Kali-p.	Laur.	Cann-s.
Total	16	16	16	16	13	12	13	14	10	12	8	11	11	7	11	10	10	10	10	10	9	9	10	10	8	8	8	7	8	7
Rubrics	5	5	5	5	5	5	5	4	5	4	5	4	4	5	4	4	4	4	4	4	4	4	3	3	4	4	4	4	3	4
Kingdoms	Green	Green	Blue	Red	Blue	Green	Green	Green	Blue	Green	Green	Blue	Green	Green	Green	Blue	Green	Blue	Blue	Blue	Green	Green	Green	Blue	Blue	Blue	Red	Blue	Green	Green
mind; DREAM, as in a (151)	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black
mind; ABSORBED, buried in thought (158)	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black
eyes; STARING (193)	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black
respiration; ASTHMATIC; night (95)	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black
mind; TALK, talking, talks; incoherent (110)	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black

Plan: *Cannabis Indica* 200c, (Quinn, Hahnemann pharmacy), one dry dose.

Follow-Ups and Outcomes

Mom called my office the next day and I could sense excitement in her voice.

“Dr. Saltzman, it’s a miracle! What did you give John yesterday?”

“Why, what’s happening?”

“You won’t believe this, but I found John standing up in his crib this morning babbling like crazy. I haven’t heard a peep from him in months. And he was actually holding his arms out for me to pick him up. Usually in the morning he just lies in his crib staring at the ceiling. Please can we give him more of that stuff?”

I explained to her that we needed to wait because the remedy would continue acting in his system. Over the next few days to weeks, there was a remarkable acceleration in John’s development and speech. He began making eye contact; in fact, his mom stated that he started going up to people and hugging and kissing them. Within days of the remedy, he would run around the house pointing at objects wanting to know what they were. “It’s like he is making up for lost time,” the mom stated. As his language accelerated, the words couldn’t come fast enough out of his mouth!

I saw John two months later and I was shocked when he came right up to me, looked at me with those bright blue eyes and then hugged me!

Mom stated: “He is less placid; in fact, he gets frustrated more often if he doesn’t get his way and he is more aggressive with his sister.” John was more sociable, showing a real interest in people; he would sometimes go up to strangers and hug them. He was not glued to the TV; in fact, he showed very little interest in watching it at all and spent most of his time exploring the house and playing with his toys.

Plan: Wait.

A phone follow-up eight weeks later revealed that John was now putting words together, although his language was still very much delayed for his age. He had begun asking

for things (instead of just pointing). Mom described him as being very observant. “He understands everything now,” she said. He hated getting his haircut and would scream and flail. John was showing real interest in other kids and he was sleeping well. His appetite was still poor and his food choices were unchanged.

Plan: Wait

I saw John approximately ten months later for a follow-up. He looked at me inquisitively and then went straight to play with the doll house in my office. He was restless, getting up often to explore the office, touching everything in his view. Mom said he had become very aggressive with other kids, sometimes hitting and kicking them unprovoked. Yet at the same time, he could be extremely affectionate, caring and sensitive, asking others “are you ok?” if he thought they were hurt. He was now toilet trained, defiant with his parents, often hyperactive, and could be destructive with his toys at home. Mom also described him as being somewhat “flirtatious” with girls. He still slept in the knee-chest position, loved dairy and had limited food choices.

Assessment: At this point I knew that John was ready for a different homeopathic medicine because his aggressive behavior was starting to limit him socially and he was becoming much more difficult to manage at home. The *Cannabis indica* had obviously awakened this sleeping child by removing the ‘miasmatic influence’ of the substance and he was showing signs of more normal constitutional behavior. *Tuberculinum* covered his restlessness, destructiveness, food cravings and sleep position, but these symptoms, as well as his extremes of behavior, sensitivity, and flirtatiousness in one so young, led me to prescribe *Medorrhinum*. Also he had a strong sensitivity to reprimand (he would cry if mom scolded him: MIND; Reproaches, ailments from, aggr.) which I have found to be a defining characteristic of children needing *Medorrhinum* as compared to those needing *Tuberculinum*, who will often resist reprimand and become even more obstinate and defiant when reproached.

Plan: *Medorrhinum* 200c, (Quinn), one dry dose.

At the six week follow-up, John's mother stated that his aggressiveness was much improved. "He is not going up to children anymore and hitting them," she said. His behavior was improved at home though he could get easily upset if he didn't get his way, and his "flirtatiousness" and appetite remained the same.

Plan: Wait.

July 23, 2016

I didn't hear from John for the next 19 years when he returned to my office at age 22 with a main complaint of severe anxiety for the past 18 months. I recognized him immediately by those brilliant blue eyes. But John was quite unlike the placid sleepy boy I first saw in my office 20 years ago. In fact, he had quite an intense personality. He appeared animated, friendly, loquacious and extroverted. He had just graduated from Syracuse University with a business degree and was pursuing a career in commercial sales in New York city.

He complained of panic attacks in the morning on waking, his "stomach in knots," sweaty hands, palpitations and hot/cold flashes. He sometimes vomited from the anxiety. The panic attacks started over a year ago when he began making plans to study abroad for a semester and he was placed on Lexipro 20 mg with mild improvement.

He reported having sinus surgery in 2013 for a deviated septum and chronic sinusitis and a tonsillectomy in 2015 for chronic pharyngitis. He became addicted to the pain medications and went through "tremendous withdrawal" when he finally stopped them. He also complained of acid reflux when stressed and he told me that he smoked marijuana in high school and throughout college. He continued to smoke marijuana when he felt "stressed," but it didn't do much to calm his anxiety.

John presently had a new girlfriend after a recent break-up, and he said, "I like having a girlfriend; I want the companionship. I'm very sensitive and affectionate." He admitted to being "more emotionally dependent" and he liked to party but was not a big night person. He described himself as very sociable with lots of friends. He also had a "fear of losing control," and complained of anticipatory anxiety before exams and job interviews. He was generally hot and preferred salty and spicy to sweets.

Homeopathic Assessment

As I listened to and observed John, there were a number of homeopathic medicines that went through my mind. *Phosphorus* was evident from his bright beautiful eyes, "effervescent personality," his strong need for companionship and generalized anxiety. His anticipatory anxiety, intensity and openness reminded me of *Argentum nitricum*. *Aconite* covered his panic attacks as well.

However, considering the history, the fact that John continued to use marijuana throughout high school and college, and knowing that *Cannabis indica* was a common

remedy for anxiety and panic attacks, I opened up one of my favorite materia medicas, "*Desktop Guide to Keynotes and Confirmatory Symptoms*" by Dr. Roger Morrison, and I was struck by the following sentence under *Cannabis indica*: "Symptoms begin when he travels or moves to a new or foreign place." John had specifically stated that his panic attacks began 18 months ago when he "considered studying abroad." Just the thought of traveling abroad triggered tremendous anxiety for him. This completely confirmed the remedy for me.

I also explained to John how important it was for him to stay away from marijuana, not only because it could antidote the homeopathic medicine but because he was too vulnerable to the substance on a deep level as evidenced by his history. I explained that his continual use of the substance might also be causing "proving symptoms" of anxiety and panic attacks. He appeared to understand and he agreed to abstain from its use.

Plan: *Cannabis indica* 200c (Quinn), one dry dose.

John called four weeks later to say that he felt much better for about two weeks but then "spiraled downward" when he did not get a job he expected. He was continuing to interview in many places. He complained of much anxiety, especially in the morning on waking, felt his "knees buckling," and described "pins and needles" sensations all over. He told me he had not used marijuana since our last visit.

Plan: *Cannabis indica* 1M (Quinn), one dry dose.

John called to cancel his one month follow-up appointment because he "felt great." His panic attacks subsided within a week of the medicine and he was continuing to look for a job in the city. I recently spoke with his mother (about eight months later) as I was preparing this case and she said that he continued to do well and was now working at a job in the city.

Discussion

The homeopathic prescription of *Cannabis indica* was evident from the child's symptoms of dreaminess, detachment and disconnectedness. These are symptoms that *Cannabis indica* caused in healthy people during homeopathy's drug trials or *provings* as well as information gleaned from the widespread experimental use of the substance. However the fact that the child responded so deeply and rapidly to the medicine shows how the mother's use of marijuana might have contributed to a type of miasm (predisposition to disease) in this vulnerable child, the key word being *vulnerability*. For example, the child's older sister was healthy though the mother had also used marijuana before and occasionally during that pregnancy as well. Obviously, the son's constitution was extremely sensitive to the substance in a way that his sister was not. This reveals how uniquely

individualized homeopathy is as a system of medicine that addresses both the nature and nurture aspects of disease. The psychosocial (including family history and predispositions to disease) and environmental factors (toxins, vaccines, allopathic medications, etc.) as well as the individual's temperament (inner strengths and weaknesses) that influence a person's vulnerability to these external factors all contribute to an individual's manifestation and expression of disease.

I have treated many autistic children through the years and I have had only one other case that responded so dramatically to a homeopathic medicine. (Most autistic children will show slow steady improvement overtime with either different homeopathic medicines or the same medicine in varying potencies.) It was a six-year-old girl with a diagnosis of pervasive developmental disorder (PDD) who spent the entire time in my office in fantasy play. The mother also appeared to be in denial of the severity of the child's disconnection from reality. It was the mother's deep denial in the face of this completely detached child that led me to prescribe *Opium* 200c which completely transformed this child. Within 24 hours, she experienced severe temper tantrums as waves of anger and grief were released, eventually leading to a completely awake, conscious, and "present" child. Seeing the child's reaction was frightening for the mother who experienced her own "awakening" as she suddenly recalled memories of physical abuse by her father when she was a little girl. From a homeopathic perspective, we can surmise that the memories and pain of this abuse lay dormant in the mother, who might have passed this onto the child leading to a type of "numbness" and detachment from reality. The emotional pain unleashed in the child by the homeopathic medicine allowed her mother to get in touch with her own pain—a single homeopathic medicine healed both mother and child.

It is interesting that both of these cases involved the use of potentized "drug" remedies. The question for me is whether these children were truly autistic or rather "autistic-like" as a result of a drug's influence (marijuana in John's case) or a type of post-traumatic stress disorder (in

the girl's case) that was transferred from mother to fetus and was miraculously alleviated with homeopathic *Opium*, one of our best medicines for PTSD.

Patient Perspective

"My son was transformed by Dr. Saltzman and I am forever grateful. He had not spoken or used his voice for over six months when we went to see her. He did not make eye contact and avoided interactions. He would watch the same movie or look at one book for hours on end. Dr. Gold at Columbia had just diagnosed him autistic when I took him to see Dr. Saltzman. I was desperate and had no where else to turn. Dr. Saltzman spent two hours with me and my almost 2-year-old son, asking strange questions about his habits. Finally she gave him a remedy and sent us home. The next morning, he woke up babbling. I could not believe my ears. From that moment on he was changed. He is now 23 and embraces the world and loves relationships. He has a job that requires tremendous interpersonal skills, is amazingly outgoing and friendly, and is in love with a beautiful girl. He smiles all the time, has a positive attitude and he has a clear, direct way about him. I am forever and deeply grateful to Dr. Saltzman for altering the course of his life."

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A 60-Year-Old Male with Lone Paroxysmal Atrial Fibrillation

A Homeopathic Medicine Case Report

Todd A. Hoover, MD, DHT

Abstract: A sixty-year-old male with recurrent atrial fibrillation exacerbated by smoking, dramatically improved on homeopathic treatment alone. The patient refused both surgical and conventional medical therapy for the condition. Homeopathic medicine was used as an alternative therapeutic option over a “no treatment” approach. To approach the case homeopathically, the symptom of atrial fibrillation was evaluated within the global context of the patient rather than isolated and treated as an independent variable of health. Rapid response to homeopathically prepared *Spigelia anthelmia* demonstrated a high probability that the clinical outcome was causally related to the homeopathic therapeutic intervention.

Keywords: atrial fibrillation, homeopathy, *Spigelia anthelmia*

The following case report is formatted according to CARE guidelines (1)

Introduction

Lone Atrial Fibrillation (AF) is defined as any AF in patients equal to or less than 60 years old without clinical or echocardiographic evidence of cardiopulmonary disease, including hypertension or AF in younger patients without any identifiable comorbidities.⁽²⁾ Patients with recurrent atrial fibrillation are often treated surgically with 97% of cases free of atrial fibrillation at five years. The surgical mortality is 1.8%. Some patients wish to avoid risks associated with surgical repair that include stroke, myocardial infarction, and pulmonary vein perforation; other patients are averse to lifelong anticoagulation and antiarrhythmic therapies with potential side effects including bleeding episodes, worsening of arrhythmias, and decreased myocardial contractility. Homeopathic treatment can offer an effective and safe therapeutic intervention in patients with recurrent atrial fibrillation who refuse to undergo either surgical or conventional medical treatment.

Patient information

A sixty-year-old male presented with a chief complaint of atrial fibrillation (AF). He reported three major episodes in the past three weeks with many smaller attacks on a daily basis. He had a history of AF in the past, but not for at least five years. All symptoms began after he resumed his smoking habit. The main symptoms were tightness and pressure over the precordium, with an acute sense of anxiety and feeling overwhelmed. The heart rate would become rapid and irregular, which the patient described as alternating be-

tween rapid and slow. He had shortness of breath during the episodes, which could last for several days; episodes seemed to be much worse in the evening. Whenever the heart was in rapid fibrillation, he experienced a profound feeling of weakness. He felt better when alone and lying with his feet up. During these episodes the patient had a significantly increased fear of stroke or some type of clot going to the brain. He reported that he was due for a stress test in the next few weeks.

He had a big concern over finances and a fear that he would become impoverished—he worked intermittently. These concerns had increased over the past one to two years since his son started college. He was fearful in crowds and narrow places. He tended to avoid people in general and startled easily. He also had a fear of doctors and needles and expressed a big concern about conventional medical treatment in general.

He was sensitive to noise and averse to any tight clothing, including hats and waistbands. The patient was generally warm, but sensitive to the cold. He was especially sensitive to wind. He perspired and ground his teeth at night.

He seldom got headaches, but had lots of problems with his teeth (multiple caries over the years). He had ear infections in the past triggered by wet and windy weather. His near vision had diminished with age. There was a history of recurring bronchitis which he attributed to his smoking habit.

His digestion was generally good—“I can eat any-

thing.”—but he did get occasional heartburn and recently had noticed flatulence when he ate foods with gluten. This seemed worse before bedtime. He craved alcohol and sweets in the evening. There were no specific aversions, and he complained of some motion sickness (nausea riding in a car).

There were no genitourinary problems other than occasional nocturia. His sexual desire had decreased over the past eight months. His erections were normal, but they did not last as long as in the past.

The patient did not report any problems with his extremities. He did have lower back soreness with a history of right-sided sciatica. He had a very hard time falling asleep, which was frustrating for him. He also awakened during the night, especially around 3 a.m., but when he drank alcohol, he slept better.

Physical Examination

Examination revealed a healthy male who was muscular. His pulse was 64 with a normal rhythm. Blood pressure was 126/84. He appeared anxious, a bit jittery, but was up-beat and positive in general. He said he was usually optimistic except when he had heart symptoms. He startled easily and his manner was somewhat timid given his size and strength. He was reserved and good-natured. The rest of the physical examination was normal. There were no signs of peripheral emboli. His neurological examination was intact.

Diagnostic Assessment

The diagnosis was consistent with Lone Paroxysmal Atrial Fibrillation, but other types of tachycardia were considered. No evidence for valve defects or congestive heart failure were present.

Homeopathic Assessment

The homeopathic diagnosis included atrial fibrillation as well as the greater context of the whole person. Included were the following:

1. Paroxysmal chaotic reactions
2. Better lying down, closing off
3. Reserved, closed
4. Fear of something dreadful happening. Fear of sharp objects, narrow places, people, doctors, poverty, strokes
5. Overly sensitive
6. Jumpy, startling, nerves on edge

While the primary complaint was cardiac, in reality we were looking at a general nervous system issue. The entire case centered around nervous instability, whether it involved his heart, a tendency to startle or his fears. The patient dealt with the nervous issues by closing himself off. He was reserved and avoided interactions with people in general, though he did not actually present as being shy in person. I had the sense that this aversion to company was more of a protective mechanism due to nervous sensitivity

and overall jumpiness. He liked his work and he was happiest when he worked alone.

Diagnostic Reasoning and Repertorization

In repertorization, we can consider six main groups of symptoms that cover the totality of the case. Rubrics should be selected that describe the patient’s signs and symptoms as closely as possible. Care should be taken to avoid redundancy in repertorization since this will lead to mainly commonly used polycrests. By combining rubrics, yet keeping the categories of symptoms distinct, we can cover the entire case using repertorization that will likely lead to the simillimum.

For example, if we want to cover the idea of paroxysmal chaotic reaction, we could consider the following rubrics.

1. Chest, palpitation of the heart, appearing suddenly (19 remedies)
2. Generals, pulse, frequent, evening (68)
3. Chest, palpitation of the heart, irregular (59)
4. Mind, palpitation aggravate (19)
5. Chest, palpitation of the heart, evening (49)

These rubrics are more specific for the case than simply choosing “Chest, palpitation of the heart,” which has 516 remedies represented. Even more descriptive is the following rubric: “Chest, palpitation of the heart, tobacco from.” (*Spigelia* is a grade 2).

To repertorize *better lying down or closing off*, we can use:

1. Chest, palpitation of the heart, lying down ameliorates (7)
2. Generals, lying down ameliorates (101)
3. Mind, company, aversion to, when alone ameliorates (54)

In this case, the first rubric is most specific, but because it is a small rubric with few remedies, it is more likely to not contain the desired medicine. By adding the General and Mental rubrics, we increase the likelihood that the correct medicine will be included. This method is used to help compensate for deficiencies and inaccuracies in the repertory.

The third idea is an extension of the second (e.g., the patient feels better closing off, but becomes too closed at some point). Here you can cover the idea of being too closed to the point where it can cause symptoms:

1. Mind, Reserved (132)
2. Mind, Timidity (220)

We can also consider rubrics such as: “Mind, aversion to company;” but in spending time with the patient, I felt it was more like timidity and reserve than a true aversion or misanthropy.

The fears can be collected together. They involved the fear of being around people and the fear that something detrimental might happen. The central fear was of being hurt, mentally as well as physically. Rubrics to consider included the following:

1. Mind, fear, something will happen (128)

2. Mind, forebodings (42)
3. Mind, fear, apoplexy (43)
4. Mind, fear, doctors (21)
5. Mind, fear, pins (11)
6. Mind, fear, in a narrow place (107)

Finally, the last two categories can be covered by a few rubrics. Because the ideas of these groups are so similar, they can be combined or we can keep them separate to maintain their distinction:

1. Mind, sensitive, to noise
2. Mind, starting
3. Mind, starting, from noise

Therapeutic Considerations

Using the above five main concepts for repertorization, we find 34 remedies in all five categories. Of these medicines, we can look most closely at those that fit the chief complaint as well as the characteristic symptoms of the patient. These include:

Aconitum napellus
Argentum nitricum
Cocculus indica
Digitalis purpurea
Ignatia amara
Lachesis mutans
Phosphorous
Spigelia anthelmia
Spongia toasta

We can differentiate the above by studying the materia medica for each:

Aconitum napellus – This patient certainly described a fear of death due to his heart symptoms. However, he was not overly restless, but actually preferred to lie down when symptomatic. Rather than craving the reassurance and company often seen in patients needing *Aconitum*, this patient was averse to company and preferred to be alone when his symptoms occurred. For these reasons, *Aconite* was an unlikely choice.

Argentum nitricum – These patients tend to be consumed with ideas that often begin from physical symptoms. The fear of stroke, for example, in a patient needing *Argentum nitricum* would prompt him to seek help from the physician early and he or she would be unrelenting in the need to help stave off the intense anxiety created by atrial fibrillation. The patient in this case, however, had less urgency, especially when the symptoms abated. In fact, between episodes he was quite optimistic and cheerful.

Cocculus indica – While the nervous system is often affected in these patients, the more typical reaction is vertigo. These patients can develop weakness of the nervous system as a result of their excessive caring for others. Trauma is often a source of etiology in these cases, which is missing in our patient.

Digitalis purpurea – An excellent medicine for heart ailments, this medicine is more often used in patients who

have heart failure or weakness of the heart. We do not find the guilt or overriding sense of responsibility common to patients needing *Digitalis*. Many of the physical signs such as edema and high blood pressure are also missing.

Ignatia amara – Any patient with emotional sensitivity, desire to be alone, and paroxysmal attacks of a hysterical nature could be considered for this medicine. Typically we would expect to see some level of grief, a keynote of *Ignatia*. But this was noticeably lacking. While he was quite industrious, he lacked the idealism that is found in the typical *Ignatia* patient.

Lachesis muta – All of the snake remedies tend to have some action on the heart. *Lachesis* is often used in paroxysmal palpitations and this patient was both warm and intolerant of tight clothing consistent with *Lachesis muta*. However, he lacked many of the other key indicators such as cold extremities, loquacity, jealousy, suspicion, high blood pressure, and/or respiratory complaints.

Phosphorous – This remedy is consistent with the patient's likeability, sensitivity and fearfulness. However, it does not cover the main complaint nor the reserved nature of this patient. Additionally, he lacked the bleeding tendency of *Phosphorous*.

Spongia toasta – This medicine is an excellent choice for palpitations which are intense and come on suddenly. These patients are often cheerful in nature and tend to be warm, intolerant of tight clothing, and they have a dread of heart disease. Their palpitations tend to occur after midnight, during sleep, which is not the case for this patient. Additionally, with *Spongia* there is often a history of croup, asthma, and/or hard glands in the neck. While this patient had bronchitis in the past, it seemed more related to his smoking habit than to a predisposition. Also, the element of dryness due to excessive heat in *Spongia* was lacking. There were some elements of *Spongia toasta* that fit, but overall the dynamic action of this medicine was different from the totality of the issues affecting this patient.

Spigelia anthelmia – I initially dismissed *Spigelia* because I was familiar with it only as a headache medicine. On closer examination of materia medica, however, I learned that it was useful for violent palpitations associated with angina. *Spigelia* patients are worse from tobacco, and their palpitations are worse from any motion. They tend to be sensitive to noise and touch, and have a specific fear of needles. People needing *Spigelia* are easily offended by others, which often leads to their desire to avoid company. Interestingly, Hahnemann included in his *Materia Medica Pura*: "Mind, Cheerfulness, alternating with palpitation." On seeing that rubric, I was struck by the similarity to this patient who was quite cheerful and optimistic when asymptomatic. When his symptoms suddenly occurred, he became quite possessed by his fears, but as soon as the symptoms passed he was able to go about his work cheerfully and in an upbeat manner. This was a very striking aspect of his case.

To summarize: the patient could be described as a hard-

working and surprisingly cheerful man who periodically experienced heart palpitations due to his overindulgence of tobacco and its attendant stress upon his nervous system. In looking through the materia medica of *Spigelia anthelmia*, the fit was surprisingly close.

Some main ideas to look for in this remedy included:

1. Closing off to protect oneself
2. Hurt or offended easily
3. Fear of sharp things – actual sharp objects or injuries emotionally or physically
4. Keeping busy to avoid the fears
5. Happy, excited to the point of becoming careless
6. Chaotic, giddy kinds of reactions that can lead to an injury
7. Dull and sad feeling

To understand the best medicine for the patient, match the dynamic nature of a medicine with the dynamic nature or essence of the individual. In this case, *Spigelia anthelmia* fit most closely.

Homeopathic Treatment

A single dose of *Spigelia anthelmia* 30 C, 3 globules, was given sublingually.

Follow-up

Over the first few weeks, the patient reported feeling energetic and significantly less anxious. His fear of stroke was much less. The nocturnal palpitations resolved and did not recur. His heart rhythm was steady and regular with no palpitations. Patient still did not go for a stress test and was urged to complete the follow up. The patient stopped smoking after about four weeks.

At one year, the patient reported that he felt extremely well with no symptoms until about one week earlier when the palpitations began very mildly in the evenings. He admitted to smoking again about six weeks ago due to a stressful relationship breakup. He was once again anxious about having a stroke. He did complete a stress test this year which was normal.

A single dose of *Spigelia anthelmia* 30C, 3 globules sublingually was given. He was advised to make an appointment with his physician to pursue additional testing and to stop smoking.

A short call after four weeks revealed that the palpitations abated after the medicine. The patient continued to smoke cigarettes, but reported cutting back on its use. He

made an appointment with his treating physician for follow-up.

Discussion

In this case, I chose a medicine that I had never used for this condition. However, the patient would be best served if he sought additional evaluation and obtained help for his smoking habit. While all options for treatment were discussed with the patient, he refused surgical intervention and was adamant that he would not take conventional medication for either heart rhythm control or anti-coagulation. In such cases, homeopathic medicine can be a safe and effective alternative to conventional treatments.

This case provided evidence of a probable therapeutic benefit of homeopathic treatment in lone atrial fibrillation. Further research into the comparative effectiveness of this approach to conventional interventions should be considered due to the higher safety profile of homeopathic medicines in general. Additionally, homeopathic intervention could be considered as a potential tool for initial management of lone atrial fibrillation before surgical intervention, especially for those patients at high risk for adverse effects of anti-arrhythmic and anticoagulant therapies.

Patient Perspective

On follow-up, the patient stated, “I feel like I have my life back again.” He was happy to have access to a therapy that did not involve a surgical approach or taking medicine for the rest of his life.

Informed Consent: The patient gave informed consent for the publication of this case.

References

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Vaccine-Related Illness*

Richard Moskowitz, MD

Private encounters with patients are the familiar setting where practicing physicians like me do most of our work; and the personal relationships that develop from them are the source of our power to unlock secrets that prove impenetrable otherwise. Although its purview necessarily includes the scientific realm of abstract causes, mechanisms, diseases, and the technical language of abnormalities, this clinical perspective ultimately succeeds or fails in the concrete realm of the here-and-now, the unique, lived experience of individual human beings.

Trusting Our Patients

When parents tell me that their kids have been injured or made sick by vaccines or anything else, it's a crucial part of my job to determine as best I can whether that attribution is accurate; and certainly there have been my fair share of times when I've had good reason to believe that it isn't. But as the foundation of everything I undertake on their behalf, my relationships with patients can only be built on mutual trust and respect.

Trust doesn't mean that I always agree with what they say. It means that I have to trust what my patients tell me to be *the truth as they live it*, whether rightly or wrongly, until something happens to convince me otherwise. Indeed, experience has taught me that doctors who question and doubt the official assurances that vaccines are uniformly safe and effective have come to this position out of their commitment to honor that same assumption, while those who would mandate vaccines for everyone without exception often act as if what passes for science these days entitles them to dismiss and override the beliefs and values of patients whom they happen to dislike or disagree with.

Like most of you, I've seen some really terrible reactions to vaccines, including autoimmune diseases, brain damage, and death, the authentic "smoking guns" that people are rightly most concerned about. The cases I want to present here are much more common, common enough to be the rule rather than the exception, and on the whole less severe, and more readily cured. I have always been drawn to them because their prevalence may indicate a kind of generic substratum that looks beyond the safety of this or that vaccine to the deeper problem of the vaccination process in general, of how all vaccines act on everyone, even when there is no immediate, visible, or life-threatening ailment to point to.

At first, the only vaccine reactions I was sure of were minor illnesses that I could trace to a specific vaccine component because of symptoms that were highly suggestive of the corresponding disease, like inflamed, painful parotids and swollen retroauricular and suboccipital lymph nodes from the mumps and rubella components of the MMR, respectively, or high fevers of unknown origin, like one infant with a temp of 105° and very few other symptoms after the DPT, with a blood smear featuring 32,000 WBC's per cu. mm., including 20% immature band forms, and 1% metamyelocytes and other still more immature forms, which a pediatrician friend looked at and immediately identified as pertussis.(1)

As the years went by, with more and more vaccines in the picture, and often several being given at once, it became increasingly difficult to identify a specific vaccine or component as the precipitating cause; but I began to notice that children receiving vaccines of any kind tended to react to them nonspecifically, by becoming more susceptible to whatever acute illnesses were going around their school or neighborhood, or by developing a more intense or chronic version of whatever illnesses they were already bothered by, such as ear infections, which were virtually ubiquitous at that time.

In this typical example, a 19-month-old girl came down with a series of ear infections after her MMR vaccine, together with a bad flare-up of eczema and nasal allergies, both of which she had had only mildly since her birth:

Already a veteran of 5 ear infections and as many rounds of antibiotics since her MMR at 15 months, a 19-month-old girl also developed severe eczema and nasal allergies over the same period. Although these latter complaints had begun in early infancy, they continued to be quite mild, with the eczema confined to a few small patches on the face and behind the ears.

With no overt reaction to her DPT's, she developed her first ear infection with fever shortly after weaning and entering day care around her first birthday. After that she seemed fine until the MMR, soon after which her ears flared up repeatedly, with high fever, earache, and listless, clingy behavior, and never wholly cleared up, despite 5 rounds of antibiotics, while her allergies also became severe and unrelenting, and the eczema spread over her whole body.

Asking the parents not to vaccinate her or give her antibiotics if she did get sick, I treated her with common homeopathic remedies, with the help of which her ears healed rapidly, and the eczema and nasal congestion gradually subsided as well. Now 12, she has normal hearing, and has remained in good health otherwise but her parents remain dead set against resuming her shots.(2)

While this girl seemed to have been affected by the MMR more than the DPT, my clinical experience tallies closely with epidemiological research to the effect that the risk of an adverse reaction has much less to do with which particular vaccine is given than with the total number of vaccines given, the cumulative vaccine load, a finding which suggests that her earlier shots had also played a preparatory but largely subclinical role.

In this case, her visible reaction was limited to recurrent ear infections and an intensification of the eczema and nasal allergies that she had had only mildly before. Since all three ailments number among the commonest illnesses of her age group, her mother never suspected vaccines until a stretch of uninterrupted good health ended all too soon after giving her the triple MMR.

The alternative possibility that otitis media might be a specific reaction to the MMR is ruled out by another case of recurrent ear infections in a 6-year-old girl, this time culminating in a particularly severe episode after her DPT booster before entering first grade:

Beginning at 5 months of age, the episodes were characterized by red cheeks, grumpy, irritable behavior, and loss of appetite, but rarely fever or earache. After each one, she complained of runny, itchy eyes, and seemed generally “run down,” needing more sleep, and more likely to catch whatever her friends and relatives were bringing over, which her mother wearily described as “being sick all the time.”

She had had all her shots, which in those days consisted only of DPT and polio at 2, 4, 6, and 18 months, one MMR at 15 months, and a DPT booster before entering first grade. Although the ear infections had continued at frequent intervals, the final DPT brought on an unusually severe episode that lasted for 4 months without a break, in spite of several different antibiotics, and finally persuaded her mother to try a different approach.

Over the next 18 months, her parents agreed to postpone any further vaccinations, and she did beautifully on first *Sulphur* and then *Mercurius* preventively, coming down with colds and acute illnesses occasionally, and responding well to *Pulsatilla* 30X as needed for acute symptoms, never needing antibiotics, and seeming entirely well in between. Three years later, her mom called in to report that her daughter hadn't missed a single day of school, was thriving in every

way, and required no further treatment.(3)

Acute and Chronic

From a large number of similar ear infection cases, I came to understand that these children were reacting to something inherent in the vaccination process itself, rather than to this or that particular vaccine, because it seemed that any vaccine might suffice, and that its chief effect was either to activate whatever disease tendencies might be latent in that particular child, or to exacerbate and make more chronic the ones that were already manifest, including but by no means limited to the broad spectrum of diseases most prevalent in that age group.

An instructive variation on the general theme was this story of a toddler who had already lived through eleven ear infections and as many rounds of antibiotics by the time I first saw her:

Otherwise in good health, a chubby, blond, rosy-cheeked girl of 15 months was brought in for repeated ear infections, which had never cleared up despite eleven rounds of antibiotics. After a good pregnancy and easy labor, her mother chose not to nurse, and the child developed her first ear infection, with a fever of 103° and violent earache, at two months of age, soon after her first DPT, HiB, and polio combination. All later episodes were afebrile, typically with fretting and pulling on the ear; twice she was treated with antibiotics at a regular checkup with no symptoms at all, just because the pediatrician had detected some fluid behind the drum.

Sweating profusely on her face and scalp, she liked being well covered, loved cheese, milk, and pasta, and was quite frightened by dogs in the neighborhood. I gave her *Calcarea carbonica* 200c, one dose preventively, and instructed the parents to use *Chamomilla* 12c or *Pulsatilla* 12c as indicated for acute flareups, and to stop vaccinating her for a while. Two weeks later she became acutely ill, with a high fever and loud screaming, a virtual replica of her original attack, from which she recovered in less than a day. She never had another episode. A month later, I repeated the *Calcarea carbonica* 200c, and by her next visit, three months later, she was completely well and thriving in every way. That was over three years ago, and since that time she has had no more ear infections, no drugs, and no shots, without needing remedies for any other reason.(4)

In this case, the only clear link to any vaccine was her first episode, which followed her first series of vaccines at two months, after which her condition became so chronic that the later doses made no apparent difference. What particularly struck me was her last episode, which was acute and violent, with fever and intense pain, just like her first, and resulted in complete recovery.

From it and many others like it, I have learned to regard

most acute illnesses with fever and strong, well-marked symptoms as generally favorable prognostic signs, indicating strong vitality and an immune system that is developing normally, and to worry more about children who seem unable to mount fevers and other acute responses to infection, as the healthy immune system seems “hard-wired” to do.

So often forgotten or lost sight of, this fundamental and almost painfully obvious lesson helped me realize that, in addition to their intended effect of producing specific antibodies to the virus or bacterium in question, vaccines also, by some mechanism as yet undetermined, reprogram the child’s developing immune system to respond more chronically and less acutely in general; i.e., nonspecifically, whichever vaccine is given, and whatever the illness that follows it.

Any Vaccine Will Do

As if to underline the point, here is the case of a little girl who developed a nearly identical pattern of ear infections following two different vaccines:

A baby girl of ten months was brought in for otitis media, with high fever, intense earache, and loud screaming, her fifth such episode since two months of age, each one beginning soon after finishing the antibiotic from the one before. Shortly before that, she became fussy when her mother weaned her to go back to work, and developed a florid rash from her milk-based formula. All of these symptoms were intensified soon after her first DPT shot, culminating in her first ear infection two weeks later, with high fever and violent earache. After that she received only the DT, and had no overt reaction to it at all; but her ear infections continued unabated as before.

When I first saw her, I gave her a dose of *Calcarea carbonica* 1M preventively, and *Chamomilla* 30X to be used acutely as needed. She did quite well, with fewer colds and none of her typical acute episodes; but mild symptoms persisted and were aggravated while teething, such that I repeated the *Calcarea carbonica* 1M at the follow-up visit. The following spring, six months later, the ear infections came back with a vengeance, with three typical episodes and as many rounds of antibiotics very soon after the father insisted on taking her for her long-overdue MMR vaccination.

For these I first gave her *Lycopodium* 200, then *Sulphur* 200 a month later, and was about to try a third, when I learned that her parents had separated and were angrily vying over the child. From then on, she did very well on infrequent doses of *Sulphur*; despite a violent gastroenteritis after her DPT and OPV, and a general tendency to relapse when she visited her father, who indulged her with dairy products and took her to the pediatrician for her full quota of vaccines and antibiotics.

I have continued to follow this child at irregular

intervals for more than nine years. Now a freshman in college, she still gets sick occasionally; but while both addicted to and intolerant of milk and cheese, she has had no more ear infections for many years, and her basically strong constitution and immune system respond acutely and vigorously whenever she does come down with something, resulting in prompt, long-lasting recovery.(5)

This girl’s almost identical reaction to two different vaccine combinations indicated a definite predisposition to fall ill in a certain way that was recognizably her own, and most likely already in place to some extent even before the vaccines were given, their obvious and important contribution being simply to reactivate and exacerbate it, and ultimately to establish it as an chronic, recurrent pattern.

According to industry protocols and CDC standards, both the prevalence of otitis media and the pre-existing susceptibility that made it possible would already disqualify such a case from being counted as vaccine-related, and would all but assure her defeat if it resulted in a claim for damages in the National Vaccine Injury Compensation Program (VICP) court. This conceptual road not taken could also help explain why so few scientists have thought to investigate any possible downside of the vaccination process per se; yet simply looking at this case through the magnifying lens of the doctor-patient relationship demonstrates why they should.

Nonspecific Reactions the Rule, Not the Exception

Here is the simplest possible illustration of a nonspecific reaction to the vaccination process itself, involving a teen-age girl whose distinctive ensemble of childhood complaints resurfaced after more than ten years within a week of being given an MMR booster as a requirement for entering college:

A patient of mine since childhood, an 18-year-old girl was preparing to leave for college. In primary school, she had suffered a great deal from enuresis and a variety of obsessive-compulsive symptoms, but had successfully overcome these ailments with the help of *Arsenicum album* in various potencies, and had remained largely symptom-free for more than ten years without ever having to repeat it. Within a week of the MMR booster, her old pattern of bedwetting and OCD behaviors returned in full force, and she came in seeking treatment on her own for the first time. One dose of *Arsenicum album* 1M was rapidly and dramatically effective. She has since graduated with honors, and served challenging internships in rural Latin America without major incident or needing further treatment. (6)

In analogous fashion, the bulk of adverse reactions that I

have witnessed in my own practice represent a wide variety of nonspecific reactions to the vaccination process, and take the form of an easily recognizable pattern of the patient, rather than a statistically significant effect of any particular vaccine. By no means necessarily minor or trivial, they run the same gamut of ailments seen in every general pediatric practice, including asthma, eczema, sinusitis, allergies ADHD, learning and behavior problems, and autism.

Here follows the tale of a young boy with croup and mental retardation, born to a diabetic mother and already significantly handicapped at birth, yet clearly pushed into a steep decline by his vaccines, brought back with difficulty to a reasonable state of health, and then suffering an even more profound relapse from his long-delayed second round:

A 15-month-old boy was brought in for croup, recurrent colds, and developmental issues. Born to a diabetic mother, he weighed eight pounds at birth and spent weeks on a respirator in the Newborn ICU for “undeveloped lungs,” with cyanosis and unstable blood sugars. In the early months he was colicky and had a severe diarrhea that stopped when his mother eliminated wheat from her diet.

At three months of age, soon after his first DPT, HiB, and OPV combination, he became very restless, with swollen glands and a sickly pallor that lasted for months and culminated in a prolonged attack of croup, high fever, and sunken chest that required hospitalization and IV corticosteroids for relief. But the cough persisted for so long that his mother decided to put off the second round of shots until he recovered. Around his first birthday, she finally gave in, but the same croupy cough and swollen glands reappeared within a few days, accompanied by exactly the same symptoms as before.

With a marked fear of strangers, the boy appeared subnormal when I first saw him, drooling profusely, with his mouth hanging open, and hiding behind his mother. After two or three remedies failed to act, a single dose of *Baryta carbonica* 200c wrought a profound change in him, and the entire illness subsided in a few days, never to return. At his follow-up a month later, his mother was ecstatic. For the first time, there were no swollen glands and no croup, even in the dead of winter; and he was sleeping better, as well as more alert, more interested in his surroundings, and less fearful around strangers. That was six years ago, and I’ve not seen him since; but the experience convinced his mother not to vaccinate him again, and she recently called to report that he continues to thrive and develop normally, “like other children his age.”(7)

Another boy with severe allergies and year-round asthma achieved a sustained improvement with homeopathic care, even during his peak allergy season, but relapsed almost immediately after a DPT booster:

Asthmatic since the age of two, and testing positive for a broad spectrum of allergens, a 4-year-old boy was brought in for homeopathic treatment because even a strict daily regime of bronchodilators and inhaled corticosteroids had not prevented major flare-ups the previous fall and winter, several of them requiring oral prednisone and antibiotics as well. After a few doses of *Kali iodatum* 200c, he had cut his inhaled steroids by half, maintained higher peak flows of 150 or more, and even made it through a cold for the first time without asthma or drugs of any kind. Emotionally, too, he was calmer and less wild, even expressing remorse after a fit of rage, which he’d never done before.

Throughout the following spring and summer, he remained healthy and energetic; and even by September, the peak of his allergy season, he was still doing well on half-doses of Beclovent, with average peak flows at record levels of 160-175. Then he got his DPT booster before entering kindergarten, and almost immediately came down with bronchitis, for which his pediatrician gave antibiotics, and his asthma and allergies returned in full force. Once again, he responded beautifully to *Kali iodatum* 200c; at last free of all drugs, he has continued to improve over the past two years, without needing to take the remedy again; and his parents are determined not to revaccinate him in the future.(8)

A final example was this girl with a seizure disorder, first appearing in infancy, which her parents had no doubt was caused by a round of vaccinations, but continued to worsen slowly even after they chose to discontinue them, and only reached their full intensity a year later:

A 3-year-old girl was brought in to see me for frequent attacks of “shuddering,” in which she tensed her limbs, shook her head, and stiffened her body. Although the pregnancy was complicated by first-trimester bleeding, exposure to toxic chemicals, and IV antibiotics during labor for a Group B Strep infection, the child appeared perfectly healthy at birth, nursed well, and remained alert and energetic for the first two months of life.

Upon receiving her first DPT, HiB, and OPV combination, and thereafter also while teething, she screamed violently for days and began spitting up excessively after feedings. At six months, the shuddering episodes began, shortly after her third round of vaccines, which convinced her parents to stop vaccinating her for good. Sporadic and intermittent at first, they grew steadily more frequent as solid foods were introduced. By her second birthday, they were occurring around 200 times a day on average, with arms extended and thumbs tucked into her palms.

Although intelligent and highly verbal, her mental development had also been adversely affected by the

seizures, which were especially frequent after milk and dairy, but had improved somewhat from taking magnesium and other supplements from a holistic physician. Still attached to the breast, she had begun to wean a year earlier until an overdose of ice cream precipitated a major relapse, from which she was only just beginning to recover. Gentle and sweet-natured for the most part, and especially loving to cats and other animals, she also displayed a violent temper at times when her attacks were especially frequent, with screaming, hitting, and smashing things. She was also quite afraid of loud noises, bedtime, and going to sleep.

I first gave her *Cuprum metallicum* 200c, and her parents noted a definite improvement in her mood and energy; but she became violently ill one day at play group, with a high fever and explosive diarrhea, while her shuddering attacks continued as before. After a single dose of *Aethusa* 200c, her diarrhea continued unabated for a whole week, along with innumerable little seizures of thumb clenching only; but the diarrhea stopped after the second dose, while the seizures gradually became fewer, briefer, less intense, and less easily provoked; and her mood, energy, and speech also improved, with fewer angry outbursts.

Within three months, the attacks had almost disappeared; and in six months she seemed an altogether different child, active and vivacious, but also calmer and less troubled, despite having made great leaps forward in speech and learning, and suffering no major reactions to occasional dairy treats, no tantrums, and no shuddering at all. Over the years since then, she has continued to thrive without ever needing the remedy again. Her parents adamantly refuse to consider revaccinating her.(9)

Hidden in Plain Sight

I present these cases not to discuss which remedies were chosen and why, but simply to call attention to a highly predictable effect of every vaccine on the health of those receiving it; namely, to add to or amplify whatever chronic disease tendencies are already present, even if they don't become manifest at the time, and to predispose to more overt and more forcible reactions in the future, whether to subsequent vaccinations or to drugs, chemicals, and allergens that they have become sensitized to as a result.

I am thoroughly convinced that such sensitization also provides the missing link to the mounting toll of deaths and crippling, irreversible complications that we read about in the blogosphere, which often occur much later and are likewise regularly dismissed as unrelated or "coincidental." This hypothesis is strongly supported by current research on autoimmune phenomena, and helps to explain why adverse reactions to vaccines are so commonly overlooked and underreported, even by parents, and difficult to recognize even when they are looked for:

- 1) because they often don't become manifest until many weeks, months, or even years after the shot(s), an interval well beyond the limit of most of those officially accepted and listed as such;
- 2) because they involve a nonspecific reaction to the vaccination process *per se*, which few physicians seem interested in and few parents know to look for;
- 3) because they often involve activation or reactivation of disease tendencies that were already latent in the child, or exacerbation and progression into a chronic state of illnesses already manifest, and thus characteristic of the patient, rather than of any particular vaccine;
- 4) because they involve many of the same illnesses that their unvaccinated friends and classmates are also coming down with, just more often, more severe, and more chronically, and encompass the whole spectrum of pediatric practice, including ear infections, eczema, asthma, allergies, sinusitis, ADD, learning disabilities, autism, and so forth;
- 5) because they are common enough to be the rule, rather than the exception;
- 6) because any vaccine can produce them, and the affected children tend to react in more or less the same way each time, to whichever vaccines they are most sensitive;
- 7) because other environmental factors, such as drugs, herbicides, pesticides, toxins, and pollutants, are also frequently implicated, so that neither vaccines nor hereditary predisposition are the only causal factor; and
- 8) because so many vaccines are being given, with so little time in between them, that the parents often fail to recognize the connection until the child gets well and remains unvaccinated for a number of months, but then relapses more intensely in the same fashion soon after the next one is given.

Finally, the cases cited above also exemplify the synergy prevailing between inherited predispositions, latent tendencies, and vaccines in producing the illnesses we see in our offices, a collaboration that highlights the impossibility of attributing them exclusively to genetics or environment, the traditional dichotomy that pro-vaccine circles still cling to.

While perhaps accepting the validity of this or that individual case, many physicians will doubtless object that the main issue with such "anecdotal evidence" is simply one of frequency, so that these few individual case reports cannot provide adequate justification for rejecting the whole program. To them I need only reply that the automatic, instinctive, and almost unanimous resistance of most pediatricians to worrying about the risks of vaccinating at all, let alone of piling on as many vaccines as the traffic will bear, has surely had the effect of downplaying such anecdotes and thus making the real injuries seem much less common

than they really are.

On the other hand, these far commoner, less severe, and more easily cured cases are unlikely to satisfy the parents of dead or seriously injured children, who rightly seek a level of brute force wielding the same degree of causal power that killed their sons and daughters or crippled them for life. To them, having been compelled to endure such grievous losses and catastrophic illnesses day after day for years on end, simply making worse what's already there seems far too weak, subtle, and tenuous a link to do justice to the physical and emotional shock of whatever has shattered their peace and contentment for quite probably the rest of their lives.

Not only for their sake, it is imperative to take a closer look at the real "smoking guns" that have been identified so far, the most serious and all-too-frequent outcomes that vaccines are capable of, namely, autoimmune diseases, the various forms of brain damage, and the potential of both to end in death. The whole point of this article is that we can't properly understand these worst cases without first being aware of the insidious and at first subclinical alteration that so often prepares the ground for them to manifest at a later date.

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(*) adapted from Chapter 4, "The Clinical Perspective," in *Vaccines: a Reappraisal*, to be published September 2017, Skyhorse, N.Y. publishing.

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About the Author: Richard Moskowitz, MD, practices classical homeopathy in Watertown, Massachusetts (Boston area). He previously served as President of the NCH and taught at their Summer School. He is the author of the books "Homeopathic Medicines for Pregnancy and Childbirth," "Resonance: The Homeopathic Point of View," "Plain Doctoring: Selected Writings, 1983-2013," and "More Doctoring: Selected Writings, Volume 2, 1977-2014."



Pilot comparative study on the health of vaccinated and unvaccinated 6 to 12-year-old U.S. children ⁽¹⁾

Anthony R Mawson, Brian D Ray, Azad R Bhuiyan, and Binu Jacob
Journal Of Translational Science
School of Public Health, Jackson State University, Jackson, MS

Summary

No studies have been done on the long-term effects of individual vaccines and vaccine adjuvants or on the safety of the childhood vaccine program itself. All U.S. children currently receive up to 48 doses of vaccines for 14 diseases from birth to age six, a number that has steadily increased since the 1950s. Serious adverse vaccine events are reported to be less than one percent, yet the Vaccine Injury Compensation Program has paid \$3.2 billion in compensation for vaccine injuries since its creation in 1986. The long-term health of vaccinated versus unvaccinated children has been largely ignored until this Pilot study led by Anthony R. Mawson, et.al.

Besides the economic and political reasons for the lack of such studies, one major challenge has been identifying a large enough pool of unvaccinated children since most children (95%) in the U.S. are vaccinated.

Fortunately, a research group at Jackson State University led by the renowned epidemiologist Dr. Anthony Mawson, the author of more than fifty published studies (2), has done just this with a cross-sectional survey (questionnaire) of 261 (39%) homeschooled children and compared their health with those of 405 (61%) vaccinated children, ages six to twelve, from Florida, Mississippi, Louisiana, and Oregon. Mothers were asked to use their child's vaccination records to indicate the recommended vaccines and doses, but not dates so as not to overburden the respondents and reduce the likelihood of inaccurate reporting. Mothers were asked to respond to yes or no questions (to improve response rates) regarding whether their children had received a diagnosis by a physician for more than 40 acute and chronic illnesses. Other questions involved the number of "sick" visits to physicians, medications used, insertion of ear tubes, number of days in the hospital, pregnancy-related conditions, birth history, exposure to environmental factors (living near a hazardous waste site), etc.

Partially vaccinated (208 children or 31%) and fully vaccinated children (197 or 30%) were grouped together as the "vaccinated group" with unvaccinated children (261 or 39%) as the control group.

Acute Illness

Vaccinated children were significantly less likely than

the unvaccinated to have had chicken pox (7.9% vs. 25.3%, $p < 0.001$) and pertussis (2.5% vs. 8.4%, $p = 0.001$). However, the vaccinated were significantly more likely than the unvaccinated to have been diagnosed with otitis media (19.8% vs. 5.8%, $p < 0.001$) and pneumonia (6.4% vs. 1.2%, $p = 0.001$).

Chronic Illness

Vaccinated children were significantly more likely than the unvaccinated to have been diagnosed with the following: allergic rhinitis (10.4% vs. 0.4%, $p < 0.001$), other allergies (22.2% vs. 6.9%, $p < 0.001$), eczema/atopic dermatitis (9.5% vs. 3.6%, $p = 0.035$), a learning disability (5.7% vs. 1.2%, $p = 0.003$), ADHD (4.7% vs. 1.0%, $p = 0.013$), Autism Spectrum Disorder (ASD) (4.7% vs. 1.0%, $p = 0.013$), any neurodevelopment disorder (10.5% vs. 3.1%, $p < 0.001$), and any chronic illness (44.0% vs. 25.0%, $p < 0.001$).

Gender Differences

Among the vaccinated, boys were more likely than girls to be diagnosed with a chronic condition, especially in the case of allergic rhinitis (13.9% vs. 7.2%, $p = 0.03$), ASD (7.7% vs. 1.9%, $p = 0.006$), and any neurodevelopmental disorder (14.4% vs. 6.7%, $p = 0.01$).

Use of Medications and Health Services

The vaccinated were significantly more likely than the unvaccinated to use medications for allergies (20.0% vs. 1.2%, $p < 0.001$), to have used antibiotics in the past 12 months (30.8% vs. 15.4%, $p < 0.001$), and to have used fever medications at least once (90.7% vs. 67.8%, $p < 0.001$). The vaccinated were also more likely to have seen a doctor for a routine checkup in the past 12 months (57.6% vs. 37.2%, $p < 0.001$), (3) visited a doctor or clinic due to illness in the past year (36.0% vs. 16.0%, $p < 0.001$), been fitted with ventilation ear tubes (3.0% vs. 0.4%, $p = 0.018$), and spent one or more nights in a hospital (19.8% vs. 12.3%, $p = 0.012$).(4)

Neurodevelopmental Disorders (NDD) *

"In a final adjusted model designed to test for this pos-

sibility, controlling for the interaction of preterm birth and vaccination, the following factors remained significantly associated with NDD: vaccination (OR 2.5, 95% CI: 1.1, 5.6), nonwhite race (OR 2.4, 95% CI: 1.1, 5.4), and male gender (OR 2.3, 95% CI: 1.2, 4.4). Preterm birth itself, however, was not significantly associated with NDD, whereas the combination (interaction) of preterm birth and vaccination was associated with 6.6-fold increased odds of NDD (95% CI: 2.8, 15.5).”

Discussion

Vaccinated children were significantly less likely than unvaccinated children to have had chickenpox and pertussis, but were significantly more likely to have been diagnosed with otitis media, pneumonia, allergic rhinitis, eczema, and NDD. Vaccinated children were also more likely to have used antibiotics, allergy and fever medications, to have been fitted with ear tubes, to have visited a doctor for an illness in the previous year, and to have been hospitalized.

Partially vaccinated children had increased but intermediate odds of chronic disease between those of unvaccinated and fully vaccinated children, which supports the possibility that the number of vaccinations received are contributing to the risks of chronic illness.

Vaccination was strongly associated with both otitis media and pneumonia, which are among the most common complications of measles infection. The odds of otitis media were almost fourfold higher among the vaccinated and the odds of myringotomy with tube placement were eight-fold higher than those of vaccinated children. Acute otitis media (AOM) is the most common reason for prescribing antibiotics for children and rates have increased in recent decades with 80% of children having experienced at least one episode by age three. Pediatric AOM accounts for \$2.88 billion in annual health care costs.

Compared to children from the pre-Pneumococcal Conjugate Vaccine-7 (PCV-7) era, children vaccinated with PCV-7 have an increased frequency of harboring nasopharyngeal *Moraxella catarrhalis* colonization, which is associated with an increased risk of AOM. “Vaccination with PCV-7 has a marked effect on the complete microbiota composition of the upper respiratory tract in children... resulting in increased anaerobes, gram-positive bacteria, and gram-negative bacterial species.” “Thus, eradication of vaccine serotype pneumococci can result in nasopharyngeal

colonization of other bacterial species leading to dysbiosis and increased risks of otitis media.”

After adjustment for other variables, the factors that remained significantly associated with NDD were vaccination, nonwhite race, male gender, and preterm birth. Pre-term birth combined with vaccination was associated with a 6.6-fold increased odds of NDD.

The study suggests that fully vaccinated children may be trading the prevention of certain acute illnesses (chicken pox, pertussis) for more chronic illnesses and neurodevelopmental disorders (NDDs) like ADHD and Autism.

* Children with learning disabilities, autism spectrum disorders (ASD) and/or ADHD.

Conclusion

“Although the cross-sectional design of the study limits causal interpretation, the strength and consistency of the findings, the apparent “dose-response” relationship between vaccination status and several forms of chronic illness, and the significant association between vaccination and NDDs all support the possibility that some aspect of the current vaccination program could be contributing to the risks of childhood morbidity.”

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Dynamic Medicine: The World According to Homeopathy

by Larry Malerba, DO, DHT

Dec., 2016. 249 pps.

Maverick Press, Altamont, NY.

ISBN: 978-0-9980134-0-4

Reviewed by Karin Cseak, DO

Dr. Malerba's latest book is a wonderfully timed addition to the growing body of literature on homeopathy for the layperson. As the sick population of our world continues to seek comfort and care outside the mainstream medical model, books like *Dynamic Medicine* will help them understand how they might find a genuine partner in healing through homeopathy. Not only does this book do a thorough and clear job explaining basic homeopathic principles, but it brings a much needed perspective on health and disease. Without a doubt, we are all familiar with the challenges involved in educating our patients given the predominating 'take a pill for every symptom' mindset that most of them come to us with. Patients who can understand how we, as homeopathic physicians, think about health and disease differently from our allopathic colleagues will most likely be encouraged to stick with homeopathy for the long haul. Dr. Malerba's book does a great job comparing and contrasting these two worlds, and will especially be a valuable asset to patients new to homeopathy.

Dynamic Medicine thoroughly covers subjects we would all expect in such a book, including basic homeopathic principles, how homeopathic medicines are used and prepared, what conditions are best treated with homeopathy, etc. He also presents multiple ways of explaining homeopathy, ranging from the importance of recognizing non-material life forces, to the evolution of alchemy and the 'new' science of nano-pharmacology. Touching on concepts such as epigenetics and bioenergetics, the book speaks to those of us who desire to explain homeopathy in more conventional terms. A section on suppression and iatrogenesis is an important part of this book, and will bring these important subjects to greater light for our patients.

Throughout the book, Dr. Malerba emphasizes the non-judgmental nature of the homeopathic approach. He helps

explain to patients why, in our case taking, we ask for mental and emotional symptoms, which may very well encourage the readers to open up during their homeopathic interviews in ways that will help us help them. He also reinforces the concept and reality of the unity of 'mind-body.' A section titled '*The death and rebirth of experience*' is a piece that we should all copy and hand out to every patient (properly referencing our author, of course).

Dr. Malerba's clear and precise style of writing is a pleasure, and I found his wordsmithing quite fun (my favorite new phrase is now 'medical whac-a-mole'). Interspersed throughout each chapter are mini case-examples, which for the lay reader will illuminate the practice of homeopathy, and wonderful mini-quizzes (answers in the back of the book) for the homeopathic practitioner.

I highly recommend the reader pick up *Dynamic Medicine* and have copies on hand in the office for patients. In my own practice, during 'meet/greet' appointments (brief phone or in-person conversations with potential patients at no charge), I have begun recommending that they pick up this book to help them decide whether they'd like to become a homeopathic patient. I'll be interested to see how reading this book beforehand may influence patients' initial interviews (by helping them be more aware of the homeopathic interview process) as well as their commitment to using homeopathy for the long haul.

Karin Cseak, DO, has been in private practice for 20 years, specializing in classical homeopathy and osteopathic manipulation. She is board certified in anthroposophic medicine. She is past president of the Ohio State Homeopathic Medical Society, and current secretary of the American Institute of Homeopathy. She lives with her two teens, three dogs, one cat, nine chickens, and a hive of bees.



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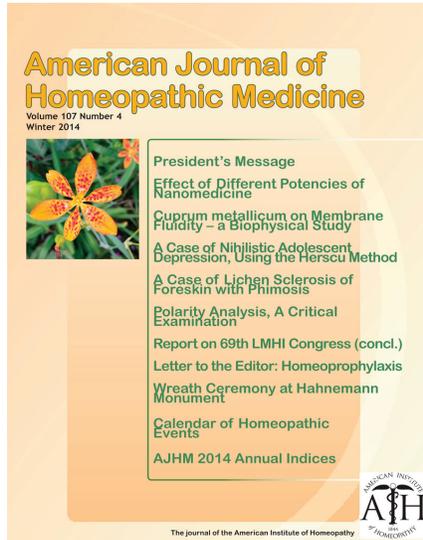
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